Unannounced Inspection Report

29 November – 1 December 2016

Inver 1

Type of service: Mental Health Intensive Care Ward
Inver 1
Holywell Hospital
60 Steeple Road
Antrim
BT41 2RJ

Tel No: 028 94465211

Inspectors: Alan Guthrie, Dr Brian Fleming

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 is a four bedded ward providing care and treatment to female patients. The ward is located in the main building in the Holywell Hospital. The ward provides care and support to patients who require acute inpatient psychiatric assessment and treatment in an intensive care environment. The main entrance doors to the ward are locked. Access to and from the ward can be gained via key fob.

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

3.0 Service Details

Responsible person: Dr Tony Stevens	**Position:** Chief Executive
Ward manager: Yvonne McElhinney	
Person in charge at the time of inspection: Yvonne McElhinney	

4.0 Inspection Summary

An unannounced inspection took place over three days from 29 November – 1 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 Inver 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 following:

- Patients and staff had good relationships and staff were evidenced as being supportive and patient centred.
- The ward had an effective MDT that worked well together.
- The ward was calm and the atmosphere was relaxed.
- All of the patients could access time off the ward.
- The trust's senior management team continued to advocate the development of a regional purpose built mental health acute admissions facility.

Six areas requiring improvement were identified. Five of these areas are discussed in the provider compliance plan at the end of this report. The area for improvement not discussed in the provider compliance plan related to the ward's design and the trust's application to the Department of Health requesting capital to commence building a new regional acute mental health admissions facility. RQIA wrote to the Department of Health to share its concerns regarding the ward's environment. Specifically that the ward was not fit for purpose in accordance to the advised standards set by the National Association of Psychiatric Intensive Care and Low Secure Units.

No recommendations were made as a result of the previous inspection.

Patients Views:

During the inspection inspectors met with three patients. One patient completed a questionnaire. Each patient presented as unwell. Although none of patients wanted to be in the ward inspectors noted no concerns regarding patient relationships with the staff team. Patients presented as relaxed and at ease in their surroundings.

Patient and staff interactions observed by inspectors were noted to be supportive, patient centered and caring. Staff were noted asking patients for their consent prior to providing care and treatment interventions. Staff interacted with patients in a calm and effective manner which helped to maintain a relaxed and welcoming atmosphere. Patients were observed moving freely throughout the ward's main living areas and the ward garden.

Despite the ward's inappropriate design and not being purpose built (use of bay areas, high ceilings, poor acoustics, state of structural repair and the presence of a large number of ligature points) the ward staff team maintained the ward areas to a good standard of cleanliness and presentation.

Relatives Views:

During the inspection patients' relatives were invited to meet with an inspector, however no relatives were available to meet with an inspector.

Staff Views:

Inspectors met with eight members of the ward's MDT. Staff stated that they understood their role and that they found the MDT to be inclusive and supportive. Staff reflected positively regarding the ward atmosphere and the quality of the care and treatment provided to patients. Staff stated that they felt the MDT considered their views and that the care and treatment planning for each patient was discussed and shared between all team members. Staff were complimentary about colleagues and reported no concerns regarding training, supervision or appraisal. The leadership provided within the ward was described as being progressive and supportive.

Inspectors met with three nurses. Staff demonstrated good knowledge and understanding of patient care needs and ward processes. Staff presented as motivated and enthusiastic about their role on the ward. Staff stated that they found the MDT to be professional, supportive and team orientated. Staff reflected that they believed the effectiveness of the team was instrumental to providing appropriate care and treatment to complex patients presenting with acute mental health needs and challenging behavior.

Concerns regarding the ward's layout and environment were raised by nursing staff. Reference to the poor condition of the ward's roof and the occupational therapy room were discussed. Inspectors were informed that the occupational therapy room was no longer in use because of the poor state of its roof.

Staff detailed the presenting challenges related to the ward's environment. These included keeping patients safe when using the ward's garden, limited interview space, general ward

design including use of bay areas for sleeping, the ward's acoustics and ligature points. The Trust had completed an audit of the Ward's ligature points in August 2015 and produced a subsequent action plan. Inspectors were concerned to note that ward staff were required to manage 91 ligature points located throughout Inver 1.

Inspectors assessed that the ward environment did not meet a number of the National Minimum Standards for Psychiatric Intensive Care units (NAPICU, 2014). These included standards 7.2.5 and 7.2.6 relating to the Ward's physical environment and ligature points. Although local arrangements to manage the risk had been agreed with the staff team, inspectors were not assured that these arrangements provided safe and effective care to patients.

Medical staff stated that ward staff were patient focussed, skilled and effective. Staff described the ward as having a supportive patient centred MDT. Working relationships within the MDT were described as very good. Concern was expressed regarding delays in receiving information relevant to patients newly admitted to the ward. This concern related to patients already known to trust mental health services. Medical staff also highlighted that the ward had experienced a number of direct admissions of patients. Whilst this was appropriate for some patients a number of patients had been quickly transferred to other wards with less restrictive environments. It was positive to note that the ward staff team were completing an ongoing audit of patients admitted to enable ongoing monitoring of the circumstances of patients.

Staff Said:

"The team works well and there is an informal feel to the MDT."

"The ward is recovery based and patients do get better."

"Morale is good and I feel we have a good Ward Manager."

"The ward has a relaxed professional environment."

"The ward has an excellent staff team."

"There is good clinical and ward management."

"The ward is patient centred and the staff team are empathetic."

"Restrictive practices used within the ward are well managed and used as a last resort."

"This is a well-run ward with good communication between staff members."

"The ward is recovery focussed."

"The ward has a great team."

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

4.1 Inspection Outcome

Total number of areas for improvement	Five

Findings of the inspection were discussed with senior ward representatives 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.

5.0 How we inspect

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 three patients and eight members of staff.

The following records were examined during the inspection:

- Care documentation in relation to four patients.
- Multi-disciplinary team records
- Policies and procedures
- Staff roster
- Staff supervision timetable
- Clinical room records
- The trust's electronic record system
- Complaints
- Incidents, accidents and serious adverse incident records
- Staff rota
- Training records.

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

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

6.0 The Inspection

6.1 Review of Areas for Improvement from the last inspection dated 20/10/2015

The most recent inspection of Inver 1 was an unannounced inspection. A Quality Improvement Plan (QIP) was not completed as a result of the last inspection.

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 are intended to help them.

Areas of Good Practice

Risk assessments regarding patients were up to date and individualised.

Inspectors evidenced that the ward's MDT implemented appropriate positive risk taking strategies to support each patient's recovery.

Environmental risk assessments in relation to the ward were up to date.

Staff reported feeling supported.

Staff stated that they did not work beyond their role and skill.

The staff team implemented appropriate systems to monitor statutory functions.

Assessments, risk assessments and patient care plans were appropriately detailed and up to date.

Areas for Improvement

Inspectors were concerned that the ward presented a number of risk factors including a large number of ligature points, poor state of repair of ward ceilings and the OT room as well as limited storage and therapeutic interview spaces. This area for improvement was discussed directly with the Department of Health; The Trust has previously submitted a capital bid to construct a new purpose built mental health acute admission facility. It was positive to note that senior ward staff stated that they would review the ligature points on the ward again to ensure that all possible steps to minimise ligature risks are implemented.

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.

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 with 24 hours.

Number of areas for improvement	Two

7.2 Is Care Effective?

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

Areas of Good Practice

The ward provided an appropriate range of treatment options to patients.

The ward's MDT completed regular reviews of each patient's progress.

Care and treatment was provided in accordance with best practice guidance.

Care and treatment interventions were based on the individual needs of each patient.

Patients could access specialist services as required. This included psychology and social work. The Trust had recently appointed a clinical psychologist.

Areas for Improvement

Case summaries should be provided for each patient to ensure staff can access information succinctly and quickly.

Number of areas for improvement	One

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

Patients' views were being listened to and considered.

Patients were provided with appropriate information and explanation when required.

Patient forum meetings were being held on a regular basis.

Patients could access the Mental Health Review Tribunal as required. Patients who met with inspectors confirmed this.

The use of restrictive practices with patients was closely monitored, continually reviewed and managed in accordance to the required standards.

Patient/staff interactions witnessed by inspectors were patient centred and positive.

Nursing staff had completed the required mandatory training and other MDT staff reported no concerns regarding their ability to access training.

Ward processes for safeguarding patients were robust.

The trust's designated adult safeguarding officer maintained close contact with the ward.

Areas for Improvement

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.

Number of areas for improvement	One

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

Staff training was closely monitored and continually reviewed.

The MDT implemented appropriate systems to ensure incidents and accidents were recorded and reviewed.

Clinical staff were involved in regional professional practice groups.

Inspectors evidenced good working relationships between MDT staff.

The MDT implemented ongoing care record audits.

The storage and prescribing of medication was managed in accordance to the required standards.

Areas for Improvement

The Trust should ensure that policies relevant to the ward are subject to review and are appropriately updated in accordance with the Trust's identified timelines.

Number of areas for improvement	One

8.0 Provider Compliance Plan

Areas for improvement identified during this inspection are detailed in the provider compliance plan. Details of the provider compliance plan were discussed at feedback, as part of the inspection process. The timescales commence from the date of inspection
The responsible person should note that failure to comply with the findings of this inspection may lead to further /escalation action being taken.

8.1 Areas for Improvement

This section outlines recommended actions, to address the areas for improvement identified, based quality care standards, MHO and relevant evidenced based practice.

8.2 Actions to be taken by the Service

The provider compliance plan 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 provider compliance plan by 19 January 2017.

Provider Compliance Plan Inver 1	
The responsible person must ensure the following findings are addressed:	
Priority 1	
Area for Improvement	No priority one areas for improvement were identified during this inspection.
Priority 2	
Area for Improvement No. 1 **Stated:** First time **Ref:** Standard 5.3.1 (f) **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.
	Response by responsible individual detailing the actions taken: Estates Minor Works request form for alteration of fence completed and forwarded on 22/12/16. Estimated time for completion 31st May 2017.
Area for Improvement No. 2 **Stated:** First time **Ref:** Standard 5.3.1 (a) **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 holiday's information should be available within 24 hours.
	Response by responsible individual detailing the actions taken: Service Users are usually transferred from Acute Admission wards to Inver 1 and notes are readily available. Any direct admissions are detained under MHO 1986 and the ASW report and risk assessment and relevant notes accompany the service user. If other information is required staff liaise with the appropriate teams and aim to have all relevant notes on the ward within 24 hours.
Area for Improvement No. 3 **Stated:** First time **Ref:** Standard 5.3.1 (a) **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.
	Response by responsible individual detailing the actions taken: This has been followed up with the Divisional Medical Director who is supportive of this recommendation and will follow up with Ward Medical staff.
Priority 3	
Area for Improvement	The Trust should ensure that policies relevant to the ward are subject

No. 4 **Stated:** First time	to review and are appropriately updated in accordance to the Trust's identified timelines.
Ref: Standard 5.3.1 (f) **To be completed by:** 29 June 2017	**Response by responsible individual detailing the actions taken:** All staff have email accounts and are advised of new and updated policies and access these through the intranet. Assurance is sought through clinical supervision, performance review and staff meetings. There is a sub policy group set up within Mental Health Services that meet bi-monthly to ensure relevant policies are updated and reviewed in a timely manner.
Area for Improvement No. 5 **Stated:** First time	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.
Ref: Standard 5.3.1 (f) **To be completed by:** 29 June 2017	**Response by responsible person detailing the actions taken:** The bed establishment for Inver 1 has been reduced from 8 beds in 2012 to the current establishment of 4 beds. These numbers have not been determined by the 'capacity' of the ward they are rather a reflection of the number of female PICU beds required in the NHSCT area. The Trust may temporarily increase the number of beds when required to ensure patient safety with staffing levels adjusted as necessary

Name of person(s) completing the provider compliance plan	Yvonne McElhinney		
Signature of person(s) completing the provider compliance plan		**Date completed**	03/02/17
Name of responsible person approving the provider compliance plan			
Signature of responsible person approving the provider compliance plan		**Date approved**	
Name of RQIA inspector assessing response	Alan Guthrie		
Signature of RQIA inspector assessing response		**Date approved**	

The Regulation and Quality Improvement Authority

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