

Unannounced Follow Up Inspection Report 11 January 2018



Name of ward: Inver 1
Type of ward: Psychiatric Intensive Care
Address: Holywell Hospital
60 Steeple Road
Antrim
BT41 2RJ

Tel No: 028 94465211

Inspector: Cairn Magill

www.rqia.org.uk

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

Inver 1 provides care and treatment to female patients who require acute inpatient psychiatric assessment and treatment in an intensive care environment. Inver 1 is located in the main building in Holywell Hospital. Access to and from the ward is controlled by the use of a key fob. Inver 1 has four beds and one contingency bed. The contingency bed is used for emergency admissions. However the use of a contingency bed in a Psychiatric Intensive Care Unit is not common practice. The four beds are in an open bay and the contingency bed is in a single room adjacent to the bay area.

The multidisciplinary team (MDT) consists of nursing staff, psychiatry, social work and occupational therapy staff. On the day of inspection there were three patients admitted to the ward in accordance with the Mental Health (Northern Ireland) Order 1986.

3.0 Service details

Responsible person: Dr. Tony Stevens	Ward Manager: Yvonne McElhinney Acting Ward Manager: Amol Jadhav
Category of care: Psychiatric Intensive Care	Number of beds: 4
Person in charge at the time of inspection: Donna Ross	

4.0 Inspection summary

An unannounced follow-up inspection took place on 11 January 2018.

The inspection sought to assess progress with findings for improvement raised from the most recent previous unannounced inspection 29 November -1 December 2016.

One new area of improvement was identified which is discussed in the Quality Improvement Plan (QIP) at the end of this report. Of the five areas for improvement identified during the previous inspection three areas were met, one was partially met and one was not met. It was noted that significant work had been completed with regard to reducing the number of environmental ligature points on the ward. However the ward's design is still not in accordance with the standards for a psychiatric intensive care unit as set by the National Association of Psychiatric Intensive Care and Low Secure Units 2014. This ward continues to have a number of environmental ligature points and design/structural issues. Two rooms were condemned (the occupational therapy room and a store adjacent to the laundry room) due to concerns about the fabric of the ceiling. During the inspection a member from the estates team arrived onto the ward to discuss additional anti-ligature work. The inspector and nurse in charge of the ward spoke to the estates officer about the fabric of the ceiling of the occupational therapy room. The estates officer indicated he will discuss the plan for the ceiling with the estate team. RQIA

requested to be informed of the plan. The Northern Health and Social Care Trust (NHSCT) did submit an application to the Department of health (DOH) requesting capital to commence building a new acute inpatient mental health admissions facility. RQIA wrote to the Department of Health on 7 September 2016 to share its concerns regarding the ward's environment. At the time of writing this report the NHSCT was not granted capital funds for the new build and no response was received from the Department of Health in relation to the letter RQIA submitted in respect of the environmental concerns identified.

Despite the concerns raised about the specific areas of the ward being condemned the rest of the ward was clean and tidy and hygiene was maintained to a very high standard.

Evidence of good practice was found in relation to the following;

- Work was ongoing to reduce the number of ligature points in the ward and significant work had already been completed.
- Staff engagement with patients was observed to be empathic and patients appeared to be relaxed and at ease with staff.
- There were good relationships between members of the multidisciplinary team.
- There was evidence in patients' files of good liaison with acute hospital staff when a patient was admitted to an acute hospital.
- There was good relationship between the ward and estate department and ward staff.
- There was evidence that staff had read all ward related policies and procedures.
- A patient flow coordinator was recently appointed to improve patient flow.

Areas requiring improvement

The inspector observed there were no curtains in any of the three shower cubicles to offer privacy and dignity to patients. Staff informed the inspector that patients' dignity was upheld as they chose to shower at different times so only one patient was in the shower room at a time. This area for improvement was discussed with senior Trust representatives at the conclusion of the inspection and will be included in the Quality Improvement Plan.

The opaque window covering had come off the window in the seclusion room toilet. The issue of privacy and dignity was discussed at the conclusion of the inspection with senior Trust representatives who assured the inspector the window would be re-covered.

Patients said,

The inspector met with one patient who reported that they were happy with the care they received on the ward and they stated staff were compassionate, kind and respected their dignity.

Relatives said,

There were no relatives available to speak with the inspector during the inspection.

Staff said,

The inspector met with three members of the nursing team, one member of support services, one member of the medical staff team, the clinical nurse lead and the nursing services manager. All staff reported that care was delivered in a safe, compassionate and effective manner and the ward was well-led.

Staff made the following comments;

“This is a great team.”

“There is a good vibe in the ward.”

“It’s great we get to have one to one time with patients.”

“It’s a nice place to work in.”

“I asked to come back here.”

“Patients appreciate the time we have to spend with them.”

“I was very well supported by management when I needed it.”

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	Three
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The three areas for improvement comprise:

- two restated for a second time
- one new area for improvement

These are detailed in the Quality Improvement Plan (QIP).

Areas for improvement and details of the QIP were discussed with senior Trust representatives, members of the multi-disciplinary team, the ward manager and ward staff as part of the inspection process. The timescales for completion commenced from the date of 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 following areas were examined during the inspection:

- Care documentation in relation to three patients.
- Ward environment.

- 18 policies and procedures relevant to the ward.

We reviewed the areas for improvements made at the previous inspections and an assessment of compliance was recorded as met/partially met and not met.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced inspection 29 November – 1 December 2016

The most recent inspection of Inver 1 ward was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This QIP was validated by the inspector during this inspection.

Areas for Improvement from last inspection		Validation of Compliance
Area for improvement 1 Ref: Standard 5.3.1(f) Stated: First Time To be completed by: 29 March 2017	The fence enclosing the ward’s garden was spiked at the top. The Trust should ensure that the fence design is addressed to ensure that the risk to patients is minimised.	Met
	Action taken as confirmed during the inspection: The inspector noted that the spikes at the top of the fence were removed.	
Area for improvement 2 Ref: Standard 5.3.1 (a) Stated: First Time To be completed by: 29 March 2017	The Trust should ensure that information relevant to patients already receiving care and treatment from Trust mental health services, and admitted to the ward, is made available to ward staff as quickly as possible upon the patient’s admission. With exception to weekends and public holidays information should be available within 24 hours.	Met
	Action taken as confirmed during the inspection: The inspector discussed this area for improvement with nursing and medical staff. Staff reported that there has been an improvement in the timely	

	sharing of information of patients admitted to the ward. Core information is received upon admission or within 24 hours for all patients	
Area for improvement 3 Ref: Standard 5.3.1(a) Stated: First Time To be completed by: 29 March 2017	Case Summaries should be provided for each patient to ensure staff can access information succinctly and without delay. Action taken as confirmed during the inspection: The inspector reviewed three patient files. A case summary was located at the front of each file.	Met
Area for improvement 4 Ref: Standard 5.3.1(f) Stated: First Time To be completed by: 29 June 2017	The Trust should ensure that policies relevant to the ward are subject to review and are appropriately updated in accordance to the Trust's identified timelines. Action taken as confirmed during the inspection: The Inspector reviewed 18 policies that were relevant to the ward. Three policies were identified as requiring review against the Trust's timelines. These were; <ul style="list-style-type: none"> • Managing Patients Absent Without Leave. • Manual Handling Policy. • Deliberate Self Injury in Mental Health Hospital Settings. 	Partially met
Area for improvement 5 Ref: Standard 5.3.1 (f) Stated: First Time To be completed by: 29 June 2017	The Trust should confirm the bed capacity of the ward and ensure that patients admitted to the ward require care and treatment in a psychiatric intensive care unit (PICU). Action taken as confirmed during the inspection: There remains a lack of clarity on this issue. The inspector was informed that there are a number of occasions when the fifth bed is used to accommodate a patient requiring intensive psychiatric care. However the inspector was also informed that there are occasions when beds in PICU are used to accommodate patients who do not require an intensive psychiatric bed when there are no beds available in the acute admission wards. The inspector informed Trust staff it was concerning that such a practice was occurring as it	Not met

	<p>breaches the human rights of these patients.</p> <p>The inspector asked the Trust to inform RQIA of occasions when a bed in PICU is used by a voluntary patient.</p>	
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7.0 Provider Compliance Plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with senior Trust representatives, members of the multi-disciplinary team, the ward manager and ward staff as part of the inspection process. The timescales commence from the date of inspection.

The responsible person must ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken.

7.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to meet the areas for improvement identified. The responsible person should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector by 8 March 2018.

Quality Improvement Plan

The responsible person must ensure the following findings are addressed:

<p>Area for Improvement No. 1</p> <p>Ref: Standard 5.3.1(f) Stated: Second time</p> <p>To be completed by: 11 July 2018</p>	<p>The Trust should ensure that policies relevant to the ward are subject to review and are appropriately updated in accordance to the Trust's identified timelines.</p>
	<p>Response by responsible individual detailing the actions taken: [Senior managers are currently reviewing Trust policies and these are then submitted to the Policy Committee for scrutiny and then subsequently signed off and Governance update the policy library.]</p>
<p>Area for Improvement No. 2</p> <p>Ref: Standard 5.3.1 (f) Stated: Second Time</p> <p>To be completed by: 11 April 2018</p>	<p>The Trust should confirm the bed capacity of the ward and ensure that patients admitted to the ward require care and treatment in a psychiatric intensive care unit</p>
	<p>Response by responsible individual detailing the actions taken: [The Trust would confirm the bed establishment for Inver 1 at the time of the RQIA inspection was 4 beds. We would further clarify that the staff establishment and size of the unit allows for a 5th bed to be brought into use occasionally if required in the interest of patient care and safety. We will continue to operate on this basis in the best interest of patient care and safety. We will, however, increase the formal establishment to 5 beds. The regional bed management protocol – see attached – indicates at 4.1 “The pathway described in Appendix 1 suggests that where no bed can be found in the acute ward, then an available bed should be considered in an alternative ward such as a Psychiatric Intensive Care Unit” This means that in the interests of patient safety where there are no acute beds available then a voluntary patient may be admitted to the PICU with their consent. The Trust will continue to work to the Regional Protocol which we understand was drawn up by a working group including RQIA representation. To do otherwise could mean delays or denying an admission to a patient who urgently requires in-patient care with the associated risk to the patient and potentially others of such a delay. This is, however, a last resort and the safe solution to this issue is to reduce acute bed occupancy thereby eliminating the need to resort to the Regional Protocol. This Trust has, over the last 12 months, implemented an acute care reform project aimed at improving patient flow and reducing overall bed occupancy. This has been successful to date and we would be pleased to share this with RQIA. However, bed occupancy can be effected by patients being placed from other Trusts</p>

	under the Regional Protocol and we would suggest a regional focus on bed occupancy and patient flow would be the appropriate focus for quality improvement in addressing this issue.
Area for Improvement No. 3	There were no curtains in any of the three shower cubicles to offer privacy and dignity to patients.
Ref: Standard 6.3.2 (a) Stated: First Time To be completed by: 11 March 2018	Response by responsible individual detailing the actions taken: There is maximum of 4/5 service users within Inver 1. Two of the three showers are in working order. Only one service user uses the shower at any given time with staff maintaining observations outside the shower to protect privacy and dignity of patient.

Name of person (s) completing the QIP	Amol Jadhav		
Signature of person (s) completing the QIP		Date completed	16/3/2018
Name of responsible person approving the QIP	Dr Tony Stevens		
Signature of responsible person approving the QIP		Date approved	16/3/2018
Name of RQIA inspector assessing response	Cairn Magill		
Signature of RQIA inspector assessing response		Date approved	28/08/18

Please ensure this document is completed in full and returned to RQIA via the Web Portal



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