



The **Regulation** and  
**Quality Improvement**  
Authority

**Bronte**  
**Craigavon Area Hospital**  
**Southern Health and Social Care Trust**  
**Unannounced Inspection Report**  
**Date of inspection: 29 May 2015**



informing and improving health and social care  
[www.rqia.org.uk](http://www.rqia.org.uk)

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# Our Vision, Purpose and Values

## Vision

To be a driving force for improvement in the quality of health and social care in Northern Ireland.

## Purpose

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

## Values

RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

- **Independence** - upholding our independence as a regulator
- **Inclusiveness** - promoting public involvement and building effective partnerships - internally and externally
- **Integrity** - being honest, open, fair and transparent in all our dealings with our stakeholders
- **Accountability** - being accountable and taking responsibility for our actions
- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally
- **Effectiveness** - being an effective and progressive regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

## **Contents**

1.0 Introduction .....	<b>5</b>
2.0 Purpose and aim of inspection .....	<b>5</b>
3.0 About the ward .....	<b>6</b>
4.0 Summary .....	<b>6</b>
5.0 Ward environment .....	<b>9</b>
6.0 Observation session.....	<b>10</b>
7.0 Patient Experience Interviews .....	<b>11</b>
8.0 Other areas examined.....	<b>12</b>
9.0 Next Steps.....	<b>13</b>

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

RQIA's programmes of inspection, review and monitoring of mental health legislation focus on three specific and important questions:

### 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 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 Purpose and Aim of this Inspection

To review the ward's progress in relation to recommendations made following previous inspections.

To review the ward's progress in relation to recommendations made following a serious adverse incident.

To meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable, safe and predictable environment.

To evaluate the type and quality of communication, interaction and care practice during a direct observation using a Quality of interaction Schedule (QUIS).

## 2.1 What happens on inspection

### **What did the inspector do:**

- reviewed the quality improvement plan sent to RQIA by the Trust following the last inspection
- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- looked at different types of documentation

### **At the end of the inspection the inspector:**

- discussed the inspection findings with staff
- agreed any improvements that are required

### **After the inspection the ward staff will:**

- send an improvement plan to RQIA to describe the actions they will take to make any necessary improvements

## 3.0 About the ward

Bronte is an 18 bedded admission ward in the Bluestone unit on the Craigavon area hospital site. The ward provides care for patients with a mental illness who require assessment and treatment in an inpatient setting. The main entrance door to the ward is locked and access is controlled by ward staff or through use of a key fob.

The ward's multidisciplinary team consists of nursing staff and health care assistants, a consultant psychiatrist, an occupational therapist and a social worker. The ward is further supported by community teams including the crisis response and home treatment team.

On the day of the inspection the ward was full and four patients were admitted in accordance to the Mental Health (Northern Ireland) Order 1986.

The inspector noted the ward was welcoming, well maintained, clean and fresh smelling. There were separate day spaces and dining areas for patients.

The ward manager was the person in charge on the day of inspection.

## 4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 5 and 6 November 2014 were assessed during this inspection. There were a total of five recommendations made following the last inspection. It was noted that two recommendations had been

implemented in full. Three recommendations had not been met. These recommendations will be restated for a **second** time following this inspection.

The inspector met with two patients during the course of the inspection. One patient expressed some specific concerns in relation to their stay on the ward. These were discussed and addressed for further action with the ward manager. A number of patients who met with the inspector or completed questionnaires expressed concerns regarding access to the gym. The inspector was not reassured that the current arrangements were sufficient to facilitate access to the gym.

The inspector noted the positive interactions throughout the inspection between staff and patients.

### **Other inspection findings**

#### **Storage of medication**

During an observation of the ward environment the inspection noted a box of medication belonging to a patient in a store room in the staff area. Access to the wider area was only accessible by staff however the storage of medication in this area was not in keeping with Trust policies and procedures on the management of medications. The nurse accompanying the inspector removed the medications to safe storage. The inspector discussed this concern with the ward management who acknowledge this as an oversight. A recommendation has been made in relation to this.

#### **Storage of patient property**

The inspector noted mobile phones belonging to two patients on a shelf in a store room in the staff area. Access to the wider area was only accessible by staff however the area in which the mobile phones were stored was not locked. The inspector was not reassured that the current arrangements in place could robustly secure and protect the patients' property in this instance. A recommendation has been made in relation to this.

## **4.1 Implementation of Recommendations**

Three recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 5 and 6 November 2014.

These recommendations concerned reviewing the visitors' policy for children and adults, the completion of a medical assessment prior to gym access and electronic recording of forms.

The inspector noted that two recommendations had been fully implemented:

- The policies for children and adults visiting the ward had been updated.
- A process was in place for assessing patients before they use the gym.

However, despite assurances from the Trust, one recommendation had not been fully implemented. The Trust had not fully implemented the recording of physical interventions in line with the accidents and incidents electronic recording system (DATIX). This recommendation will be restated for a **second time** in the quality improvement plan accompanying this report.

One recommendation which relates to the key question “**Is Care Effective?**” was made following the inspection undertaken on 5 and 6 November 2014.

This recommendation concerned patient access to inpatient psychology services.

Despite assurances from the Trust this recommendation had not been fully implemented. This recommendation will be restated for a **second time** in the quality improvement plan accompanying this report.

One recommendation which relate to the key question “**Is Care Compassionate?**” was made following the inspection undertaken on 5 and 6 November 2014.

This recommendation concerned patient access to the gym.

Despite assurances from the Trust this recommendation had not been fully implemented. This recommendation will be restated for a **second time** in the quality improvement plan accompanying this report.

## 4.2 Serious Adverse Incident Investigation

A serious adverse incident (SAI) occurred in this ward on 6 September 2014. The inspector reviewed the Trust’s progress in addressing recommendations made related to ward practices following the Trust’s investigation of the SAI.

Two of the three recommendations were assessed as part of the inspection. The third recommendation was not applicable to the ward environment and was therefore not assessed.

These recommendations concerned the updating of the ward fire risk assessment and staff access to comprehensive risk assessments on PARIS.

The inspector noted that the fire risk assessment had not been updated post incident and was only recently updated in May 2015. The inspector noted that comprehensive risk assessments are accessible on PARIS and for patients not previously known to the ward these are provided by the Home Treatment Team upon admission when in place.



## 5.0 Ward Environment

“A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings.” Do the right thing: How to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

The inspector assessed the ward’s physical environment using a ward observational tool and check list.

### Summary

The inspector noted that there was information provided in the ward welcome pack, which was available in each patient’s bedroom.

Staffing levels on the day of inspection appeared appropriate to meet the assessed needs of the patients. There were no concerns expressed in relation to staffing levels.

The ward environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were well maintained and comfortable.

The ward environment promoted patients’ privacy and dignity. Patients had their own individual ensuite bedrooms. Additional bathroom and toilet facilities were accessible. Patients could lock bathroom doors and a call system was available. There was a private room at the entrance to the main ward area for patients to meet with their visitors. The entrance doors to the ward were locked at all times and access was controlled by staff.

Patients did not have private access to the use of a phone unless it was their own personal mobile phone.

There were no areas of overcrowding observed on the day of the inspection; the day areas were open, spacious and the furniture was arranged in a way that encouraged social interaction. There were smaller areas for patients to sit and form friendships. The inspector observed that staff were present at all times in the communal areas and available at patients’ request. A well maintained outside area was noted to be open and accessible throughout the inspection and patients were observed going outside.

The inspectors noted all staff on duty wore names badges. The details of registered nurses allocated to provide one to one with patients was displayed.

Confidential records were stored appropriately and patient details were not publicly displayed. Signage was available throughout the ward.

There was up to date and relevant information displayed in a format that met the patients' communication needs both in the communal areas and available in the ward welcome / information pack. This included the following information; Human Rights, patient rights in accordance with the Mental Health (Northern Ireland) Order 1986, the right to access patient information, independent advocacy services and the right to make a complaint. The inspector visited the medical room and noted that it was clean, tidy and well organised. Emergency equipment was checked daily by staff. Staff working on Bronte carried individual mobile staff alarms.

Patient activities and day care schedules were displayed outside the occupational therapy room and in the dining room. I

Patients were observed during lunch time in a clean and comfortable dining area which was incorporated within the main ward sitting area. Meal times were protected and patients were given a choice of meals which appeared appetising. Staff were observed during the inspection intermittently offering patients a choice of tea, coffee or juice. There was a water cooler also available in the patients' dining room.

The inspector noted that staff were warm, friendly and respectful of patients. Patients appeared at ease and comfortable. Staff were observed to be attentive and assisted patients promptly when required. Staff were observed supporting patients with recreational activities.

The inspector identified other areas that were discussed with the ward manager and which should be reviewed to improve standards on the ward in accordance with good practice guidance. These include:

- Displaying the daily meal time menu in a suitable format.
- Displaying information about the ward's performance e.g. information in relation to incidents, compliments and complaints.
- Details of the ward round, ward doctor and other members of the multi-disciplinary team should be displayed on the notice boards.
- Patients should have access to a phone to make private phone calls.

The detailed findings from the ward environment observation are included in Appendix 3.

## **6.0 Observation Session**

Effective and therapeutic communication and behaviour is a vitally important component of dignified care. The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions whilst remaining a non- participant. It aims to help evaluate the type of communication and the quality of communication that takes place on the ward between patients, staff and visitors.

The inspector completed a direct observation using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral, or negative.

Positive social (PS) - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

Basic Care (BC) – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

Neutral – brief indifferent interactions

Negative – communication which is disregarding the patient’s dignity and respect.

### **Summary**

The formal session involved a direct observation of interactions between staff and patients/visitors. Four interactions were noted in this time period. The outcome of these interactions were as follows:

Positive	Basic	Neutral	Negative
100%	0%	0%	0%

Overall the quality of interactions between staff and patients were positive. Patients and nursing staff were observed sitting together in the communal areas throughout the day. The atmosphere was relaxed and all present appeared in good spirits. Staff were available and prompt in assisting patients throughout the observations, staff were observed being discreet to patients requiring higher levels of support. The inspector observed staff interaction with patients as respectful and staff were efficient in responding to patients’ individual needs and requests. The inspector noted that staff were constantly available throughout the ward on the day of inspection.

The detailed findings from the observation session are included in Appendix 4.

## **7.0 Patient Experience Interviews**

Two patients agreed to meet with the inspector to talk about their care, treatment and experience as a patient. A further two patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient. One of the patients who met with the inspector expressed concerns specific to their care and treatment. The inspector discussed these matters with the ward manager and patient flow and bed management coordinator who agreed to address following the inspection.

Responses to the questionnaire were varied:

- All four patients stated that they had been informed of their rights.
- Three of the four patients agreed that they were treated with dignity and respect all the time, one patient felt this was not always the case.
- Three patients felt fully involved in their care and treatment, one patient felt involved in some parts of their care.
- All patients confirmed that staff listen to them; however one patient felt that their views weren't always considered.
- All four patients said that staff provide an explanation before supporting them with care and treatment.
- All four patients said that staff inform them on how they are progressing and three patients said they felt safe and secure on the ward one patient said that they did not feel safe and secure. This questionnaire was completed anonymously and the inspector was unable to follow up the response.
- One patient confirmed that they attend activities; the three other patients said that activities do not always happen and are only available Monday to Friday.
- Two of the patients confirmed that they felt being on the ward was helping their recovery, one patient was unsure if being on the ward was helping their recovery and a fourth patient felt that being on the ward was not helping their recovery.

Patients made the following comments:

*"Staff are kind, I am well cared for"*

*"Everything about this ward is good"*

*"The gym is not used enough and we need more occupational therapy support"*

*"The ward is run perfectly"*

The inspection was unannounced. No relatives or carers were available to meet with inspectors during the inspection.

The detailed findings are included in Appendix 2

## 8.0 Other areas examined

**During the course of the inspection the inspector met with:**

<b>Ward Staff</b>	<b>2</b>
<b>Other ward professionals</b>	<b>0</b>
<b>Advocates</b>	<b>0</b>

The inspector spoke with two members of nursing staff working on the day of inspection. Staff who met with the inspector did not express any concerns regarding the ward or patients' care and treatment.

The inspection was unannounced. No advocates were available to meet with the inspectors during the inspection.

## **9.0 Next Steps**

A Quality Improvement Plan (QIP) which details the areas identified for improvement has been sent to the ward. The Trust, in conjunction with ward staff, must complete the QIP detailing the actions to be taken to address the areas identified and return the QIP to RQIA by 24 July 2015.

The lead inspector will review the QIP. When the lead inspector is satisfied with actions detailed in the QIP it will be published alongside the inspection report on the RQIA website.

The progress made by the ward in implementing the agreed actions will be evaluated at a future inspection.

**Appendix 1 – Follow up on Previous Recommendations**

**Appendix 2 – Ward Environment Observation**  
(This document can be made available on request)

**Appendix 3 – Patient Experience Interview**

**Appendix 4 – QUIS**  
(This document can be made available on request)

## Follow-up on recommendations made following the announced inspection on 5 and 6 November 2014

No.	Reference.	Recommendations	Number of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section 5.3.1.(c and f)	It is recommended that the Trust reviews the visiting policy and the child visiting policy for the Bronte ward	1	The inspector reviewed a copy of the child visiting policy which was updated in March 2015. The inspector also reviewed a draft copy of the Trust visiting policy which was updated in May 2015.	Fully met
2	Section 5.3.3 (d)	It is recommended that the assistant director for mental health services ensures that there are sufficient numbers of staff on the Bronte ward trained to deliver gym sessions for patients.	1	The inspector was informed by the ward manager that there were currently two health care assistant staff trained to facilitate access to the gym for all patients in the Bluestone Unit. The inspector was informed by the ward manager that access to the gym can be an issue at times due to a lack of trained staff to facilitate. Patients who met with the inspector also expressed concerns regarding accessing the gym.	Not met
3	Section 7.3 (k)	It is recommended that all patients wishing to attend the gym complete the required medical assessment.	1	Medical assessments prior to use of the gym are completed by nursing and/or medical staff. The gym facilitator also completes an additional medical assessment. On the day of inspection there had been no recent medical assessments completed for the inspector to review.	Fully met
4	Section 5.3.3.(d)	It is recommended that the Trust reviews the current provision of psychology support to patients within the Bronte ward and ensures that patients on the ward can access to the	1	The inspector was informed that there continues to be no inpatient psychologist available for patients on Bronte ward. The inspector discussed this matter with the patient flow and bed management coordinator who advised that the assistant director was actively working to secure funding for a psychologist for the Bluestone unit. No date of	Not met

Appendix 1

		Trust's psychology service.		completion was provided.	
5	Section 8.3(c)	It is recommended that the Trust ensures that the 'use of physical restraint report template' is made available on the Trusts patient information system and that staff can complete this report electronically	1	The inspector met with the ward manager who advised that restrictive physical intervention forms continue to be hand written. The forms cannot be completed electronically. The inspector was informed that the trust governance department were aware of this matter. A pilot for implementing the electronic recording of physical intervention forms was currently being tested however there was currently no date available for completion of this process. The forms will then be completed on the accident and incidents electronic recording system (DATIX).	Not met



**Follow up on the implementation of any recommendations made following the investigation of a Serious Adverse Incident**

No.	SAI No	Recommendations	Action Taken (confirmed during this inspection)
1	SAI – 35215	Review the fire risk assessment for the Bluestone Unit , specifically in relation to: -Textiles and furniture in patient rooms (fire retardant / fire resistance) - Identification of any remedial work that may need to be carried out to minimise smoke travelling. - Feasibility of having a fixed lighter in the courtyard to reduce the need for patients / relatives having to bring in lighters.	The inspector was informed by the ward manager that the only available fire risk assessment was from 2009. The inspector was informed however that a recent fire risk assessment had been completed in May 2015 however no report was currently available.
2	SAI – 35215	The Comprehensive Risk Assessment and Crisis Management Plan needs to be more accessible on admission, with greater clarity in relation to current and historical risks. There is a need to confirm when the PARIS information system will be implemented in the Bluestone Unit and strengthen the current system until implementation takes place.	The inspector noted that the ward was fully operational with the PARIS electronic information system. Comprehensive risk assessments are accessible on PARIS and for patients not previously known to the ward these are provided by the Home Treatment Team upon admission when in place. The ward manager expressed no concerns in relation to the access of comprehensive risk assessments for new admissions.
3	SAI – 35215	All staff working in facilities commissioned by mental health services (e.g. Praxis) should be reminded of their responsibility to update the comprehensive risk assessment when a new risk is identified or communicate new risks to the key worker who will update the risk assessment	This recommendation was not applicable to the ward environment and was therefore not assessed.



**Quality Improvement Plan**  
**Unannounced Inspection**  
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**29 May 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the ward manager and patient flow and bed management co-ordinator on the day of the inspection visit.

It is the responsibility of the Trust to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

**Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.**

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
<b>Is Care Safe?</b>					
1	8.3 (c)	It is recommended that the Trust ensure that the 'use of physical restraint report template' is made available on the Trusts' accident and incidents recording system and that staff can complete this report electronically.	2	31 August 2015	This remains with the Trusts IT dept. who are currently developing a non-live mock up model so it can be tested on DATIX. In the interim the current report is in the patient record and all incidents still are reviewed at the next MDT meeting.
2	5.3.1 (c)	It is recommended that the ward manager reviews the location and arrangements for the safe storage of patients' property to ensure that access to patients' property and belongings is only accessible by authorised staff.	1	Immediate and ongoing	Minor Works request was submitted by Ward Sister Elaine McBroom on 2 <sup>nd</sup> June'15 for installation of a secure, fire retardant cupboard to facilitate charging of mobile phones for those patients assessed as at risk if charger was in their possession on the ward. This secure cupboard will be located in the ward store room and key held by nurse in charge. Works request was signed off by Director of MH Services Mr Rice 10 <sup>th</sup> June'15 and currently with Estates Services. Mr Bloomer from Estates has visited ward re: specific requirements for commencing this work.

**Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.**

3	5.3.1 (f)	It is recommended that the Trust ensure that staff are reminded of the correct procedures for the storage of medications at all times and that medications are only stored in the designated area.	1	Immediate and ongoing	The Ward Sister will reinforce through handover processes and staff meetings that any medications handed in by patients/relatives should be brought to the immediate attention of a registered nurse for storage in the designated area in accordance with Trust Medications Management Code. All Registered Nurses attend Medications Management training through CEC.
<b>Is Care Effective?</b>					
4	5.3.3 (d)	It is recommended that the Trust reviews the current provision of psychology support to patients within the Bronte ward and ensures that patients on the ward can access to the Trust's psychology service.	2	31 December 2015	The Trust has committed to the recruitment of a psychologist dedicated to the Bluestone Unit prior to the funding being available from the commissioner as detailed in previous responses to the RQIA. The Trust has worked closely with the Local Commissioning Group to address that need.  However a timeline for the appointment of a psychologist cannot be accurately provided, given that there remain outstanding issues associated with the Agenda for Change Band for the post combined with prolonged recruitment processes to be followed that cannot at this stage assume a

**Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.**

					successful appointment is made. The Trust will continue to highlight the importance of progressing this to those without its control and the Trust will update the RQIA regards progress and achievable timescales as they are apparent.
<b>Is Care Compassionate?</b>					
5	5.3.3 (d)	It is recommended that the assistant director for mental health services ensures that there are sufficient numbers of staff on the Bronte ward trained to deliver gym sessions for patients.	2	31 August 2015	The Trust has reviewed access to the gym and the requests from patients to access this facility. Patients from Bronte Ward are accessing the gym following request and staff continue to encourage patients to exercise. Due to the rigorous screening that is required for patients it can at times seem to patients that there is a delay in accessing this facility. Staff, through the patient meetings, explain this to patients and also reiterate the reasons when individual requests are made. The qualified gym instructors have protected time to facilitate referrals from all wards and they indicate that they have accommodated all requests for gym usage. The Trust recognises that the gym is not the only way for patients to engage in physical activity and the Ward arranges outdoor activities such as walking groups (some staff have the walking leader

**Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.**

					training) and games e.g. football that patients can participate in. There are also indoor activities and the ward has a Wii with sport and Zumba that patients can use for self-directed activity. Trips to activities in the community are also arranged eg bowling.
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Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

<b>NAME OF WARD MANAGER COMPLETING QIP</b>	[ Elaine McBroom ]
<b>NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	[ Francis Rice ]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Kieran McCormick	23 July 2015
B.	Further information requested from provider		x	Kieran McCormick	23 July 2015