Mental Health Inpatient Inspection Report
6 – 8 March 2017

Inver 4

Acute Psychiatric Admission
Holywell Hospital
60 Steeple Road
Antrim, BT41 2RJ

Tel No: 028 94413105

Inspectors: Alan Guthrie, Dr Brian Fleming and Anne Simpson

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Assurance, Challenge and Improvement in Health and Social Care

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 4 is a 20 bedded dementia care ward located in Holywell Hospital. The purpose of the ward is to provide assessment, treatment and care to male and female patients suffering from dementia.

Patients admitted to Inver 4 receive support from a multidisciplinary team which includes psychiatry, nursing, social work, psychology, physiotherapy and occupational therapy. Dietetics, dentistry and speech and language services are also available on the ward when referred.

On the days of the inspection there were 20 patients on the ward and two patients at an outside general hospital. All 20 patients had been admitted to the ward in accordance with The Mental Health (Northern Ireland) Order 1986.

3.0 Service Details

Responsible person:	Mr. Tony Stevens, Chief Executive
Ward manager:	Patricia Scullion
Person in charge at the time of inspection: Patricia Scullion	

4.0 Inspection Summary

An unannounced inspection of Inver 4 took place over three days on 6 – 8 March 2017.

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 4 was delivering, safe, effective and compassionate care and if the service was well led

Evidence of good practice

- Patients' relatives were actively involved in providing care and treatment.
- Patients were provided with modest and appropriate levels of medication.
- Patient risk assessments were up to date, patient centred and reviewed on a regular basis.
- Care plans were patient centred, individualised, regularly reviewed and appropriate to the needs of each patient.
- The ward provided an appropriate range of treatment options.
- Patients could access specialist assessments as required.

Areas requiring improvement

Four areas requiring improvement were identified as a result of the inspection. The areas regarding patient observation and psychology service support are discussed in the provider compliance plan at the end of this report. The area for improvement related to staffing is not discussed in the provider compliance plan as the Trust has already taken appropriate steps to address the area. The final area for improvement relates to the ward's environment. RQIA has not presented this area in the Trust's provider compliance plan as this has been addressed to the Department of Health. However, an area for improvement relevant to the management of ligature points by ward staff is discussed.

Area one: patient observation

Inspectors were informed that the ward did not implement one to one observation levels as the ward had not been commissioned to provide this level of intervention with patients.

As an alternative the ward implemented within eye sight observation levels. Inspectors were concerned that the term within eye sight was not clearly defined. For example the ward's main corridor was approximately twenty metres in length. In accordance to the within eyesight requirements staff could observe a patient from one end of the corridor and remain outside an appropriate distance within which to provide patients with immediate care.

Area two: staffing levels

Inspectors evidenced that the ward continued to require regular use of nursing bank staff to ensure the required nursing staff levels were met. Inspectors reviewed the nursing rota and noted that during the previous three months bank shifts were required on an almost daily basis. Two ward incident reports reviewed by inspectors evidenced that at least two shifts had to be completed without the required nursing staff levels.

Inspectors reviewed this issue with ward staff and the senior nursing team. It was good to note that appropriate steps had been taken to address nursing staff levels. Given that the ward's senior management team had taken appropriate steps to address nurse staffing levels this area for improvement is not discussed in the ward's provider compliance plan.

Area three: the wards environment

Inspectors were concerned that the layout of the ward presented a number of risk factors including numerous ligature points. The Trust had addressed this concern and had taken action to reduce risk. This included completing a ligature risk management plan and submitting a capital bid to enable the construction of a new purpose built mental health acute admission facility. However, the ward's ligature risk management plan recorded that over 200 ligature points should be locally managed by nursing staff. Inspectors were concerned that where nursing staff could observe and monitor ligature risks, during half hourly checks, the expectation that they actively manage all ligature risks is not possible or realistic. This concern is reflected in the ward's provider compliance plan.

Inspectors also noted that the ward's environment was structurally dated. This included a number of large sleeping bay areas, the dining room was located some distance from the ward kitchen resulting in the need for staff to use a large food trolley which was a health and safety hazard for patients. Inspectors evidenced that sight lines were poor and nursing staff could not access a centrally based nursing station. Inspectors discussed these issues with the Trust's estate services. It was positive to note that estate services liaised closely with the ward's MDT and a number of achievable improvements to the ward's environment. This included the conversation of a bathroom to provide extra storage and the development of a further ward garden leading from the large bay area located in the east side of the ward.

Given that the Trust has continued to proactively address concerns regarding the ward's environment. RQIA has forwarded its inspection findings and associated concerns to the Department of Health. The reason for this action is based on the fact that Inver 4 ward does not meet environmental best practice standards and the costs involved to address the concerns identified during the inspection would be significant. Based on the evidence and the presenting condition of the ward the Trust's proposed capital bid is the most appropriate option.

RQIA will continue to monitor the Trust's progress in these areas.

Seven recommendations were made as a result of the previous inspection. It was positive to note that all of the recommendations had been met. Inspectors' findings regarding the Trust's progress in addressing these recommendations are discussed in section 6.1 of this report.

Patients Views:

During the inspection inspectors and the lay assessor met with a number of patients and observed patient staff interactions. No patients completed a questionnaire as this was not an appropriate method through which to capture this group of patients' experience. Inspectors and the lay assessor used informal observation techniques. This included spending time with patients during lunch and during ward based activities. Patient staff interactions observed by RQIA staff evidenced ward staff to be observant, supportive, patient centered and caring. Staff demonstrated good use of de-escalation skills and a high level of verbal and non- verbal communication. Staff clearly knew each patient and applied appropriate interventions commensurate with each patient's presentation, likes and dislikes and character. It was positive to note that throughout the inspection staff worked hard at maintaining an atmosphere within the ward which was settled, welcoming and patient focused. .

Patients who spoke with RQIA staff reported no concerns regarding the care and treatment they received during their admission. Patients presented as being at ease in the company of staff and it was very positive to note that the ward had incorporated John's Campaign. John's Campaign is a national initiative designed to encourage ward's providing care and treatment to patients suffering from dementia to remain open and inclusive to patient relatives and carers. During the inspection inspectors observed relatives in attendance throughout each day. Relatives were involved in providing care to patients and visiting times were flexible.

Relatives Views:

During the inspection no relatives were available to meet with an inspector. No relative questionnaires were returned post inspection.

Staff Views:

Inspectors met with 11 members of the ward's MDT. Staff were positive about the care and treatment provided by the ward and their role within the ward's MDT. Staff stated that they felt the care provided to patients was to a good standard. Staff evidenced good understanding and knowledge regarding the needs of the patient group and the challenges faced by relatives and carers. Nursing staff stated that the ward was very busy and at times the environment was stressful. Several staff reflected on challenges in maintaining the required nurse staff levels for each shift, although staff reported that staffing levels were being addressed by the ward manager and the ward's senior management team.

Staff stated they were confident in their role and position within the ward and that they understood the needs of patients. Staff informed inspectors that the care and treatment provided to each patient was appropriate and comprehensively discussed and shared between all team members. Inspectors were informed that the MDT were continuing to review and enhance therapeutic interventions and effectiveness as a means to improving patient care pathways and experience. This included ongoing evaluation of treatment and therapeutic interventions and associated outcomes for patients. Inspectors spoke with staff from each professional group represented within the ward's MDT. A number of staff discussed concerns regarding the level of support provided to patients with regard to occupational therapy and psychology. Inspectors spoke with the ward's occupational therapist (OT).

Inspectors were advised that the OT was currently working part time despite the ward being funded for a full time OT. Inspectors were advised that this was a temporary measure and that a full time OT would return to the ward in the near future. It was also positive to note that the ward was in the process of recruiting two technical instructor posts. These posts will support therapeutic interventions provided to patients in Inver 4. RQIA has asked that the Trust review the current psychology service input provided to patients in Inver 4.

Medical staff stated that the ward provided care and treatment to patients suffering from dementia and presenting with a wide range of physical health problems, mobility problems and challenging behaviour. Medical staff reflected that they felt the MDT was effective and ward staff were knowledgeable, skilled and patient centred. Working relationships within the MDT were described as good. Medical staff expressed no concerns regarding the quality of care and treatment provided to patients. Pressures in relation to maintaining the required nursing staff levels were discussed. Medical staff stated that this continued to be challenging although it was being addressed and continually reviewed by the ward's senior management team.

Staff discussed the challenges faced as a result of the ward's environment. Staff stated that the ward's dining facilities, sleeping bay areas, ligature points, general layout and observation sightlines presented challenges. Despite this staff reflected that patients on the ward received a high quality of care and treatment and the atmosphere on the ward was team focussed and supportive.

None of the staff who met with inspectors reported any concerns regarding their ability to access training, supervision and appraisal. Staff were complimentary regarding the leadership within the ward and it was good to note that nursing staff felt well supported. It was positive to note that staff who met with inspectors appeared motivated, enthusiastic and were patient centered.

Staff stated:

"Staff work very hard to ensure infection control".

"It's a very busy ward".

"Really good ward to learn from".

"Staffing can be difficult".

"Very supportive team and management".

"I'd like to spend more time with patients".

"I enjoy ward rounds there is good rapport within the MDT".

"My opinion is valued".

"Care of the patients can be challenging in this environment".

"The staff work really hard".

"Nightshift is challenging because of the number of patients and how staff need to be distributed across the ward".

“There are not enough big keys available. There are only four”.

“Really good team”.

“Staffing can be very challenging especially when there is annual leave or sick leave”.

“The team work really well together”.

“I have good support”.

“Staff shortages are a regular issue”.

“I enjoy working here”.

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	Four

Findings of the inspection were discussed with the ward manager, members of the multi-disciplinary team and senior members of the trust 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 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 inspectors observed patient staff interactions, spent time with patients and met with 11 staff. No service users' visitors/representatives were available.

The following records were examined during the inspection:

- Care documentation in relation to four patients.
- Staff rota.
- Training records.
- Daily records.
- Accident and incident records.
- Patient medication charts.
- Patient information folder.
- Minutes of staff meetings.
- Staff supervision timetable.
- Records and record keeping audit/ checklist.
- Weekly record of the inspection of means of escape.
- Weekly record of fire alarm checks.
- Incident and safeguarding records.

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

We reviewed the recommendations made at the last inspection. An assessment of compliance was recorded as all eight recommendations having been met.

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

6.0 The Inspection

The most recent inspection of Inver 4 was a follow up unannounced inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the responsible inspectors. The QIP was validated by the inspectors during this inspection.

6.1 Review of Recommendations from Last Inspection dated 22 June 2015

Areas for Improvement		Validation of Compliance
The responsible person must ensure the following recommendations are addressed;		
Recommendation 1 **Ref**: Standard 6.3.2 (b) **Stated:** Second Time	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.	**Met**
	Action taken as confirmed during the inspection: Inspectors reviewed four sets of patient care records including records of completed comprehensive risk screening tools and assessments. Patient risk screening and assessment tools had been completed in full.	
Recommendation 2 **Ref**: Standard 5.3.1 **Stated:** First Time	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 area.	**Met**
	Action taken as confirmed during the inspection: Inspectors evidenced that the door leading to the smaller lounger area remained open continually throughout the inspection. Patients could access this lounge as required.	
Recommendation 3 **Ref**: Standard 5.3.1 **Stated:** First Time	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.	**Met**
	Action taken as confirmed during the inspection: Inspectors reviewed the ward's contingency arrangements in place for staffing. Inspectors noted that the Trust had recently completed the	

	recruitment of two band 5 nurses. The ward manager continued to use bank shifts to ensure that staffing levels remained appropriate. Inspectors were satisfied that despite nursing staffing pressures appropriate arrangements were in place to help ensure that nurse staffing levels remained appropriate and in accordance with patient need.	
Recommendation 4 **Ref**: Standard 4.3 **Stated:** First Time	It is recommended that the Trust complete an environmental ligature risk assessment for the ward. **Action taken as confirmed during the inspection**: An environmental ligature risk assessment had been completed on the 31 January 2017. The assessment identified a large number of ligature risks and detailed associated action steps to address ligature concerns.	**Met**
Recommendation 5 **Ref**: Standard 5.3.3 (b) **Stated:** Second Time	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. **Action taken as confirmed during the inspection**: Patient care records reviewed by inspectors evidenced that staff continually sought patient consent before providing care and treatment interventions.	**Met**
Recommendation 6 **Ref**: Standard 6.3 **Stated:** First Time	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. **Action taken as confirmed during the inspection**: Ward staff who met with inspectors reported no concerns regarding access to speech and language services. The Ward Manager reported that patients could be referred to a speech and language therapist as required.	**Met**
Recommendation 7 **Ref**: Standard 6.3.2 (a) **Stated:** First Time	It is recommended that the Trust install fixed curtain facilities on those bed areas that do not currently have this facility. **Action taken as confirmed during the inspection**: Inspectors reviewed all bed areas within the ward. Each area included a fixed curtain which patients could use as required.	**Met**

Recommendation 8 **Ref**: Standard 8.3 **Stated:** First Time	It is recommended that the ward information booklet is updated and factually accurate. **Action taken as confirmed during the inspection**: The ward's patient information booklet had been updated. The contents of the booklet reflected the current circumstances of the ward.	**Met**

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 is intended to help them.

Areas of Good Practice

Relatives are involved in supporting patients to manage safety and risks.

The ward had an appropriate range of skilled staff to support patient personal care and management plans.

Patient risk assessments were up to date, patient centred and reviewed on a regular basis.

The ward management team had good links with the Trust's estate services and the ward's environmental assessment and fire risk assessments were up to date.

Care records were comprehensive, clear and easy to follow.

Staff worked hard to make the environment as safe as possible.

Staff understood their roles and responsibilities.

Patients are cared for in accordance to the Mental Health (Northern Ireland) Order 1986.

Areas for Improvement

Inspectors were concerned that the ward presented with a number of risk factors including numerous ligature points. The Trust has previously submitted a capital bid to construct a new purpose built mental health acute admission facility. Given the action already taken by the Trust this concern has been raised with the Department of Health and is not discussed in the ward's Provider Compliance Plan.

The ward's ligature risk management plan recorded that over 200 ligature points should be locally managed by nursing staff. The Trust should review this plan to reflect that staff can observe and monitor ligature risks as the expectation to locally manage all ligature risks is not possible.

Number of areas for improvement	One

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 manager completed regular file audits.

Inspectors evidenced a good standard of recording supported by comprehensive assessments and patient centred continuing care records.

Care plans were evidenced as patient centred, regularly reviewed and appropriate to the assessed needs of each patient.

The ward provided the appropriate range of treatment options.

Nursing staff had a broad range of physical and mental health care skills.

The ward was clean and free from clutter.

Patient discharge plans commenced early during the patient's admission.

Patients could access specialist assessments as required.

MDT meetings were held regularly and all staff contributed.

Patient care records were maintained to a high standard.

Areas for Improvement

The Trust should ensure that observation levels used with patients are clearly stated and supported by a policy and procedure.

The Trust should review the level of psychology service support provided to patients admitted to Inver 4.

Number of areas for improvement	Two

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 presented as being at ease within their surroundings.

Staff were observed as being attentive, patient focussed and caring.

Patients' views were listened to and considered.

Staff and patient interactions observed by RQIA staff were informal, patient centred and effective.

The ward promoted a least restrictive practice environment.

Care records were evidenced as being individualised, comprehensive and up to date.

The ward was clean and staff made best use of the environment.

Patients and relatives could access advocacy services as required.

Patient medical records evidenced modest and appropriate use of medication.

Areas for Improvement

There were no areas of concern in relation to compassionate care identified as a result of this inspection.

Number of areas for improvement	None

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 reported that they received regular supervision, training and appraisal.

Staff had confidence in themselves, the team and the ward management.

Staff presented as motivated stating that they felt supported.

The ward implemented appropriate governance arrangements to support patient safety.

The ward staff had good effective working relationships with the Trust's safeguarding, estates and specialist teams.

Staff understood their role and responsibility within the Trust.

The ward's environment was continually reviewed and where possible changes were made.

The Ward Manager could access appropriately trained bank staff as and when required.

A new Consultant Psychiatrist to support those patients over the age of 65 had been appointed.

Areas for Improvement

There were no areas of concern in relation to well led care identified as a result of this inspection.

Number of areas for improvement	None

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. It is the responsibility of the responsible person to ensure that all areas identified for improvement within the provider compliance plan are addressed within the specified timescales.

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 03 May 2017.

Provider Compliance Plan Inver 4	
Priority 1	
The responsible person must ensure the following findings are addressed:	
Area for Improvement No. 1	No priority one concerns were noted during the inspection.
Priority 2	
Area for Improvement No. 2 **Ref: 5.3.1(a)**	The Trust should ensure that the ward's ligature risk assessment and associated action plan accurately reflects the role of ward staff in monitoring the large number of ligature points present within the ward's environment.
Stated: First time **To be completed by:** 5 July 2017	**Response by responsible person detailing the actions taken:** This ward cares for dementia patients who present a low risk of attempting self-harm though fixing a ligature. The risk in this ward would therefore be no higher than in a general hospital setting or care home caring for similar patients. This may be contrasted with the mental health acute wards where many of the patients are admitted due to risks in relation to expressed suicidal ideation associated with their mental

	condition. There is not therefore a particular role for ward staff in monitoring a large number of ligature points in this ward. The Trust will review the current Ligature Risk Assessment tool which was clearly not developed for use in such a setting as Inver 4. We will nevertheless undertake some works to curtain rails and bathroom fittings which could be seen as good practice across all health and social care settings.
Priority 3	
Area for Improvement No. **Ref: 5.3.1(c)**	The Trust should ensure that observation levels used with patients are clearly stated and supported by a policy and procedure.
Stated: First time **To be completed by:** 5 October 2017	**Response by responsible person detailing the actions taken:** There are plans for the Multi- Disciplinary Team to review the Operational Policy for Dementia Intensive Care Unit with the Head of Hospital Services on 25th May 2017
Area for Improvement No. **Ref: 5.3.3(d)**	The Trust should review the level of psychology service support provided to patients admitted to Inver 4.
Stated: First time **To be completed by:** 5 October 2017	**Response by responsible person detailing the actions taken:** There has been funding approved for a full time Psychologist, interviews are being held on 7th May 2017. When the person is appointed they will be 0.5WTE hours with Dementia Home Support Team and 0.5WTE within Dementia Intensive Care Unit.

Name of person(s) completing the provider compliance plan	Patricia Heatly		
Signature of person(s) completing the provider compliance plan	Patricia Heatly	**Date completed**	03 May 2017
Name of responsible person approving the provider compliance plan	Dr Tony Stevens		
Signature of responsible person approving the provider compliance plan	Dr Tony Stevens	**Date approved**	10 May 2017
Name of RQIA inspector assessing response	Alan Guthrie		
Signature of RQIA inspector assessing response	Alan Guthrie	**Date approved**	11 May 2017

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