The Regulation and Quality Improvement Authority

Inver 4

Holywell Hospital

Northern Health Social & Care Trust

Unannounced Inspection Report

Date of inspection: 22 June 2015

npm national preventive mechanism

informing and improving health and social care

www.rqia.org.uk

Ward address: Inver 4

Holywell Hospital

60 Steeple Road

Antrim

BT41 2RJ

Ward Manager: Patricia Scullion

Telephone No: 028 9441 3359

E-mail: team.mentalhealth@rqia.org.uk

RQIA Inspector: Kieran McCormick

Lay Assessor: Anne Simpson

Telephone No: 028 90517 500

Our Vision, Purpose and Values

Vision

To be a driving force for improvement in the quality of health and social care in Northern Ireland

Purpose

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

Values

RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

- **Independence** - upholding our independence as a regulator
- **Inclusiveness** - promoting public involvement and building effective partnerships - internally and externally
- **Integrity** - being honest, open, fair and transparent in all our dealings with our stakeholders
- **Accountability** - being accountable and taking responsibility for our actions
- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally
- **Effectiveness** - being an effective and progressive regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

Contents

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

RQIA's programmes of inspection, review and monitoring of mental health legislation focus on three specific and important questions:

Is Care Safe?

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

Is Care Effective?

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

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

2.0 Purpose and Aim of this Inspection

To review the ward's progress in relation to recommendations made following previous inspections.

To meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable, safe and predictable environment.

To evaluate the type and quality of communication, interaction and care practice during a direct observation using a Quality of interaction Schedule (QUIS).

2.1 What happens on inspection

What did the inspector do:

- reviewed the quality improvement plan sent to RQIA by the Trust following the last inspection(s)

- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- looked at different types of documentation

At the end of the inspection the inspector:

- discussed the inspection findings with staff
- agreed any improvements that are required

After the inspection the ward staff will:

- send an improvement plan to RQIA to describe the actions they will take to make any necessary improvements

3.0 About the ward

Inver 4 is a 20 bedded dementia intensive care unit situated in Holywell Hospital. The purpose of the ward is to provide assessment, treatment and rehabilitation to male and female patients with dementia who have memory problems and who may display behaviours that challenge.

Patients within Inver 4 receive input from a multidisciplinary team which includes psychiatry, nursing, social work, physiotherapy and occupational therapy. Dietetics, dentistry and speech and language services were also available on the ward by referral.

On the days of the inspection there were 19 patients on the ward and two patients at an outside general hospital. Thirteen patients were detained in accordance with The Mental Health (Northern Ireland) Order 1986.

The deputy ward manager was the person in charge on the day of inspection.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 21 and 22 January 2015 were assessed during this inspection. There were a total of eight recommendations made following the last inspection.

It was good to note that five recommendations had been implemented in full.

Two recommendations had been partially met and one recommendation had not been met. Two of these recommendations will be restated for a second time and a new recommendation will be made for the other following this inspection.

The ward environment was noted to be clean, well maintained and clutter free. Male and female sleeping areas were separate. Patients and their relatives could access a number of communal/living areas. There were large photos of

landmarks from Northern Ireland, which promoted discussion between staff, patients and their relatives. The ward lay out was spacious, which enabled patients to mobilise freely and there was dementia friendly signage and a red hand rail around the walls to support patients with their mobility.

During the inspection the inspector spoke to five patients and one relative. Patients and relatives comments about how they had been treated on the ward were positive, no concerns were identified.

Other inspection findings

Storage

The inspector noted two hoists, a mattress, pram, a large box, metal trolley and a collection of patients' clothes and belongings in a bathroom on the ward. The inspector explained to staff that this was not in keeping with infection prevent control and cross infection good practice. The inspector advised staff to relocate the items to a more suitable environment, which was achieved by the end of the inspection.

Staffing

Upon commencement of inspection the inspector was advised by the nurse in charge that the ward was short staffed. Subsequent to this the inspector spoke with a number of the staff on duty who also expressed concerns regarding the staffing levels on the ward. Staff who met with the inspector advised that there was no ongoing staffing issues but that due to pressures from the weekend staffing levels had been impacted upon.

The inspector observed early in the inspection the impact the reduced staffing levels was having on the care, treatment and safety of patients. As a result the inspector asked the nurse in charge to contact the nursing services manager for the ward. The nursing services manager was not available however another senior manager attended the ward. The inspector discussed the concerns expressed by staff and witnessed by the inspector. The manager agreed to source additional staffing to support the ward.

The inspector later met with the nursing services manager responsible for the ward who reassured that there were no ongoing staffing issues with the ward. The manager reassured that contingency arrangements are in place for such unusual circumstances. The inspector was not reassured that these contingency arrangements were robust on the day of inspection to maintain the care, treatment and safety of patients. A recommendation has been made in relation to this.

4.1 Implementation of Recommendations

Four recommendations which relate to the key question "**Is Care Safe**?" were made following the inspection undertaken on 21 and 22 January 2015.

These recommendations concerned management of patients' finances, completion of promoting quality care documentation, person centred care plans and staff training.

The inspector was pleased to note that three recommendations had been fully implemented:

- The ward sister was now reviewing cash statements monthly.
- Patients care plans were person centred and holistic to the individual patient's needs.
- Staff were appropriately training in the use of physical interventions.

However, despite assurances from the Trust, one recommendation had not been fully implemented. This recommendation concerned the completion of promoting quality care documentation.

One recommendation which relate to the key question "**Is Care Effective**?" was made following the inspection undertaken 21 and 22 January 2015.

The inspector was pleased to note that this recommendation had been fully implemented. This recommendation concerned the completion of accurate documentation in accordance with professional standards.

Three recommendations which relate to the key question "**Is Care Compassionate**?" were made following the inspection 21 and 22 January 2015.

These recommendations concerned seeking patient consent, consideration of deprivation of liberty and speech and language therapy support for patients with communication difficulties.

The inspector was pleased to note that one recommendation had been fully implemented:

- Patients care plans gave consideration of patients' deprivation of liberty and human rights.

However, despite assurances from the Trust two recommendations had only been partially met.

Further details are included in Appendix 1.

5.0 Ward Environment

"A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings." Do the right thing: How

to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

The inspector assessed the ward's physical environment using a ward observational tool and check list.

Summary

Information regarding the purpose of the ward was included within the patient information booklet. However, some information contained within the booklet requires updating**.** A recommendation has been made in relation to this. The ward's notice board located at the main entrance to ward provided information regarding the ward performance for infection control. Patients could access the ward advocate as required. There was also a suggestions box available.

It was positive to note that a patient receiving enhanced observations could move freely throughout the ward and staff were discreet in providing support. The main ward area, bedroom areas and communal sitting rooms were noted to be neat, tidy and clutter free. There was a neutral odour throughout the ward. The ward provided single and bay sleeping areas. Sleeping areas in each case were single sex. The inspector was advised that the ward did not have a ligature or environmental risk assessment in place. A recommendation has been made in relation to this.

Visitors are free to access all areas of the ward with their relative. Information regarding the staff on duty was available. However, the names of the Doctor and other MDT staff were not displayed. This was relayed to managers who agreed to address.

The inspector noted two bed areas within two separate bays that did not have facilities for a curtain to be pulled in order to maintain patient privacy and dignity. It was explained that portable screens were available. Despite this the inspector was not reassured that patients using these beds could independently obtain immediate privacy if required. A recommendation has been made in relation to this.

The ward's main entrance was locked throughout the inspection. Patients individual care plans clearly reflected any restrictions or deprivation of liberty in place.

An activity board is displayed in the dining area but was not filled in. An activity board in the nurses station displayed group activities. OT is provided Monday to Friday with additional resources provided one day a week to assist with one to one activities.

A patient/relative forum was facilitated on a monthly basis by the ward advocate. There is a large dining area available and a smaller dining area which is also used by patients. The times for meals was clearly displayed however the daily choice of food was not displayed in a suitable format.

Patients cannot independently access food or fluids. However these are promptly provided by staff upon request in addition to set times throughout the day. The dining area was bright and spacious with sufficient seating available.

The date, time and day of the week was clearly displayed and staff were observed informing patients of the same. The trust has made best efforts to have the environment as dementia friendly as possible. However the inspector noted a smaller sitting area off the main lounge. The doors to the area were closed but not locked and could only be exited or entered using the turn handle. The inspector observed patients' attempting to independently exit the area without success due to the mechanisms on the door. A recommendation has been made in relation to this.

The detailed findings from the ward environment observation are included in Appendix 2.

6.0 Observation Session

Effective and therapeutic communication and behaviour is a vitally important component of dignified care. The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions whilst remaining a non- participant. It aims to help evaluate the type of communication and the quality of communication that takes place on the ward between patients, staff, and visitors.

The inspector completed a direct observation using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral, or negative.

Positive social (PS) - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

Basic Care (BC) – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

Neutral – brief indifferent interactions

Negative – communication which is disregarding the patient's dignity and respect.

Summary

The formal session involved an observation of interactions between staff and patients/visitors. Six interactions were noted in this time period. The outcome of these interactions were as follows:

Positive	Basic	Neutral	Negative
66%	0	0	33%

The inspector was pleased to observe that staff responded promptly and with dignity and respect to patients who present as distressed. The inspector observed individualised one to one activity being carried out between the occupational therapist and individual patients. Despite this the inspector was concerned to observe a member of staff ask across a room for assistance to take a patient to the bathroom. This request was overheard by the inspector and could be overheard by other patients and staff in the room. The inspector also observed a member of staff standing over a patient whilst assisting them with their meal. These concerns were discussed with ward management at the conclusion of the inspection.

The detailed findings from the observation sessions are included in Appendix 3.

7.0 Patient Experience Interviews

Five patients met with the inspector during the course of the inspection. Patients who met with the inspector expressed no concerns regarding their care and treatment. None of the patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

One relative agreed to meet with the inspector to talk about the care and treatment on the ward. The relative who met with the inspector explained that they had no concerns regarding the care and treatment on the ward. The relative was complimentary of the ward and staff:

“Staff are great, I can’t fault them”

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	**6**
Other ward professionals	**3**
Advocates	**0**

The inspector met with six members of nursing staff on the day of inspection. Staff who met with the inspector expressed concerns regarding the staffing levels on the day of inspection. Staff who met with the inspector advised that they did not feel there was an ongoing staffing issue on the ward.

The inspector met with the consultant psychiatrist for the ward and the occupational therapist (OT). The OT provided the inspector with an overview of the activities provided on the ward.

The inspection was unannounced. No advocates were available to meet with the inspectors during the inspection.

9.0 Next Steps

A Quality Improvement Plan (QIP) which details the areas identified for improvement has been sent to the ward. The Trust, in conjunction with ward staff, must complete the QIP detailing the actions to be taken to address the areas identified and return the QIP to RQIA by 17 August 2015.

The lead inspector will review the QIP. When the lead inspector is satisfied with actions detailed in the QIP it will be published alongside the inspection report on the RQIA website.

The progress made by the ward in implementing the agreed actions will be evaluated at a future inspection.

Appendix 1 – Follow up on Previous Recommendations

Appendix 2 – Ward Environment Observation
This document can be made available on request

Appendix 3 – QUIS
This document can be made available on request

Appendix 1

Follow-up on recommendations made following the announced inspection on 21 and 22 January 2015

No.	Reference.	Recommendations	Number of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	5.3.1 (c)	It is recommended that the ward sister ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.	2	The inspector reviewed a sample of the statements received from the cash office and could confirm that these are audited monthly by the ward manager. A receipt is returned to the cash office to confirm that the statements have been checked and are correct.	Fully met
2	5.3.3 (b)	It is recommended that the ward sister ensures that all staff seek consent before supporting or providing any care to the patient. This should be recorded in the patients care records.	1	During observation of the ward the inspector observed staff obtaining patients' consent before assisting with care. The inspector reviewed four patients care files and did not evidence the assessment or recording of patients consent within individual care plans or progress notes. This recommendation will be stated for a second time.	Partially met
3	6.3.2 (b)	It is recommended that the ward sister ensures that comprehensive risk screening tools and assessments are completed in accordance with Promoting Quality Care Good Practice Guidance on the Assessment and Management of Risk in Mental Health and	1	The inspector reviewed the promoting quality care documentation in four patients' files. The inspector noted the following: Patient A: The risk screening tool was not signed by the patient or carer or a reason recorded for not being signed. The tool was also not signed by the registered nurse and the tool had not been completed to indicate the further action necessary. Patient B: The risk screening tool was not signed by the patient or carer or a reason recorded for not	Not met

		Learning Disability Services May 2010 and patient and relative involvement is documented.		being signed. The tool was also not signed by the registered nurse. Patient C: The risk screening tool was not signed by the patient or carer or a reason recorded for not being signed. This recommendation will be stated for a second time.	
4	5.3.1 (a)	It is recommended that the ward sister ensures that all patients care plans are person centred and incorporate the holistic and individualised needs of the patient.	1	The inspector reviewed care plans in relation to four patients and noted that the care plans in each case were person centred, individualised and incorporated the holistic needs of the patient.	Fully met
5	5.3	It is recommended that the ward sister ensures that all care documentation is accurate, current, personalised and in keeping with relevant published professional guidance documents including NMC record keeping.	1	The inspector reviewed four patient's care files and identified no concerns regarding the documentation and recording in patients care files. Nursing documentation on the day of inspection was in keeping with NMC record keeping guidelines.	Fully met
6	4.3 (m)	It is recommended that the ward sister ensures that all staff working on the ward receive up to date training in the use of physical	1	The inspector reviewed the staff training records for physical interventions. The inspector noted that of the 28 staff currently working on the ward 21 staff had an up to date record. Of the remaining seven staff, three staff had a further training date	Fully met

		interventions.		booked for within the next two months. There was no date available at present for the other four staff. The deputy ward manager agreed to address this.	
7	5.3.1 (a)	It is recommended that the ward sister ensures that care documentation in relation to Deprivation of Liberty is in keeping with Deprivation of Liberty Safeguards (DOLS) – interim guidance (2010). Care documentation is individualised and person centred.	1	The inspector reviewed care documentation in relation to four patients. The inspector noted that individualised care plans clearly reflected deprivation of liberty, restrictive practices and consideration of the patients' human rights.	Fully met
8	6.3	It is recommended that the ward sister ensures that patients who require additional support with their communication needs are referred to speech and language therapy (SALT), and a clear rationale recorded when patients are not referred.	1	The inspector spoke with the speech and language therapist who provides support to the ward. The therapist advised that they have received communication referrals from the ward however the service provided in relation to communication is only advisory. The therapist advised that there were not the sufficient resources available to provide more thorough communication assessment and support. Staff who met with the inspector expressed concerns regarding the level of communication support, input and assessment of patients provided by SALT. A new recommendation will be made in relation to this.	Partially met

Quality Improvement Plan

Unannounced Inspection

Inver 4, Holywell Hospital

22 June 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the deputy ward manager, nursing services manager, consultant psychiatrist and ward occupational therapist on the day of 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.

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
Is Care Safe?					
1	6.3.2 (b)	It is recommended that the ward sister ensures that comprehensive risk screening tools and assessments are completed in accordance with Promoting Quality Care Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services May 2010 and patient and relative involvement is documented.	2	Immediate and ongoing	A Review was undertaken of all inpatients on 23 June 2015 and evidence was found that the risk screening tools fully meet the standard. Staff were briefed regarding the expected standard of completion at the ward meeting. At the first zoning meeting for every new admission the Consultant or covering doctor will ensure the patient and/or relative has been involved in completion / review of the risk screening tool and this has been documented. (Or reason for non involvement is detailed). Any deviation from this standard will be addressed with the individual staff involved by the Ward Manager / Consultant
2	5.3.1	It is recommended that the trust review the arrangements and ability for patients to independently enter and exit the smaller lounge off the main sitting	1	17 August 2015	The latch on this door has been simplified so can be pulled open easily. Simple notices (Push / Pull) have been appended to the door to further enable patients.

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.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
		area.			
3	5.3.1	It is recommended that the trust review the contingency arrangements in place for staffing levels on the ward to ensure that patient care and safety is not compromised.	1	Immediate and ongoing	Contingency arrangements for staffing the inpatient wards has been agreed with nurse co-ordinators, NSM and Mental Health Management Team. The present arrangements are being fully implemented and senior nurse managers are meeting to ensure each aspect is being maximised to maintain adequate staff resources. The staff coordinators are involved in this process. Senior Managers are informed if staffing levels are at risk of being compromised.
4	4.3	It is recommended that the trust complete an environmental ligature risk assessment for the ward.	1	17 August 2015	Environmental ligature risk assessment completed on 11 August 2015 and an action plan is being developed.
Is Care Effective?					
		No new recommendations.			

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.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
Is Care Compassionate?					
5	5.3.3 (b)	It is recommended that the ward sister ensures that all staff seek consent before supporting or providing any care to the patient. This should be recorded in the patients care records.	2	Immediate and ongoing	Seeking consent is evident in practice of the team. Nursing staff have attended mandatory training on consent the Ward Manager has held sessions to highlight how to document consent for care provision activities in patient records. A poster is in place at the nursing station and good documentation is noted by the ward ,in many records. Examples of this good practice will be highlighted by the ward managers for the team and also reflected at individual supervision as good practice.
6	6.3	It is recommended that the Trust ensures that there is sufficient speech and language therapy input to support the care and assessment of patients with additional/complex communication needs.	1	30 September 2015	All patients requiring Speech and Language Therapy (SALT) input for swallowing or communication are referred. Basic generic advice is provided by SALT. Unmet need for SALT for those with complex communication needs has been identified via the NWW project group and work has commenced to influence commissioners decisions on demography funding 2016/17. As part of multi-disciplinary working, communication

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.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
					strategies are discussed for individual patient needs and actioned by the psychology, nursing and occupational therapy members of the team. These are reviewed by the MDT.
7	6.3.2 (a)	It is recommended that the trust install fixed curtain facilities on those bed areas that do not currently have this facility.	1	17 August 2015	The bedrooms have been fully reviewed and additional curtain rails will be added so all rooms can be re-configured (e.g. to suit gender requirements of patient group) to maximise options and have permanent rails to ensure dignity and choice.
8	8.3	It is recommended that the ward information booklet is updated and factually accurate.	1	17 August 2015	Booklet was reviewed and fully updated on 30 June 2015 and is currently in use in DICU.

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

NAME OF WARD MANAGER COMPLETING QIP	Sr Patricia Scullion
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Tony Stevens

Inspector assessment of returned QIP				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Kieran McCormick	17 August 2015
B.	Further information requested from provider		x	Kieran McCormick	17 August 2015