

Patient Experience Inspection Report 21 May 2018



Carrick 1 Addictions Service

**Address: Holywell Hospital
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**Tel No: 028 94465211
Inspector: Wendy McGregor**

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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

Carrick 1 is a ten bedded inpatient addiction unit situated within the main building of Holywell Hospital. Patients are admitted voluntary; no patients are detained in accordance with the Mental Health (Northern Ireland) Order 1986. On day of the inspection there were nine patients on the ward. 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- 21 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, physiotherapy and psychology services is on a referral basis.

Carrick 1 is a sub-regional addictions unit and at the time of inspection there was one patient admitted from outside of the Northern Health and Social care Trust area. There were four people on the waiting list for admission to the ward; one person had been waiting four weeks. An electronic referral system was in place to manage the waiting list.

3.0 Service details

Responsible person: Dr. Tony Stevens	Ward Manager: Rose McGuckien
Category of care: Addiction Treatment	Number of beds: 10
Person in charge at the time of inspection: Rose McGuckien	

4.0 Inspection summary

A patient experience inspection took place on 21 May 2018. The inspection sought to gather the views of patients regarding their care and treatment in Carrick 1. It was good to note that the last inspection of Carrick 1 on 6 December 2016 received a positive report and no areas for improvement were made.

On the day of the inspection patients said they were happy with their care and treatment and they were treated with dignity and respect. Patients said they were involved with decisions in relation to their care and treatment and staff were approachable and helpful.

The ward environment was clean, tidy and welcoming and patient art work was displayed throughout the ward. The garden area was well maintained by patients and was neat and tidy.

Single bedrooms were not available for all patients; however sleeping areas were gender specific.

The inspector observed patient and staff interactions. From the observations of the ward on the day of the inspection, the inspector's impression of the overall treatment and care was in keeping with the five standards of respect, attitude, behaviour, communication privacy and dignity as referenced in the Department of Health, Social Services and Public Safety; Improving the Patients & Client Experience (November 2008). Staff demonstrated respect and positive attitude in all contacts with patients. Staff communicated in a manner that was sensitive to the needs and preferences of patients. Staff protected the privacy and dignity of patients.

The inspector reviewed the complaints and compliments records. There had been no formal complaints since the last inspection in December 2016. Patients were offered the opportunity to complete a patient satisfaction survey. The inspector reviewed the outcomes from the survey and noted these were very positive. Community meetings were held every week and sometimes more frequently if patients were unhappy about aspects of the ward. Family meetings occurred every two weeks. The last family meeting held in the week prior to the inspection had been attended by 12 family members. Education on addiction issues, information on the care and treatment provided on the ward and helpful advice is provided at these meetings.

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	0
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There were no areas for improvement made during this 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 inspector used a patient questionnaire to interview patients.

Four out of nine patients agreed to speak to the inspector.

6.0 The inspection

Ward environment

On the day of the inspection, the ward environment was calm and welcoming. The ward was well maintained and clean. There was clear signage on entry to the ward. Information leaflets were available to patients and their families, which included information on independent advocacy, and how to make a complaint. The communal areas were homely. There was an area for visitors to meet with patients in private. Bathrooms were clean and tidy. Bathrooms and sleeping areas were gender specific. There was an activity room used for group work. Gym equipment was also available.

Staff and patient interventions and interactions

On the day of the inspection, the inspector observed interactions between staff and patients. The inspector noted that staff were continually present and available in the communal areas. Interactions between staff and patients were observed as warm and friendly. Staff were observed actively seeking engagement with the patients.

The inspector noted an interaction between a staff member and a patient who was preparing for discharge from the ward. The staff member spoke positively to the patient about the success of their treatment and gave clear instructions about their medication and when the patient needed to collect their prescription from their General Practitioner. The staff member was also friendly toward the patient's relative and offered supportive advice to the relative.

Staff were observed facilitating therapeutic group work sessions throughout the day of the inspection and accompanying patients for a walk.

Patient's views

Four patients met with the inspector and participated in a structured interview. All admissions to the ward were voluntary; patients on the ward chose to be there and agreed to the care and treatment provided. There were no patients detained. Patients answered questions relating to safe, effective and compassionate care and were asked if the service was well led. Patients were asked to rate each of the outcomes from one to five (one representing very unsatisfied and five representing very satisfied).

Safe care

All patients said that they felt safe, secure and supported on the ward. Patients said that in relation to restrictions that there were two restrictions, mobile phones were not permitted and patients could not leave the ward unaccompanied. Patients said this was included in the "ward rules" and they were given a full explanation for these restrictions and the necessity of these rules for the success of their care and treatment. Patients said they were agreeable and happy with these restrictions. A pay phone was available on the ward. Patients said they were aware of their rights on making a complaint. None of the patients interviewed said they had made a complaint. Any concerns they had were addressed promptly by ward staff and they were satisfied with the outcome. Three out of four patients rated the ward five (very satisfied) and one patient rated the ward four (satisfied) in relation to safe care.

Compassionate care

All patients said that they were treated with dignity and respect and felt that staff listened and took their views into account. Patients said staff were “approachable” and “take time to sit down and get to know you”. Patients also said that “staff pick up very quickly if you are worried and respond quickly when you are distressed”. Patients said that staff will actively check in with you, if you are spending a lot of time in your bedroom. Patients indicated that staff always sought consent before supporting them with any elements of their care and treatment. Three out of four patients rated the ward five (very satisfied) and one patient rated the ward four (satisfied) in relation to compassionate care.

Effective care

Three patients said they were involved in all decisions about their care and treatment. One patient said they had not been given enough information about their medication. This was addressed with the ward manager, who advised that the patient had been admitted from another Trust, with the expectation that all of the preparatory work should have been done prior to the patients admission. The ward manager agreed to provide the patient with all the information relating to their treatment and to contact the addictions team from the patients trust to advise them of this. All patients said that the care and treatment they were getting on the ward was helping them to feel better. One patient said “the care and treatment was 100% effective.” Another patient said that staff took time to discuss “what way was best to come off their medication”. All patients stated that there were plenty of activities and therapeutic group work sessions from Monday to Friday on the ward. One patient reported they were happy with the level of activities; however other patients said there was very little to do at the weekends. This was discussed with the ward manager, who said that due to staffing levels, it was often difficult to provide the same level of activities over the weekend. However daily walks are offered, patients can attend oasis (a café social area located in the hospital), use the gym, and play table tennis. The ward manager agreed to review this issue raised by patients. Three out of the four patients interviewed rated the ward as five (very satisfied) and one patient rated the ward as four (satisfied) in relation to effective care.

Well Led

All patients said that they felt staff were well supported and had the necessary skills and training to carry out their job. All patients said there were enough staff and staff were always available. Patients stated there was always a senior nurse on the ward and they knew who was in charge. Patients said that the ward manager was “about a lot” and the deputy ward manager was “very approachable”. Patients felt they could raise any concerns with staff on the ward. Patients were complimentary about the multidisciplinary team and said they were all approachable and felt they worked well together. Patients said they were satisfied with the information they received about the ward routine and environment. One patient rated the ward four (satisfied) as they felt that meal times could be better organised. The dining area was observed by the inspector as being very limited for space. The patient said that other patients were constantly asking for tea, coffee, toast, milk etc. during meal times and these placed additional demands on staff and created additional noise, the patient described meal times as often “chaotic”. The ward manager agreed to review this and discuss this issue with patients in order to improve the experience at meal times. The other three patients rated the ward as five as they were very satisfied that the ward was well led.

Direct quotes from patients

“There are no improvements needed, it’s a great ward and I wouldn’t change a thing”.

“All my views about the ward are good; it’s a very good ward”.

“The ward saved my life, staff are all good, and I don’t want to leave to early”.

“There is a good relationship between all the staff and patients. I find the support provided by other patients as helping me in my recovery”.

Other findings

It was good to note that the ward manager has weekly liaison meetings with the community addictions teams. The purpose of these meetings is to share patient information, in relation to progress from patient’s admission, care and treatment discharge planning and to review and prioritise patients who are on the waiting list.

Inspectors view of the ward

It was positive to note that patients were satisfied to very satisfied that care was safe, effective and compassionate and the ward was well led. There were several minor areas for improvement highlighted by patients these were discussed at feedback with senior management. Staff agreed to address these areas raised and discuss with patients to improve the service. Otherwise the inspection resulted in positive findings. The ward will be reviewed again through RQIA inspection processes.

7.0 Actions to be taken by the service

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

Appendix 1 -

Patient Experience Interview Questionnaire



Patient Experience
Questionnaire.docx



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