

Unannounced Follow Up Inspection Report 24 January 2018



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

Tel No: 02838613950

**Inspectors: Audrey McLellan
Lay Assessor: Nan Simpson**

www.rqia.org.uk

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

Silverwood Ward is a mental health acute admission ward located in the Bluestone Unit on the Craigavon Area Hospital site. The ward provides single room accommodation for up to 18 patients. There were 18 patients on the ward on the day of the inspection. Nine patients were detained under the Mental Health (NI) Order 1986.

Patients have access to the multi-disciplinary team (MDT) which includes nursing, psychiatry, social work, clinical psychology and occupational therapy (OT) staff. Patients on the ward can also access an independent advocacy service.

3.0 Service details

Responsible person: Stephen McNally	Ward Manager: Angeline Magennis
Category of care: Acute Mental Health	Number of beds: 18
Person in charge at the time of inspection: Angeline Magennis	

4.0 Inspection summary

An unannounced follow-up inspection took place on 24 January 2018.

The inspection sought to assess progress with findings for improvement raised from the most recent unannounced inspection on 9-11 August 2016.

The inspector noted that the ward had made improvements since the previous inspection. The medicine kardexes and patients' risk assessments were completed appropriately and these were audited on a fortnightly basis. Minutes of patient meetings included the actions taken by staff in addressing issues raised by patients. The Trust had recruited a full time OT to the wards MDT.

The Trust is working closely with the estates department to ensure ligatures associated with the televisions on the ward are removed. However, at the time of the inspection this work was still outstanding and staff still have to try and manage these risks locally which is not acceptable or practical. This area for improvement will be restated for a second time.

The Trust had made some progress towards including information from the physical intervention forms onto the incident recording system (DATIX). The Trust had made contact with an information technology consultant who was progressing this information onto the DATIX system. However, at the time of the inspection information regarding the use of physical interventions

was not included on the Trust's DATIX system. This area for improvement will be restated for a second time.

Senior Trust representatives informed the inspector that they are working on improving staffing levels on the Bluestone site. The Trust has a rolling recruitment in place and has also recruited a pool of eight health care assistants and two nurses to work in all areas throughout the Bluestone site. Each day these staff members will be assigned to work in those wards that require support.

Views of Patients

The lay assessor spoke to four patients. Patients were complimentary about the care and treatment they were receiving. Patients stated they were involved in their care and treatment and felt safe on the ward. They advised that staff treat them with dignity and respect and always listen to their views. They confirmed that they meet with the consultant psychiatrist on a regular basis to discuss their care and treatment. One patient said that they sometimes can't remember what is said at meetings and they can't think of questions to ask until after the meeting. The ward manager advised that all patients meet with a nurse before their meeting to discuss any issues they may have. Patients made the following comments:

"I feel listened to...staff are excellent.....my medication was changed and everything was explained to me.....staff are very good... there is a happy atmosphere in here...I worked with the smoking cessation nurse to reduce my smoking and I am determined to make it work" .

"Communication between staff and patients is very good....there is lots to do during the day I'm never bored...staff have a good relationships with patients there is a happy atmosphere in here...good banter...this has been a very positive experience for me... I now feel ready for home"

"I'm definitely getting better.....I take part in activities every day but some days are long"

"I sometimes feel afraid but there is always staff nearby to intervene.....staff are excellent and work well as a team"

Views of relatives:

There were no relatives available to speak with the inspector during the inspection.

Views of Staff:

The inspector spoke to four members of the multi-disciplinary team. Staff confirmed that they enjoyed working on the ward and stated they felt supported by the ward manager. Staff said the ward was safe and care and treatment was effective. Staff stated they had received up to date supervision and appraisals. Staff advised there were times when the ward can be short staffed and they have to use bank staff. However, they stated they were aware that the Trust is in the process of recruiting staff to work in all areas within the Bluestone unit. Two staff members raised concerns regarding patients from other Trust areas being admitted onto the ward without the appropriate care documentation. This was discussed at the conclusion of the inspection with a senior Trust representative who advised that this is an ongoing concern and

they will follow this up with the bed manager in all other Trust areas to ensure this documentation is made available to staff. Staff made the following comments:

“I am happy working on this ward.....the MDT is very robust..... It’s good that the team leader from the community mental health team attends the meeting each week”.

“I love my job”.

“The care on this ward is very good.....patients get a complete assessment of their needs”.

“I love this job.....I feel safe on this ward because we have a very thorough handover each morning where we discuss all issues relating to the ward. This includes an update on the patients, any incidents that happened on the ward, any new risks and patients’ access to leave”.

The findings of this report will provide the Trust with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

4.1 Inspection outcome

Total number of areas for improvement	Two
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The total number of areas for improvement comprise:

- two restated for a second time

These are detailed in the Quality Improvement Plan (QIP). Areas for improvement and details of the QIP were discussed with a senior Trust representative, the ward manager and ward staff as part of the inspection process. The timescales for completion commenced from the date of inspection.

5.0 How we inspect

The inspection was underpinned by:

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

The following areas were examined during the inspection:

- Care Documentation in relation to four patients.
- Ward environment.
- Medicine Kardexes in relation to four patients.
- Minutes of patient meetings.

During the inspection the inspector observed staff working practices and interactions with patients using a Quality of Interactions Schedule Tool (QUIS). All interactions observed between staff and patients were noted to be positive. Staff were observed sitting talking with patients in the communal area and serving patients their meals. During all interactions patients were treated with dignity and respect by staff.

The inspector reviewed the areas for improvements made at the previous inspections and an assessment of compliance was recorded as met and not met.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced inspection 9-11 August 2016

The most recent inspection of Silverwood Ward was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This QIP was validated by inspectors during this inspection.

Areas for Improvement from last inspection		Validation of Compliance
Area for improvement 1 Ref: Standard 5.3.1 (a) Stated: First time	Inspectors evidenced that the legal status of one patient, subject to the Mental Health (Northern Ireland) Order 1986, required review.	Met
	Action taken as confirmed during the inspection: This area for improvement was made in relation to a patient who is no longer on the ward. The ward manager advised that this patient’s care and treatment had been reviewed. They have since been discharged and are now living in a supported living placement in the community.	
	The inspector reviewed the care records of four patients who were detained under the Mental Health (Northern Ireland) Order 1986 and no concerns were raised regarding the detention process.	

<p>Area for improvement 2</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First time</p>	<p>Two patient kardexes evidenced no indication or minimum intervals recording for pro re nata (PRN) medication.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspectors reviewed four sets of kardexes and there was evidence that these were completed appropriately. Records for prescribed PRN medication included a record of the indication and minimum intervals.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 5.3.1 (a)</p> <p>Stated: First time</p>	<p>Sections within patient risk assessments were not completed in full. This included sections relating to patient's dependents, carers views, carers assessment and collateral information.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed four sets of care records and there was evidence that all sections within the risk assessments and the mental health assessment had been completed in full.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.3.1 (a)</p> <p>Stated: First time</p>	<p>Minutes from the patient/staff meeting did not record the actions that had been taken by staff in addressing the concerns/requests raised by patients.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the patients/staff meeting minutes and there was evidence that actions that had been discussed at previous meetings had been actioned.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First time</p>	<p>The two televisions on the ward were not secured or boxed in and therefore continue to be an environmental ligature risk.</p> <p>Action taken as confirmed during the inspection:</p> <p>The two televisions on the ward still need to be</p>	<p>Not met</p>

	<p>boxed in as they are a ligature risk. This has been recorded on the ward's environmental ligature risk assessment which states this is managed locally on the ward by staff. The ward have been in contact with the estates department and have come to an agreement regarding the funding for this work to be completed. However, at the time of the inspection this work was still outstanding and staff still have to manage these risks locally which is not acceptable or practical.</p> <p>This area for improvement will be restated for a second time.</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 5.3.3 (d)</p> <p>Stated: First time</p>	<p>The Trust had been unable to appoint a temporary Occupational Therapist due to delays within the Business Services Organisation recruitment processes.</p> <p>Action taken as confirmed during the inspection:</p> <p>The Trust has recruited a full time Occupational Therapist to work on the ward.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 5.3.1 (a)</p> <p>Stated: First time</p>	<p>The restrictive physical intervention record completed with each patient when a physical intervention is required was not available on the trust's PARIS system.</p> <p>Action taken as confirmed during the inspection:</p> <p>The Trust had made some progress towards including information from the physical intervention forms onto the DATIX system. The Trust had made contact with an information technology consultant who was progressing this information onto the DATIX system. However, at the time of the inspection information regarding the use of physical interventions was not included on the trusts DATIX system.</p> <p>This area for improvement will be restated for a second time.</p>	<p>Not met</p>

7.0 Quality Improvement Plan

The responsible person must ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken.

7.1 Actions to be taken by the service

The quality improvement plan should be completed and detail the actions taken to meet the areas for improvement identified. The responsible person should confirm that these actions have been completed and return the completed quality improvement plan to the web portal for assessment by the inspector by 16 March 2018.

Provider Compliance Plan

The responsible person must ensure the following findings are addressed:

Area for Improvement No. 1 Ref: Standard 5.3.1 (f) Stated: Second time To be completed by: 24 April 2018	<p>The two televisions on the ward were not secured or boxed in and therefore continue to be an environmental ligature risk.</p> <p>Response by responsible individual detailing the actions taken: Following further consultation with Estates a new design for the TV enclosures has been proposed and costed at £2,500 per ward. This design will be piloted on Silverwood in the first instance once funding has been approved.</p>
Area for Improvement No. 2 Ref: Standard 5.3.1 (a) Stated: Second time To be completed by: 24 April 2018	<p>The restrictive physical intervention record completed with each patient when a physical intervention is required was not available on the Trust's PARIS system.</p> <p>Response by responsible individual detailing the actions taken: The IT department is currently piloting the Restrictive Physical Intervention form across Trust areas to quality assure the form. Following this pilot the IT form will be operationalised onto the Trust PARIS system.</p>

Name of person (s) completing the QIP	Angeline Magennis		
Signature of person (s) completing the QIP	A magennis	Date completed	5.3.18
Name of responsible person approving the QIP	A Corrigan		
Signature of responsible person approving the QIP		Date approved	12/03/2018
Name of RQIA inspector assessing response	Audrey McLellan		
Signature of RQIA inspector assessing response	Audrey McLellan	Date approved	16/03/18

Please ensure this document is completed in full and returned via the Web Portal



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