Unannounced Follow Up Inspection Report
19 – 20 February and 7 March 2018

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

Tel No: 028 94413105
Inspectors: Wendy McGregor & Dr John Simpson (7 March 2018)

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 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). An independent advocacy service is available.

On the days of the inspection there were 17 patients on the ward and three patients on leave. Six patients had been detained in accordance with the Mental Health (Northern Ireland) Order 1986.

The ward's layout included sleeping areas consisting of three bedded bay areas and 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	**Ward Manager:** Deirdre Convery
Category of care: Mental Health (18 years and over 65 years)	**Number of beds:**20
Person in charge at the time of inspection: Deirdre Convery	

4.0 Inspection summary

An unannounced follow-up inspection took place over three days on 19 – 20 February and 7 March 2018.

The inspection sought to assess progress with findings for improvement raised from the previous unannounced inspection on 21 – 23 February 2017.

The inspector noted that the ward had made improvements since the last inspection. Two out of the three areas for improvement were assessed as met.

The number of environmental ligature points had reduced to a level that could now be appropriately managed by ward staff and emergency resuscitation equipment had been supplied to all inpatient acute admission wards on the Holywell site.

The inspector noted that patients' care records were well organised and patient information was accessible. Patients' progress notes were comprehensive, contemporaneous and evidenced that care was person centred. There was good communication between members of the MDT and community staff. It was good to note a peer support worker had commenced employment on the ward.

There was good occupational therapy and psychology support on the ward and there were a number of activities available for patients both on the ward and in the occupational therapy department.

The inspector observed good therapeutic engagement between staff and patients on the days of the inspection.

One area for improvement was assessed as partially met. Patients' risk assessments were not consistently completed in accordance to the required guidance and professional and trust standards.

A new area for improvement was made in relation to the mixed model of care provided on the ward as patients from 18 years and patients over 65 years were admitted onto the ward. On the days of the inspection the patient age range was from 21 years to 87 years. This is not in keeping with Inpatient Care for Older people within Mental Health Services, Royal College of Psychiatrists (2011).

Patient views:

The inspector received feedback from 11 patients. Patients spoke positively about their care and treatment. Patients indicated that care was safe and they said they had been informed of their rights and they felt safe and secure. Patients also said that care was compassionate and staff treat them with dignity and respect and they felt listened to. All patients said that they were involved in decisions about their care and treatment and that being on the ward was helping them to get better. All patients said the ward was well managed. Overall patients were satisfied to very satisfied that care was safe, compassionate, effective and the ward was well led.

"Staff are always available."

"I am involved in all decisions."

"There are plenty of staff about. Staff are very kind, I couldn't say a bad word about them."

"I see the doctor every week and they always take time to talk to me."

"I definitely feel better since my admission."

"I was detained but am now regraded to voluntary. Staff informed me of my rights when I was detained."

Staff views:

Staff were positive about the support they received on the ward and stated they felt valued. New staff said they were made to feel welcome and felt part of the team immediately. Staff

stated they could raise any concerns in relation to patient care and safety. Staff said it was a challenge to deliver a mixed model of care due to patients' age range from 18 years to over 65 years as both groups of patients had very different needs. Staff said that "*one minute you could be supporting a frail older person who is confused and disorientated and the next minute supporting a younger person who is presenting with severe self-harming behaviours."* Staff also said "*that time required for a younger patient can take away time with the older patient and vice versa."* Staff said that it was difficult to provide a range of activities that met the needs of both groups of patients.

Relative views:

Feedback received from one relative during the inspection indicated that they were very satisfied that care was safe, effective, compassionate and the ward was well led. The relative stated my family member is getting "*first class care. Nurses are great. Treatment seems to be working."*

Following the inspection another patient's relative contacted the inspector and raised a number of concerns in relation to their family member's care and treatment. The relative stated their family member was detained on the ward and stated that they had not been given any information in relation to their rights as the nearest relative. They also stated that their family member had also not been informed of their rights. The relative also stated that their family member had not been provided with a suitable bed that met their physical health needs and had to sleep on a chair for four nights. The relative has since made a formal complaint to the Northern Health and Social care Trust.

Two inspectors visited the ward on 7 March 2018 to review the following areas:

- The patient's progress notes.
- Profiling bed risk assessment.
- Information on patients / relatives rights in relation to the Mental Health (Northern Ireland) Order 1986.

Inspectors also interviewed three members of the multi-disciplinary team and spoke to the relative and patient.

Inspectors found there was no evidence that the relative had been given information on their rights as a nearest relative in accordance with Trust policy and procedures. This information should have been given to the relative, therefore an area for improvement has been made in relation to this.

In relation to the patient's rights there was recorded evidence that attempts were made to provide the patient with written information in relation to their rights regarding their detention under the Mental Health (Northern Ireland) Order 1986. The records state that due to the patient's presentation throughout their time on the ward this information could not be given to the patient. From the information reviewed and by speaking to staff, inspectors could not substantiate the complaint that the patient had not received information regarding their rights.

Inspectors reviewed the patient's progress notes and the risk assessment completed in relation to the use of the profiling bed. It was noted that the risk assessment did not reflect the patient's overall assessment from admission. Staff said they did not have enough information at that

time in relation to the patient's history in particular any risks. Staff stated this was the reason the patient was not provided with a profiling bed. There was no evidence in the patient's assessment to confirm this rationale. The risk assessment completed for the use of the profiling bed states that there was a clinical need for the bed due to physical health problems. An area for improvement has been made in relation to this.

The remainder of concerns raised by the relative will be addressed through the Northern Health and Social Care Trust's Complaints Department.

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	4

The total number of areas for improvement comprises:

- 1 restated for a second time
- 3 new areas 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.

Escalation action resulted from the findings of this inspection. Senior representation from the Northern Health and Social Care Trust attended a serious concerns meeting with RQIA on 5 March 2018 to discuss inspection findings in relation to the mixed model of care. Senior representatives from the Trust confirmed they would convene a workshop on 23 April 2018 to look at the issue of patient mix and what options there might be to address this. The outcome from the workshop will be shared with RQIA week commencing 7 May 2018.

The escalation policies and procedures are available on the RQIA website.
https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

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 in relation to five patients.
- Risk assessments in relation to five patients.
- Ward environment.
- Ward ligature risk assessment
- The Trust operational policy
- Ward information book.

6.0 The inspection

We reviewed the areas for improvements made at the previous inspections and an assessment of compliance was recorded as met and partially met.

6.1 Review of areas for improvement from the last unannounced inspection 21 – 23 February 2017

The most recent inspection of Tobernaveen Centre was an unannounced inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the responsible inspector. This QIP was validated by the inspector during this inspection.

Areas for Improvement		Validation of Compliance
Number/Area 1 **Ref**: **Standard 5.3.1 (a)**	All professional staff should ensure that they complete patient risk assessments in accordance to the required guidance and professional and Trust standards.	**Partially Met**
Stated: First Time	**Action taken as confirmed during the inspection**: The inspector reviewed risk assessments for four patients. Each patient had a risk screening tool completed on admission. The inspector was informed by the ward manager that only one patient on the ward was assessed as requiring a comprehensive risk assessment. All four risk screening tools were completed by the appropriate professional staff. It was not recorded on two of the risk screening tools, what further action was required. The risk screening tool did not indicate if the risks should be discussed with the multi-disciplinary team or if a comprehensive risk assessment should be completed. In relation to the comprehensive risk assessment (CRA) the inspector noted the CRA and the management plan were updated prior to the	

	patient‘s admission in November 2017. The CRA and management plan had not been updated since the patient was admitted. The risk management plan was in relation to managing the patient’s risks in the community and was not relevant to the support the patient required whilst on the ward. This assessment was not completed in accordance with Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability (2012) which states that risk assessments should be updated on admission, discharge and during the patient’s stay when required. This was not evident in the patients risk assessment. The inspector also noted that that there were two copies of the CRA in the patients file. The inspector noted that all other relevant risk assessments were in place these included risk assessments in relation to falls, manual handling, Malnutrition Universal Screening Tool (MUST) and Absence Without Leave (AWOL).	
Number/Area 2 **Ref**: **Standard 5.3.1 (a)** **Stated:** First time	The Trust should ensure that the ward’s ligature risk assessment and associated action plan accurately reflects the role of ward staff in monitoring the large number of ligature points present within the ward’s environment. **Action taken as confirmed during the inspection**: The ward’s ligature risk assessment and action plan were reviewed. The number of ligature points has reduced. Door and window handles and bathroom fixtures and fittings have been replaced with anti-ligature fittings.. The ligature risk assessment confirmed that there were 46 ligature points on the ward and these were locally managed by staff. The inspector was informed by ward staff that monitoring the ligature points was manageable as the number of points had been reduced. The inspector noted that each patient who was assessed as a risk of self-harm by ligature had a care plan in place. Patients who were assessed as requiring a profiling bed due to clinical need had a risk assessment in place. RQIA are aware that the trust have submitted a capital bid to the Department of Health for the	**Met**

	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.	
Number/Area 3 **Ref**: **5.3.1 (a)** **Stated:** First Time	The Trust should ensure that the ethos and aim and objectives of the ward are clearly stated. This must include reference to care pathways for both patient groups for whom the ward provides care and treatment.	**Met**
	Action taken as confirmed during the inspection: The ethos and aims of the ward were clearly stated in the ward information booklet. The Trust Operational policy was reviewed and included the care pathways for both patients groups for whom the ward provided care and treatment. The policy was in draft form at the time of the inspection. However the ward continues to provide care and treatment to patients from 18 years to over 65 years. On the days of the inspection the age range was from 21 years to 87 years. The inspector observed the range of care needs required for both younger patients and older patients. The inspector noted that some older patients were frail and required assistance with activities of daily living such as personal care and mobility. Staff said that supporting both groups of patients can be challenging as both present with different needs. Younger patients present with a range of behaviours such as self-harm, whilst older patients could be confused and disorientated. Staff said that their time could be taken up with supporting a patient who is attempting to harm themselves and this meant that the older person may not get the time they require, or vice versa. Time can also be taken up supporting confused unsettled older patients, who were attempting to leave the ward. Each patient group were exposed to the different behaviours and this has been distressing for both groups of patients. In addition to this the inspector noted that there were	

	two patients on the ward with a diagnosis of dementia. The ethos of the ward is to operate an open door policy and all staff indicated they embrace this practice. However this can be difficult to manage due to the needs of an older confused patient who is attempting to leave the ward. Sleeping arrangements are in bay areas which have the potential to compromise patient dignity and privacy due to the mixed age range. Staff also said it was difficult to arrange activities that were suitable for the patient age range on the ward. Senior representatives from the Trust attended a meeting with RQIA on 5 March 2018 to discuss this matter further. The Trust confirmed that they will review the concerns in relation to the mixed model of care on the ward and send the outcome of the review to RQIA the week beginning 7 May 2018. A new area for improvement has been made in relation to the issues highlighted.	
Number/Area 4 **Ref**: **Standard 5.3.1 (f)** **Stated:** First Time	The Trust should ensure that all acute care mental health wards are equipped with an emergency resuscitation bag/trolley.	**Met**
	Action taken as confirmed during the inspection: At the time of the inspection four areas within the Holywell site were not equipped with an emergency resuscitation bag. These were Tobernaveen Lower, Tobernaveen Upper, the Home Treatment and Crisis Response Team and the Villa. Two staff from Tobernaveen Centre were required to respond to emergencies in these four areas with the equipment that was located on the ward. Since the inspection the inspector received written confirmation on 28 February 2018 to confirm that this area for improvement has been addressed and emergency resuscitation equipment is available on all wards. This area has been assessed as met.	

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, 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 via the web portal by **27 April 2018.**

Quality Improvement Plan

The responsible person must ensure the following findings are addressed:

Area for Improvement No.1 **Ref**: Standard 5.3.1 (a) **Stated: Second** Time **To be completed by**: 20 April 2018	All professional staff should ensure that they complete patient risk assessments in accordance to the required guidance and professional and Trust standards. **Response by responsible individual detailing the actions taken:** All staff are aware of the importance of completing patient risk assessments in accordance with Trust standards. It is the responsibility of all members of the multidisciplinary team to ensure that these are completed correctly.
Area for Improvement No. 2 **Ref:** Standard 6.3.1 (a) **Stated:** First Time **To be completed by**: 14 May 2018	RQIA have requested that the mixed model of care provided on the ward is reviewed. **Response by responsible individual detailing the actions taken:** A Workshop to discuss the mixed model of care has been arranged for 10 May 2018 and will be chaired by the Director of Mental Health Services.
Area for Improvement No. 3 **Ref:** Standard 4.3 (h) **Stated:** First Time **To be completed by: 7 March 2018**	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. **Response by responsible individual detailing the actions taken:** Medical Records Department will ensure that the appropriate literature is forwarded to the next of kin.
Area for Improvement No. 4 **Ref:** Standard 5.3.1 (a) **Stated:** First Time **To be completed by:** 7 March 2018	The Trust should ensure that risk assessments in relation to the use of a profiling beds is completed to reflect patients' overall assessment and risks from admission. **Response by responsible individual detailing the actions taken:** A risk assessment is completed where a patient has been deemed to require a profile bed. This is part of a holistic psychosocial assessment that a patient receives on admission to Tobernaveen Centre.

Name of person (s) completing the QIP	DEIRDRE CONVERY		
Signature of person (s) completing the QIP		**Date completed**	25/04/18
Name of responsible person approving the QIP	DR TONY STEVENS		
Signature of responsible person approving the QIP		**Date approved**	
Name of RQIA inspector assessing response	Wendy McGregor		
Signature of RQIA inspector assessing response	Wendy McGregor	**Date approved**	2 May 2018

Please ensure this document is completed in full and returned to MHLD.DutyRota@RQIA.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

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