



The **Regulation** and
Quality Improvement
Authority

Ward 15

Downshire Hospital

**South Eastern Health and Social Care
Trust**

Unannounced Inspection Report

Date of inspection: 2 June 2015



informing and improving health and social care
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 meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable, safe and predictable environment.

To evaluate the type and quality of communication, interaction and care practice during a direct observation using a Quality of interaction Schedule (QUIS).

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

- 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

Ward 15 is a fourteen bed mixed gender inpatient facility providing services to people with substance misuse problems. The ward provides rehabilitation, detox, stabilisation and both clinical and recovery based interventions.

The main entrance door is open and patients can independently exit and enter the ward.

The ward's multidisciplinary team consists of nursing staff and health care assistants, a consultant psychiatrist and a senior house officer. The ward is further supported by community addiction teams and a referral system to allied health professionals if required

On the day of the inspection there were six patients on the ward none of the patients were admitted in accordance to the Mental Health (Northern Ireland) Order 1986.

The inspector noted the ward was welcoming. The ward was well lit, well maintained, clean and fresh smelling. There were separate day spaces and dining areas for patients.

The deputy ward manager was the person in charge on the day of inspection

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 18 June 2015 were assessed during this inspection. There were a total of two recommendations made following the last inspection.

It was noted that both recommendations had been implemented in full.

The ward environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were comfortable and well maintained.

On the day of the inspection the ward's atmosphere was welcoming and patients presented as being relaxed and at ease in their surroundings. Nursing staff were available throughout the ward and it was positive to note that staff were responsive, attentive and respectful in their interactions with patients. The inspector noted the positive interactions throughout the inspection between staff and patients.

The inspector observed a group therapy session taking place during the course of the inspection. It was positive to note that all patients were taking part in the session. A timetable of group therapy sessions was available to all patients.

The inspector noted that staff were warm, friendly and respectful of patients. Patients appeared at ease and comfortable. The inspector noted that although no patients wished to meet with the inspector to discuss their care and treatment they were keen to share their experiences of ward 15 by completing a questionnaire and returning this to the inspector at the end of the inspection. Staff were observed actively encouraged patients to complete this questionnaire

Other inspection findings

During an observation of the ward the inspector noted that access to all the patient shower areas were locked. The inspector discussed this with the deputy ward manager who explained that the shower areas were only locked during times of group therapy. They explained this practice was in place to encourage patients' attendance at the group sessions which are deemed an essential element of patient recovery. The deputy ward manager advised that outside of group therapy times the shower doors are not locked. The inspector was not satisfied with the rationale for locking all shower doors. This was explained to the ward manager who agreed to immediately review the current routine. A recommendation has been made in relation to this.

4.1 Implementation of Recommendations

There were no recommendations made which relate to the key question "**Is Care Safe?**" following the inspection undertaken on 18 June 2015.

There were no recommendations made which relate to the key question "**Is Care Effective?**" following the inspection undertaken on 18 June 2015.

Two recommendations which relate to the key question "**Is Care Compassionate?**" were made following the inspection undertaken on 18 June 2015.

These recommendations concerned the provision of advocacy services and patient access to the use of a phone.

The inspector noted that both recommendations had been fully implemented. Advocacy services now visit the ward and meet with patients weekly. The inspector observed the advocate visit the ward during the course of the inspection and spend one to one time with a patient. The inspector noted the installation of a second payphone on the ward for patient use.

5.0 Ward Environment

“A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings.” Do the right thing: How to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

The inspector assessed the ward's physical environment using a ward observational tool and check list.

Summary

Following an assessment of the ward environment the inspector noted the following.

A ward information pack is provided to each patient on admission; essential information was also displayed throughout the ward. The Trust had a complaints process that is available to all patients. In addition the ward held patient forum meetings and a feedback box was available.

Staffing levels on the day of inspection appeared to meet the assessed needs of the patients. Staff were noted to be present at all times in the communal areas. There were no patients on enhanced observations. The ward was clean, tidy and well maintained. The ward was fresh smelling with plenty of ventilation. Furniture was clean and well maintained. Overall appearance of the ward was clean and comfortable. There were plenty of seating areas available. Patients had access to two separate pay phones.

The ward provides a mix of single bedrooms and two double bedrooms which are single sex. Patients can independently access their bedrooms and bathrooms. There was a large living room and individual quiet/interview rooms and a separate visitor's room.

The inspector reviewed the ligature/environmental risk assessments for the ward. There were no profiling beds on the ward.

All staff on the day of inspection were wearing name badges. The names of staff on duty were clearly displayed. The name of the ward doctor was displayed. The names and position of all members of the multi-disciplinary

team were displayed. The names of staff allocated to provide one to one time with patients was also displayed.

Outside recreational space was provided and was accessible at all times during the inspection. The area was well maintained. A tennis court and golf area was available. The ward door was open throughout the inspection.

There was a separate staff area where conversations could not be overheard. No confidential information was on view. Records are securely stored electronically or in the locked staff office. The medical room was clean, tidy and well organised. Medication was appropriately stored and emergency equipment was checked weekly.

Group therapy activities were clearly displayed and patients are provided with a weekly therapy timetable. The advocate visited the ward weekly.

Meal times are clearly displayed with a choice of options available. However the menu for the day was not displayed for patients. This was discussed with the ward manager who agreed to address. A water dispenser and patient kitchen was available and noted to be open throughout the inspection. A choice of two/three main courses was available with desert.

The detailed findings from the ward environment observation are included in Appendix 2.

6.0 Observation Session

Effective and therapeutic communication and behaviour is a vitally important component of dignified care. The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions whilst remaining a non- participant. It aims to help evaluate the type of communication and the quality of communication that takes place on the ward between patients, staff, and visitors.

The inspector completed a number of direct observations using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral or negative.

Positive social (PS) - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

Basic Care (BC) – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

Neutral – brief indifferent interactions.

Negative – communication which is disregarding the patient's dignity and respect.

Summary

The formal session involved a direct observation of interactions between staff and patients/visitors. Three interactions were noted in this time period. The outcome of these interactions were as follows:

Positive	Basic	Neutral	Negative
100%	0%	0%	0%

The inspector observed interactions between staff and patients throughout the day of the inspection. The inspector noted that interactions between staff and patients were positive and respectful. Staff were engaging with patients throughout the day and there was evidence that they were providing person centred care. Inspector also witnessed staff to be empathetic, reassuring and supportive towards patients. Overall the quality of interactions between staff and patients were positive. The atmosphere was relaxed and all present appeared in good spirits. Staff were available and prompt in assisting patients throughout the observations. The inspector noted that staff were constantly available throughout the ward on the day of inspection.

The detailed findings from the observation session are included in Appendix 4.

7.0 Patient Experience Interviews

None of the patients on the ward agreed to meet with the inspector to talk about their care, treatment and experience as a patient. However five patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

Responses to the questionnaires were:

- All five patients stated that they had been informed of their rights.
- All five patients stated that they felt safe and secure.
- Three of the four patients agreed that they were treated with dignity and respect all the time, one patient felt this was not always the case.
- All five patients felt fully involved in their care and treatment.
- All five patients stated that they were informed of the results of assessments and investigations.
- Three of the five patients stated that staff tell them how they are progressing; one patient said this was not always the case and the other patient had only just been admitted to the ward.
- All five patients confirmed that they were offered therapeutic activities and these sessions were helpful.
- Three patients confirmed that staff listen to them; one patient felt that their permission wasn't always sought and a further patient felt that

staff did not tell them what they were going to do or ask their permission.

- All five patients confirmed that they felt being on the ward was helping their recovery.

Patients made the following comments:

“The majority of staff are helpful to me”,

“I think the place is great, there is always someone to talk to”,

“I was a bit apprehensive when I arrived, new environment made me anxious, not knowing what to expect, but once the staff assured me that all would be well I have settled in and am confident I will do well in my recovery”,

“Choice of food could be better and not having mashed potatoes twice a day”,

“My journey has been very smooth due to the help from staff”,

“Staff excellent and attitude in group sessions very constructive”,

“You are given your privacy which is important and you are listened to”,

“Staff are never too busy to talk to you”,

“Staff are very welcoming”,

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

The detailed findings are included in Appendix 3.

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	3
Other ward professionals	0
Advocates	1

The inspector spoke with three members of nursing staff working on the day of inspection. Staff who met with the inspector did not express any concerns regarding the ward or patients' care and treatment.

The inspector met with the ward advocate during the course of the inspection. The advocate provided an overview of their role and input into the ward. This included weekly visits on a Tuesday to the ward to meet with patients. The advocate advised that their role had developed through time and that staff and

patients had a better understanding of the role and services provided by an advocate. The advocate spoke positively regarding the ward and did not have any concerns to express.

9.0 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 28 July 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

Appendix 2 –Ward Environment Observation
(This document can be made available on request)

Appendix 3 – Patient Experience Interview

Appendix 4 – QUIS
(This document can be made available on request)

Follow-up on recommendations made following the PEI inspection on 18 June 2014

No.	Reference.	Recommendations	Number of time stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section five, 6.3.2 (a)	It is recommended that the ward manager ensures that patients are made aware of the advocacy service and this is reflected in patient care records.	1	The inspector observed information displayed on the ward regarding the advocacy service. The ward advocate visits the ward weekly on a Tuesday. Contact details for the advocate were also available for contact outside of the weekly visit. During the course of the inspection the inspector observed the advocate visit the ward and spend time with a patient.	Fully met
2	Section five, 8.3 (b)	It is recommended that the Trust reviews patient access to the phone and ensures that there is a sufficient number of phones available for patient use.	1	The inspector was informed that a second pay phone had been installed on the ward. The inspector observed the second pay phone in place.	Fully met



Quality Improvement Plan

Unannounced Patient Experience Interview Inspection

Ward 15, Downshire Hospital

2 June 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 deputy charge nurse and services manager 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
Is Care Safe?					
		No recommendations			
Is Care Effective?					
		No recommendations			
Is Care Compassionate?					
1	5.3.1 (a)	It is recommended that the ward manager reviews the blanket restriction of locked shower areas on the ward. Any blanket or individualised restrictions should be clearly reflected in individual patient care plans.	1	Immediate and ongoing	The ward has ,with immediate effect ,stopped the practice of locking showers during group times as recommended.All staff have been made aware of this change via staff meetings.

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	[Paul Watterson]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[<i>Brida Morgan</i>]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Kieran McCormick	15 July 2015
B.	Further information requested from provider		x	Kieran McCormick	15 July 2015