



The **Regulation and  
Quality Improvement  
Authority**

**Cloughmore Ward  
Craigavon Area Hospital  
Southern Health and Social Care Trust  
Unannounced Follow up Inspection  
Report**

**Date of inspection: 23 April 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.

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## 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 serious adverse incidents.

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

## 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(s)
- 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

Cloughmore is an 18 bedded admission ward in the Bluestone Unit on the Craigavon Area Hospital site. The purpose of the unit is to provide acute assessment and treatment for patients with a psychiatric illness who require care in an inpatient environment. 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.

The ward sleeping facilities include single ensuite bedroom accommodation. There were separate day spaces and dining areas for patients.

There were 14 patients on the ward on the day of the inspection and six of these patients had been detained under the Mental Health (NI) Order 1986.

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 inspections carried out on 6 June 2014 and the 2 and 3 July 2014 were assessed during this inspection. There were a total of 20 recommendations made following the last inspections.

It was good to note that 14 recommendations had been implemented in full.

Three recommendations had been partially implemented and three recommendations had not been met, one of which will require to be restated for a **third** time.

Recommendations in relation to the maintenance and storage of patient records had been implemented supported by the implementation of the

electronic recording system PARIS. Records were appropriately maintained in relation to the mandatory training of ward staff and there were no concerns identified.

The inspector reviewed the provision of therapeutic and recreational activities for patients and was pleased to review evidence of the provision of activities at evenings and weekends. The inspector was informed by the ward manager that a review of psychological therapies was currently ongoing and the ward was part of a pilot study. The outcome of the pilot was to build and improve upon current psychology provision at all therapeutic levels and to establish areas for improvement. The inspector was informed by the ward manager that all registered nursing staff had attended cognitive behavioural therapy (CBT) awareness training. The senior staff nurse was fully CBT qualified and was skilled to provide one to one high level intervention. The ward manager advised that the provision of psychotherapeutic interventions was constantly under review as part of the pilot study. Inpatient psychology services continued to remain unavailable to patients in Cloughmore.

The inspector met with three members of nursing and medical staff on the day of inspection. Nursing staff reported improved working relations with medical colleagues and felt more empowered to appropriately and professionally challenge any concerns with regards to patients' care and treatment. Nursing staff also reported that they felt there had been a great improvement in having their views acknowledged and valued. Nursing who met with the inspector spoke positively regarding the support they received and explained that if they had a concern they could bring this to the attention of the ward manager.

The inspector met with the consultant psychiatrist for the ward and discussed the working relationship between medical staff and other members of the multi-disciplinary team. The consultant psychiatrist confirmed that they also felt there had been an improvement in the professional relationship between medical and nursing staff. The consultant explained that the ward manager was there as a point of contact should concerns arise.

The inspector was pleased to note compliance with the recording of patients' property upon admission however it was noted that the uniform policy for managing patients' property and monies had not been implemented at the time of inspection. In addition the inspector identified a further concern with the security of patients' property which is detailed later in the report.

The ward manager and patient flow and bed management co-coordinator confirmed that there were currently no members of the multi-disciplinary team on leave. Patients expressed difficulty in obtaining drinks after 8pm to the inspector at one of the last inspections. The inspector was pleased to note patients confirmed during this inspection that they are not denied drinks after 8pm. The ward manager advised that evening tea and refreshments were provided between 8pm-8.30pm each evening. Patients are provided with hot and cold drinks; yogurts and biscuits are also available. The provision of hot and cold drinks is discussed at the fortnightly patient meetings.

## **Other inspection findings**

### **Profiling beds**

A serious adverse incident resulting in a fatality concerning the use of a profiling bed as a ligature point occurred in 2013. In December 2013 The Health and Social Care Board requested that all HSC Trusts take appropriate actions in accordance with The Northern Ireland Adverse Incident Centre Estates and Facilities Alert EFA/2010/006. Information in relation to the use of profiling beds was re-issued in March 2015 from the Health and Social Care Board and the Public Health Agency.

During the course of the inspection the inspector noted two profiling beds located within two separate single bedrooms. The inspector was advised by ward staff that the beds were primarily used for patients with assessed physical or mobility needs including patients with an eating disorder.

The inspector reviewed the care file for a patient that was currently occupying one of the beds. The inspector noted that there was no clearly documented rationale for use of the profiling bed, care plan or risk assessment included in the patient's files. The inspector brought this to the attention of the ward manager who agreed to take action on the matter. A recommendation has been made in relation to this.

### **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.

### **Storage**

The inspector also noted two mattresses were stored in the sluice room. In addition the inspector noted a collection of patients' clothes and belongings in bags and suitcases, also in the sluice room. The inspector explained to staff that this was not in keeping with infection control and prevention cross infection good practice. The inspector advised staff to relocate the mattresses and patients' property to a more suitable environment, which was achieved by the end of the inspection.

### **Access to patient records**

The ward manager explained that they have received patients from other trusts where there has been a temporary shortage of bed availability in that Trust. As a result there are occasions when patients from other trusts are admitted to wards in the Bluestone Unit. The ward manager expressed



concerns that when patients are admitted from the Belfast HSC Trust under an extra contractual referral (ECR) there was no access to the patient's notes or history at the time of admission particularly when this occurred out of hours. The ward manager was concerned that at times minimal information about the patient was provided to the ward and that on these occasions it takes some time for additional information to be received about the patient and their mental health history.

It was recognised that this had the potential to impact upon patient care and treatment and the safety of the patient and others. The inspector discussed this concern subsequent to the inspection with the patient flow and bed management coordinator who advised that the matter had been escalated to the assistant directors in both the Southern and Belfast HSC Trusts. The inspector was advised that there was liaison between the trusts in relation to the matter. The patient flow and bed management coordinator advised that he was satisfied with the assurances that he had received from the Belfast HSC Trust regarding improving the information provided on admission. The inspector was informed that the Southern HSC Trust monitor and review the admissions from other trusts on an individual basis, in addition to the ECR audits that are completed.

A recommendation has been made in relation to this.

#### 4.1 Implementation of Recommendations

Seven recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 2 and 3 July 2014.

These recommendations concerned staff training, patients' property, policy and procedures and the discharge process.

The inspector was pleased to note that five recommendations had been fully implemented:

- The inspector noted a consistent level of compliance across all mandatory training.
- On admission a record of the patients' property is recorded.
- The inspector reviewed a draft of the new 'acute mental health inpatient admission/discharge procedure'.

However, despite assurances from the Trust, one recommendation had been partially met and one recommendation had not been met.

Ten recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 2 and 3 July 2014.

These recommendations concerned recording of patients' care, reviewing staff skills, increase collaborative working, reviewing clinical specialities,

appropriate maintenance of patient files, effective multi-disciplinary care and clinical decision making and access to low and high intensity psychological interventions

The inspector was pleased to note that six recommendations had been fully implemented:

- The inspector noted that the ward had progressed with the implementation of electronic recording and documenting for all patients.
- A review of psychological therapies was currently ongoing and the ward was part of a pilot study.
- Staff reported improved working relations.
- There were contingency arrangements in place and cover provided from other wards when the social worker was on leave; there were no members of the multi-disciplinary team on long term leave at the time of the inspection.
- Patient information is securely stored electronically and paper information is stored in the locked cabinets in the locked staff base.

However, despite assurances from the Trust, two recommendations had been partially met and two recommendations had not been met.

Three recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspection(s) undertaken on 10 June 2014 and 2 and 3 July 2014.

These recommendations concerned use of the gym facilities, provision of therapeutic activities and availability of food and beverages.

The inspector was pleased to note that all three recommendations had been fully implemented:

- The ward manager advised the inspector that a band three health care assistant is trained as a gym supervisor for the ward.
- Activities were offered Monday to Sunday and included morning, afternoon and evening sessions. The activity timetable reflected activities offered by both Occupational therapy and nursing staff.
- The ward manager advised that evening tea and refreshments were provided between 8pm-8.30pm each evening. Patients are provided with hot and cold drinks; yogurts and biscuits are also available.

## 4.2 Serious Adverse Incident Investigation

Two serious adverse incidents (SAI) occurred in this ward between June 2014 and August 2014. The inspector reviewed the Trust’s progress in addressing

recommendations made relating to ward practices following the Trust's investigation of the SAI's. A total of 12 recommendations were assessed. The inspector noted that there was evidence in the implementation of a number of the recommendations. Despite this it was recognised that there were recommendations that require further action particularly in relation to liaison between the Trust and the Police Service of Northern Ireland.

## 5.0 Patient Experience Interviews

One patient agreed to meet with the inspector to discuss their care, treatment and experience as a patient. The patient who met with the inspector expressed a number of concerns relating to their individual circumstances. The inspector discussed each of the matters with the patient and advised the patient of their rights whilst in hospital. The inspector also discussed the patient's concerns with the ward manager. The ward manager reassured the inspector that they would ask the patient's named nurse to discuss and re-issue information to the patient in relation to the concerns that were expressed.

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

## 6.0 Other areas examined

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

<b>Ward Staff</b>	3 staff and 2 students
<b>Other ward professionals</b>	2
<b>Advocates</b>	0

**Ward staff** told the inspector that:

"I feel very well supported"

"the ward sister is a great support and I can approach her with any concerns";

"the relationship between medical and nursing staff has improved"

The inspector met with three members of nursing staff and two student nurses on the day of inspection. Staff and students who met with the inspector spoke positively regarding the support they received on the ward. Nursing staff reported improved working relations with medical colleagues and felt empowered to appropriately and professionally challenge any concerns regarding patients' care and treatment. Nursing staff also reported that they felt there had been an improvement in their views being acknowledged and valued. Nursing staff explained that if they had a concern that they could bring this to the attention of the ward manager. Nursing staff and students

advised the inspector that they had no concerns in relation to the care and treatment of patients on the ward.

### **Other ward professionals**

The inspector met with the consultant psychiatrist for the ward and the occupational therapist (OT). The inspector discussed with the consultant the working relationship between medical staff and other members of the multi-disciplinary team. The consultant psychiatrist confirmed that they also felt there had been an improvement in the professional relationship between medical and nursing staff. The consultant explained that the ward manager was there as a point of contact should concerns arise.

The OT provided the inspector with an overview of the activities provided on the ward and their involvement in the provision of low level psychological therapies. The consultant and OT advised the inspector that they had no concerns in relation to the care and treatment of patients on the ward.

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

## **7.0 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 18 June 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**

**Follow-up on recommendations made following the announced inspection on 2 and 3 July 2014**

<b>No.</b>	<b>Reference.</b>	<b>Recommendations</b>	<b>Number of time stated</b>	<b>Action Taken (confirmed during this inspection)</b>	<b>Inspector's Validation of Compliance</b>
1	5.3.1.	It is recommended that the Trust ensures that all staff are clear regarding their roles and responsibilities in maintaining up to date patient records and that records are maintained in one location and subject to audit.	2	The inspector reviewed records for three patients. The inspector noted that the ward had progressed with the implementation of electronic recording and documenting for all patients. The inspector noted that with the introduction of PARIS all members of the multi-disciplinary team were recording on the system and a minimal amount of patient information was held on paper file. The inspector reviewed a sample of care files which had been audited by the patient flow and bed management coordinator. The ward manager had also conducted separate audits. Hospital managers advised that this process is currently under review by the Trust's governance team.	Fully met
2	5.3.3	It is recommended that all staff receive up to date mandatory training and that records are available on the ward.	2	A review of the ward's training matrix on the day of inspection did not identify any concerns or significant gaps with mandatory training. The inspector noted a consistent level of compliance across all mandatory training.	Fully met
3	5.3.3	It is recommended that the full potential of the gym as a treatment resource is realised and methods to improve uptake, including flexible working arrangements	2	The ward manager advised the inspector that a health care assistant has trained as a gym supervisor for the ward. The same health care assistant is provided with protected time to facilitate group and one to one gym sessions. None of the patients who met with the inspector on the day of inspection	Fully met

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		between the nominated staff are explored.		expressed any concerns in relation to access to the gym.	
4	5.3.3	It is recommended that the Trust review current practices and seek to fully utilise the skills, competence and experience of staff.	2	Following the previous inspection it was recognised that the provision of low and high intensity psychological therapies was required on the ward this required the participation of staff in providing evidenced based psychological interventions. The inspector was informed by the ward manager that a review of psychological therapies was currently ongoing and the ward was part of a pilot study. The outcome of the pilot is to build and improve upon current psychology provision at all therapeutic levels and to establish areas for improvement. Staff who met with the inspector expressed their enjoyment with the pilot and how it had been positively impacting on patient care. Staff who met with the inspector expressed no concerns with regards to having their thoughts, feelings and views being listened to, acknowledged and respected.	Fully met
5	5.3.3	It is recommended that measures are taken to increase collaborative working across all disciplines in the multidisciplinary team including medical staff.	2	The inspector met with three members of nursing staff on the day of inspection. Staff and students who met with the inspector spoke positively regarding the support they received from the ward manager and their colleagues on the ward. Nursing staff reported improved working relations with medical colleagues and felt more empowered to appropriately and professionally challenge any concerns with regards to patients' care and treatment. Nursing staff also reported that they felt there had been a great	Fully met

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				improvement in having their views acknowledged and valued. Nursing staff explained that if they had a concern that they could bring this to the attention of the ward manager. The inspector met with the consultant psychiatrist for the ward. The inspector discussed with the consultant the working relationship between medical staff and other members of the multi-disciplinary team. The consultant psychiatrist confirmed that he also felt there had been an improvement in the professional working relationship between medical and nursing staff. The consultant explained that the ward manager was there as a point of contact should concerns arise.	
6	5.3.3	It is recommended that the ward manager ensures that all items brought into the ward on admission are listed appropriately, the area of their storage or transfer recorded, and appropriate receipting undertaken, particularly when relatives remove items from the ward.	2	The inspector reviewed the 'patients' property book'. Records evidenced staff and the patients on admission. The patient signature indicated that the patient agreed and understood that 'items in their possession remain their responsibility'. On admission a record of the patient's property is recorded; records reviewed evidenced that this was signed by two staff and retained in the individual patient's file.	Fully met
7	6.3.1	It is recommended that the Trust develops and implements a uniform policy for managing patients' finances within the Bluestone Unit, including managing and	2	The inspector was advised by the ward manager and patient flow and bed management coordinator that the uniform policy had not been created. The inspector was advised that this recommendation is currently being managed by the Trust's finance department. The inspector was advised that there	Not met



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		securing patients' property held in the ward safes.		was no draft policy available but that the policy will be made available from 31 May 2015. This recommendation will be restated for a third time.	
8	5.3	It is recommended that the Trust 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).	2	The inspector met with the ward manager and patient flow and bed management coordinator who provided a guidance document for staff in relation to contacting the police when there has been a disclosure of a crime. The guidance provides advice on the issue of patient capacity for the purposes of police interview. The inspector was informed that a policy and procedure had not been created as the Trust felt that existing policies and procedures provided adequate safeguards for patients. These policies and procedures included safeguarding vulnerable adults, child protection and the Trust policy and procedure on the use of drugs and alcohol. The inspector was advised that in addition the Trust have interface link meetings with the police.	Fully met
9	6.3	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	1	The inspector met with the ward manager who advised that the Trust had reviewed and continued to review the composition and clinical specialities offered within the MDT. As a result Cloughmore ward was currently piloting a range of improvements regarding the delivery of psychological therapies within the ward. The inspector was informed by the ward manager that all registered nursing staff had attended cognitive behavioural therapy (CBT) awareness training. The senior staff nurse was fully CBT qualified and was skilled to provide one to one	Partially met

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		interventions to meet presenting needs.		high level intervention. The ward manager advised that the provision of psychotherapeutic interventions was constantly under review as part of the pilot study. Inpatient psychology services continued to remain unavailable for the ward.	
10	6.3	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.	1	The inspector met with ward and hospital management who advised and reassured that there were contingency arrangements in place for social work cover from other wards when on leave. The inspector was advised that there were currently no members of the multi-disciplinary team on long term leave.	Fully met
11	5.3	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).	1	The inspector reviewed the training matrix for the ward and noted that all 20 of the staff team currently working on the ward had attended refresher training on incident reporting. In addition the ward manager had attended separate training on the grading of serious adverse incidents. Staff who met with the inspector demonstrated their knowledge and understanding of the SAI process.	Fully met
12	5.3.1	It is recommended that the ward manager ensures that patient files are appropriately maintained in chronological order, that all documentation	1	The inspector was pleased to note that the ward had progressed with the use of the electronic recording system PARIS. As a result the ward held minimal paper information for patients. Paper records that were available were noted to be neat, tidy and	Fully met

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		contained within the file is secured and stored as per the Northern Ireland Data Protection Act 1998.		information maintained in a chronological order. The majority of patient information is securely stored electronically and paper information is stored in locked cabinets.	
13	5.3.1	It is recommended that the Trust reviews the procedure for reporting the use of physical interventions and ensures that staff can complete these on the ward's information system	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 in conjunction with accident/incident forms was planned however there was currently no date available for completion of this review.	Not met
14	5.3.3	It is recommended that the Trust ensures that the views of all disciplines are considered and recorded to ensure safe and effective multidisciplinary care and clinical decision making.	1	The inspector met with three members of nursing staff on the day of inspection. Staff who met with the inspector spoke positively regarding the support they received on the ward. Nursing staff reported improved working relations with medical colleagues and felt more empowered to appropriately and professionally challenge any concerns with regards to patients' care and treatment. Nursing staff also reported that they felt there had been a great improvement in having their views acknowledged and valued. Nursing staff explained that if they had a concern that they could bring this to the attention of the ward manager. The inspector met with the consultant psychiatrist for the ward and the occupational therapist. The inspector discussed with	Fully met

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				the consultant the working relationship between medical staff and other members of the multi-disciplinary team. The consultant psychiatrist confirmed that they also felt there had been an improvement in the professional relationship between medical and nursing staff. The consultant explained that the ward manager was there as a point of contact should concerns arise. A review of three patients' records reflected input from medical, nursing and the OT at the ward team meeting.	
15	5.3.1	It is recommended that the multi-disciplinary team reviews the discharge policy and procedure and ensures that patient discharges are completed in accordance with the required standards.	1	The inspector was informed by the ward manager that there were currently no patients delayed in their discharge from hospital. Patients discharge is managed by the multi-disciplinary team in conjunction with the patient using the new recovery model care plans. The inspector reviewed a draft of the new 'acute mental health inpatient admission/discharge procedure' which was due for issue later this year. The new policy has been developed in accordance with the required local, regional and national standards, legislation and best practice guidance.	Fully met
16	6.3	It is recommended that the Trust review access to the range of low intensity and high intensity psychological interventions, for patients being treated in hospital, as recommended by the National Institute of Clinical Excellence	1	As a result of an ongoing pilot on Cloughmore ward a range of improvements regarding the delivery of psychological therapies within the ward have already been implemented. The inspector was informed by the ward manager that all registered nursing staff had attended cognitive behavioural therapy (CBT) awareness training. The senior staff nurse was fully CBT trained and was skilled to provide one to one	Partially met

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		(NICE), the College Centre for Quality Improvement (CCQI), The Royal College of Psychiatrists (RCPSYCH) and the British Psychology Society (BPS).		high level intervention. The ward manager advised that the provision of psychotherapeutic interventions was constantly under review as part of the pilot study. The ward OT also advised that they complete one to one work with patients on issues such as anxiety management, depression, motivation and self-awareness.	
17	6.3	It is recommended that the Trust ensure that Clinical Psychology is included in the multi-disciplinary team not only to provide specialist psychological therapies, but also to assist in the training and supervision of low and high intensity interventions delivered by other professionals as recommended by the National Institute of Clinical Excellence (NICE), the College Centre for Quality Improvement (CCQI), The Royal College of Psychiatrists (RCPSYCH) and the British Psychology Society (BPS).	1	The inspector was informed that there continues to be no inpatient psychologist available for patients on Cloughmore ward. The inspector met with the consultant psychiatrist who advised that there was an ongoing need for this service. 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 completion was provided.	Not met
18	6.3	It is recommended that the Trust ensures that training and supervision in the range of low	1	The inspector was informed by the ward manager that all registered nursing staff had attended cognitive behavioural therapy (CBT) awareness training. The	Partially met

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		intensity psychological interventions as recommended by NICE, the CCQI, RCPsych and BPS should be available to nursing and other appropriate mental health staff working with patients on the ward.		senior staff nurse was fully CBT trained and was skilled to provide one to one high level intervention. The ward manager advised that the provision of psychotherapeutic interventions was constantly under review as part of the pilot study. The inspector met with the ward manager who advised that they, the senior staff nurse and the wellness recovery action plan (WRAP) facilitator provide the supervision for all registered nurses. The senior nurse is in the final process of establishing supervision arrangements for herself with a clinical psychologist from within the trust. The facilitation of supervision is also under review as part of the ongoing pilot study for the ward.	
19	5.3.3	It is recommended that the Trust ensures that a range of therapeutic activities are available for patients on the ward. These activities should be available throughout the day and at weekends and evenings. Activities should not be cancelled due to deficits in staff resources.	1	The inspector met with the ward OT who provided a detailed overview of the therapeutic activities available on the ward. The inspector also reviewed the weekly activity timetable and it was positive to note that activities were offered Monday to Sunday and included morning, afternoon and evening sessions. The activity timetable reflected activities offered by both OT and nursing staff. A review of OT and nursing staff records in the three patients' files reviewed evidenced the provision of activities on a one to one and group basis. The ward manager informed the inspector that there was a rolling programme of training for health care assistants on activities such as cycling, walking group, 'cook it', recovery, 'chi me' and gardening.	Fully met

**Follow-up on recommendations made following the patient experience interview inspection on 10 June 2014**

No.	Reference.	Recommendations	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	5.3.3	It is recommended the Trust review the access to beverages and food after 8pm on the ward. This review should incorporate the views of patients to promote and ensure a patient centre service delivery model.	The inspector met with the ward manager who advised that patients are never denied drinks after 8pm. The ward manager advised that evening tea and refreshments were provided between 8pm-8.30pm each evening. Patients are provided with hot and cold drinks; yogurts and biscuits are also available. The provision of hot and cold drinks is discussed at the fortnightly patient meetings. Patients who met with the inspector on the day of inspection expressed no concerns with access to beverages and food after 8pm.	Fully 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 – 31665 and 31743	The Trust must implement the Regional Search Guidelines (February 2014) with associated training and issue search wands to the relevant areas.	The regional search guidelines were operational and available for staff to access. In addition the Trust had devised their own search policy; this was currently available in draft format. The ward manager advised that the provision of search wands had begun to be rolled out in the Bluestone unit. A programme of staff training on the use of search wands had commenced when staff attended management of actual and potential aggression training (MAPA).
2	SAI – 31665 and 31743	The Search Policy being developed to support the Regional Guidelines should include guidance in relation to searching patient possessions prior to a transfer between wards. This should be person specific, risk assessed and	The inspector reviewed the new Trust search policy which was available in draft format. The new policy does not include guidance on searching patients' possessions prior to transfer between wards, as a result there is no mention of ensuring that in such an instance this is risk assessed and documented in the patient's management plan. This was discussed with the patient flow and bed management coordinator who agreed to review the draft policy.

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		documented in the patients risk management plan.	
3	SAI – 31665 and 31743	All staff working within Mental Health inpatient wards must wear a personal attack alarm.	All staff that the inspector observed on the day of inspection were wearing a personal attack alarm.
4	SAI – 31665 and 31743	The Trust should review it's processes for the allocation / collection of personal attack alarms within mental health inpatient wards.	A record of staff who obtain an attack alarm is maintained. The inspector reviewed the records which evidenced the name of the staff member, alarm number, time out, signature of member staff, signature of senior person approving and time returned.
5	SAI – 31665 and 31743	The Trust should give consideration to conducting joint patient assessments (where feasible/practical) and where specific identified patient concerns warrant same.	The inspector was informed by the ward manager that joint assessments are completed upon the admission of a new patient. The inspector reviewed samples on PARIS of joint assessments completed by nursing and medical staff.
6	SAI – 31665 and 31743	The Trust would welcome regional guidance in relation to the removal of violent and deranged persons from HSC facilities into PSNI custody and the role/authority of the Forensic Medical Officer (FMO) in such circumstances. The Trust should therefore request the HSCB to liaise with relevant agencies regarding this issue.	The inspector discussed this matter with the ward manager and patient flow and bed management coordinator who advised that they were unaware of any guidance or any other actions taken in relation to this recommendation.
7	SAI – 31665	The Trust should write to the PSNI regarding this case to	This recommendation was unable to be assessed at ward level; the ward manager was unaware if this had been completed.



Appendix 1

	and 31743	highlight the issue of the importance of thorough search processes.	
8	SAI – 34907	The Trust should determine the feasibility and cost of providing replacement specialist light fittings for mental health wards, taking into consideration the advice and guidance from the Trust's Estates Department & NIAIC.	The inspector was informed by the ward manager and the patient flow and bed management coordinator that replacement specialist light fittings had not yet been provided. However costing's for the work had been completed and sent to the senior management team for review. No approval or date for completion was available on the day of inspection.
9	SAI – 34907	All staff in the Bluestone Unit should be made aware of the potential risks associated with the current light fittings in the Bluestone Unit and actions should be taken to mitigate against the risk for patients who have been assessed as a high risk of self-harm.	The ward manager advised that the issue with the current light fittings had been added to the ward risk register. Information post incident was relayed to all staff at handover and at team meetings.
10	SAI – 34907	Update the Inpatient Ligature and Suicide Environmental Risk Management Assessment with information from NIAIC.	The Ligature and Suicide Environmental Risk Management assessment was last updated on 23 March 2015 and was available on the ward.
11	SAI – 34907	The issue of the recognition by GPs of patients in a mental health crisis should be fed back to the Associate Medical Director for Primary Care for consideration regarding sharing within Primary Care.	This recommendation was unable to be assessed at ward level; the ward manager was unaware if this had been completed.
12	SAI –	Issues identified regarding	This recommendation was unable to be assessed at ward level; the ward manager

Appendix 1

	34907	communication / provision of information to relatives are to be forwarded to the Associate Medical Director MHD.	was unaware if this had been completed.
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**Quality Improvement Plan**  
**Unannounced Follow Up Inspection**  
**Cloughmore, Craigavon Area Hospital**  
**23 April 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 the patient flow and bed management coordinator 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	6.3.1	It is recommended that the Trust develops and implements a uniform policy for managing patients' finances within the Bluestone Unit, including managing and securing patients' property held in the ward safes.	3	31 May 2015	Cloughmore ward no longer utilise a ward safe. The Trust Procedure for Recording Patient's Private Property has been reviewed and is available in draft and has been sent to Directors for final implementation.
2	5.3.1	It is recommended that the Trust reviews the procedure for reporting the use of physical interventions and ensures that staff can complete these on the ward's information system.	2	30 June 2015	This remains with the Trust's 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.
3	4.3 (i)	It is recommended that the ward manager ensures that all patients who use a profiling bed have a clear rationale in their care records supported by a risk assessment and care plan.	1	Immediate and ongoing	All risks are currently identified through the individuals promoting quality care documentation Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services May 2010. The management of any identified risk is recorded in their risk management / recovery care plan. The

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
					<p>Trust reviewed the use of profiling beds and concluded that there was sufficient ongoing clinical need for 2 profile beds to remain in Cloughmore ward. The Trust recognises the risks associated with profiling beds. This risk is recorded on the ward's risk register and is identified in the environmental ligature risk assessment. Control measures have been put in place whereby any patient admitted to Cloughmore, generally will be not have a profiling bed unless there is identified clinical need or no other room is available. If the patient is in a room with a profiling bed they will have a specific reference to the ligature risk from a profile bed recorded in their risk documentation. Any identified risk will be recorded in an associated management plan. All risks are reviewed at the weekly multi-disciplinary meeting. Risk assessment and management is a live continuous process and as risk changes for the patient, their risk management plan evolves in response to the identified change in risk.</p>

**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
4	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	The Trust has reviewed the blanket restriction on the removal of mobile phone chargers on admission. All patients have an individual risk assessment which may mean they do not have possession of their charger. This will be in their risk management plan, and is reviewed at least in the MD meeting or as risk changes. A minor works request has been applied for a locked cupboard in the store to facilitate safe storage of phones if the ward is required to charge them on the patient's behalf. It is planned that the nurse in charge will hold the key.
5	8.3 (c)	It is recommended that the Trust reviews and implements a robust process for obtaining patient information for patients transferred from other trusts to the wards in the Bluestone Unit to ensure that all relevant patient information is promptly available to inform care and treatment plans.	1	30 June 2015	The Patient Flow & Bed Management Co-ordinator has liaised with Senior Management within the other Trusts. Guidance has been issued on the process of sharing information and roles and responsibilities. The Trust is satisfied that the procedures and escalation processes as identified to the inspector at the time of the inspection are robust. The Patient Flow & Bed Management Co-ordinator continues to monitor the patient flow and

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No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
					the ECR for beds between the areas on a daily basis. This is further reviewed weekly at the Ward Sisters meetings. The Trust has raised the issue of the increased numbers of ECRs admitted to Bluestone with The Adult Mental Health Bamford Sub Group. HSCB has agreed to review this with Trusts to determine causative factors and any potential actions required
<b>Is Care Effective?</b>					
6	6.3	It is recommended that the Trust ensure that Clinical Psychology is included in the multi-disciplinary team not only to provide specialist psychological therapies, but also to assist in the training and supervision of low and high intensity interventions delivered by other professionals as recommended by the National Institute of Clinical Excellence (NICE), the College Centre for	2	31 December 2015	<p>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.</p> <p>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</p>

**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
		Quality Improvement (CCQI), The Royal College of Psychiatrists (RCPSYCH) and the British Psychology Society (BPS).			with prolonged recruitment processes to be followed that cannot at this stage assume a 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>					
7	6.3	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.	2	31 December 2015	Other than a psychologist the ward has a full compliant of specialities within the MDT who are involved in the ward pilot of improving the delivery of psychological therapies within acute mental health wards.  Please also see response to recommendation 6.
8	6.3	It is recommended that the Trust review access to the range of low	2	31	The ward pilot has commenced and nursing staff



**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
		intensity and high intensity psychological interventions, for patients being treated in hospital, as recommended by the National Institute of Clinical Excellence (NICE), the College Centre for Quality Improvement (CCQI), The Royal College of Psychiatrists (RCPSYCH) and the British Psychology Society (BPS).		December 2015	are now delivering a range of individual and group therapies based on evidence based practice and NICE guidelines. Nursing staff have been up skilled in the delivery of group work and patient evaluation has commenced. Work had commenced prior to the inspection in Cloughmore to develop a sustainable programme of CBT based interventions led by a CBT therapist.
9	6.3	It is recommended that the Trust ensures that training and supervision in the range of low intensity psychological interventions as recommended by NICE, the CCQI, RCPsych and BPS should be available to nursing and other appropriate mental health staff working with patients on the ward.	2	31 July 2015	<p>A psychological intervention therapy model for inpatient services will be agreed regionally and the Trust will contribute to that work</p> <p>The ward pilot incorporates the availability of supervision from psychology. Please again refer to recommendation 6. In the interim period the ward sister and Senior Staff Nurse continue to supervise nursing staff who deliver therapeutic interventions within the ward. The staff nurses have been up skilled in the delivery of evidence based practice based on NICE guidelines. This had commenced prior to the inspection.</p>

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>	[ Lynsey Erskine ]
<b>NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	[ ]

<b>Inspector assessment of returned QIP</b>			<b>Inspector</b>	<b>Date</b>
	Yes	No		

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

A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Kieran McCormick	14 July 2015
B.	Further information requested from provider		x	Kieran McCormick	14 July 2015