



The **Regulation** and
Quality Improvement
Authority

Carrick 1

Holywell Hospital

Northern Health and Social Care Trust

Unannounced Inspection Report

Date of inspection: 29 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(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

Carrick 1 is a ten bedded, inpatient, addiction and treatment service situated within the main building of Holywell hospital. The ward provides care and treatment to male and female patients with alcohol and or drug addiction problems. The service provides a range of treatments including alcohol/drug detoxification, opiate substitute therapy and opiate stabilisation treatment. The ward also provides a daily psycho-social programme. Patients remain on the ward for approximately two weeks.

Patients within Carrick 1 receive input from a multidisciplinary team which incorporates a consultant psychiatrist, medical staff, a social worker and nursing staff. A patient advocacy service is also available.

4.0 Summary

Progress in implementing the recommendations made following the previous inspections carried out on the 25 and 26 February 2014 and 25 June 2014 were assessed during this inspection. There were a total of 14 recommendations made following the last inspections.

It was good to note that 13 recommendations had been implemented in full.

One recommendation had not been met. This recommendation will be restated for a second time following this inspection.

On the day of the inspection the inspector observed the ward to be calm, well maintained and patients presented as being 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. Patients who met with the inspector reflected positively on the support they had received from staff.

Three sets of patient care documentation reviewed by the inspector evidenced that a comprehensive assessment of each patient's circumstances and needs had been completed. Patient progress records demonstrated that nursing and medical staff continued to monitor each patient closely and involved patients their care and treatment.

Patients had been admitted to the ward on a voluntary basis to address their substance misuse problems. The ward did not admit patients in accordance to the Mental Health (Northern Ireland) Order 1986. The ward used a limited number of restrictive practices that patients had agreed to prior to their admission.

4.1 Implementation of Recommendations

Seven recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 25 and 26 February 2014.

These recommendations concerned staff training, safeguarding patients, assessment of patient need and the ward's environment.

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

- a staff training needs analysis had been completed and staff mandatory training was being monitored;
- referrals to the designated review officer were being managed in accordance to Trust and regional guidance;
- staff were completing malnutrition universal screening tools in accordance to guidelines;
- staff had completed up to date child protection training and further refresher training was available as required;
- a ligature risk assessment of the ward's environment had been completed;
- bed room carpet and dining room flooring had been replaced.

Two recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 25 and 26 February 2014.

These recommendations concerned occupational therapy support for patients and the provision of art therapy sessions.

The inspector was pleased to note that both recommendations had been fully implemented. Patients could access an occupational therapist as required. An art and craft session was available to patients every Tuesday morning.

Patients and staff who met with the inspector reported no concerns regarding arts and crafts resources.

Five recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspection(s) undertaken on 25 and 26 February 2014 and the 25 June 2014.

These recommendations concerned patient access to lockable storage, access to the ward’s garden, patients ability to make private phone calls, the advocacy service and ventilation within one of the ward’s toilets.

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

- new steps and ramp access had been installed to support patients accessing the garden;
- the advocacy service was available as required and patients were being informed regarding advocacy upon their admission,
- patients could make a phone call in private as required;
- the toilet ventilation had been fixed.

However, despite assurances from the Trust, one recommendation had not been fully implemented. Patients could not access personal lockable storage. This recommendation will be restated for a second time in the quality improvement plan accompanying this report.

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

During the inspection the inspector noted that staffing levels were appropriate to the assessed needs of the patients. The ward was clean and clutter free and the atmosphere was relaxed and welcoming. Staff were available throughout the ward and patients and staff were noted to be interacting positively. Patients’ bedroom areas were well maintained and the bathrooms were clean and odour free. The ward’s garden was maintained to a high standard.

The ward's notice boards included information regarding the ward's function and ethos. There was also information posted detailing how to make a complaint and how to contact the advocacy service. The patients' notice board displayed the ward's daily routine, the ward staff on duty and other information relevant to patients.

Patients who met with the inspector were orientated to the ward and reported no concerns regarding their environment. The ward's main entrance was unlocked. Each patient had signed a pre admission contract agreeing to the ward's restrictions in relation to alcohol and drug use, mobile phones and time off the ward. Patients who wished to leave the ward before their treatment was completed were discharged contrary to medical advice.

The ward fixtures and fittings were maintained to an appropriate standard although several carpets needed to be replaced. A recommendation has been made.

The detailed findings from the ward environment observation are included in Appendix 3.

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 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's observations evidenced positive interactions between patients and nursing staff. The inspector noted that staff were continually available throughout the ward and responded to patients' requests promptly. The inspector witnessed that staff remained supportive and reassuring to patients throughout the day.

The inspector observed that patients were relaxed and at ease in the company of nursing staff. Staff addressed patients in a respectful manner. One patient who had been admitted to the ward that morning reflected that they felt staff had made significant efforts to make them feel welcome. The patient reported that they felt staff had "...gone a long way to making them feel better about coming into the ward".

The inspector observed communication and conversations between patients and staff to be informal, friendly and constructive. It was positive to note that nursing staff demonstrated a high level of caring and skill during their interactions with patients.

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

7.0 Patient Experience Interviews

Five patients agreed to meet with the inspector to talk about their care, treatment and experience as a patient.

Patients who met with the inspector stated that they had consented to being admitted to the ward and that their admission had been agreed with their community key worker. Patients reflected that admission to the ward was an integral part to their continued addiction treatment and care. Patients reported that they understood the purpose of the ward and the reason why the ward's restrictions were in place. Each patient informed the inspector that they had agreed to the restrictions being implemented during their admission. Patients stated that they understood they could leave the ward at any time.

All off the patients reported that they had been given the opportunity to be involved in their care and treatment. Patients explained that they knew what

an advocacy service was and they could speak to the advocate as required. It was positive to note that patients felt safe on the ward and patients presented as being comfortable and at ease. Each patient reported positively regarding the care and support they received from staff. Patient's comments included:

"I came into the ward not knowing what to expect. I was pleasantly surprised everyone was helpful and supportive";

"I would advise anyone to take this opportunity";

"Foods brilliant";

"I have been well looked after";

"The ward's clean and tidy and friendly";

"You couldn't get better staff";

"There's always someone to talk too";

"You couldn't improve anything they're on the ball here";

"It's a safe place to be";

"I feel the videos used as part of the treatment programme could be freshened up";

"I have had a good admission".

The patient who commented that they felt the videos could be freshened up had previously been admitted to the ward. Senior staff informed the inspector that the treatment programme and the associated resources continued to be reviewed.

Patients who met with the inspector detailed that they would know who to talk to if they had a concern or something was making them unhappy. Each patient reported that they were very satisfied with the quality of the care and treatment they had received during their admission.

The detailed findings are included in Appendix 2.

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	4
Other ward professionals	0
Advocates	0

Staff who met with the inspector were complimentary regarding the support they received from colleagues and managers. Staff reported no concerns regarding their ability to access training and supervisory support.

Staff reflected that they felt the multi-disciplinary team was effective and all staff opinions were listened to and considered. Staff reported that they felt it was positive that patients could access occupational therapy, social work and advocacy services as required.

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 21 August 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 – Patient Experience Interview

This document can be made available on request

Appendix 3 – Ward Environment Observation

This document can be made available on request

Appendix 4 – QUIS

This document can be made available on request

Follow-up on recommendations made following the unannounced inspection on 25 and 26 February 2014.

No.	Reference.	Recommendations	No. of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section 5, 5.3.3	It is recommended that a training needs analysis is completed and mandatory training is up to date.	2	<p>The inspector reviewed the ward's nursing staff training records. The record provided the ward manager with good oversight of nursing staff training needs and included the completed training of each member of staff. It was good to note that retraining dates had been entered onto the record.</p> <p>Staff completion of mandatory training averaged over 90% and staff requiring up to date training had been identified and a date to complete the required training had been agreed.</p> <p>Training needs of other members of the multi-disciplinary team were retained by their professional lead. The ward manager and the ward's senior management team continued to monitor the training of all staff to ensure that this was completed in accordance to the required standards.</p>	Fully met
2	Section 5, 5.3.1(c)	It is recommended that the Designated Officer reviews all vulnerable adult referrals in accordance with regional and Trust policy and procedure.	1	<p>The inspector reviewed the ward's safeguarding vulnerable adult policy and procedures. Three senior Trust staff with experience in the provision and management of addiction services had been appointed as designated officers. This included two staff who did not work within the acute care setting.</p> <p>The inspector reviewed a previous safeguarding referral and noted no concerns. The referral had been managed in accordance to Trust policy and procedure.</p>	Fully met
3	Section 5, 5.3.1(a)	It is recommended that the ward manager reviews the	1	The inspector reviewed three sets of patient care records. MUST assessments had been completed for each patient in	Fully met

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		use of the Malnutrition Universal Screening Tool (MUST) and ensures that it is completed in accordance to the stated guidelines.		accordance to the stated guidelines.	
4	Section 5, 5.3.3 (d)	It is recommended that the Trust ensures that the ward has continued input from an occupational therapist.	1	Staff who spoke with the inspector reported that they could access support from an occupational therapist (OT) as required. The ward manager reported that patients requiring OT support were referred and seen quickly. The ward manager reported no concerns in accessing OT services.	Fully met
5	Section 5, 5.3.3 (d)	It is recommended that the Trust ensures that the wards art therapy sessions are properly resourced.	1	<p>The inspector reviewed the ward's art therapy provision. Creative sessions were facilitated by a local charity (arts care) and took place on the ward on a weekly basis. The ward was decorated with work completed by patients.</p> <p>The inspector reviewed the ward's art/activity room and noted that it was appropriately resourced. Patients who met with the inspector reflected positively on the art and crafts sessions. .</p> <p>The ward manager and staff who met with the inspector reported no concerns in being able to access arts and crafts materials.</p>	Fully met
6	Section 5, 5.3.3 (a)	It is recommended that the Trust ensures that patients have access to personal lockable storage.	1	<p>The inspector reviewed patients' access to personal lockable storage. Patient's bed areas did not include lockable storage. Patients could access the Trust's cashier office to store their money and valuables. However, patients could not securely store personal items they retained.</p> <p>Patients who met with the inspector reported that they did</p>	Not met

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				<p>not have personal lockable storage. None of the patients reported that they felt this was a concern.</p> <p>This recommendation will be restated for a second time in the quality improvement plan accompanying this report.</p>	
7	Section 5, 5.3.3 (d)	It is recommended that all nursing staff complete child protection training in accordance to Trust mandatory training standards.	1	<p>Training records reviewed by the inspector evidenced that all nursing staff had completed child protection training in accordance to the Trust's mandatory training standards. The inspector noted that a number of staff had been booked to complete refresher training.</p> <p>It was good to note that the Trust had introduced safeguarding children level 1 child protection training for trained nursing staff working in the addiction inpatient treatment service (non acute admissions). Two staff had completed this training and the remaining seven members of trained staff were scheduled to complete their training within the next three months.</p> <p>Child protection training records for other members of the multi-disciplinary team were retained by their professional lead. The ward manager and the ward's senior management team continue to monitor the mandatory training requirements of all staff to ensure these met the Trust's required standards.</p>	Fully met
8	Section 5, 5.3.1 (c)	It is recommended that the Trust completes a ligature risk assessment of the ward to include a review of the ward's beds and door handles.	1	A ligature point audit and risk assessment had been completed by the ward manager and senior nurse manager on the 16 May 2014. A subsequent action plan had been agreed and implemented. The inspector evidenced that the ward's profiling beds had been removed and replaced with fixed beds.	Fully met

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				<p>Ligature points were recorded throughout the ward and the action plan detailed how these would be managed. The plan stipulated that a number of ligature risks would be managed locally through observation and continued monitoring of patient progress. The Trust had taken the decision not to replace door handles as the ward did not admit patients who presented as an immediate risk to themselves or others.</p> <p>The inspector was informed that it was a preadmission requirement that a patient's mental health was stable prior to admission. The nature of addiction treatment requires that patients attend voluntary and their admission is prearranged. Should a patient become unwell during their admission they would be transferred to an acute mental health care facility within the hospital site.</p>	
9	Section 5, 5.3.1(f)	It is recommended that the Trust reviews patient access to the ward's garden and ensures that all patients can use the garden.	1	The ward garden was accessible to all patients. The Trust had upgraded the steps and installed ramp access to the garden. Patients who met with the inspector reported no concerns regarding their ability to access the garden. Patients reflected positively on the ward's garden and the inspector noted that it had been maintained to a high standard.	Fully met
10	Section 5, 5.3.1 (f)	It is recommended that the Trust replaces carpet in the ward's three single bedrooms and one double bedroom.	1	The carpet within each of the single rooms and the double room had been replaced.	Fully met
11	Section 5, 5.3.1 (f)	It is recommended that the Trust replaces the ward's dining room flooring.	1	The dining room flooring had been replaced. The dining room was noted to be clean and well maintained.	Fully met
12	Section 5,	It is recommended that the	1	The extraction fan in the toilet beside the admission room	Fully met

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	5.3.1 (f)	ward manager ensures that the extraction fan in the patients' toilet beside the admission room is repaired.		had been repaired. The inspector reviewed the room and evidenced that it was clean and well maintained.	
13	Section 5, 5.3.3 (a)	It is recommended that the Trust reviews the ward's patient (public) phone and ensures that patients can make phone calls in private.	1	The ward's public payphone had been upgraded and was maintained and monitored by British Telecom. Engineers informed the Trust that the public phone could not be moved within the ward because of building design. The ward manager had attained a cordless phone which patients could use when wishing to make a call in private.	Fully met
14	Section 6, 6.3.2 (a)	It is recommended that the ward manager ensures that on admission all patients are made aware of the advocacy service available on the ward.	1	The ward's patient information booklet recorded that patients could access an independent advocate as required. Each of the five patients who met with the inspector reported that upon admission they had been informed of the availability and role of the advocacy service.	Fully met



Quality Improvement Plan
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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 charge nurse, the addiction services and quality assurance manager and the consultant psychiatrist.

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?					
1	Section 5, 5.3.1 (f)	It is recommended that the Trust ensures carpet in the patients' sitting room is replaced. Flooring throughout the ward should be assessed and replaced as required.	1	Immediate and ongoing	<p>Flooring throughout the ward has been assessed and 2 rooms have been prioritised to have the flooring replaced immediately. Room 14 a small sitting room and room 18 a bedroom have had estate works request forms completed and costings have been received a date for laying of the new flooring is awaited.</p> <p>Flooring will continue to be assessed and replaced as required.]</p>
Is Care Effective?					
		No recommendations made			
Is Care Compassionate?					
2	Section 5, 5.3.3 (a)	It is recommended that the ward manager ensures that patients have access to personal lockable	2	31 October 2015	The ward manager has added this recommendation to the weekly patients meeting agenda to discuss what has been

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
		storage.			<p>recommended with patients in order to ascertain their views and ideas on how current arrangements that are in place to protect and store patient's personal property could be improved in the absence of having lockable storage.</p> <p>An Estates work request form has been completed and work has been costed. A date for provision of lockable cupboards is currently awaited.]</p>

NAME OF WARD MANAGER COMPLETING QIP	[Rose McGuckien]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Tony Stevens]

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

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Alan Guthrie	21 August 2015
B.	Further information requested from provider				