



The **Regulation and  
Quality Improvement  
Authority**

**RQIA**

**Mental Health and Learning  
Disability**

**Patient Experience  
Interviews Report**

**Inver 4**

**Holywell Hospital**

**Northern Health & Social  
Care Trust**

**8 September 2014**



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

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## **1.0 Introduction**

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

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

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

#### **Aims**

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

#### **Objectives**

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

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

## **1.2 Methods/Process**

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

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

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

No recommendations were made following the patient experience interviews on this ward.

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

## 2.0 Ward profile

Trust/Name of Ward	Northern Health & Social Care Trust, Inver 4
Name of hospital/facility	Holywell Hospital
Address	60 Steeple Road Antrim BT41 2RJ
Telephone number	Hospital: 028 9446 5211 Ward: 02894413359
Person-in-charge on day of visit	Patricia Scullion
Email address	<a href="mailto:Manager.inver4@northerntrust.hscni.net">Manager.inver4@northerntrust.hscni.net</a>
Number of patients and occupancy level on days of visit	20 Beds 18 Patients
Number of detained patients on day of inspection	7 Patients
Number of patients who met with the inspector	Three
Date and type of last inspection	19 March 2014 Unannounced
Name of inspector	Audrey Woods

Inver 4 is a 20 bedded mixed gender, assessment and treatment ward for patients with dementia. The ward is situated in Holywell hospital. The purpose of the ward is to provide assessment, treatment and rehabilitation to patients with dementia who have memory problems and may display challenging behaviours.

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.

### **3.0 Outcomes of interviews**

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

Three patients chose to meet with the inspector on the day of the visit. Two of these patients had been detained in accordance with the Mental Health (Northern Ireland) Order 1986. No patient representatives chose to meet with the inspector on behalf of their relatives.

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

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

There were no specific issues raised by the patients during the patient experience interview

#### **Ward environment**

On the day of the visit the ward was calm and welcoming. The ward was spacious and decorated to promote a dementia friendly environment. The doors were painted bold colours and signage was large and clear to assist patients. There were large photographs throughout the ward of famous places and iconic buildings in Northern Ireland which created familiar focus points for patients with memory loss. Information leaflets were available to patients and their families which included information on advocacy and how to make a complaint. There was information on who was on duty, the activities arranged for the day and the choice of meals available. The ward had a comprehensive welcome pack for patients which contained information on the role of the consultant psychiatrist, named nurse, occupational therapist, social worker, physiotherapist, activity coordinator, pharmacist and advocate. Information on meal times, the vending machine, visiting times, infection control, personal belongings, medication, confidentiality, and how to make a complaint, comment or compliment was available. There was also information on religious services on the ward and when the barber and hairdresser attended the ward.

The ward consists of five single rooms, a six bedded male bay, a four bedded male bay and a five bedded female bay. One of the bays led to a garden area which the ward was now able to use as a ward next door had recently closed. Patients and their families were encouraged to bring in personal items and photographs to have bedside their beds to promote a personalised homely environment. There was a main dayroom which led to a veranda area which overlooked the garden. The day room was divided into three separate areas. The garden area was well maintained. The ward had two dining rooms which were bright and well maintained and overlooked the garden area.

## **Staff and patient interactions**

On the day of the visit the inspector observed positive interactions between staff and patients. Staff were available to patients and were sitting in areas with patients throughout the ward. Patients were moving freely throughout the ward and the staff were continually observing the patients but also allowing them this freedom. The inspector observed patients joking with the staff and the atmosphere on the ward was relaxed and calm. All patients in the ward had experienced memory loss and the inspector noted staff directing patients to where they needed to go using appropriate verbal and non-verbal communication skills.

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

All three of the patients interview stated they knew why they were in hospital and knew what they were allowed and not allowed to do on the ward. Two of the patients who were detained in accordance with the Mental Health (Northern Ireland) Order 1986 were not aware of the role of the mental health review tribunal. This was discussed with the ward manager who stated that both patients had been advised of this however due to their condition they may be unable to recall this information. The ward manager agreed to revisit this area with both patients.

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

Two of the three patients interviewed indicated they had been involved in their care and support and also had the opportunity to involve their family members if appropriate. One patient stated they were not involved in their care and support however they stated their family had been involved. This was discussed with the ward manager who advised that the patient had been involved in their care and support. Care documentation was reviewed by the inspector which evidenced the patient's involvement.

Two of the three patients interviewed stated someone had spoken to them regarding their condition and had discussed their medication with them.

One of the patient's interviewed stated no-one had spoken to them about their medication but had spoken to them regarding their condition. The inspector reviewed care documentation which evidenced that the patient had been spoken to about their medication. The ward manager agreed to revisit this with the patient again.

## **Responses to questions 3 - 3a**

Two of the three patients interviewed stated they did not know the role of an independent advocate. When this service was explained one patient stated they would like to meet with the advocate. This was discussed with the ward manager who advised that the advocate was on the ward on the morning of the visit and had met with this patient. The inspector had also seen the advocate on the ward speaking to this patient when completing the ward

observation. The ward has access to independent advocacy services through a referral system. Information in relation to advocacy services was displayed on the ward and included in the ward information leaflet.

One patient knew what an independent advocate was and stated they did not need this service.

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

All three patients interviewed state they had never been subject to any form of physical intervention

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

All three of the patients interviewed stated they had never been forced into a room on their own and never had staff stay with them all day and all night (enhanced observations).

#### **Responses to question 6**

All three of the patients interviewed stated they felt safe on the ward. One patient stated they felt "safe as houses".

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

All three of the patients interviewed stated they did not have any items removed from them on admission.

#### **Responses to questions 8 - 8a**

Two of the patients stated they were allowed time off the ward and could access the garden area. One patient had recently been admitted and was not allowed time off the ward unsupervised but could access the garden area at any time. Patients stated they would go out with their families and for walks around the grounds.

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

All three patients interviewed knew who to speak to if they were unhappy or something was wrong. Patients stated they never had a reason to speak to anyone about concerns.

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

All three patients interviewed stated they were happy with the quality of care they received on the ward. Some comments made about the quality of care and treatment include, "Considerate staff, if I want to know anything I can talk a problem over with them", "this is the best hospital in Northern Ireland", "first class", "wonderful care, staff are very nice", nurses are very nice, very caring".

## **Additional areas discussed during the visit**

The inspector discussed the wards activity programme with the ward manager. The ward manager stated that the ward had a full time activity coordinator who was a registered mental health nurse and a full time occupational therapist on the ward so that activities are available seven days a week. A staff member was recently seconded to work in America for four weeks learning a new approach to working with patients with dementia and staff are now applying this approach on the unit which is called "Montessori Based Activity programming. This programme focuses on what the patients can do and works with visual hints, cues and templates breaking tasks down into steps to make it easier for patients to follow. There are sensory based activities, cognitive focused activities, using motor skills and life story books. This programme involves staff completing assessments making recommendations and planning specific programme/activities for each patient.

## **4.0 Conclusions**

On the day of the visit the inspector spoke to three of the 18 patients on the ward. It was good note the positive comments made by the patients and how staff actively encourage patients to participate in the interviews.

From the observations of the ward on the day of the Patient Experience Interviews, the inspectors' impression of the overall treatment and care on the ward was found to be in keeping with the five standards of respect, attitude, behaviour, communication privacy and dignity as referenced in the Department of health, Social Services and Public Safety; Improving the Patients & Client Experience, November 2008. Staff demonstrated respect in all contacts with patients. Staff demonstrated positive attitudes towards patients. Staff demonstrated professional and considerate behaviour towards patients. Staff communicated in a way that was sensitive to the needs and preferences of patients. Staff protected the privacy and dignity of patients.

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



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No requirements or recommendations resulted from the Patient Experience Interviews of **Inver 4, Holywell Hospital** which was undertaken on **8 September 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

[ ]

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	[ PATRICIA SCULLION ]
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	[ ANTHONY STEVENS ]

<b>Approved by: Audrey Woods</b>	<b>Date 13/11/14</b>

## Appendix 1 –

### Patient Experience Interview Questionnaire



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