

**Mental Health and Learning Disability Inpatient Inspection
Report
18-20 October 2016**



**Bronte Ward
Mental Health Acute Admissions Ward**

**Bluestone Unit
Craigavon Area Hospital
68 Lurgan Road
Portadown BT63 5QQ**

Tel No: 028 38366770

Inspectors: Alan Guthrie, Dr Brian Fleming

www.rqia.org.uk

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



2.0 Profile of Service

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.

The ward's multidisciplinary team (MDT) 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. Two patients were receiving enhanced one to one support from nursing staff.

3.0 Service Details

| | |
|---|----------------------------------|
| Responsible person: Francis Rice | Position: Chief Executive |
| Ward manager: Elaine McBroom | |
| Person in charge at the time of inspection: Elaine McBroom | |

4.0 Inspection Summary

An unannounced inspection took place over a period of three days from the 18 to 20 October 2016.

This inspection focused on the theme of Person Centred Care. This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

We assessed if Bronte was delivering, safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the following:

- The ward had an effective multi-disciplinary that worked well together.
- Patients felt better since their admission.
- Staff who met with inspectors stated that they enjoyed working on the ward.
- The ward's senior management team visited the ward on a regular basis.
- Health and safety assessments of the ward environment were up to date.

Areas requiring improvement were identified. Two recommendations made during previous inspections had to be restated. This included one recommendation being restated for a third time. In accordance with RQIA procedures this recommendation was escalated to the Southern Health Care Trust Director for Mental Health. One priority area for improvement has been made. This concern relates to risk assessments retained on the Trust's electronic PARIS patient information system. It was good to note that staff had commenced addressing this concern prior to the inspection ending.

Six priority two areas for improvement have also been identified. These areas include closing a number of incident investigations, the placing of ward televisions within secure cabinets and training for junior doctors in the use of the PARIS system. The remaining three priority two areas relate to auditing of patient risk assessments, the provision of patient case summaries and monitoring the quality and quantity of information retained on the PARIS system.

Patients Views:

During the inspection inspectors met with five patients. Four of the patients completed a questionnaire. All of the patients stated that they felt safe, were treated with dignity and respect and that they felt better since their admission. Patients reported that they felt staff listened to them. Staff were described by patients as being approachable, easy to talk to and supportive.

Patient involvement in their care and treatment was observed by inspectors. Staff were witnessed asking patients for their consent prior to providing care and treatment interventions. Throughout the inspection the atmosphere on the ward was calm, relaxed and welcoming. Patients were complimentary regarding their relationships with staff.

Patients Said:

“I wouldn't change anything.”

“Staff are very helpful and very good to talk to.”

“The way staff treat you is very good.”

“Staff help me as quick as they can.”

“It's O.K. here.”

“Staff are very good.”

During the inspection patients' relatives were invited to meet with an inspector. No relatives were available to meet with an inspector.

Staff Views:

Inspectors met with nine members of the ward's MDT. Staff stated that the MDT worked well together providing patients with effective care and treatment options. Staff were complimentary about colleagues and the leadership provided within the ward. Staff informed inspectors that they felt the ward provided a patient centred approach and the opinions of all staff were sought and valued during ward rounds and daily review meetings.

Inspectors met with four nursing staff. Staff presented as knowledgeable, motivated and enthusiastic about their role on the ward. Staff stated that there had been significant challenges within the nursing staff team during the previous six months. Staff explained that a number of experienced nursing staff had left the ward to join community teams. Subsequently, the remaining experienced staff were continuing to support new nurses who had commenced work in recent months. Despite these challenges staff reported no concerns regarding their understanding of their role and responsibilities. Nursing staff who met with inspectors demonstrated appropriate knowledge, skills and understanding regarding the ethos of the ward and the presenting needs of patients.

Medical staff stated that ward processes were effective and the ward benefitted from good leadership and a supportive patient centred MDT. Medical staff reported no concerns regarding

the governance of the ward's care and treatment practices. It was positive to note that working relationships within the MDT were described as very good. Medical staff participated in a number of ward meetings including an MDT reflective practice group which met on a monthly basis. Medical staff stated that relationships with nursing staff were very good and the ward had effective nursing leadership.

Staff Said:

“Staff proactively engage patients.”

“The Ward Manager is very good, very supportive.”

“It's a challenging ward.”

“The ward has an effective and professional staff team.”

“I am well supported.”

“The changes in staffing have been challenging...a big loss of experienced staff.”

“Staff are friendly, supportive and approachable.”

“My opinion is sought and valued.”

“The MDT is supportive, inclusive and effective.”

The findings of this report will provide the service with the necessary information to enhance practice and service user experience.

4.1 Inspection Outcome

| | |
|--|-------|
| Total number of areas for improvement | Seven |
|--|-------|

Findings of the inspection were discussed with Bronte's management team as part of the inspection process and can be found in the main body of the report.

Escalation action did not result from the findings of this inspection.

5.0 How we inspect

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

- The operational policy or statement of purpose for the ward.
- 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.
- Details of supervision and appraisal records.
- Policies and procedures.

During the inspection the inspector met with four patients and ten staff.

The following records were examined during the inspection:

- Care documentation in relation to four patients.
- Multi-disciplinary team records
- Policies and procedures
- Staff roster
- Staff supervision timetable
- Clinical room records
- The trust's PARIS electronic record system
- Complaints
- Incidents, accidents and serious adverse incident records
- Staff rota
- Training records.

During the inspection the inspector observed staff working practices and interactions with patients using a Quality of Interaction Schedule Tool (QUIS).

The inspector reviewed the recommendations made at the last inspection. An assessment of compliance was recorded as met except in one case.

The preliminary findings of the inspection were discussed at feedback to the service at the conclusion of the inspection.

6.0 The Inspection

6.1 Review of areas for improvement from the most recent inspection dated 25/05/2015

The most recent inspection of Bronte was an unannounced inspection. The completed quality improvement plan (QIP) was returned and approved by the responsible inspector. This was validated by the responsible inspector during this inspection.

Follow up on Previous Inspection Recommendations

Five recommendations were made following the most recent inspection on 25 May 2015. Two of the recommendations had not been met.

1. The use of physical restraint report template was not available on the Trust's PARIS electronic patient information system. This recommendation will be restated for a third time and escalated as a serious concern to the Trust's mental health senior management team.
2. Staff from the Trust's Estates department informed inspectors that the fitting of a cupboard to store patient phones had been delayed due to unforeseen circumstances. Estates staff explained that a health and safety assessment had resulted in the need for a fire/flame proof cupboard. Given that the cupboard had not been fitted this recommendation will be restated for a second time.

The remaining three recommendations following the most recent inspection on 25 May 2016 had been implemented in full.

3. Inspectors reviewed the ward's clinical room and medication management records. Inspectors also spoke with nursing staff regarding their understanding and knowledge in relation to medications management. Inspectors evidenced no concerns regarding the ward's processes.
4. The Trust had appointed a clinical psychologist in early September. Inspectors met with the clinical psychologist. The psychologist described plans to enhance and improve patient access to psychological interventions.
5. Inspectors evidenced that four staff had received training to deliver sessions in the Bluestone gym. The ward manager stated that this was a sufficient number of staff to support patient access to the gym.

6.2 Review of Findings

Is Care Safe?

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

Areas of Good Practice

Patients were involved in their care and risk management plans.

Inspectors evidenced that the MDT was focussed on patient safety.

Relationships within the MDT were evidenced as good.

The ward's environmental assessments were up to date.

Staff were confident regarding the ward's processes.

The ward was supported by an experienced nurse management team.

Inspectors evidenced that incidents were appropriately recorded and learning shared.

Areas for Improvement

Two sets of patient records reviewed by inspectors on the Trust's PARIS patient information system evidenced that certain details about the patient were not accurate.

A number of incidents which had taken place on the ward during the previous year had not been closed.

The ward's televisions had not been encased in cabinets as directed in one of the outcomes of the ward's previous ligature risk assessment.

| | |
|--|-------|
| Number of areas for improvement | Three |
|--|-------|

6.3 Is Care Effective?

The right care, at the right time in the right place with the best outcome

Areas of Good Practice

The staff team completed regular reviews of each patient's progress.

Care and treatment was provided in accordance with legislation.

Inspectors evidenced that the MDT worked effectively.

Care and treatment interventions were based on the individual needs of each patient.

The ward promoted a least restrictive environment.

Patients could access specialist services as required. This included psychology, social work and dietetics.

The Trust was continuing to develop its electronic patient information system.

The ward had effective links with community based Trust mental health services

Areas for improvement

Upon commencement of their post within the ward junior doctors require training in using the Trust's PARIS patient information system.

Patient risk assessments retained on the PARIS system should be regularly audited.

Case summaries should be provided for each patient to ensure staff can access information succinctly and quickly.

| | |
|--|-------|
| Number of areas for improvement | Three |
|--|-------|

6.4 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.

Areas of Good Practice

Patients who met with inspectors stated that they were treated with dignity and respect.

Patients were involved in their care and treatment planning.

Patients met with the staff involved in their care and treatment on a regular basis.

Patients were provided with appropriate information throughout their admission.

The ward was well maintained and welcoming.

The use of a restrictive practice was explained to the patient and reviewed regularly by the MDT.

Patient/staff meetings were held on a regular basis.

The ward's advocacy service and senior management team were reviewing advocacy protocols for patients receiving ECT.

Areas for Improvement

- No areas for improvement were identified.

| | |
|--|------|
| Number of areas for improvement | None |
|--|------|

6.5 Is the Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

Areas of Good Practice

Staff who met with inspectors stated that the ward was effective and patient centred.

Staff understood their role and responsibilities.

Senior managers liaised closely with ward staff and continued to address concerns and recruitment.

The ward implemented appropriate governance arrangements.

Policies and procedures relevant to the ward were reviewed on a regular basis.

Medication was stored and administered appropriately.

Patient experience was monitored and patients had a say in ward processes.

The ward had a clear and defined management structure.

Areas for Improvement

The quality and quantity of records retained on the trust's PARIS system require ongoing and continuous review.

| | |
|--|-----|
| Number of areas for improvement | One |
|--|-----|

7.0 Provider Compliance Plan

Areas for improvement identified during this inspection are detailed in the provider compliance plan. Details of the provider compliance plan were discussed at feedback, as part of the inspection process. The timescales commence from the date of inspection

The responsible person should note that failure to comply with the findings of this inspection may lead to further /escalation action being taken. It is the responsibility of the responsible person to ensure that all areas identified for improvement within the provider compliance plan are addressed within the specified timescales.

7.1 Areas for Improvement

This section outlines recommended actions to address the areas for improvement identified based quality care standards, the Mental Health (NI) Order and relevant evidenced based practice.

7.2 Actions to be taken by the Service

The provider compliance 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 provider compliance plan to Team.MentalHealth@rqia.org.uk for review by the inspector.

| Provider Compliance Plan Bronte Ward | |
|---|--|
| Priority 1 | |
| Area for Improvement | No priority one areas for improvement were identified during this inspection. |
| Priority 2 | |
| Area for Improvement No. 1 | Two sets of patient records reviewed by inspectors on the Trust's PARIS patient information system were not accurate. |
| Stated: First time Ref: Standard 5.3.1(a) To be completed by: 20 January 2017 | Response by responsible individual detailing the actions taken: Inaccuracies were highlighted to staff and corrected at the time of inspection. The issues identified have been highlighted to all staff to ensure records are accurate and up to date. Additional training is being organised for all members of the multi-disciplinary team regarding record keeping on PARIS especially regarding risk assessment. |
| Area for Improvement No. 2 | A number of incidents which had taken place on the ward during the previous year had not been closed. |
| Stated: First time Ref: Standard 5.3.1 (f) To be completed by: 20 January 2017 | Response by responsible individual detailing the actions taken: Additional staff resources are in place to focus on review of incidents for closure. Protected time has been allocated on duty rota for Ward Sister and Senior Staff Nurse to review the backlog of the incidents on Datix web. |
| Area for Improvement No. 3 | The ward's televisions had not been encased in cabinets as directed in the ward's previous ligature risk assessment. |
| Stated: First time Ref: Standard 5.3.1 (e) To be completed by: 20 January 2017 | Response by responsible individual detailing the actions taken: The Estates Team are progressing with this work. The cabinets are currently under construction to enable encasement of the ward televisions. |
| Priority 3 | |
| Area for Improvement No. 4 | Upon commencement of their post within the ward junior doctors require training in using the Trust's PARIS patient information system. |
| Stated: First time Ref: Standard 5.3.3 (d) | Response by responsible individual detailing the actions taken: Junior Doctors induction includes a ½ day PARIS training session. The content of this is to be reviewed between the Doctors and the trainers. |

| | |
|---|--|
| To be completed by: 20 April 2017 | Consultants will monitor the quality of entries into patient records by junior medical staff. |
| Area for Improvement No. 5 | Patient risk assessments retained on the PARIS system should be regularly audited. |
| Stated: First time | Response by responsible person detailing the actions taken: The regular auditing of care plans on Bronte Ward incorporates the risk assessment audit. |
| Ref: Standard 5.3.1 (f) | From this audit individuals and staff groups will have any shortfalls highlighted to them. There is additional multi-disciplinary team training to be delivered in the New Year specifically around risk assessments, quality of data and the correct recording in PARIS. The risk assessment is reviewed at the weekly multi-disciplinary team meeting and the clinical lead will have the opportunity to ensure if it is accurately updated. |
| To be completed by: 20 April 2017 | |
| Area for Improvement No. 6 | Case summaries should be provided for each patient to ensure staff can access information succinctly and quickly. |
| Stated: First time | Response by responsible person detailing the actions taken: The clinical lead will direct Junior Doctors to complete the case summaries via PARIS change team. |
| Ref: Standard 5.3.1 (a) | Consultants to request to have a detailed section on PARIS for the recording of patient case summaries. |
| To be completed by: 20 April 2017 | |
| Area for Improvement No. 7 | The quality and quantity of records retained on the Trusts PARIS system require ongoing and continuous review. |
| Stated: First time | Response by responsible person detailing the actions taken: Professional leads will monitor the quality of record keeping by the multi-disciplinary team. Each profession will conduct an audit of their records for review by each team. Nursing notes audit is carried out weekly. Social Work and Occupational Therapy records will be quality assured during professional supervision sessions |
| Ref: Standard 5.3.1 (f) | |
| To be completed by: 20 April 2017 | |

| | | | |
|---|----------------|-----------------------|-----------|
| Name of person completing the provider compliance plan | Elaine McBroom | | |
| Signature of person completing the provider compliance plan | Elaine McBroom | Date completed | 8/12/2016 |
| Name of responsible person approving the provider compliance plan | | | |
| Signature of responsible person approving the provider compliance plan | | Date approved | |
| Name of RQIA inspector assessing response | Alan Guthrie | | |
| Signature of RQIA inspector assessing response | Alan Guthrie | Date approved | 16/12/16 |



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews