

Unannounced Mental Health Inspection Report 1 November 2018



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

Tel No: 028 94413105

Inspectors: Wendy McGregor and Dr Shelagh-Mary Rea

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

Tobernaveen Centre is a 20 bedded mixed gender ward. The purpose of the ward is to provide mental health assessment, care and treatment to patients over the age of 18, including the provision of 10 beds for patients over the age of 65.

Patients receive input from a multidisciplinary team (MDT) which includes a consultant psychiatrist for patients under 65 years and a consultant psychiatrist for patients over 65 years. The MDT also includes medical staff, nursing staff, occupational therapy (OT), psychology and social work (SW) staff. An independent advocacy service is available.

On the day of the inspection there were 20 patients on the ward and two patients on leave. Eight patients had been detained in accordance with the Mental Health (Northern Ireland) Order 1986.

The ward's layout included sleeping areas consisting of four three bedded bay areas and eight single rooms with ensuite facilities. The ward also had an occupational therapy room, two recreational rooms, a kitchen and dining room.

3.0 Service details

Responsible person: Anthony Stevens; Chief Executive Of the Northern Health and Social Care Trust	Ward Manager: Deirdre Convery
Category of care: Mental Health	Number of beds: 20
Person in charge at the time of inspection: Ward Manager Deirdre Convery	

4.0 How we inspect

Regulation and Quality Improvement Authority (RQIA) inspects quality of care under four domains.

- Is care well-led? Under this domain we look for evidence that the ward is managed and organised in such a way that patients and staff feel safe, secure and supported;
- Is care safe? Under this domain we look for evidence that patients are protected from harm associated with the treatment, care and support that is intended to help them;
- Is care effective? Under this domain we look for evidence that the ward or unit or service is providing the right care, by the right person, at the right time, in the right place for the best outcome; and
- Is care compassionate? Under this domain we look for evidence that patients, family members and carers are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support.

Under each of these domains and depending on the findings of our inspection we may recommend a number of actions for improvement that will form the basis of a Quality Improvement Plan (known as a QIP). Through their QIP the hospital and Trust will put in place measures to enhance the quality of care delivered to patients and to effectively deal with issues we have identified during inspection.

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.
- Guidance for Commissioner's of Older People's mental health services. Joint Commissioning Panel for Mental Health May 2013
- "In-patient care for Older People within mental health services". Faculty report FR/OA/1 produced by Faculty of the Psychiatry of Old Age of the Royal College of Psychiatry, April 2011

The following areas were examined during the inspection:

- Occupational therapy service provision
- Care documentation in relation to ten patients
- Ward environment
- Bed flow system
- Activity schedule
- Care management systems
- Crisis Response Home Treatment Team service
- Bed management minutes
- Complaints / compliments

During inspections, the views of and feedback received from patients and service users is central to helping our inspection team build a picture of the care and experienced in the areas inspected. We use questionnaires to facilitate patients and relatives to share their views and experience with us.

Our inspection team also observes communication between staff and patients, staff and relatives/family members and staff and visitors. These observations are carried out by members of our inspection team using the Quality of Interaction Schedule observation tool. This tool allows for the systematic recording of interactions to measure the quality of interactions.

We also facilitate meetings and focus groups with staff at all levels and all disciplines in the areas or services we inspect. We use this information to inform the overall outcome of the inspection and the report produced after the visit.

During this Inspection, inspectors spoke to the following members of the MDT:

Consultant Psychiatrist (locum)
Ward Manager
Deputy Ward Manager
Occupational therapists
Crisis Response Home Treatment Team
Bed flow staff

5.0 Inspection summary

An unannounced follow-up inspection took place on 1 November 2018.

The inspection sought to assess progress with findings for improvement raised from the ward's most recent unannounced inspection on 19 and 20 February 2018.

Following February 2018 inspection, RQIA escalated concerns in relation to the mixed model of care on the ward with regard to providing care to patients under the age of 65 years and patients aged 65 years. RQIA requested that the Trust review the mixed model of care provision. The Trust agreed to develop a solution and subsequently submitted an action plan to RQIA to address the concerns raised by inspectors. The Trust's action plan in relation to the proposed future model was the subject of a meeting on 26 June 2018 and correspondence on 17 August, 24 September and 8 October 2018.

The overall purpose of this inspection was to assess implementation of the above mentioned Trust action plan and to review the care provision on Tobernavreen Centre ward for patients aged 65 years and over.

It was observed that the ward continues to provide care for patients aged under and over 65 years. On the day of the inspection there were ten patients over the age of 65 year on the ward (50% occupancy). The patient care records reviewed by inspectors confirmed that each of the ten patients had been assessed as requiring an admission to the ward for psychiatric care and treatment.

There was evidence that the Trust has implemented several measures to improve the care provided to this group of patients. For example it was good to observe progress had been made in relation to the ward's environment - there was a quiet and age appropriate space available for older patients.

On the day of the inspection inspectors observed that the provision of separate sleeping arrangements for patients under 65 years and over 65 years was not possible due to several factors including; the ward's occupancy level, the number of females and males, and the number of patients over the age of 65 years. Ward staff advised they ensure that sleeping arrangements are organised in a manner that caused the least disruption to all patients admitted to the ward. Sleeping arrangements continue to be gender specific and staff reported that patients had not raised any concerns about their sleeping arrangements.

The Occupational Therapy (OT) service had been reviewed and age appropriate activities were offered to older patients on the ward. However it is recommended that the OT service should be developed further, so that there is a dedicated OT service for older patients on the ward. An area for improvement has been made in relation to this.

There were systems in place to manage patient flow and bed management. Inspectors noted an additional system was introduced four weeks prior to the inspection on 1 November to review the care pathway of patients admitted to Tobernavreen Centre ward. This involved staff from the hospital and staff from the Trust's Crisis Home Treatment Team (CRHTT) assessing if each patient's admission is appropriate. Both teams also review what may be preventing the patient's treatment in a community setting and discuss the anticipated benefits of admission to

the ward. This system has not been audited as it was recently introduced. Inspectors suggested to ward staff that an audit is completed in due course to establish the effectiveness of the system in relation to preventing inappropriate admissions.

Staff informed inspectors that there had been an increase in the number of patients over the age of 65 years referred to the CRHTT and an increase in the number of patients over the age of 65 years admitted for acute care. However the evidence supporting this perspective was anecdotal. RQIA recommend that governance arrangements are developed to inform the Trust of the number of patients over the age of 65 years referred to CRHTT and those patients who have been admitted to all acute inpatient assessment and treatment wards, including the TNC ward. This will assist the Trust with future planning and commissioning of services for patients over the age of 65 years who require acute mental health care. An area for improvement has been made in relation to this.

Inspectors were concerned that since RQIA's inspection in February 2018 patients who had been assessed as requiring a detained admission to the Dementia Intensive Care Unit (DICU) had been admitted to the Tobernaveen Centre ward. Inspectors were informed by the ward manager this was due to the unavailability of beds in the DICU. The ward manager also said that they had made attempts to obtain admissions for patients to other Dementia Inpatient Units within other Health and Social Care Trusts but there were no beds available. Inspectors noted that from 15 September to 25 October 2018 five patients requiring admission to DICU were admitted to Tobernaveen Centre ward. On two occasions there were two patients in this category on the ward at the same time. Staff told inspectors that they closed the ward to new admissions during this period, and patients received support from the Trust's DICU multi-disciplinary team (MDT) which included a dementia assessment and dementia care and treatment planning.

RQIA do not endorse the admission of patients requiring an inpatient dementia service to Tobernaveen Centre ward, or any ward that provides care and treatment to patients with a functional mental illness.

It is particularly concerning that patients with dementia were admitted to the ward given the current mixed model of care, the age range and the presenting mental and physical needs of patients under and over the age of 65 years. Inspectors were concerned that there is a continuing risk to patient safety, because admitting patients suffering from dementia increases the risk to all patients admitted to ward. An area for improvement has been made in relation to this.

Following the inspection the RQIA Medical Director and Director of Improvement wrote to the Northern Health and Social Care Trust Director of Mental Health and Disability Services requesting that the findings and recommendations be addressed.

Prior to this report being issued, RQIA received a letter from the Northern Health and Social Care Trust's Director of Mental Health and Learning Disability & Community Well-being. The letter responded to the areas of improvement which were identified during this inspection. RQIA were assured by the responses received, that the Trust has taken action to address the issues with respect to; the mixed patient population on the ward; the provision of OT for patients over 65 on the ward, auditing the care pathway for patients over 65 who are referred to Crisis Resolution Home Treatment Team and any onward referral for admission to Tobernaveen

Centre to (a) prevent any inappropriate admissions and (b) use this information for the planning and development of services.

5.1 Inspection outcome

Total number of areas for improvement	6
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The total number of areas for improvement comprises:

- 3 new areas for improvement
- 3 not assessed

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 ward's multi-disciplinary team, the ward manager and ward staff as part of the inspection process. The timescales for completion of the areas for improvement commenced from the date of inspection.

6.0 The inspection

The most recent inspection of Tobernaveneen Centre 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.

Areas for Improvement		Validation of Compliance
Number/Area 1 Ref: Standard 5.3.1 (a) Stated: Second Time	<p>All professional staff should ensure that they complete patient risk assessments in accordance to the required guidance and professional and Trust standards.</p> <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement will be reviewed at the next inspection.</p>	Not assessed
Number/Area 2 Ref: Standard 6.3.1 (a) Stated: First time	<p>RQIA have requested that the mixed model of care provided on the ward is reviewed.</p> <p>Action taken as confirmed during the inspection:</p> <p>The model of care has been reviewed. The Trust is progressing with the associated action plan. Further areas for improvement have been made in relation to the care provided to the over 65 year's patients and to the care of patients with dementia.</p>	

Number/Area 3 Ref: Standard 4.3 (h) Stated: First Time	The Trust should ensure that a mechanism is put in place to ensure that the nearest relative is informed of their rights in accordance with Trust policy and procedure.	Not assessed
	Action taken as confirmed during the inspection: This area for improvement will be reviewed at the next inspection.	
Number/Area 4 Ref: Standard 5.3.1 (a) Stated: First Time	The Trust should ensure that risk assessments in relation to the use of a profiling bed are completed to reflect patients' overall assessment and risks from admission.	Not assessed
	Action taken as confirmed during the inspection: This area for improvement will be reviewed at the next inspection.	

7.0 Quality Improvement Plan

Areas for improvement identified and previous areas for improvement that were not assessed during this inspection are detailed in the quality improvement plan (QIP). RQIA have informed senior trust representatives of the QIP. 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 RQIA via the web portal for assessment by the inspector by **22 March 2019**.


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: 31 March 2019</p>	<p>All professional staff should ensure that they complete patient risk assessments in accordance to the required guidance and professional and Trust standards.</p> <hr/> <p>Response by responsible individual detailing the actions taken: Risk assessments are reviewed on admission with risks amended as required. If no risk assessment has been completed this will be actioned on admission by the ward. There is a section in the Northern Trust Patient Safety Mental Health Audit Tool dedicated to monitor and review risk assessments to the required guidance and professional and Trust standards. (Was the risk assessment completed using the risk assessment proforma? Is there evidence that 2 or more disciplines conducted the risk assessment? Has the risk assessment been filed in patient notes? Was the joint risk assessment actioned and communicated to other colleagues if appropriate?). This is completed monthly by wards and sent to the Acute Mental Health</p> <p style="text-align: center;"> ICP Audit tool.doc</p> <p>Management Team.</p>
<p>Area for Improvement No. 2</p> <p>Ref: Standard 4.3 (h)</p> <p>Stated: First Time</p> <p>To be completed by: 31 March 2019</p>	<p>It is recommended that the Trust should ensure that a mechanism is put in place to ensure that the nearest relative is informed of their rights in accordance with Trust policy and procedure.</p> <hr/> <p>Response by responsible individual detailing the actions taken: A letter is sent from Medical Records to the patient informing them of their rights whilst an inpatient and enclosed with this in a separate envelope is a leaflet (see attached) for the nearest relative. With the patients consent the leaflet is then forwarded to the nearest relative. In cases where patients do not consent, a discussion is held with the</p> <p style="text-align: center;"> mp3 rights.doc</p> <p>multi-disciplinary team and a record held.</p>
<p>Area for Improvement No. 3</p>	<p>It is recommended that the Trust should ensure that risk assessments in relation to the use of a profiling bed are completed to reflect patients' overall assessment and risks from admission.</p>

<p>Ref: Standard 5.3.1 (a)</p> <p>Stated: First Time</p> <p>To be completed by: 31 March 2019</p>	<p>Response by responsible individual detailing the actions taken: A risk management tool is completed when it is recommended that a</p> <div style="text-align: right;">  profiling bed management.pdf </div> <p>service user requires a profiling bed. See attached.</p>
<p>Area for Improvement No. 4</p> <p>Ref: Standard 5.3.3 (f)</p> <p>Stated: First Time</p> <p>To be completed by: 1 May 2018</p>	<p>It is recommended that the Trust should ensure that patients over the age of 65 years who receive care on Tobernaveen Centre ward have access to a dedicated Occupational Therapy service</p> <p>Response by responsible individual detailing the actions taken: We have successfully recruited a full time Occupational Therapist to TNC ward specifically for patients over 65. The post holder has recently started. Furthermore we continue to fully utilise onsite facilities including the Villa and The Oasis for off the ward activities for General Adult (GA) patients. This has allowed for the creation of a quiet room on TNC Ward to aid recovery for Psychiatry of Old Age (POA) patients. In addition OT groups are being delivered.</p>
<p>Area for Improvement No. 5</p> <p>Ref: Standard 6.3.1 (a)</p> <p>Stated: First Time</p> <p>To be completed by: 1 May 2019</p>	<p>It is recommended that a system is put in place to inform the Trust of the number of patients over the age of 65 years referred to CRHTT and also those patients who have been admitted to all acute inpatient assessment and treatment wards, including TNC ward.</p> <p>Response by responsible individual detailing the actions taken: The Trust values the significant contribution that information provides to assist with the review and development of services and I would confirm that information on the number of patients over and under 65's admitted to acute in-patient care is now captured. We are currently developing a system to capture similar information in terms of over 65's referrals to the CRHTT.</p>
<p>Area for improvement No. 6</p> <p>Ref: Standard 6.3.1 (a)</p> <p>Stated: First Time</p> <p>To be completed by: 30 November 2018</p>	<p>It is recommended that the Trust should ensure that patients who are assessed as requiring admission for care and treatment in DICU are not admitted to a ward which provides acute assessment and treatment to patients with a functional mental health needs.</p> <p>Response by responsible individual detailing the actions taken: The Trust endorses the above recommendation. The period referred of 15 September – 25 October 2018 was a period of exceptional demand for admission of people with dementia. The response of admitting a number of patients to Tobernaveen Centre was an</p>

	<p>exceptional response to the circumstances. We will continue to actively manage our Dementia In-patient Care Unit to ensure that sufficient capacity exists to meet the need for admission of people with dementia on an ongoing basis and will continue to monitor this. There are circumstances where we have patients admitted for assessment who may turn out to have an emerging dementia which has not been diagnosed as yet. For this reason a care pathway is now in place between Tobernaveneen Centre and the Dementia Intensive Care Ward to facilitate a transfer where necessary.</p>
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Name of person (s) completing the QIP	Patricia Heatley		
Signature of person (s) completing the QIP		Date completed	19/03/19
Name of responsible person approving the QIP	Dr T Stevens		
Signature of responsible person approving the QIP	Dr T Stevens	Date approved	25/3/2019
Name of RQIA inspector assessing response	Wendy McGregor		
Signature of RQIA inspector assessing response	Wendy mcGregor	Date approved	13 May 2019

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



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