Tobernaveen Centre

Holywell Hospital

Northern Health and Social Care Trust

Unannounced Inspection Report

Date of inspection: 25 June 2015

informing and improving health and social care
www.rqia.org.uk

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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.

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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

Tobernaveen Centre is a 14 bedded acute admission ward on the Holywell Hospital site. The purpose of the ward is to provide care and treatment to patients over the age of 65 who have mental health problems. The multi-disciplinary team consists of a full-time consultant, nursing staff, two part time occupational therapists, a social worker, a pharmacist and health care assistants

On the day of the inspection there were 14 patients on the ward. None of the patients had been detained in accordance with the Mental Health (Northern Ireland) Order 1986.

The ward had an occupational therapy room, two recreational rooms and a kitchen and dining room which had a selection of vending machines. Patients sleeping areas consisted of three bedded bay areas and single rooms with ensuite.

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

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 29 and 30 January 2015 were assessed during this inspection. There were a total of 13 recommendations made following the last inspection. Nine of these recommendations had been implemented in full.

The inspector was pleased to note that improved arrangements were in place to safeguard patients' finances. Patients consent was obtained prior to the delivery of care and staff had also received training in this. Patients care plans and assessments were person centred and individualised. Care plans were regularly reviewed and evaluated. Information regarding patients' rights was available.

Four recommendations had not been met. These recommendations will be stated for a second time following this inspection.

Inpatient psychology service was still not available. Multi-disciplinary zoning documentation was not always completed in full. The inspector noted that multi-disciplinary zoning meetings had not taken place for two patients under the age of 65. The ward manager advised that they was aware of this matter and had escalated these concerns accordingly. The same patients had however been seen regularly by their consultant and other members of medical staff. The inspector was informed by the ward manager that the multi-disciplinary team on Tobernaveen Centre were not responsible for the care of patients under 65 years. A recommendation has been made in relation to this. The inspector also identified deficits with the completion of Promoting Quality Care documentation. A recommendation will be stated for a second time in relation to this.

The ward environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were comfortable and well maintained.

On the day of the inspection the inspector evidenced that the ward was calm and relaxed; the atmosphere was welcoming and patients presented as being at ease in their surroundings. Nursing staff were available throughout the ward and it was positive to note that staff were responsive, attentive and respectful in their interactions with patients. The inspector noted positive interactions throughout the inspection between staff and patients.

During the inspection the inspector met and spoke with three patients regarding their care and treatment. Patients made positive comments about how they had been treated on the ward.

4.1 Implementation of Recommendations

Seven recommendations which relate to the key question "**Is Care Safe**?" were made following the inspection undertaken on 29 and 30 January 2015.

These recommendations concerned monitoring of patients finances, capacity and consent, care planning, multi-disciplinary zoning meetings, promoting quality care documentation and the risk management of profiling beds.

The inspector noted that five recommendations had been fully implemented:

- Improved arrangements were in place to safeguard the finances of patients who are unable to manage this independently; the ward manager had introduced a new system to audit patients' finances;
- Patients' capacity and consent to care and treatment was considered;
- Integrated care plans were appropriately completed by staff;
- Following individualised assessment of need, person centred care plans had been completed with the patient to ensure that each of the identified needs were met;
- Care plans and risk assessments were in place for the use of profiling beds.

However, despite assurances from the Trust, two recommendations had not been fully implemented. This included incomplete multi-disciplinary zoning meetings documentation and promoting quality care (risk assessment) documentation. These recommendations will be stated for a second time as a result of this inspection.

Two recommendations which relate to the key question "**Is Care Effective**?" were made following the inspection undertaken on 29 and 30 Januray 2015.

These recommendations concerned the review of care plans and provision of inpatient psychology.

The inspector noted that one recommendation had been fully implemented:

- Care plans had been regularly reviewed.

However, despite assurances from the Trust, one recommendation had not been fully implemented; patients cannot access an inpatient psychology service. This recommendation will be stated for a second time as a result of this inspection.

Four recommendations which relate to the key question "**Is Care Compassionate**?" were made following the inspection undertaken on 29 and 30 January 2015.

These recommendations concerned the outcome of zoning meetings, staff training, information regarding rights and restrictive practices.

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

- Staff had received training in human rights, capacity and consent;
- Patients were provided with information regarding their rights;
- Individualised care plans were in place in relation to the use of restrictive practices and provided a clear rationale for their use with consideration of patients human rights;

However, despite assurances from the Trust, one recommendation had not been fully implemented. There were two patients who had not received a

multi-disciplinary zoning review. This recommendation will be stated for a second time as a result of this inspection.

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, each patient's named nurse, nursing staff on duty and a patient information booklet was available. The information was up to date and relevant to patients and their carers/relatives. Patients who met with inspector reported that they knew all the members of the MDT and that staff kept them informed as to who was on duty. There was a suggestions box and questionnaires requesting patient views on service provision. The advocacy service holds regular meetings on the ward.

On the day of the inspection there was sufficient staffing to meet the needs of the patients. The inspector noted no concerns regarding the availability of staff.

On the day of the inspection there were no patients receiving support through enhanced observations. The main ward corridor, bedroom areas and communal sitting rooms were noted to be neat, tidy and clutter free. However the inspector noted the back link corridor between Tobernaveen Centre, Lower and Upper was cluttered and presented as a potential health, safety and fire risk. This matter was subsequently resolved by the ward manager on the day of inspection.

Patients who met with the inspector reported no concerns regarding their ability to access peace and quiet. The ward's ligature and environmental risk assessment was reviewed. Not all beds were ligature free. However appropriate action had been taken where a risk presented, included completed risk assessment and care planning.

It was good to note that the family visiting room was appropriately decorated and well presented for use by children. There was ample seating located throughout the ward. Patients could access a phone to use in private.

Patients who met with the inspector were orientated to the ward. Bathrooms and sitting areas were easy to distinguish.

Appropriate screens and curtains were available in each patient sleeping area. Bedroom areas were noted to be well maintained. The doors to bedroom areas remained unlocked. Patients reported no concerns regarding their privacy. Staff could access locked areas as required. The ward's main entrance was unlocked and patients could access the ward's garden as required. The outside smoking area was sparse.

Information regarding patient's rights and restrictive practices was available on the ward's notice board and in the patient induction booklet.

The activity timetable was displayed in the nurse's station as per patients' request. The timetable for the Oasis centre was displayed in the communal area. Patients' meal times were clearly displayed. Tea and coffee was available between mealtimes. A selection of vending machines was also available. Fresh fruit was also available at all times on the ward.

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. Four interactions were noted in this time period. The outcome of these interactions were as follows:

Positive	Basic	Neutral	Negative
100%	0%	0%	0%

Observations evidenced positive interactions between patients and staff. The inspector noted that staff were continually available throughout the ward and promptly responded to patients' requests. Staff were observed as supportive and reassuring to patients throughout the day. Nursing staff and members of the ward's support staff demonstrated a high level of skill and compassion during their interactions with patients.

The detailed findings from the observation session are included in Appendix 4.

7.0 Patient Experience Interviews

Three patients agreed to meet with the inspector to talk about their care, treatment and experience. A further three patients agreed to complete a questionnaire. None of the patients had been admitted to the ward in accordance to the Mental Health (Northern Ireland) Order 1986. Patients reflected positively on their relationships with staff. Although two patients reported that they had not been informed of their rights.

Each patient reported that they had been involved in planning their care although one patient felt they had not been fully involved. Patients' responses indicated that they felt care within the ward was effective. Patients' reported that staff listened to them. Patients reported a positive experience of their admission. .
Patient's comments included:

"The staff and care has been very good"

"Standard of food is good but there is a limited choice of meals"

"Care is excellent"

"Staff are very friendly, supportive, helpful and always available"

"The food is always good and plentiful"

“My shower curtain could do with being longer”

“I am making good progress, I can see an improvement”

“The ward is lovely and quiet, staff are always helpful”

“You can always talk to staff if you need to”

“Everything is very good, nurses are lovely, I am happy here and don’t worry”

“Staff are very good and understanding, there are good routines and continuity of care”

“I am happy with the facilities as a whole”

The detailed findings are included in Appendix 3.

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	**3**
Other ward professionals	**1**
Advocates	**0**

The inspector met with three members of nursing staff including the ward manager, on the day of inspection. Staff who met with the inspector did not express any concerns regarding the ward or patients’ care and treatment.

The inspector met with the consultant psychiatrist who provided a summary of their role and input into the ward. The consultant did not express any concerns regarding the ward or patients’ care and treatment.

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 20 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 –Patient Experience Interview

This document can be made available on request

Appendix 4 – QUIS

This document can be made available on request

Appendix 1

Follow-up on recommendations made following the announced inspection on 29 and 30 January 2015

No.	Reference.	Recommendations	Number of time stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	5.3.1 (f)	It is recommended that the ward manager ensures that individual patient statements are received from the cash officer in order to verify that transactions are correct.	2	The inspector reviewed a sample of the statements received from the cash office which confirmed 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	5.3.1 (a)	It is recommended that the ward manager ensures care plans are in place to direct patients care when they do not give consent to care and treatment on the ward.	1	The inspector reviewed the care files for three of the 14 patients on the ward and noted that in each case no concerns regarding consent had been identified. Staff were observed obtaining patient consent prior to care delivery on the day of inspection.	Fully met
3	5.3.3 (b)	It is recommended that the ward manager reviews how they record the outcome of multi-disciplinary zoning meetings to ensure there is a record of patients views regarding their treatment plan.	1	The inspector reviewed the zoning documentation for four patients on the ward. The inspector noted that zoning meetings had not taken place for two patients under the age of 65 as they were not the responsibility of the multi-disciplinary team on Tobernaveen Centre. The ward manager advised that they were aware of this matter and had escalated their concerns accordingly. This recommendation will be stated for a second time.	Not met
4	4.3 (m)	It is recommended that the ward manager ensures that all staff on the ward receive training in relation to human rights and capacity to consent.	1	The inspector reviewed the staff training records for human rights, capacity and consent and noted that of the 25 staff currently working on the ward 13 staff had completed training. Seven staff had a date booked to attend on the 16/07/15 and the remaining five staff	Fully met

				were outstanding. However the inspector noted a rolling programme of training activity in place.	
5	5.3 1 (f)	It is recommended that the ward manager ensures that each section on the template for the multi-disciplinary zoning meeting is complete in full.	1	The inspector reviewed the zoning documentation for four patients on the ward. The inspector noted that in the case of two patients, who were patients under the age of 65 and therefore not directly under the care of the multi-disciplinary team (MDT) on Tobernaveen Centre, that zoning meetings had not taken place for either patient since their admission. There was however evidence that the patients had been reviewed regularly by their consultant and other medical staff but not in a MDT forum. The ward manager advised that she was aware of this matter and had escalated her concerns accordingly. For the other two patients the inspector noted that actions for completion had not been recorded as completed on several occasions in each case. This recommendation will be stated for a second time.	Not met
6	5.3.3 (b)	It is recommended that the ward manager ensures care plans are reviewed regularly by the multi-disciplinary team with the involvement of the patients and that this is recorded in the patients care documentation.	1	The inspector reviewed the care files for three of the 14 patients on the ward and noted that in each case care plans were regularly reviewed by the multi-disciplinary team. There was documented evidence of patient involvement where appropriate.	Fully met
7	5.3.1 (f)	It is recommended that the ward manager ensures that all staff follow the 'generic integrated care pathway for	1	The inspector reviewed the care files for three of the 14 patients on the ward and noted that in each case the integrated care pathway was appropriately completed and cross referenced to the patient	Fully met

		acute admission wards' guidelines when completing progress notes for each patient ensuring that progress is recorded against each individual care plan.		progress notes.	
8	5.3.1 (a)	It is recommended that the ward manager ensures that when assessments are completed indicating a specific need/problem area, a care plan is completed for each assessed need indicating how this is going to be managed and reviewed on the ward.	1	The inspector reviewed the care files for three of the 14 patients on the ward and noted that in each case care plans were appropriately completed and addressed each assessed need.	Fully met
9	5.3.1 (a)	It is recommended that the ward manager ensures that when staff complete the risk screening tool they complete this in accordance with the Promoting Quality Care- Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services May 2010.	1	The inspector reviewed the promoting quality care documentation in four patients' files. The inspector noted the following: Patient A: No concerns identified. Patient B: The risk screening tool was not signed by the patient or carer or a reason for not being signed. The tool was also not signed by a member of medical staff. Patient C: The risk screening tool was not completed to indicate the further action necessary. Patient D: 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 a registered	Not met

				nurse. The further action necessary section was also incomplete. This recommendation will be stated for a second time.	
10	5.3.1 (c ,f)	It is recommended that the ward managers ensures that when patients are assessed as requiring a profiling bed that a risk assessment is completed for each individual patient and reviewed regularly in accordance with the safety alert raised on 23/12/13 by the Northern Ireland Adverse Incident Centre (NIAC) Estates Facilities Alert /2010/006 associated with profiling beds.	1	The inspector reviewed care documentation files for three patients who were using profiling beds. The inspector noted that in each case a clear rationale, care plan and risk assessment was in place and regularly reviewed.	Fully met
11	6.3.1 (a)	It is recommended that the Trust reviews psychology input to the ward to ensure patients are receiving adequate support when an inpatient on the ward.	1	Following discussion with ward management the inspector was informed that inpatient psychology service continues to be unavailable. The inspector was aware from a recent inspection of another ward within this Trust that the Trust have compiled a report which sets out the proposals to fund a psychology inpatient service as part of 2015/2016 service developments. A commencement date for inpatient psychology services has not yet been confirmed. This recommendation will be stated for a second time.	Not met
12	6.3.2. (c)	It is recommended that the	1	The inspector can confirm that information regarding	Fully met

		ward manager ensures that information with regard to patients' rights is available in a suitable format for patients on the ward.		patients' rights was clearly displayed throughout the ward on posters and on leaflets. Information regarding patients' rights was also included within the Tobernaveen Units information leaflet.	
13	5.3.1 (a)	It is recommended that the ward manager ensures that when restrictive practices are in place, individualised care plans are developed detailing the rationale for the level of restriction in terms of necessity and proportionality. Care interventions aimed at reducing levels of restriction should also be included.	1	The inspector reviewed the care files for three of the 14 patients on the ward and noted that in each case blanket and individualised restrictive practices were applicable were appropriately completed.	Fully met

Quality Improvement Plan

Unannounced Inspection

Tobernaveen Centre, Holywell Hospital

25 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 ward manager and a staff nurse 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	5.3 1 (f)	It is recommended that the ward manager ensures that each section on the template for the multi-disciplinary zoning meeting is complete in full.	2	Immediate and ongoing	Multidisciplinary zoning meetings are consistently held and templates completed for over 65 patients. Ward manager has discussed this recommendation with the consultants for the under 65's patients and zoning meetings are being held and the template now fully completed for all patients.
2	5.3.1 (a)	It is recommended that the ward manager ensures that when staff complete the risk screening tool they complete this in accordance with the Promoting Quality Care-Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services May 2010	2	Immediate and ongoing	The ward manager met with the team and advised regarding completing the Risk Screening Tool in accordance with the guidance. An additional hard copy of the PQC guidance is now available at the team office for reference. PQC Risk Screening tool and the Comprehensive Risk Assessment and Management Tool is included in the induction programme for new doctors. The ward Consultant is reviewing the completion of PQC Risk Screening Tool at the first zoning

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
					meeting for each new admission to ensure full compliance. With the ward manager they will address any deviation from the guidance with the individual staff member(s) as appropriate.
3	5.3 1 (f)	It is recommended that the Trust ensures that all patients on the ward receive a multi-disciplinary review of their care and treatment as per trust policy and procedure.	1	Immediate and ongoing	All over 65 year patients' receive multi-disciplinary review of their care and treatment and this is fully documented. This recommendation has been reviewed with the consultants and teams for the under 65's patients reviews are being held as per policy. A further meeting is being held with the multi-disciplinary teams involved to review and improve these procedures further and to ensure all measures are consistent with all teams.
Is Care Effective?					
4	6.3.1 (a)	It is recommended that the Trust reviews psychology input to the ward to ensure patients are receiving adequate support when	2	31 December	Funding approved for an In-patient Psychologist and is currently in the process of recruitment.

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
		an inpatient on the ward.		2015	Nursing staff are currently receiving training in WRAP, Depression and Anxiety self-help programme are being developed for appropriate patients. Short courses i.e. Motivational Interviewing, Psychotherapeutic Interventions are being offered to staff via CEC, commencing Autumn.
Is Care Compassionate?					
5	5.3.3 (b)	It is recommended that the ward manager reviews how they record the outcome of multi-disciplinary zoning meetings to ensure there is a record of patients views regarding their treatment plan.	2	Immediate and ongoing	A pilot of a new section in the over 65's Integrated Care Pathway zoning sheet has been completed and has helped maintain a record of patient involvement in their treatment plan. This sheet is now incorporated into the ICP and will be shared with other acute admission wards.

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 Deirdre Convery
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Tony Stevens

Inspector assessment of returned QIP				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Kieran McCormick	18 August 2015
B.	Further information requested from provider		x	Kieran McCormick	18 August 2015