

Unannounced Follow Up Inspection Report 5 March 2018



Inver 4

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

Tel No: 028 94413105

**Inspectors: Audrey McLellan
Lay Assessor: Alan Craig**

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Inver 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 who have a diagnosis of 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 day of the inspection there were 14 patients on the ward and one patient was on leave from the ward. There were 11 patients on the ward who were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

3.0 Service details

Responsible person: Mr. Tony Stevens	Ward Manager: Ashleigh Moss
Category of care: Dementia Care	Number of beds: 20
Person in charge at the time of inspection: Ashleigh Moss	

4.0 Inspection summary

An unannounced follow-up inspection took place on 5 March 2018.

The inspection sought to assess progress with findings for improvement raised from the most recent unannounced inspections on 6-8 March 2017 and 16 September 2017.

The inspector noted that the ward had made improvements from the previous inspection. A clinical psychologist had been appointed to work on the ward once they have completed all relevant training. A process is now in place to ensure pre-discharge meetings are rearranged if they had been cancelled due to unforeseen circumstances.

Two areas for improvement required to be restated. The ward's ligature risk assessment identified over 200 ligature points within the ward environment and the trust had stated in this assessment that these were locally managed. However it would not be possible for staff to manage this number of ligature points within the ward environment. Senior trust representatives informed the inspector that the risks in this ward with this patient population would be no higher than in a general hospital setting or care home caring for similar patients. However this is not clearly stated in the ligature risk assessment.

RQIA is aware that the trust have submitted a capital bid to the Department of Health for the construction of a new purpose built mental health acute admission facility as the current ward does not meet best practice standards. The Trust has taken the most appropriate action given the cost involved in addressing these environmental concerns. RQIA will continue to raise these concerns with the Department of Health.

The policy on the use of observation and therapeutic engagement of mental health inpatients has not been reviewed. The currently policy does not clearly define the levels of observations used on the ward.

Views of Patients

The lay assessor met with three patients. Patients presented as being content and at ease in their surroundings and with staff. Due to the patients' presentation and nature of their illness they were unable to fully express their overall experience of the ward. However all three patients said they felt safe, were well cared for and one patient said they were treated with kindness and respect. Patients made the following comments:

"They treat me very well...they do their best that's one thing"

"There's nothing wrong with this place it's very good"

"Staff are kind to me"

Views of relatives:

The inspector and the lay assessor spoke to two relatives. Relatives were generally very happy with the care and treatment provided to patients on the ward. They stated they felt their relative was safe on the ward and that the care was effective. They confirmed they had been involved in their relatives' care and treatment. They stated that the ward staff treated their relative with kindness and respect and they felt the ward was well led.

View of Staff said:

The inspector spoke to three members of the multi-disciplinary team. Staff confirmed that they enjoyed working on the ward and stated they felt supported by the ward manager. Staff said the ward was safe and care and treatment was effective. Staff stated they had received up to date supervision and appraisals. Staff advised there were times when the ward can be a challenging place to work. However they stated the MDT works well together to support each other and to ensure patients are kept safe. One staff member described how it can be difficult to manage patient safety on the ward due to the environmental design of the ward. The ward is large in size and has a number of corridors. Staff made the following comments:

"I love working here"

"I would be happy for my mum to be in here"

"The whole team works well together"

The findings of this report will provide the trust with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

4.1 Inspection outcome

Total number of areas for improvement	Two
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Two areas for improvement were restated for a second time.

These are detailed in the Quality Improvement Plan (QIP). Areas for improvement and details of the QIP were discussed with senior trust representatives, members of the multi-disciplinary team and the ward manager as part of the inspection process. The timescales for completion commenced from the date of inspection.

5.0 How we inspect

The inspection was underpinned by:

- The Mental Health (Northern Ireland) Order 1986.
- The Quality Standards for Health & Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.
- The Human Rights Act 1998.
- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- Optional Protocol to the Convention Against Torture (OPCAT) 2002.

The following areas were examined during the inspection:

- Care Documentation
- Ward environment.
- Ligature risk assessment.
- Observation Policy.

During the inspection the inspector observed staff working practices and interactions with patients using a Quality of Interactions Schedule Tool (QUIS). Staff were observed as being supportive, attentive, patient centred and caring. Patients were observed moving freely throughout the ward and any requests by patients were dealt with promptly. All interactions between staff and patients were observed as positive.

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

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced inspection on 6-8 March 2017 and 16 September 2017

The most recent inspection of Inver 4 Ward was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This QIP was validated by inspectors during this inspection.

Areas for Improvement		Validation of Compliance
<p>Number: 1</p> <p>Ref: Standard 5.3.1(a)</p> <p>Stated: First Time</p>	<p>The Trust should ensure that the ward’s ligature risk assessment and associated action plan accurately reflects the role of the ward staff in monitoring the large number of ligature points present within the ward’s environment.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the ward’s ligature risk assessment.</p> <p>The assessment identifies over 200 ligature points within the ward environment. Senior trust representatives stated that this group of patients present as a low risk of attempting self-harm though fixing a ligature. Senior trust representatives informed the inspector that the risks in this ward would therefore be no higher than in a general hospital setting or care home caring for similar patients. Therefore the trust have stated that there is no particular role for ward staff in monitoring a large number of ligature points in this ward however, this was not recorded on the ligature risk assessment.</p> <p>The inspector noted that the ligature risk assessment stated that environmental ligature risks</p>	

	<p>are managed locally. There was no evidence that the ligature risk assessment tool had been reviewed to reflect the low risk of self-harm by ligature from this patient group and therefore the ligatures did not require to be locally managed.</p> <p>RQIA is aware that the trust has submitted a capital bid to the Department of Health for the construction of a new purpose built mental health acute admission facility as the current ward does not meet best practice standards. The trust has taken the most appropriate action given the cost involved in addressing these environmental concerns. RQIA will continue to raise these concerns with the Department of Health.</p> <p>This area for improvement will be restated for a second time.</p>	
<p>Number: 2</p> <p>Ref: Standard 5.3.1(c)</p> <p>Stated: First Time</p>	<p>The Trust should ensure that observation levels used with patients are clearly stated and supported by a policy and procedure.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the trust's policy on the use of observation and therapeutic engagement of mental health inpatients.</p> <p>The inspector noted that the policy had not been updated to clearly define the levels of observations used on the ward.</p> <p>This area for improvement will be restated for a second time.</p>	<p>Not Met</p>
<p>Number: 3</p> <p>Ref: Standard 5.3.3(d)</p> <p>Stated: First Time</p>	<p>The Trust should review the level of psychology service support provided to patients admitted to Inver 4.</p> <p>Action taken as confirmed during the inspection:</p> <p>The trust reviewed the level of psychology support on Inver 4. Following this review the trust appointed a full time clinical psychologist in May 2017. However, they have been on leave since this appointment but are due to return to work in April 2018. The trust have agreed that this new</p>	<p>Met</p>

	<p>position will initially be based in the Dementia Home Support Team (DHST) so that the clinical psychologist can learn the new assessment and intervention module of CLEAR dementia care. In the meantime the Consultant Clinical Psychologist will provide support on the ward. The plan is that there will be 0.5WTE psychology support on the ward and 0.5WTE support in the DHST.</p> <p>The Consultant Clinical Psychologist is also working on securing funding for further support of an associate psychologist on the ward.</p>	
	<p>The Trust should ensure that should a pre-discharge meeting have to be cancelled due to unforeseen circumstances a further meeting should be reconvened as soon as possible prior to the patient's discharge.</p> <p>Action taken as confirmed during the inspection:</p> <p>The ward social worker is now responsible for organising pre-discharge planning meetings. However if they are not available the named nurse or the nurse in charge will organise this meeting.</p> <p>The inspector spoke to staff within the MDT and reviewed care records which confirmed that relatives and carer are fully involved in discharge arrangements.</p> <p>The inspector also spoke to a patient's relative who was nearing discharge and they confirmed that they were fully involved in meetings regarding their relatives discharge.</p>	Met

Recommendations made by the trust following a serious adverse incident on 8 November 2016

Areas for Improvement	
Recommendation 1	<p>All staff within Mental Health has been trained in Adult Safeguarding Operational Procedures and an update has been given to DICU staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the wards mandatory training records and there</p>

	was evidence that the majority of staff had attended adult safeguard training. Dates were also arranged for the remaining staff to attend this training.
Recommendation 2	The Safeguarding Principal Practitioner has devised a flowchart for Reporting Adult Safeguarding and this has been disseminated to all the wards within Mental Health setting.
	<p>Action taken as confirmed during the inspection:</p> <p>The flowchart for reporting adult safeguarding concerns was displayed throughout the ward.</p>
Recommendation 3	There are now Safeguarding Link nurses identified in each ward and they attend monthly meetings with the Safeguarding Nurse Specialist.
	<p>Action taken as confirmed during the inspection:</p> <p>The ward manager confirmed that the ward had a safeguarding link nurse who attended monthly meetings with the safeguarding nurse specialist.</p>
Recommendation 4	All wards will use the new document APP1 form to complete and forward to the Investigating Officer.
	<p>Action taken as confirmed during the inspection:</p> <p>The ward manager confirmed that all staff now use this new referral document which is available on the trust intranet.</p>
Recommendation 5	All wards are now in possession of a yellow box which contains relevant safeguarding information.
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced that a yellow box with all relevant information relating to safeguarding was held in the ward office.</p>

7.0 Quality Improvement Plan

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

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

7.1 Actions to be taken by the service

The Quality Improvement 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 Quality Improvement Plan to the Web Portal for assessment by the inspector by 26 April 2018.

Quality Improvement Plan

The responsible person must ensure the following findings are addressed:

<p>Area for Improvement No. 1</p> <p>Ref: Standard 5.3.1(a)</p> <p>Stated: Second Time</p> <p>To be completed by: 5 May 2018</p>	<p>The Trust should ensure that the ward's ligature risk assessment and associated action plan accurately reflects the role of the ward staff in monitoring the large number of ligature points present within the ward's environment.</p>
	<p>Response by responsible individual detailing the actions taken:</p> <p>Anti-Ligature audit is being repeated on 26 April 2018 and copy of completed audit will be forwarded to RQIA with the plan of how identified risks are managed.</p>
<p>Area for Improvement No. 2</p> <p>Ref: Standard 5.3.1(c)</p> <p>Stated: Second Time</p> <p>To be completed by: 5 June 2018</p>	<p>The Trust should ensure that observation levels used with patients are clearly stated and supported by a policy and procedure.</p>
	<p>Response by responsible individual detailing the actions taken:</p> <p>A review of the Observation Policy to include a section that clearly states and supports procedures to be followed for patients on DICU, has been added to the policy which is going through the consultation process with all the stakeholders. In the meantime the ward has agreed to individually care plan for those patients identified who require enhanced level of observation with clear guidance in the care plan on how this can be achieved.</p>

Name of person (s) completing the QIP	Richard Bakasa		
Signature of person (s) completing the QIP		Date completed	April 2018
Name of responsible person approving the QIP	Dr Tony Stevens		
Signature of responsible person approving the QIP		Date approved	April 2018
Name of RQIA inspector assessing response	Audrey McLellan		
Signature of RQIA inspector assessing response		Date approved	25 April 2018

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



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