

# Mental Health and Learning Disability Inpatient Inspection Report

9 December 2016



## Carrick 1 Addictions Service

**Address: Holywell Hospital  
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Antrim  
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**Tel No: 028 94465211  
Inspector: Cairn Magill**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

Carrick 1 is a ten bedded inpatient addiction unit 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 average stay on the ward is 14- 17 days.

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. Access to occupational therapy and psychology services are on a referral basis.

Carrick 1 has recently become a sub-regional addictions unit and at the time of inspection has had one admission outside of the Northern Health and Social care Trust.

## 3.0 Service Details

<b>Responsible person:</b> Dr. Tony Stevens
<b>Ward manager:</b> Rose McGuckien
<b>Person in charge at the time of inspection:</b> Rose McGuckien

## 4.0 Inspection Summary

An unannounced inspection took place on 9 December 2016.

This inspection focused on the theme of Person Centred Care. This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

We assessed if Carrick 1 was delivering, safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the pre-selection and pre-admission information provided on and given to patients; the co-production of patient risk assessment and person centred care plans; the use of a volunteer as an expert by example to offer hope for recovery; the facilitation of Alcohol Anonymous and Narcotics Anonymous meetings on the ward. There was also good practice found in the close liaison and good working relationships with other community groups and services such as midwifery, pharmacy, occupational therapy and psychology services and the onward timely referrals for specialist assessments and forward discharge planning.

As Carrick 1 had only one out of Trust admission since it became a sub-regional addictions unit it is yet to be determined if the administration support needs of the ward are sufficient. It was good to note that the senior management were mindful that the change in status of the ward had the potential to impact on the ward's administration resources and were continually reviewing the need in line with the service development.

Areas requiring improvement were identified in relation to the cleaning up of the enclosed garden which had branches and general garden debris in one section. The ward manager had given assurances that the garden debris would be removed. There were reports of a rodent in the garden. It was good to note the ward manager had contacted a pest controller.

New shower screens and shower curtains were required. The ward manager had already submitted a request for these to be replaced.

Given these assurances no further action was required.

A presence of occupational therapy was discussed for the ward and a senior Trust manager reported that the Trust has recently agreed that an occupational therapist would be allocated to the ward one day per week.

The inspector offered to meet with patients individually or as a group. Patients opted to meet as a group.

**Patients said:**

"We miss the shop, especially for the newspapers. A volunteer came with the newspapers yesterday at 17:30 but that is too late and it was the only day this week that they came. I miss reading the newspaper in the morning".

"Staff are very good".

"In here it's nice, warm and cosy. My sister came to visit me here and she was very pleasantly surprised how nice it is in here. It's quite homely".

"The cleanliness of the ward is good".

"Staff are more than helpful. Anything you want they will get it".

"The night nurse is the best I ever came across XX is just fabulous in every way".

"Dr Xx is very approachable".

"XX is fantastic" (member of staff).

"XX is brilliant" (member of staff).

"It's a pity we can't go out walking by ourselves. I would walk three or four times a day".

"XX keeps me updated the whole way".

“When I had an issue with another patient I spoke to staff nurse. She handled the situation very tactfully and subtly”.

When asked if they were content with the range of activities on offer patients reported that generally they were happy with what was on offer. However they stated they would prefer if there was more access to the recreational room situated upstairs. Patients could not access this room unless a member of staff was with them as the room had a number of ligatures in it. Patients also reported that they would like if the pool table in the recreational room was situated on the ward. They stated that activities on offer at the weekends are dependent upon the staffing levels. Two patients requested they would like to go for more frequent walks. This is dependent on staff availability

Patients also expressed their disappointment about the loss of the hospital shop and the lack of accessing newspapers on a daily basis. Volunteers bring newspapers to the ward however this is on an ad hoc basis and quite often in the late afternoons or evening times. One patient stated they would read a newspaper as part of their early morning routine.

Patients’ views were shared at the feedback session at the end of the inspection and discussed.

The findings of this report will provide the service with the necessary information to enhance practice and service user experience.

#### 4.1 Inspection Outcome

<b>Total number of areas for improvement</b>	0
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Findings of the inspection were discussed with the ward manager, the service manager, social worker and consultant psychiatrist as part of the inspection process and can be found in the main body of the report.

Escalation action did not result from the findings of this inspection.

The escalation policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

## 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.

Prior to inspection we review a range of information relevant to the service. This included the following records:

- The operational policy or statement of purpose for the ward.
- Incidents and accidents.
- Safeguarding vulnerable adults.
- Complaints.
- Health and safety assessments and associated action plans.
- Information in relation to governance, meetings, organisational management, structure and lines of accountability.
- Details of supervision and appraisal records.
- Policies and procedures.

During the inspection the inspector met with six service users, four members of staff and one peer volunteer.

### **Staff Said:**

“It’s a very good team”.

“Sometimes it’s difficult to decipher if friends and family that come to visit patients are who they say they are. Sometimes visitors try to sabotage the patient’s recovery”.

“This is a brilliant team”.

“XX is a very supportive manager”.

“I couldn’t work in a better place”.

“I am very, very happy here”.

The following records were examined during the inspection:

- Care documentation in relation to three patients.
- Staff rota.
- Training records.
- Minutes of three staff meetings.

- Copy of safeguarding referrals.
- Minutes of weekly community meetings.
- Personal Emergency Evacuation plans.
- The list of staff champions and their area of responsibility.
- Patient/ carer welcome pack.
- DAMIS Report – safer patient information.

During the inspection the inspector observed staff working practices and interactions with patients using a Quality of Interaction Schedule Tool (QUIS).

We reviewed the areas for improvements/ recommendations/ made at the last inspection (if required). An assessment of compliance was recorded as met.

The preliminary findings of the inspection were discussed at feedback to the service at the conclusion of the inspection.

## 6.0 The Inspection

The most recent inspection of Carrick 1 was an unannounced inspection on 29 June 2015. The completed Quality Improvement Plan (QIP) was returned and approved by the responsible inspector. This QIP was validated by the inspector during this inspection.

## 6.1 Review of Recommendations from Last Inspection dated 29 June 2015

Areas for Improvement		Validation of Compliance
<b>Number/Area 1</b> <b>Ref:</b> Standard 5.3.1 (f) <b>Stated:</b> First Time	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b>            Inspector confirmed flooring has been replaced in the patient's sitting room and bedroom No.18 in July 2016.</p>	<b>Met</b>
<b>Number/Area 2</b> <b>Ref:</b> Standard 5.3.3 (a) <b>Stated:</b> Second Time	<p>It is recommended that the ward manager ensures that patients have access to personal lockable storage.</p> <p><b>Action taken as confirmed during the inspection:</b>            While patients are advised to leave valuables at home the inspector confirmed that patients can request to have any small valuables stored safely and if required patient's money can be transferred to the accounts department for safe keeping.</p>	<b>Met</b>

## 7.0 Review of Findings

### 7.1 Is Care Safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Areas of Good Practice

All patients had up-to-date individualised risk assessments completed.

Appropriate care plans are in place to mitigate the risks identified. Patients are encouraged to be full participants in their risk assessments and management/care plans.

The ward had an up-to-date environmental and ligature risk assessments with appropriate measures in place.

Patients were informed of the complaints policy and had access to advocacy service.

All staff knew how to escalate and report issues in relation to safeguarding and concerns about patients and or the environment.

#### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of areas for improvement</b>	0
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## 7.2 Is Care Effective?

**The right care, at the right time in the right place with the best outcome**

### Areas of Good Practice

Comprehensive care plans were in place.

Care plans were co-produced with patient's signature.

Care documentation evidenced close monitoring of patients during periods of detox and during the period when patients were prescribed stabilisation medication. Changes were made to their treatment plans as necessary.

Patients reported that staff were approachable and supportive.

There was evidence of timely onward referral for specialist assessments. Care documentation evidenced referrals to Antrim Area hospital and other services for various specialist assessments. Once the referral was made care documentation evidenced good communication and agreement in forward treatment planning.

Carrick 1 have good working relationships with local community addictions teams and with other tiered services such as Carlisle House and Northlands, two rehabilitation centres where patients can go to develop further their skills of independent living and recovery.

Multi-disciplinary team meetings occur and a record is held on file. The actions arising out of the minutes are noted against members of MDT. Carrick 1 is one part of an addictions service and input from the community addictions service is evident prior to and during the patient's admission.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of areas for improvement</b>	<b>0</b>
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### 7.3 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.**

#### Areas of Good Practice

The inspector met with a group of patients collectively. All patients stated the members of the multi-disciplinary team were very respectful and compassionate.

One patient had an issue with another patient and she discussed this with a nurse who addressed the issue in a very tactful and sensitive manner. The patient was very pleased with how sensitively the nurse handled the situation. The patient stated that both patients had their dignity and respect upheld.

One patient reported how a nurse was very responsive and compassionate to their particular emotional distress.

Patients are informed prior to their admission about the nature of the programme and information is provided to them and their carers upon and prior to admission.

Patients are informed throughout their stay about the types of treatment available to them, how they are doing and are fully involved in decisions about their care and treatment.

All patients stated they were satisfied with their care and treatment.

#### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of areas for improvement</b>	<b>0</b>
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## 7.4 Is the Service Well Led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

### Areas of Good Practice

All staff are aware of how to raise and escalate any concerns arising from the environment, patient care and staffing issues.

All staff have regular and up-to-date supervision.

All staff are aware and know of the organisational and management structure and their lines of responsibility and accountability.

Staff have received up-to-date training in all relevant areas, and there is a regular review of the skill mix of the team to identify gaps in training.

There are good multi-disciplinary relationships.

Patients forum meetings occur weekly with patients afforded the opportunity to have their views noted and expressed.

Link nurses are identified and hold responsibility for specific roles.

The minutes of senior manager's meetings evidence analysis of risks, accidents and adverse incidents and audits. The sharing of learning gained is disseminated to staff through team meetings and emails.

There is good overview of staffing shortages however there was concern expressed in relation to the frequency of staff being asked to cover other wards. This is becoming more frequent and resulted in a higher usage of bank staff within Carrick 1. The nature of addictions work requires a particular skill set and experience. The number of retirements of experienced staff impacts on staffing numbers however senior managers are aware of these issues and have measures in place to review their workforce plans.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of areas for improvement</b>	<b>0</b>
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## **8.0 Provider Compliance Plan**

There were no areas for improvement identified during this inspection, and a provider compliance plan is not required or included, as part of this inspection report.



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