The Regulation and Quality Improvement Authority

Mental Health and Learning Disability Unannounced Inspection Report

31 August 2018

Bluestone Unit

Type of service: Mental Health Acute Care facility including Psychiatric Intensive Care

Address: Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Southern Health and Social Care Trust

Tel No: 028 3836 6700

Inspector: Alan Guthrie

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0   What we look for

Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Is care effective?
The right care, at the right time in the right place with the best outcome.

Is the service well led?
Effective leadership, management and governance which creates a culture focused on the needs and the experiences of patients and clients in order to deliver safe, effective and compassionate care.

Is care compassionate?
Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

2.0   Profile of services

The Bluestone unit is the Southern Health and Social Care Trust's acute mental health inpatient care facility. The unit is based within the Craigavon Area Hospital site. The unit comprises of six wards. On the day of the inspection the inspector visited five of the wards. Each of the wards provides care and treatment to patients with a psychiatric illness who require acute care within an inpatient setting. The staffing compliment for each ward includes a multidisciplinary team (MDT) consisting of a team of nursing staff and nursing assistants, consultant psychiatrist(s), a social worker, a clinical psychologist, an occupational therapist, a dietiton and a speech and language therapist. The unit is also supported by the Trusts pharmacy services. The inspector was informed that the level of pharmacy input to the unit is currently under review. The wards visited by the inspector included:

Cloughmore- 18 bedded mental health acute care admission ward. The purpose of the ward is to provide acute assessment and treatment to patients aged 18 - 65 with a psychiatric illness. On the day of the inspection there were 20 patients admitted to the ward. The ward had increased its capacity temporarily to accommodate two more patients.

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Silverwood Ward -18 bedded mental health acute admission ward. The purpose of the ward is to provide acute assessment and treatment for patients aged 18 – 65 with a psychiatric illness. On the day of the inspection there were 18 patients admitted to the ward.

Bronte ward -18 bedded mental health acute care admission ward. The purpose of the ward is to provide acute assessment and treatment for patients aged 18 – 65 with a psychiatric illness. On the day of the inspection there were 18 patients admitted to the ward.

Rosebrook ward- ten bedded psychiatric intensive care unit (PICU) providing care and treatment to male and female patients. On the day of the inspection there were 11 patients admitted to the ward. The ward had increased its capacity temporarily to accommodate another patient.

Willows ward -20 bedded mental health acute care admission ward. The purpose of the ward is to provide acute assessment and treatment for patients aged 65 years and older with a psychiatric illness. On the day of the inspection there were 20 patients admitted to the ward.

3.0   Service details

Responsible person: Shane Devlin	**Position:** Chief Executive
Person in charge at the time of inspection: Louise Hall	

4.0   Inspection summary

An unannounced inspection took place on the 31 August 2018 from 9:30 to 16:00. The purpose of this inspection was to investigate concerns regarding nursing staff levels within each ward and across the Bluestone unit in general. The inspection was prioritised by RQIA based on recent inspection findings and nursing staffing levels within the Cloughmore ward. The Trust had also issued an early alert notification detailing that he Bluestone unit was experiencing significant nursing staff shortages. During the inspection five of the seven wards located within the Bluestone facility were visited.

Aim of the Inspection

The aim of the inspection was to assess the nursing staff levels within each ward and across the Bluestone unit. The inspector also assessed if care and treatment being provided to patients admitted to the Bluestone unit was safe.

Objectives of the inspection

1. Establish nursing staffing numbers within each ward and identify any deficits.
2. Meet with ward managers and assess their position.

Methodology

The inspection was conducted in accordance with RQIA Mental Health and Learning Disability (MHLD) intelligence led unannounced inspection methodology. The inspection was completed in accordance to the previously agreed aim and objectives. The inspector's findings are presented within this report. Findings from the inspection were reviewed by MHLD and RQIA senior management team and in accordance with RQIA processes.

On the day of the inspection the inspector examined a range of documentation including: previous inspection reports, Trust policies and procedures, staffing and staffing rotas, minutes of meetings, incident reports, daily staffing records and training records.

The inspector also:

- interviewed five ward managers/charge nurses working within the Bluestone unit.
- reviewed each ward's rota for the previous three months.
- reviewed incident reports for the previous three months.

Any other information received by RQIA about this service and the service delivery was also considered by the inspector.

4.1   Inspection outcome

Total number of areas for improvement	1

Findings of the inspection were discussed with the Bluestone unit's senior management team as part of the inspection process.

Escalation action resulted from the findings of this inspection.

The escalation policies and procedures are available on the RQIA website.
https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

5.0   How we inspect

The inspection was underpinned by:

- The Mental Health (Northern Ireland) Order 1986.
- The Quality Standards for Health & Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.
- The Human Rights Act 1998.
- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- Optional Protocol to the Convention Against Torture (OPCAT) 2002.

Prior to inspection we reviewed a range of information relevant to the service and the context of the inspection. This included the following records:

- Incidents and accidents.
- Safeguarding vulnerable adults.
- Complaints
- Health and safety assessments and associated action plans.
- Information in relation to governance, meetings, organisational management, structure and lines of accountability.

During the inspection the inspector met with ten staff.
The following records were examined during the inspection:

- Nursing staff training records.
- Daily records.
- Accident and incident records.
- Ward rotas.
- Records and record keeping audit/checklist.
- Safeguarding records.

6.0   The Inspection

6.1   Action/enforcement taken following the most recent care inspection dated 31 August 2018.

Following this inspection a further inspection of the Bluestone unit was completed on the 16 September 2018. A serious concerns meeting was held at RQIA on 12 October 2018 with senior Trust representatives. This meeting was held to give the Trust representatives the opportunity to discuss nursing staff levels within each ward and the Bluestone unit. The outcome of the inspection and the Trust's action plan to address the serious concern were also discussed.

7.0   Inspection findings

The inspector examined the position of each ward. The objectives of the inspection and inspectors findings are detailed below.

Objective 1 – Establish nursing staffing numbers within each ward and identify any deficits

The inspector reviewed the previous month's rota for each of the five wards. The inspector identified that each ward had experienced staffing deficits during the previous month. Ward managers/charge nurses who met with the inspector reported that they were experiencing

difficulty in accessing sufficient numbers of nursing staff to provide the level of support and care and treatment interventions required by patients. The table below details the nursing staffing levels evidenced by the inspector on the day of the inspection. The numbers in the left hand column detail the staff on duty. The numbers in the right hand column detail the required nursing staffing compliment for each ward as identified by the Trust. The required level of nursing staff identified on the day of the inspection is inclusive of increased staffing levels required to support patients receiving continuous one to one observations. When a patient is assessed as requiring continuous observations a member of the nursing team must remain with the patient, subsequently the member of staff is not available to complete other duties.

Nursing staff number per ward required for the day shift on the 31 August 2018	Compliment of nursing staff required on each day shift as identified by the Southern Health and Social Care Trust.
Silverwood ward: there were 18 patients admitted to the ward. The nursing staff on duty during the inspection included two staff nurses, two pre-registration staff nurses and two nursing assistants. Pre-registration staff nurses are nurses who have completed their training and are awaiting their registration. These staff cannot perform the duties of a staff nurse until they are registered.	Silverwood ward: Four staff nurses and two nursing assistants
Bronte ward: there were 18 patients admitted to the ward. The nursing staff on duty during the inspection included three staff nurses, one pre-registration staff nurse and two nursing assistants. There had been three nursing assistants available however; one was redeployed to the Willows ward (One patient required continuous one to one observation).	Bronte ward: Four staff nurses and three nursing assistants
Willows ward: there were 20 patients admitted to the ward. The nursing staff on duty during the inspection included three staff nurses and two nursing assistants (One patient required continuous one to one observations).	Willows ward: Four staff nurses and four nursing assistants
Rosebrook PICU: there were 11 patients admitted to the ward. The nursing staff on duty during the inspection included one staff nurse and four nursing assistants (Four patients required one to one observations). The ward manager was also on duty.	Rosebrook PICU: Three staff nurses and five nursing assistants
Cloughmore ward: there were 20 patients admitted to the ward. The nursing staff on duty during the inspection included the deputy ward	Cloughmore ward: Three staff nurses and four nursing assistants

manager, one pre-registration nurse and one nursing assistant.	

The evidence available to the inspector, on the day of the inspection, supports the conclusion that nursing staffing levels across the Bluestone facility on the 31 August 2018 were not sufficient to meet the needs of patients. The number of nursing staff available for duty within each ward was below the Trust's agreed staffing levels for mental health acute care inpatient wards.

Examples of staff shortages included:

- Insufficient numbers of nursing staff available within Rosebrook ward to provide the required levels of one to one observation with patients.
- Insufficient numbers of nursing staff available within Rosebrook ward to provide a level three managing actual and potential aggression intervention (MAPA). The four nursing assistants would not have been able to provide continuous one to one interventions had they been required to use MAPA interventions.
- Insufficient numbers of nursing staff available within the Cloughmore ward. There was one staff nurse available to support 20 patients.

During the inspection the inspector also noted that the nightshift for the 31 August-1 September 2018 required 12 staff nurses across the five wards. The inspector noted that the ward rotas for the nightshift for the 31 August-1 September 2018 evidenced that only nine staff nurses were available for duty. Prior to the inspector leaving the Bluestone Unit, the Trust's unscheduled care coordinator provided assurances to the inspector that a further three staff nurses had been sourced and would be temporarily relocated to the Bluestone Unit. The inspector was informed that the nurses became available for duty as a result of closing day care provision on the 31 August, by drafting in a staff nurse from the Trust's Crisis Response Team and by securing the services of a staff nurse from the South Eastern Health and Social Care Trust.

Objective 2 – Meet with ward managers and assess their position

The inspector met with each ward manager/charge nurse and the Bluestone Unit Senior Management Team including the Assistant Director. Each member of staff identified nursing staff levels as a serious concern. Examination of ward rotas and incident records evidenced a number of instances when there had been insufficient nursing staff available to provide the care and treatment needed to support patients.

The inspector was provided with the following information regarding each ward's required or overall normative staffing levels and the current staffing levels (31 August 2018).

Cloughmore				
	Staff Grade	**Normal staffing levels (full time)**	**Current staffing levels**	**Shortage of:**
	Band 7 ward manager	1	1	Nil
	Band 6 deputy ward manager	2.89	2	0.89
	Band 5 staff nurse	23.28	15.02	8.26

	Band 3 pre-registration nurse	Nil	Nil	Not applicable
	Band 3 nursing assistant	10.52	10.02	0.50

Silverwood				
	Staff Grade	**Normal staffing levels (full time)**	**Current staffing levels**	**Shortage of:**
	Band 7 ward manager	1	1	Nil
	Band 6 deputy ward manager	2.89	2	0.89
	Band 5 staff nurse	23.28	13.82	9.46
	Band 3 pre-registration nurse	Nil	Nil	Not applicable
	Band 3 nursing assistant	10.52	9.42	1.1

Rosebrook PICU				
	Staff Grade	**Normal staffing levels (full time)**	**Current staffing levels**	**Shortage of:**
	Band 7 ward manager	1	1	Nil
	Band 6 deputy ward manager	2.89	2	0.89
	Band 5 staff nurse	28.13	10.65	17.48
	Band 3 pre-registration nurse	Nil	Nil	Not applicable
	Band 3 nursing assistant	7.63	6	1.63

Willows				
	Staff Grade	**Normal staffing levels (full time)**	**Current staffing levels**	**Shortage of:**
	Band 7 ward manager	1	1	Nil
	Band 6 deputy ward manager	2.89	2	0.89
	Band 5 staff nurse	23.28	14.08	17.48

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	Staff Grade	Normal staffing levels (full time)	Current staffing levels	Shortage of:
	Band 3 pre-registration nurse	Nil	Nil	Not applicable
	Band 3 nursing assistant	10.52	10.42	0.10

Bronte				
	Staff Grade	**Normal staffing levels (full time)**	**Current staffing levels**	**Shortage of:**
	Band 7 ward manager	1	1	Nil
	Band 6 deputy ward manager	2.89	2	0.89
	Band 5 staff nurse	23.28	12.62	10.66
	Band 3 pre-registration nurse	Nil	Nil	Not applicable
	Band 3 nursing assistant	10.52	8.42	2.10

Each ward manager/charge nurse stated that their ward did not have its full complement of nursing staff. Each of the wards was experiencing a significant number of nursing staff deficits. Staff shortages varied from ward to ward. Rosebrook PICU and Willows ward were approximately 17.5 band 5 staff nurses short of each ward's required compliment of band 5 nursing staff. Across the five wards there was a total shortage of approximately 63 band 5 staff nurses.

The inspector discussed their findings and nursing staffing levels with the ward's senior management team. The inspectors was advised that concerns regarding nursing staffing levels were recognised and the Trust had taken a number of steps to address this. The steps taken included:
- The Trust completed an Early Alert to the Department of Health on the 24 August detailing the nursing staffing pressures that Bluestone was experiencing and that this was compounded by regional bed pressures.
- The Bluestone senior staff team prioritised critical care to ensure that general patient supervision, provision of meals and medication was provided.
- The Trust continued to advise RQIA of the nurse staffing issues and provided improvement plans to help ensure sufficient staffing numbers across the Bluestone facility.
- The Trust maintained a continuous drive to recruit Band 5 nurses. This included a rolling job advertisement for band 5 nurses, facilitating mental health recruitments days, and engaging retired staff to take up bank and part time nursing contracts. The Trust had also employed a number of agency staff from England.
- Nurse staffing levels within the Bluestone facility remain on the Trust's risk register and were a standing item on the senior management team agenda.

- Current nursing staff have been offered overtime payment.
- Community nursing staff had been redeployed into Bluestone wards. This arrangement was stood down when sufficient numbers of agency staff had been employed.
- Nursing staff levels continue to be monitored on a daily basis and an escalation plan to manage incidents of nursing staff shortages has been revised and continues to be overseen by the Trust's Directors Oversight Group.
- The Trust senior management team have arranged to formally meet with the Health and Social Care Board and the Public Health Agency to highlight the staffing pressures and apprise them of the actions taken by the Trust.
- The Trust had increased the number of band 6 nursing posts available within the Bluestone facility.
- The Trust is in the process of recruiting a band 8a Learning Disability Nurse Lead and a Clinical Educator to support new nurse registrants and those undertaking Open University training.
- Bluestone senior nursing staff have engaged in a regional senior nurse forum chaired by the Deputy Chief Nursing Officer. The forum continues to review nursing work force pressures and actions to redress these.

Whilst it is important to acknowledge the work the Trust has undertaken to address nursing staff shortages within the Bluestone facility, the evidence available to the inspector, on the day of the inspection, supports the conclusion that nursing staffing levels across the Bluestone facility were not sufficient to meet the needs of patients. The number of nursing staff available on the duty rota for each ward was not sufficient to meet the Trust's agreed staffing levels for mental health acute care inpatient wards.

Total number of areas for improvement	1

8.0   Quality Improvement Plan

This section outlines recommended actions, to address the areas for improvement identified. They promote current good practice and if adopted by the responsible person may enhance service, quality and delivery.

8.1   Actions to be taken by the service

The quality improvement plan should be completed and detail the actions taken to meet the areas for improvement identified. The responsible person should confirm that these actions have been completed and return the completed quality improvement plan by 20 Dec 2018.

Quality Improvement Plan

Priority 1

Area for Improvement No. 1 Ref: Standard: 4.3J Stated: First time To be completed by: Immediate and ongoing	The Trust should ensure there are sufficient numbers of band 5 staff nurses employed within each ward and across the Bluestone unit. The number of staff nurses available for duty should be in accordance to the Southern Health and Social Care Trust staffing level guidance and the presenting needs of patients.
	Response by responsible person detailing the actions taken: **Please note**:there is information contained within the narrative under Objective 2 that does not accurately reflect staffing for Bluestone. Some of this information was based on work carried out for Phase 5a of Delivering Care Normative staffing and is not reflective of current funded staffing.The Ward Manager is not as yet supernumerary. **Actions taken** A Nurse staffing template is completed daily to give an overview of the Unit position and actions taken to address any nusing deficits at that time across all wards. The tool is completed at the the morning bed management meeting which is attended by Senior staff from all wards and managed by the Patient Flow/Bed Management Coordinator. A Nurse staffing Assessment and Escalation tool has been developed to assist decision –making both within working hours and the Out of Hours working period. This guides staff in understanding what staffing numbers are required and whether they can accept admissions. Such decisions are made by escalating to Senior managers. A number of Recritment initatives are current and include: Rolling Band 5 Advert through Recruit N.I.. The offer of Overtime, Block-Booking and Bank shifts are available. Agency staff have been employed to work in the unit. There has been a recent recruitment drive to increase the number of band 6 positions in all wards by uplifting existing Band 5 positions to allow for senior clinical presence throughout the 24hr period. This will also support attraction and retention through a more attractive Career pathways within the Acute Mental Health In-patient facilitys.The Unit has supported an increase in the number of OU placements to Band 3 staff. The Trust have met with PHA and Board coleagues to seek support with temporarily using our underdspend to recruit up to the proposed staffing numbers identified in Delivering Care Phase 5a..

Name of person completing the quality improvement plan	Louise Hall		
Signature of person completing the quality improvement plan		Date completed	
Name of responsible person approving the quality improvement plan	Adrian Corrigan		

Signature of responsible person approving the quality improvement plan		**Date approved**	26/04/2019
Name of RQIA inspector assessing response	Alan Guthrie		
Signature of RQIA inspector assessing response		**Date approved**	30/04/2019

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