

Unannounced Follow Up Inspection Report 23-24 January 2018



**Lissan 1
Psychiatric Intensive Care
Holywell Hospital
60 Steeple Road
Antrim
BT41 2RJ**

Tel No: 028 94413348

Inspector: Cairn Magill

www.rgia.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

Lissan 1 is a psychiatric intensive care unit (PICU) located on the Holywell Hospital site, providing care and treatment to nine male patients. Exit from the ward is controlled in accordance with the requirements for a PICU environment. On the days of the inspection there were three patients on the ward. All three patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986. Patients were supported by a multi-disciplinary team (MDT) that included a consultant psychiatrist, medical staff, nursing staff, a social worker, occupational therapist, support staff and advocacy services.

3.0 Service details

Responsible person: Dr. Anthony Baxter Stevens	Ward Manager: Wilma Thom
Category of care: Psychiatric intensive care	Number of beds: Nine
Person in charge at the time of inspection: Wilma Thom	

4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 23-24 January 2018.

The inspection sought to assess progress with findings for improvement raised from the most recent previous unannounced inspection on 31 May – 2 June 2016.

Of the five areas for improvement identified at the previous inspection two were met, two were partially met and one was not met. One new area of improvement has been made as a result of this inspection.

The inspector noted that the trust had developed an action plan to guide the discharge/ transfer of patients from PICU and that the CCTV monitor used to support patients in the seclusion room now had split screen capability to allow staff to monitor all areas.

The inspector observed that some work which was required to remove or replace ligature risks had commenced however further anti-ligature work remains outstanding. The inspector received evidence that data was collated at ward level to inform an audit of the transfer/discharge arrangements for patients. However no audit had been completed. The inspector analysed the information collated. From January 2017 to November 2017, 19 NHSCT voluntary patients were admitted to PICU. The average length of stay was 3 days. The longest length of stay was 9 days.

These two areas for improvement are partially met but will be restated for a second time.

The area for improvement that was not met relates to a ligature management plan.

The inspector observed interactions between staff and patients. Staff spoke with patients in a respectful manner and relationships between the patients and staff were observed to be appropriate, compassionate and supportive. Patients appeared to be at ease with staff and conversation flowed easily.

Lissan 1 is located in an old building. It was noted that some work had been completed with regard to reducing the number of environmental ligature points on the ward. However the ward's design is still not in accordance with the standards for a psychiatric intensive care unit as set by the National Association of Psychiatric Intensive Care and Low Secure Units Guidance for Commissioners of Psychiatric Intensive Care Units (PICU) 2016. This ward continues to have a number of environmental ligature points and design/structural issues. The Northern Health and Social Care Trust (NHSCT) did submit an application to the Department of Health (DOH) requesting capital to commence building a new acute inpatient mental health admission facility. RQIA wrote to the Department of Health on 7 September 2016 to share its concerns regarding the ward's environment. At the time of the inspection the Northern Health and Social Care Trust (NHSCT) was not granted capital funds for the new build and no response was received from the Department of Health in relation to the letter RQIA submitted in respect of the environmental concerns identified.

Evidence of good practice was found in relation to the following;

- The trust appointed a patient flow coordinator since the previous inspection to monitor the bed capacity of each ward and have an overview of admissions and discharges. The patient flow coordinator is in the process of implementing new systems to improve the sharing of information to assist in patient flow management and to improve patient experience.
- Data was collated at ward level in relation to the number of patients admitted to PICU.
- There was evidence that ward staff reported environmental risks and items for repair to the estates department without delay.
- The ward was working towards Accreditation for Inpatient Mental Health Services (AIMS).

New areas requiring improvement

Ward staff reported a delay from the time when an environmental risk/item for repair/replacement was reported, to the time it was completed. There was confusion over who had responsibility to ensure the requests submitted were completed. Staff stated it was difficult to track the requests submitted and the status they were at. The ward manager stated they had no guidance as to the correct reporting mechanisms for example which tasks required job cards or minor works documentation to be completed. The lack of clarity, traceability and the delay in the completion of jobs had a direct impact on patient experience. One example provided was the need to ensure channel reception on the television. There was a lack of clarity if the issue lay with the need to install a new free view/digital box or a new television aerial.

The maintenance manager was invited to a meeting with the inspector, ward manager, senior social worker responsible for anti-ligature and anti-barrier works, the clinical nurse support officer and the service manager to explain the process. The outcome of the discussion identified a need to:

- Develop a system whereby ward staff can easily identify which job request documentation to complete.
- Know the contact details for the manager responsible for the work.
- Trace the status of every job submitted.

A new area of improvement will be stated.

Other findings

The ward manager and nursing staff reported their concerns that patients were admitted to PICU who did not require this level of care or restrictive environment. The NHSCT stated that voluntary patients who were admitted to PICU had the opportunity to decline an admission to this ward. They reported that the restrictions of a PICU ward were explained to voluntary patients prior to their admission and that patients who accepted this type of an environment agreed for their admission to proceed. Trust staff reported that every effort is made to accommodate patients in open wards however at times when there are no beds available patients can be admitted to a PICU and are offered a transfer to an open acute mental health ward at the earliest opportunity. The NHSCT have open acute mental health wards which provide care to patients who are from specific areas within NHSCT.

The inspector was informed that some patients who are admitted to PICU as a voluntary patient, or patients who have been regraded to voluntary status might choose to remain in PICU for extra nights on the basis that they chose to remain there rather than endure two moves within so many days. For example a bed might become available in an open ward that is not the ward for that patient's specific area.

RQIA encouraged the trust to review the practice of admitting voluntary patients to PICU wards as this may interfere with the human rights of voluntary patients.

The ward manager reported a concern in relation to the commencement of treatment for patients when there was uncertainty in knowing when the patient might return to their original Trust. An example was provided in relation to a patient from another trust area who was admitted to Lissan 1 and who was due to commence Denzapine medication. This medication requires the consultant psychiatrist to have access to the patient's full medical files to inform the clinical decision and also requires close monitoring of the patient once treatment commenced. The patient could also not be transferred for a number of days after commencing the drug. The patient was supposed to return to their own trust area the next day as a bed was expected to become available. Circumstances changed and the bed was no longer available. The NHSCT consultant psychiatrist requested all medical files belonging to the patient before commencing this treatment. As files needed to be transferred manually, this resulted in a delay for the patient receiving the treatment.

This issue was discussed with senior members of the Trust at the end of inspection. It was acknowledged that this was an exceptional situation and was the first delay in a patient commencing treatment.

The trust will continue to monitor any delays of patients commencing treatment as a direct result of delays in transferring patients to trusts and agreed to report any delays to RQIA and the regional bed management forum for review.

Patients said:

Two of the three patients spoke with the inspector. The patients reported that they felt supported by staff and stated that the care they received from staff was compassionate and well led. One patient said care was effective and the other patient chose not to comment.

One patient stated;

“I do feel supported by staff but don’t feel safe on the ward because of other patients but the staff are brilliant.”

The inspector discussed reasons for the patient feeling unsafe with the patient and staff. The reasons for the patient feeling this way was as a result of an incident which occurred on the ward the previous day. Staff had handled the incident appropriately however the patient was still recovering from the impact of the incident and was being supported by staff. Other comments made by the patients include;

“X is the best”

“The ward could be a bit brighter and do with a lick of paint”

“The door handles don’t work properly”

“I would like to do more physical activities like football and the like to keep up my fitness levels.”

“The OT is very good”

“We need a new TV Ariel”

“I get bored after a while. I’d like to do some weights to pass the time”

Relatives said:

No relatives were available to speak with the inspector during the inspection.

Staff said:

The inspector spoke with three members of ward staff. All staff reported that they felt the care they delivered was safe, effective and compassionate and that the ward was well-led. Staff reported concerns about the high number of patients admitted to psychiatric intensive care unit (PICU) who do not require this level of support and restriction as a result of bed shortages. Staff stated they did not believe this ward was appropriate or an effective setting for patients admitted to PICU who did not need to be in such a restrictive environment.

Staff also stated;

“There is a good multidisciplinary team on the ward”

“We have very supportive managers”

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	Four
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The four areas for improvement comprise:

- Three restated for a second time.
- One new area for improvement.

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, the ward manager and ward staff 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:

- Ward environment.
- Ward ligature risk assessment.
- Data on patient admissions to the ward.
- Minutes of Bed management meetings.
- Correspondence from the ward manager in relation to concerns around admissions to the ward, outstanding environmental risks and requests for follow up action to requests for work to be completed.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced inspection dated 31 May – 2 June 2016

The most recent inspection of Lissan 1 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/Area 1</p> <p>Minimum Standard: <i>Quality Standard (5.3.1f).</i></p> <p>This area has been identified for improvement for the first time.</p>	<p>Ligature risks identified within the ward require a clear plan as to how they would be managed to help ensure patient safety.</p>	<p>Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector observed the ward environment and noted not all ligature points identified in the ligature risk assessment in July 2015 had been completed. The most recent ligature risk assessment was completed on 27 June 2016.</p> <p>The inspector noted that anti-ligature door handles were sourced and replaced on some doors. Patients reported difficulty in using the recently replaced anti-ligature door handles as they were difficult to grip. In an effort to assist patients grip the door handle, staff had applied surgical tape to the handle to enable patients gain a better grip of the door. This breached infection control policy. The estates department advised that different anti-ligature door handles are being sourced.</p> <p>The inspector was informed by the ward manager that a structural risk on the ward had been recently identified. This was a pillar on the ward that a ligature had been attached to. The ward manager reported this to Trust senior management on 4</p>	

	<p>January 2018 and requested measures are put in place to manage this risk such as reduce the number of beds available.</p> <p>At the time of the inspection no reply or response from senior managers was received. This ligature risk did not feature on the environmental ligature risk assessment completed on 27.06.2016.</p> <p>This issue was discussed at feedback and this area for improvement will be restated for a second time.</p>	
<p>Number/Area 2</p> <p>Minimum Standard: <i>Quality Standard 5.3.3(b).</i></p> <p>This area has been identified for improvement for the first time.</p>	<p>There was no clear action plan to deal with the efficient discharge/transfer of patients who no longer meet the grounds for admission to a PICU environment.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Subsequent to the previous inspection the Trust sent a copy of the Protocol for patients transferring out of PICU dated July 2016 to RQIA which evidenced their action plan to discharge/transfer patients from PICU.</p> <p>The trust appointed a patient flow coordinator since the last inspection to improve patient experience. There are bed management meetings every Monday and Friday. Patients awaiting transfer from PICU go on the transfer list and the date and time their name goes on the transfer list is recorded.</p>	<p>Met</p>
<p>Number/Area 3</p> <p>Minimum Standard: <i>Quality Standard (5.3.1f).</i></p> <p>This area has been identified for improvement for the first time.</p>	<p>The work required to remove or replace ligature risks had not been commenced.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Anti-ligature works had commenced however this remains a work in progress. Areas requiring anti-ligature work remain outstanding from 2015 such as the water cooler dispenser and window supervision levers in the gym door and interview rooms. There was no updated environmental ligature risk assessment completed since 27 June 2016. This area for improvement will be reworded and stated for the second time.</p>	<p>Partially Met</p>

<p>Number/Area 4</p> <p>Minimum Standard: <i>Quality Standard (5.3.1f).</i></p> <p>This area has been identified for improvement for the first time.</p>	<p>The CCTV monitor used to support patients in the seclusion room required split screen capability to allow staff to monitor all areas.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector seen the CCTV in operation and confirmed the monitor had split screen capability to enable staff to monitor all areas.</p>	<p>Met</p>
<p>Number/Area 5</p> <p>Minimum Standard: <i>Quality Standard 5.3.3(b).</i></p> <p>This area has been identified for improvement for the first time.</p>	<p>An audit of the transfer/discharge arrangements for patients is required. This will help demonstrate improvement.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>At ward level data is collected on</p> <ul style="list-style-type: none"> • Patients admitted to Lissan 1 from other trusts. The following data is recorded; the patient's name, the Trust which they reside in, the date of admission, where they were admitted from, the date when their name appears on the transfer list, the date of discharge and where they are discharged to and the number of days they have been in PICU. • Voluntary patients who are admitted to PICU but who do not require a PICU bed. Their admission is due to a bed shortage rather than a clinical need. <p>There was no evidence that an audit had been completed even though the data had been collected by ward staff. Senior managers from the Trust informed the inspector the newly appointed bed manager is developing systems to gather and analyse data. During feedback, the assistant director informed the meeting that BSO completed an audit of admissions and discharges and this will be forwarded to RQIA once received.</p> <p>This area for improvement will be restated for a second time.</p>	<p>Partially Met</p>

7.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with senior Trust representatives, members of the multi-disciplinary team, 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 provider compliance plan via the web portal for assessment by the inspector by 19 March 2018.

Quality Improvement Plan

The responsible person must ensure the following findings are addressed:

<p>Area for Improvement No.1</p> <p>Ref: <i>Quality Standard (5.3.1f).</i></p> <p>Stated: Second Time</p> <p>To be completed by: 23 February 2018</p>	<p>Ligature risks identified within the ward require a clear plan as to how they would be managed to help ensure patient safety.</p>
	<p>Response by responsible individual detailing the actions taken: Ligature audit was completed on 26/2/2018. Ligature risks identified in the audit requiring estate intervention were actioned through Minor Works request and work has been completed.</p>
<p>Area for Improvement No. 2</p> <p>Ref: Quality Standard 5.3.3 (b)</p> <p>Stated: Second Time</p> <p>To be completed by: 23 April 2018</p>	<p>The work required to remove or replace ligature risks had not been completed.</p>
	<p>Response by responsible individual detailing the actions taken: Additional work has been required as a result of recent modifications based on the last ligature audit. These have been actioned through Minor Works performa and awaiting completion.</p>
<p>Area for Improvement No. 3</p> <p>Ref: Quality Standard 5.3.1(f)</p> <p>Stated: First Time</p> <p>To be completed by: 23 February 2018</p>	<p>The system to request and follow-up items for repair or replacement was ineffective. There was no guidance for ward staff which documentation to complete. Ward staff had no contact details for the various estates/trade managers to follow up on work requested.</p>
	<p>Response by responsible individual detailing the actions taken: A system to review Minor Works requests and Estates issues has been established by conveying a working group of Estates Personnel and Ward Staff. Meeting has been arranged for 16/3/2018. The terms of reference for this group will include prioritisation of requests and escalate issues in respect to time frames for completion.</p>
<p>Area for Improvement No. 4</p> <p>Ref: Quality Standard 5.3.3(b).</p>	<p>An audit of the transfer/discharge arrangements for patients is required. This will help demonstrate improvement.</p>
	<p>Response by responsible individual detailing the actions taken: The Bed Manager has devised an electronic record, which is kept on the Bed Management Shared Drive, of service users being admitted to PICU, date they are placed on the transfer list and ward identified for</p>

Stated: Second Time To be completed by: 23 April 2018	transfer. There is also a separate section that highlights if a Voluntary Patient has been admitted to PICU, and where these service users are identified for. An audit will be completed on 1/4/2018 for patients awaiting transfer within last six months from PICU.
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Name of person (s) completing the QIP	Wilma Thom		
Signature of person (s) completing the QIP		Date completed	14/3/18
Name of responsible person approving the QIP	Dr Tony Stevens		
Signature of responsible person approving the QIP		Date approved	14/3/18
Name of RQIA inspector assessing response	Cairn Magill		
Signature of RQIA inspector assessing response		Date approved	21/03/2018

**Please ensure this document is completed in full and returned to RQIA via the web portal **



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews