



The **Regulation** and  
**Quality Improvement**  
Authority

**RQIA**

**Mental Health and Learning  
Disability**

**Patient Experience  
Interviews Report**

**Carrick 4**

**Holywell Hospital**

**Northern Health and Social  
Care Trust**

**20 May 2014**



informing and improving health and social care  
[www.rqia.org.uk](http://www.rqia.org.uk)

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Appendix 1: Patient Experience Interview Questionnaire.

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Northern Ireland's health and social care services. RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services. The work undertaken by the Mental Health and Learning Disability team (MHLDD) is fundamentally underpinned by a human rights framework and the Human Rights Act (1998). Additionally, RQIA is designated as one of the four Northern Ireland bodies that form part of the UK's National Preventive Mechanism (NPM). RQIA undertake a programme of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment, upholding the organisation's commitment to the United Nations Optional Protocol to the Convention Against Torture (OPCAT).

### **1.1 Purpose of the visit**

Patient Experience Interviews (PEIs) form an integral component of the RQIA inspection programme.

#### **Aims**

- To monitor the care and treatment of individuals detained under the Mental Health (Northern Ireland) Order 1986, taking specific cognisance of the individual's perception of their care;
- To monitor the care and treatment of any individual inpatients in MHLDD facilities, taking specific cognisance of the individual's perception of their care;
- To make relevant recommendations where required to improve the patient experience with line with the standards detailed in The Quality Standards for Health and Social Care (DHSSPSNI, 2006).

#### **Objectives-**

- To engage and consult with patients and their advocates;
- To ensure that patients are afforded due respect for individual human rights;
- To monitor the context and environment within which care is provided;
- To monitor the quality and availability of care;
- To make appropriate recommendations for improvement and to highlight any issues of concern in line with the escalation policy;

- To provide feedback on concerns/issues raised
- To inform the annual inspection processes.

## **1.2 Methods/Process**

Prior to the inspection RQIA forwarded notification of the visit to the Trust; this allowed the patients and the ward an opportunity to prepare for the interviews.

On the day of the visit the inspector met with any patient who had indicated that they wished to meet with the inspector. Discussions led by the patient, and semi-structured interviews were undertaken. The inspector also completed a direct observation of the ward using guidance from Quality of Interaction Schedule (QUIS). Verbal feedback was provided to the person in charge at the conclusion of the visit.

When required, relevant recommendations are made in a Quality Improvement Plan which accompanies this report. Recommendations are made according to standards set out in the Department of Health, Social, Services and Public Safety; The Quality Standards for Health and Social Care; Supporting Good Governance and Best practice in the HPSS March 2006

A copy of the interview questions is included at Appendix 1.

## 2.0 Ward profile

|   |  |
|---|--|
| Trust/Name of Ward                                      | Northern Health & Social Care Trust,<br>Carrick 4 Ward                                     |
| Name of hospital/facility                               | Holywell Hospital  |
| Address   | 60 Steeple Road<br>Antrim<br>BT41 2RJ  |
| Telephone number  | 028 94 465211  |
| Person-in-charge on day of visit                        | Amit Ingle   |
| Email address   | <a href="mailto:john.quinn@northerntrust.hscni.net">john.quinn@northerntrust.hscni.net</a> |
| Number of patients and occupancy level on days of visit | Number of beds – 12<br>Number of patients - 11   |
| Number of detained patients on day of inspection        | Nine   |
| Number of patients who met with the inspector           | One  |
| Date and type of last inspection                        | Patient Experience Interview<br>6 December 2013  |
| Name of inspector                                       | Wendy McGregor   |

Carrick 4 is a twelve bedded ward situated in Holywell hospital. The purpose of the ward is to provide rehabilitation to male and female patients aged 18 to 64 years who have an enduring mental illness.

On the day of the patient experience interviews there were nine patients detained under the Mental Health (Northern Ireland) Order 1986. There were no patients whose discharge from hospital was delayed.

Patients in Carrick 4 receive input from a multidisciplinary team which incorporates psychiatry, nursing occupational therapy, social work and nursing. Patients can access psychology by referral. A patient advocacy service is also available.

### **3.0 Outcomes of interviews and direct observation**

#### **Number of patients interviewed**

One patient chose to meet with the inspector on the day of the visit. The patient had been detained in accordance with the Mental Health (Northern Ireland) Order 1986.

#### **Specific issues raised by patients/representatives**

Patients and/or their representatives were asked if they wished to discuss any particular aspect or concerns about their care and treatment.

There were no separate or specific issues raised by the patient.

#### **Outcomes of Direct Observation**

##### **Ward Environment**

On the day of the inspection the ward was observed to be clean, tidy and well maintained. The ward had recently been renovated and the environment had been upgraded to accommodate female patients. There were three segregated clinical areas to the ward, one area for male patients who were assessed as ready for resettlement, one area for male patients who were receiving active treatment and one area for female patients. The ward space had increased and the ward manager stated the staff and patients were readjusting to the change in the environment. Due to the three segregated areas, careful allocation of staff on a daily basis was required to ensure patients were supervised according to their risk assessment.

Patients had their own bedrooms. Day spaces were comfortable and the dining area was homely. Visiting rooms were available for patients to meet their visitors in private. Bathrooms appeared clean and fresh smelling. The inspector noted the payphone was in the patient communal area. The inspector was shown a minor works requisition which had been forwarded to estates to have the phone resituated, however this work had not been completed. There was a facility for patients to make phone calls in private. Patients had access to drinks and a vending machine was available.

Information in relation to how to make a complaint, advocacy services and ward based activity schedules were available. The names of staff who were on duty was displayed on the ward for patients.

## **Staff and patient interactions**

On the day of the inspection the inspector noted staff were not actively engaging with the patients; communication was basic, brief and only in response to requests or to orientate patients. Patients were either in their bedrooms, watching television or lying on the sofa. There was one staff member present in the day space area, however there was no interaction observed between staff and patients in this area. The inspector also noted limited interactions between staff and patients while being shown around the ward environment. Following the Patient Experience Interview the inspector contacted the ward manager to address the level of staff and patient interactions observed on the day of the visit to the ward. The ward manager stated he was aware that there was an issue with the level of communication between staff and patients and had addressed this through staff supervision. The ward manager assured the inspector he would address this with staff on the ward. A recommendation has been made in relation to this.

It was good to note on the day of the inspection that staff who were accompanying a patient into the local community for rehabilitation were not wearing their uniforms, to promote the patients dignity and privacy by not stigmatising the patient.

## **Outcomes of interviews**

### **Responses to questions 1-1d**

The patient interviewed stated they knew why they were in hospital. The patient stated they had been informed by staff on the ward of what they were allowed and not allowed to do.

The patient indicated that they had been informed of their right to appeal their detention to the Mental Health Tribunal and that they had made application in the past.

### **Responses to questions 2- 2c**

The patient interviewed stated they had not been given the opportunity to be involved in their care and support. The patient stated they were not aware of what care plans were. The inspector spoke to the nurse in charge and reviewed the patients care documentation. There was evidence of the patients' signature on one care plan, the remainder of the care plans stated the patient had refused to sign. There was no evidence of the care plans being revisited and discussed again with the patient at another stage. A recommendation has been made in relation to this.

The patient stated they had been given the opportunity to involve their family in their care and support. The patient also stated the doctor had informed them of their illness and the medication they were on.

Although there was no record of a date of review on the care plans there was evidence in the daily progress notes that care plans were reviewed on a daily basis. A recommendation has been made in relation to this.

### **Responses to questions 3 & 3a**

The patient interviewed stated they did not know what an advocate was. The patient stated they had consulted with the Patient and Client Council in the past. The patient was informed that details in relation to advocacy were displayed around the ward. The patient asked if he could be referred to advocacy services. This nurse in charge agreed to refer the patient to the advocacy service and make an appointment with the patients advocate.

### **Responses to questions 4 -4b**

The patient interviewed stated they had been restrained during times when they have become physically unwell. The inspector noted the patients' diagnosis and that they may not always remember the events that occur when the patient had these episodes of illness. The inspector reviewed the patients care documentation and noted there was no record of any physical intervention having occurred when the patient had become unwell. The last recorded episode whereby the patient became unwell occurred while the patient was out walking in the grounds and was observed by a staff member who called the ward to inform them. The inspector discussed this with the person in charge and care documentation was reviewed. There was no record that physical interventions had been used on this occasion. The inspector noted the patients whereabouts is checked half hourly, if patient does not return to the ward within that time frame the staff will look for the patient.

### **Responses to questions 5-5c**

The patient interviewed stated they had never been forced or put into a room of their own (seclusion) or had a staff member stay with them day and night (enhanced observations).

### **Responses to question 6**

The patient interviewed stated they did not feel safe on the ward, when they were experiencing the episodes of physical illness. The patient stated the staff on the ward do not always "keep an eye" on them. The inspector



reviewed the care documentation and noted the patient goes on unsupervised walks around the hospital grounds. The inspector noted entries into the daily progress notes detailing the episodes of illness as observed by staff. The inspector noted the patients whereabouts is checked half hourly, if patient does not return to the ward within that time frame the staff will look for the patient.

#### **Responses to questions 7-7b**

The patient interviewed stated items had been removed from them on admission. The patient stated they had been given an explanation by the staff. The patient also stated they can access these items when they want. The patient told the inspector that they have a secure area in their bedroom for storing items and can lock their bedroom door. The patient stated they have responsibility for managing their money and they use the hospital bank.

#### **Responses to questions 8 & 8a**

The patient interviewed stated they got time off the ward. The patient stated they attend a cookery session with the occupational therapist, go for a walk every day if they are physically well enough and are either accompanied by staff or unsupervised.

#### **Responses to questions 9 -9b**

The patient interviewed stated they knew who to speak to if something was wrong. The patient stated they had spoken to their doctor as they were unhappy with their prescribed medication. The patient stated they were unhappy with the outcome of the discussion. The inspector advised the patient to talk to the doctor again if they remain unhappy. The person in charge was informed and agreed to arrange an appointment with the patient's doctor.

#### **Responses to question 10**

Overall the patient stated they were satisfied with the care they received on the ward.

## 4.0 Conclusions

Carrick 4 ward provides rehabilitation to male and female patients who have an enduring mental illness and who require care and treatment in an acute psychiatric environment.

One patient agreed to complete the patient experience questionnaire. A period of direct observation was also undertaken on the ward by the inspector.

There were three recommendations made following the patient experience interviews in relation to staff and patient interactions, patient involvement in care planning and review of care planning.

**The inspector would like to thank the patients and staff for their cooperation throughout the interview processes.**

||



## Patient Experience Questionnaire

|                             |   |  |  |   |  |                                      |
|-----------------------------|---|--|--|---|--|--------------------------------------|
|                             | <b>Trust</b>  | <b>Hospital</b>                                  | <b>Ward</b>                              |   |  |                                      |
| <b>Facility Details:</b>    |   |  |  |   |  |                                      |
| <b>Date of Interview:</b>   |   | <b>Carried out by</b>                            |  |   |  |                                      |
| <b>Patient Type:</b>        | <b>Detained</b><br><input type="checkbox"/>                       | <b>Voluntary</b><br><input type="checkbox"/>     | <b>Patient Age:</b>                      |   | <b>Child</b><br><input type="checkbox"/> |                                      |
|                             |   |  | <b>Adult</b><br><input type="checkbox"/> |   |  |                                      |
| <b>Patient Accompanied?</b> | <b>Conducted on behalf of patient</b><br><input type="checkbox"/> | <b>Unaccompanied</b><br><input type="checkbox"/> | <b>NoK</b><br><input type="checkbox"/>   | <b>Advocate</b><br><input type="checkbox"/> | <b>Other</b><br><input type="checkbox"/> | <i>If Other, please state status</i> |
|                             |   |  |  |   |  |                                      |

**Begin with a preliminary introduction to patient and explanation of reasons for questionnaire**

|  |                          | <b>Yes</b>               | <b>No</b>                | <b>No Answer</b> | <b>N/A</b> | <b>Notes</b><br><i>(for use during interview only)</i> |
|--|--------------------------|--------------------------|--------------------------|------------------|------------|--|
| 1 Do you know why you are here in this hospital?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |            |  |
| 1a Do you know what you are allowed to do?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |            |  |
| 1b Do you know what you are <u>not</u> allowed to do?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |            |  |
| 1c Do you have anything that you would like to talk to us about? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |            |  |

*Please explain:*

|  | Yes                      | No                       | No Answer                | N/A                      | Notes<br>(for use during interview only) |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1d Do you know what the Mental Health Review Tribunal is?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2 Have you been given the opportunity to be involved in your care and support?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2a Have you been able to involve your family in your care and support?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2b Has anyone spoken to you about your condition/illness or disability?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2c Has your doctor or nurse discussed your medication with you?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 3 Do you know what an advocate is?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 3a Has anyone helped you by speaking on your behalf?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4 Have you ever been restrained (Held-down, arms held)?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <u>Only ask if applicable:</u>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4a <i>Have you ever been hurt during this?</i>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 4b <i>Was the reasons for being held down explained to you after the incident?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <i>Please explain:</i>   |                          |                          |                          |                          |  |

|  | Yes                      | No                       | No<br>Answer             | N/A                      | Notes<br>(for use during interview only) |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 5 Were you ever forced or put into a room on your own?<br><u>Only ask if applicable:</u><br>5a <i>Was the reason for being put into a room on your own explained to you?</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 5b Did you ever have a member of staff stay with you all the time night and day to make sure you were OK?<br><u>Only ask if applicable:</u><br>5c <i>Was the reason for this explained to you?</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 6 Do you feel safe on this ward?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |  |
| 7 Was anything taken off you on admission (money, cigarettes, phone, lighter, laptop, medication, dangerous objects)?<br><u>Only ask if applicable:</u><br>7a <i>Did the staff explain to you why these were taken off you?</i><br>7b <i>Can you get these items if you want them?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8a Are you allowed time off the ward?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 8b Can you access the garden/courtyard etc.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9 If something is wrong and making you unhappy do you know who to tell to get it sorted?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 9a Have you ever told someone that something was wrong?<br><u>Only ask if applicable:</u><br>9b <i>Were you happy how it was sorted out?</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 10 Overall are you satisfied with the quality of your care and treatment as a patient?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

| AREA FOR DISCUSSION                | DESCRIPTION OF ISSUE |
|------------------------------------|----------------------|
| Delayed discharge                  |                      |
| Restrictive practices/safeguarding |                      |
| Care planning/MDT                  |                      |
| Access to services/Advocacy        |                      |
| Problems with other patients       |                      |
| Personal belongings                |                      |
| Meals and menu choices             |                      |
| Complaints                         |                      |
| Facilities and Maintenance         |                      |



## **Patient Experience Interview Recommendations**

**Carrick 4, Holywell Hospital  
20 May 2014**

**The areas where the service needs to improve, as identified during the Patient Experience Interviews, are detailed in the inspection report and Quality Improvement Plan.**

**The specific actions set out in the Quality Improvement Plan were discussed with nurse in charge during or 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.

## Recommendations

| No. | Recommendation  | Reference     | Number of times stated | Details of action to be taken by ward/trust   | Timescale                     |
|-----|---|---------------|------------------------|---|-------------------------------|
| 1   | It is recommended the ward manager ensures the current level of staff and patient interactions is reviewed to ensure a therapeutic environment is available to patients | 8.3 (e) & (g) | 1                      | A new activity room has been developed in the ward, taking into account the patients requests for activities and ideas. Patients are also going on outings to local areas of interest at weekends. Staff are pro actively engaging with patients to meet their individual needs. This is evidenced in daily progress reports. | <b>Immediate and on-going</b> |
| 2   | It is recommended the ward manager ensures where patients have initially refused to sign care plans are revisited with the patients and that this is recorded.          | 5.3.3(b)      | 1                      | A daily briefing session held on ward and this topic has been discussed. Named nurse is responsible for sharing care plans with patients and supporting them to be actively involved in planning their care. This will be recorded in progress evaluations.   | <b>12 September 2014</b>      |
| 3   | It is recommended the ward manager reviews the method for reviewing patients care plans is reviewed and the date of review is recorded in the care plan documentation,  | 5.3.3(b)      | 1                      | Ward manager has at staff briefing informed staff that they are to record clearly when a review of care plans has taken place in the progress reports. Ward manager will conduct audit to ensure this is the practice.  | <b>12 September 2014</b>      |



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. | Recommendation | Reference | Number of times stated | Details of action to be taken by ward/trust                     | Timescale |
|-----|----------------|-----------|------------------------|---|-----------|
|     |                |           |                        | Will also discuss with staff members at individual supervision. |           |

|  |               |
|--|---------------|
| <b>NAME OF WARD MANAGER COMPLETING QIP</b>                                   | JOHN QUINN    |
| <b>NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | LARRY O'NEILL |

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.                                   | Patient Experience Interview Recommendations to Ward Manager response assessed by inspector as acceptable | ✓   |    | Wendy McGregor | <b>9 July 2014</b> |
| B.                                   | Further information requested from provider   |     |    |                |                    |