The Regulation and Quality Improvement Authority

RQIA

Mental Health & Learning Disability

Unannounced Inspection

Cloughmore

Bluestone Unit

Craigavon Area Hospital

Southern Health and Social Care Trust

7 April 2014

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1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Northern Ireland's health and social care services. RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services. Additionally, RQIA is designated as one of the four Northern Ireland bodies that form part of the UK's National Preventive Mechanism (NPM). RQIA undertake a programme of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment, upholding the organisation's commitment to the United Nations Optional Protocol to the Convention Against Torture (OPCAT).

1.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant legislation and good practice indicators and to consider whether the service provided to patients was in accordance with their assessed needs and preferences.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of care and treatment, and to determine the provider's compliance with the following:

- The Mental Health (Northern Ireland) Order 1986;
- The Human Rights Act 1998;
- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- Optional Protocol to the Convention Against Torture (OPCAT) 2002.

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 Methods/Process

Specific methods/processes used in this inspection include the following;

- discussion with multi-disciplinary staff and managers;
- examination of records;
- review of the facility environment
- evaluation and feedback.

Any other information received by RQIA about this service and the service delivery has also been considered by the inspector in preparing for this inspection.

2.0 Ward Profile

Trust/Name of Ward	Southern HSC Trust
Name of hospital/facility	Bluestone Unit Craigavon Area Hospital
Address	68 Lurgan Road Portadown BT63 5QQ
Telephone number	028 38366750
Person-in-charge on day of inspection	Lynsey Erskine
Email address	Lynsey.erskine@southerntrust.hscni.net
Nature of service-MH/LD	Mental Health-Acute Admission
Name of Ward/s	Cloughmore
Date of last inspection	10&11 May 2011 3 December 2013
Name of Inspector	Siobhan Rogan Dr Brian Fleming

Cloughmore is an 18 bedded admission ward in the Bluestone Unit on the Craigavon Area Hospital site. The purpose of the ward is to provide assessment and treatment to patients with a mental illness. The main entrance doors to the ward are locked. Access to and from the ward can be gained via key fob.

The multidisciplinary team consists of a team of nursing staff and health care assistants, a consultant psychiatrist, doctor, social worker and an occupational therapist.

3.0 Background

An unannounced inspection was undertaken on 7 April 2014 at Cloughmore, Bluestone Unit, to investigate information received via a telephone call to RQIA. The inspectors reviewed the patient's care documentation and met with the ward's Consultant, Ward Manager and the Bluestone Unit's Patient Flow and Bed Management Co-ordinator.

Information received on 3 April 2014:
RQIA received a telephone call on 3 April 2014, from the relative of a patient in Cloughmore Ward, Bluestone Unit, Craigavon Area Hospital. This relative raised concerns in relation to clinical decision making, incident reporting and management of risk. Concerns were also raised regarding staff communication with the patient and their family, child protection issues and alleged inappropriate use of medication.

4.0 Inspection Findings

Following information received on 3 April 2014, an unannounced inspection of Cloughmore was undertaken by RQIA on 7 April 2014. The inspectors met with the Ward Sister, Consultant Psychiatrist and the Patient Flow and Bed Management Co-ordinator. The inspectors discussed the detail of the concerns received to RQIA from the caller.

A number of concerns where identified by RQIA staff specifically:

4.1 Incomplete Assessment of patient's holistic needs to inform formulation of treatment and discharge

- **Psychology**

This patient has been in hospital since January 2013. The care documentation indicated that the patient needed a psychological assessment in relation to possible Asperger's/autistic spectrum disorder type presentation. Referral to Psychology for Asperger's assessment was documented in the patient's Comprehensive Risk Assessment (CRA) management plan review. However, there was no record of this referral being made in the patient's care notes, a copy of the referral was not held within the care notes and an acknowledgement of the referral was not contained within the care documentation reviewed. The ward sister contacted the psychology department to find out when the referral was made, whom it was made by and in what format however this information was not available on the day of the inspection. The consultant also stated that he had been informed by Head of Psychology in the Southern Health and Social Care Trust (SHSCT) that psychology staff do not see patients in inpatient facilities. The patient flow and

bed management coordinator confirmed that psychology is not available to patients in inpatient mental health wards in SHSCT.

On the day of the inspection, RQIA staff were unable to confirm whether/not a referral to psychology had been made for patient.

A recommendation has been made in relation to this.

- **Social Work**

RQIA inspectors were initially informed that the patient had a social work assessment undertaken as all patients who are admitted to the ward under the Mental Health (Northern Ireland) Order 1986 automatically have a social work assessment. However, a social work assessment could not be located in the patient's care documentation and there was no evidence in the care documentation reviewed that this had been undertaken.

Inspectors were concerned and were of the view that this information would be vital to inform the overall holistic assessment and subsequent treatment and discharge planning for this patient. In spite of the absence of a social assessment, the multidisciplinary team (MDT) had agreed that this patient was ready for discharge.

The patient flow and bed management co-ordinator reported that there were three social workers for the service. However on the day of the inspection, one had been on an extended period of planned leave and one was on sick leave. Inspectors were informed that there were no contingency arrangements in place to address this reduction in social work availability for the ward.

Inspectors concluded that major components of a holistic assessment had not been undertaken for this patient.

A recommendation has been made in relation to this.

4.2 Update of risk assessment and risk management to inform care and treatment decisions

Inspectors noted that a number of incidents detailed in the patient's care documentation had not been included in the Comprehensive Risk Assessment (CRA) and associated risk management plan. Risk assessments had been carried out and some of the recent information would suggest that there were aspects of the patient's behaviour which may not have been fully considered in relation to treatment planning and the discharge process. For example, there was mention of a Social Work referral to Gateway regarding child protection concerns, but the behaviour upon which this is based is not described in any detail in the records. There was also mention of a potentially

harmful implement under the patient's pillow with nothing documented to indicate that this was explored by the multidisciplinary team in any depth or included in the patient's CRA and associated risk management plan.

Inspectors found that there was a lack of evidence that information regarding the patient's presentation was being recorded on the CRA and associated risk management plan and used to guide and inform treatment and discharge planning.

Despite references to home leave and discharge planning being made in the care documentation reviewed, there was no management plan available detailing how identified risks would be managed in the home setting.

A recommendation has been made in relation to this.

4.3 Patient and family Involvement in care and treatment

Upon reviewing the care documentation for this patient, inspectors noted occasions whereby the views of the patient and their family did not appear to be considered. For example, in reference to planned home leave on a particular date, the patient stated that they had decided that it was best not to go, however the patient's consultant recommended that the leave should proceed. The patient's brother also spoke with nursing staff on the ward that day to express the family's disappointment that the patient's request to postpone leave had not been granted, and stated that the family were of the opinion that the patient had been cajoled and bullied into going on leave prematurely. The patient went on leave later that day. There was no indication in the care documentation reviewed that this information had been drawn to the attention of the MDT and the care record did not indicate that the complaints procedure had been discussed with the patient's family member.

Following a period of leave, the patient and his mum met with the consultant. Both the patient and their mother indicated that they were unhappy with how the leave went and the patient's mother indicated that she was unwilling to have the patient home on leave. In spite of this, a further period of home leave was arranged by the consultant with the patient's mother.

A recommendation has been made in relation to this

4.4 Incident reporting

There was an incident on the ward in January 2014 that met the criteria to be reported as a Serious Adverse Incident (SAI) under the Health and Social Care Board Procedure for the Reporting and Follow up of Serious Adverse Incidents (October 2013). The care documentation reviewed indicated that the patient

was commenced on 1:1 observations and this incident was recorded on the CRA and associated risk management plan updated however there was no record in the care documentation reviewed that this incident was recorded on datix or that it was reported as an SAI. The patient flow and bed management coordinator confirmed that the Trust were working to the October 2013 Health and Social Care Board revised reporting procedure at the time of the incident and that this incident should have been reported as an SAI. However, this incident was not reported to the Health and Social Care Board or RQIA as an SAI.

A recommendation has been made in relation to this.

4.5 Contact with PSNI

Inspectors were informed that on two occasions, the PSNI had visited and met with the patient regarding the patient's statement that he had committed a serious crime in the past. An entry in the patient's notes confirmed that the Consultant had given consent for contact with the PSNI to proceed.

Inspectors were advised that there was no policy or procedure available to ensure that patients' rights are upheld during these visits, or to assess if visits were undertaken appropriately and safely, particularly in terms of patients' capacity to consent to the interview processes and to comply with the Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE).

A recommendation has been made in relation to this.

5.0 Summary of findings- review of care and treatment by RQIA Sessional Medical Officer

No definitive diagnosis had been made for this patient and the plan on the day of the inspection was to continue with increasing periods of leave moving towards early discharge.

The main concerns on the day of the inspection were the lack of a comprehensive structured social history with more detail on the patient's developmental history, social and occupational functioning, and the domestic circumstances and dynamics within the family unit.

Much of the patient's thought content has revolved around persecutory ideas in relation to threats to them self and their family and more recent behaviour would suggest that they may not be fully disclosing some of their thought content. At the time of the inspection, some of the recent documented behaviour indicated that consideration should be given to the possibility of some degree of persisting psychosis, albeit not florid.

The issue of a Psychology referral for assessment needed to be accelerated. We found it both surprising and disappointing that there is no Psychology input to

inpatients in Cloughmore. We found it difficult to understand how a fully comprehensive assessment of this patient could be made without assessment of their underlying personality and/or the existence another disorder. Clearly there is the potential for extremely disturbed behaviour in a patient with acute psychosis superimposed on such an underlying condition and this has implications for the short, medium and long term management of this complex case.

We had concerns that:

(1) This case has not been fully assessed.

(2) Some of the information contained within the notes and risk assessment have not been fully considered in relation to the discharge planning process.

6.0 Conclusion

RQIA concerns were shared with the patient's consultant, the ward manager and patient flow and bed management coordinator. The ward sister requested that the consultant review the patient. RQIA staff were advised that the consultant reviewed the patient's presentation and risk assessment and that the patient had went on home leave that day. This decision was taken in consultation with the patient and the patient's mother.

Due to the serious nature of these matters, concerns were drawn to the attention of the Southern Health & Social Care Trust's Chief Executive, in line with RQIA's Escalation policy. A meeting with senior Trust representatives was held on 18 April 2014 to discuss the actions to be taken by the SHSCT to address these concerns. Senior Trust representatives gave assurances to RQIA that the areas of concern highlighted within this report would be addressed immediately.

The inspectors would like to thank the patient and staff for their cooperation throughout the inspection process.

Quality Improvement Plan

Unannounced Inspection

Cloughmore, Bluestone Unit

7 April 2014

The issue(s) identified and recommendations made during the inspection were discussed with the Ward Sister, Consultant Psychiatrist and Patient Flow and Bed Management Co-ordinator for the ward on the day of the inspection visit. The timescales for completion commence from the date of the visit. The progress made in the implementation of these recommendations will be evaluated at the next 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.

Recommendations

No.	Recommendation	Reference	Number of times stated	Details of action to be taken by ward/trust	Timescale
1	It is recommended that the Trust reviews the composition of and clinical specialities offered within the multidisciplinary team, and the availability of psychotherapeutic interventions to ensure that patients on the ward have access to the full range of evidence based therapeutic interventions to meet presenting needs.	6.3	1	The Trust will review Psychology input to inpatient services but is aware that to achieve this could lead to a loss of Psychology capacity in other service areas. The Trust will have to consider on balance the relative benefits of diverting Psychology to inpatient services and available psychology resources may not be sufficient to facilitate this.	**31 July 2014**
2	It is recommended that the Trust ensures that where long-term staff leave occurs, contingency arrangements are put in place to ensure that patients on the ward have appropriate access to the full range of clinical specialties and therapeutic interventions.	6.3	1	The Head of Service will review the staffing should long-term leave occur, within the Trust guidelines for contingency cover, and ensure the remaining resource is utilised as efficiently as possible.	**31 July 2014**
3	It is recommended that the Trust ensures that all members of the multi-disciplinary record all actions in the patients' care documentation and use this information to update the patient's comprehensive risk assessment and	5.3	1	Work has commenced with respect to recording, and reporting of risk in the care documentation with all members of the MD Team within the facility regarding this. It has	**Immediate and ongoing**

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.	Recommendation	Reference	Number of times stated	Details of action to be taken by ward/trust	Timescale
	management plan.			also been raised through the Acute Governance forum. The Head of Service will introduce mechanisms to regularly review a sample of care documentation to ensure records are appropriately manntained.	
4	It is recommended that the ward sister ensures that all staff are aware of the actions to be taken in relation to incorporating the views of patients and their family in care and treatment planning.	5.3	1	This has been raised by the ward sister with all the ward nursing staff and this will be monitored to ensure that staff are proactive in seeking and recording the views of patients and their carers. This has also been highlighted to the wider multidisciplinary group.	**Immediate and ongoing**
5	It is recommended the Trust ensures that all staff have received training and are aware of their responsibilities in relation to reporting incidents under the Health and Social Care Board Procedure for the Reporting and Follow up of Serious Adverse Incidents (October 2013).	5.3	1	Incident Reporting Refresher Training has been provided on 4 occasions to ensure all nursing staff have had the opportunity to receive it. The ward sisters / Charge Nurse have also reviewed the follow up of an incident as an SAI	**31 July 2014**
6	It is recommended that the Trust	5.3	1	The Trust will develop and implement	**Immediate**

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.	Recommendation	Reference	Number of times stated	Details of action to be taken by ward/trust	Timescale
	ensure that a policy, procedure and guidance documentation is available for staff in relation to ensure patient contact and interviews with PSNI are undertaken appropriately and safely, particularly in terms of patients' capacity to consent to the interview processes and to comply with the Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE).			guidance for staff on this issue.	**and ongoing**
7	It is recommended that the Trust ensures that all staff working within Cloughmore are clear of their roles and responsibilities in the event of a child protection concern.	5.3	1	Child Protection Training and the role of the staff in relation to their responsibilities is ongoing and will be monitored through supervision and KSF	**Immediate and ongoing**

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

NAME OF WARD MANAGER COMPLETING QIP	Lynsey McMurray
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly

Inspector assessment of returned QIP		**Yes**	**No**	**Inspector**	**Date**
A.	Unannounced Inspection Recommendations to Ward Manager response assessed by inspector as acceptable	X		Siobhan Rogan	20 May 2014
B.	Further information requested from provider				