

## Unannounced Follow Up Inspection Report 27 June 2017



**Willows Ward**  
**Acute Inpatient for functional over 65**  
**Address: Bluestone Unit**  
**Craigavon Area Hospital**  
**68 Lurgan Road**  
**Portadown**  
**BT63 5QQ**

**Tel No: 028 38366780**

**Inspectors: Cairn Magill and Dr Chris Kelly**

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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

Willow Ward is a 20 bedded ward which provides psychiatric assessment, care and treatment to male and female patients aged 65 years and over. The ward can also accommodate five patients aged 50 - 64 years. On the days of the inspection there were 20 patients on the ward. Four of the patients had been admitted to the ward in accordance with the Mental Health (Northern Ireland) Order 1986. Patients were supported by three consultant psychiatrists and a multi-disciplinary team (MDT) that included: nursing staff, an occupational therapist, a ward clerk, a ward manager support officer, domestic and catering support staff, advocacy services, a pharmacist and a smoking cessation nurse.

Patients could also access social work, psychology, physiotherapy, speech and language therapy and dietetics through referral.

Patients were accommodated in single bedrooms with ensembles.

## 3.0 Service details

<b>Responsible person:</b> Bryce McMurray	<b>Ward Manager:</b> Mary Donnelly
<b>Category of care:</b> Acute Mental Health inpatient facility for functional over 65 year olds	<b>Number of beds:</b> 20
<b>Person in charge at the time of inspection:</b> Mary Donnelly	

## 4.0 Inspection summary

An unannounced follow-up inspection took place on 27 June 2017.

The inspection sought to assess progress with findings for improvement raised from the most recent previous unannounced inspection on 26-28 July 2016.

It was positive to note that progress was made in respect of all three areas for improvement which were made at the previous inspection. One area of improvement, in relation to keeping contemporaneous notes on the electronic recording system was met. The second area for improvement related to two policies which required to be reviewed and updated was partially met. The third area for improvement was in relation to the availability of an occupational therapist (OT) Monday to Friday, nine to five on the ward. This had not changed however the inspectors were satisfied that patients were involved in recreational activities and low level psychological interventions with the nursing staff which met their assessed need. This area of improvement has been assessed as met.

The inspectors observed a group activity taking place. The inspectors were pleased to note that the atmosphere during the activity was relaxed and staff engaged in a friendly interactive manner with patients. The patients appeared to enjoy the activity.

### Patients Views

The inspector met with eight patients. Three of these patients completed patient questionnaires. Seven patients stated they enjoyed being on the ward and that the food was nice. Two patients stated they were not informed of their right to make a complaint although they each stated they had no cause to make a complaint. An area for improvement has been made in respect of this.

Patients made the following comments;

“I don’t think there is anything really that could be improved”

“I like the exercises, playing bowls, bingo and making jewellery. There is cooking but I don’t do it.”

“All staff are easy to talk to.”

“Staff will ask if I am alright.”

“I don’t think there is anything I could complain about.”

“I don’t think there is anything to improve.”

“You get plenty of help if you want it.”

“They are excellent at giving tablets; that’s a vital thing.”

“The attention you get”

“You get used to people”

### Relatives Views

The inspectors met with one relative during the inspection. They advised the inspectors that they were pleased with the care and treatment their relative was receiving and confirmed their relative was treated with dignity and respect. They stated;

“The communication was excellent. We were more in the loop and knew exactly what was going on all the time. We always got phone calls and updates every time the consultant met with X”

“X is completely a different person than they were when they came in here”

“I like the way they have activities all the time. It was really good.”

## Staff Views

The inspectors spoke on an individual basis to the ward manager, staff nurse, the smoking cessation nurse, the patient advocate and the occupational therapist. The inspectors also spoke collectively with staff involved in group activities. All staff reported that the ward was safe, compassionate, effective and well run. They expressed no concerns regarding patient safety or in relation to patient care and treatment. Staff stated that the multi-disciplinary team worked well together and there was good communication within the team and with visiting professionals.

Staff were aware of how to manage, record and report incidents and were knowledgeable of the management structures and routines of the ward. Staff made the following comments;

“We are a tight knit group and everyone works well together.”

“Nursing assistants are fantastic. Sometimes they are the eyes and ears of the ward. We depend upon them.”

“Nursing assistants are very good at completing activities with patients such as, beauty therapy, bingo, staining garden furniture and with gardening.”

“The OT technician is excellent. She brings a wealth of experience, skills, ideas and motivation. She is excellent at finding out what patients are interested in and has a knack of getting them involved.”

“I have learned a lot from other staff on the ward. Some of the more experienced nurses who were general trained showed me skills to care for the physical and medical needs of patients. I was trained as a mental health nurse but I have learned many new skills.”

“It is quiet and calm and patients like the activities on the ward. Some patients who are admitted here from other wards sometimes don't want to return there as they like the calmness of this ward.”

“There is a lovely engagement and a lovely feeling of personalised care on this ward.”

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

<b>Total number of areas for improvement</b>	Three
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There was one area of improvement restated for the second time and two new areas for improvement following this inspection.

These are detailed in the Provider Compliance Plan (PCP).

Areas for improvement and details of the PCP were discussed with senior trust representatives, members of the multi-disciplinary team, 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.
- Advocacy service.
- Activity schedule.
- Minutes of Governance Meeting.
- Safety brief template.
- Falls Audit.
- Delayed and Omitted Medication Audit.
- Malnutrition Universal Screening Tool (MUST) Audit.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the last unannounced inspection 26-28 July 2016**

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

Areas for Improvement from last inspection		Validation of Compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.3.3(a)  <b>Stated:</b> First Time	Patient care records retained on the Trust’s PARIS system should be updated in a contemporaneous and consistent manner. Staff should have protected time to complete their records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Four patient care records on the PARIS system were reviewed and there was evidence that care records were completed in a contemporaneous manner.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.3.1(c)  <b>Stated:</b> First Time	The Trust’s Corporate mandatory Training Policy and the Policy, Procedures and Guidance for Registered Nurses, Midwives and Specialist Community Public Health Nurses on Safeguarding Children and Young People.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The Trust is working on the Policy Procedures and Guidance for Registered Nurses, Midwives and Specialist Community Public Health Nurses on Safeguarding Children and Young People. The Trust’s policy will reflect the regional guidelines of the Safeguarding Children and Young People Policy which is out for consultation and undergoing a review with the Department of Health. The Trust cannot complete their policy until the regional guidelines are approved and issued in final draft.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.3.1(a)</p> <p><b>Stated:</b> First Time</p>	<p>The ward's Occupational Therapist (OT) was not available on a full time basis Monday to Friday nine to five.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The ward has a Band 6 OT and a Band 4 OT technical assistant. The Band 6 OT has a full time position but their time is split between Willow ward and rehabilitation work across the Bluestone unit. The Band 6 OT's time on Willow ward is focused on completing screening and functional assessments and attending ward rounds. The OT technical assistant works Tuesdays, Wednesdays and Thursdays. During this time they are involved in setting up recreational and group activities with patients.</p> <p>The inspectors reviewed four patient progress records. On each Monday and Friday, there was no record of activities offered.</p> <p>The inspectors observed a range of activities, games and equipment available on the ward. Nursing assistants informed the inspectors about the range of activities offered to patients over the weekends and on Mondays and Fridays. There was also evidence in patient progress notes of low level therapeutic intervention offered to patients by nursing staff.</p> <p>The absence of records in relation to patients involvement in activities on the days when the OT technical assistant was not on the ward was discussed at the conclusion of the inspection.</p> <p>Assurances were given by the ward manager, the Band 6 OT, the OT manager, the patient flow coordinator and service manager that these activities do occur. This area of improvement was assessed as being met however a new area of improvement will be made in relation to the recording of these activities.</p>	<p style="text-align: center;"><b>Met</b></p>
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## **Other findings**

The inspector reviewed four sets of patient kardexes. One record was unclear in relation to a particular medication however this was brought to the attention of the consultant on the ward who rectified the record immediately.

The inspectors also noted a floor covering in one of the ensuite bathrooms to be stained. The inspectors were informed that daily cleaning of the floors do occur however the Trust were aware of the issue and have escalated the matter as a priority for action to members of the senior management team to have the floor coverings replaced. The inspectors were satisfied that appropriate action had been taken and will continue to monitor this in future inspections.

### **7.0 Provider Compliance Plan**

The responsible person must ensure that all areas for improvement identified within the PCP 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 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 RQIA for assessment by the inspectors by 22 August 2017.

### Provider Compliance Plan

**The responsible person must ensure the following findings are addressed:**

<p><b>Area for Improvement No. 1</b></p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First Time</p> <p>To be completed by 25 July 2017</p>	<p>Activities offered to and completed with patients were not always recorded in patients care records to evidence patients' participation in each activity and their presentation throughout the activity.</p>
<p><b>Area for Improvement No. 2</b></p> <p>Ref: Standard 6.3.2 (g)</p> <p>Stated: First Time</p> <p>To be completed by 25 July 2017</p>	<p>Two patients were not aware of their right to make a complaint</p>
<p><b>Area for Improvement No. 3</b></p> <p>Ref: Standard 5.3.1(c)</p> <p>Stated: Second Time</p> <p>To be completed by 25 December 2017</p>	<p>The Trust's Policy, Procedures and Guidance for Registered Nurses, Midwives and Specialist Community Public Health Nurses on Safeguarding Children and Young People was not updated.</p>
	<p><b>Response by responsible individual detailing the actions taken:</b></p> <p>There is a weekly timetable of activities that is allocated to staff. The staff member will record this activity in the PARIS record. The importance of recording this will be highlighted to all staff at handovers and staff meetings. This will be audited on a weekly basis as part of the Recovery care plan audit.</p>
	<p><b>Response by responsible individual detailing the actions taken:</b></p> <p>During admission, all patients are given an information leaflet (We Value Your Views) regarding comments, compliments, suggestions or complaints This will be on the agenda for all staff/patient meetings.</p>
	<p><b>Response by responsible individual detailing the actions taken:</b></p> <p>The Safeguarding Team are presently reviewing this policy in line with the Regional Guidelines which are only in draft at present. The Trust will revise its Policy once the Regional Guidelines are agreed. No date indicated as to when the Regional review will be completed.</p>

Name of person (s) completing the PCP	Mary Donnelly		
Signature of person (s) completing the PCP		Date completed	02/08/17

<b>Name of responsible person approving the PCP</b>	Bryce McMurray		
<b>Signature of responsible person approving the PCP</b>		<b>Date approved</b>	16.08.17
<b>Name of RQIA inspectors assessing response</b>	Cairn Magill		
<b>Signature of RQIA inspectors assessing response</b>		<b>Date approved</b>	18/08/2017

*\*Please ensure this document is completed in full and returned to MHL.DutyRota@RQIA.org.uk from the authorised email address\**



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