



The **Regulation** and  
**Quality Improvement**  
Authority

**Tobernaven Lower  
Holywell Hospital  
Northern Health & Social Care Trust  
Unannounced Inspection Report  
Date of inspection: 14 May 2015**



informing and improving health and social care  
[www.rqia.org.uk](http://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.

## 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

Tobernavene Lower is a 24 bedded admission ward set within the grounds of Holywell Hospital. The purpose of the ward is to provide assessment and treatment to adult male and female patients who require care and treatment in an acute psychiatric environment. Patient sleeping accommodation is provided in two and three bedded dormitories and single bedrooms. The ward maintains an open door policy; on the days of inspection the main entrance doors to the ward were open.

On the day of the unannounced inspection there were seven patients detained in accordance with the Mental Health (Northern Ireland) Order 1986.

The inspector noted the ward was welcoming. The ward was well lit, well maintained, clean and fresh smelling. There were separate day spaces and dining areas for patients.

Patients in Tobernavene Lower receive input from a multidisciplinary team which incorporated psychiatry, nursing, occupational therapy and social work. A patient advocacy service was also available.

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

### 4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 6 and 7 January 2015 were assessed during this inspection. There were a total of 14 recommendations made following the last inspection. It was good to note that 13 recommendations had been implemented in full. One recommendation had not been met. This recommendation will be restated for a **third** time following this inspection. Further details are provided later in the report

The inspector reviewed four patients' care files and noted that there had been an improvement in the creation of person centred care plans for patients admitted to this ward. There were also care plans in place for deprivation of liberty which included a record of any individual restrictions that a patient may experience. Care plans were noted to have been regularly reviewed and signed by the patient. Where they had not been signed an explanation had been recorded.

It was unfortunate to note that in respect of one patient's care file that the above process and consistency had not been applied. This was discussed with the ward manager who explained that this was due to the patient and their care file having recently transferred from another ward in the hospital. The inspector was concerned to note this level of inconsistency from within the hospital particularly following the reassurances provided to RQIA by the Trust in correspondence in February 2015. A recommendation has been made in relation to this.

The inspector reviewed staff training records for the ward and noted since the last inspection there had been an improvement in the completion of mandatory training across the staff team. It was also noted that for those staff whose training had expired arrangements had been made to facilitate an update.

The inspector reviewed the provision of activities for patients. The activity timetable evidenced the availability of activities at evenings and weekends. The inspector reviewed the records for providing activities and noted that staff had documented a reason when they had been unable to provide activities. Activities provided included nail art, DVD night, Pictionary, health & beauty, reading group, relaxation, mental and physical health promotion. A notice of daily occupational therapy (OT) activities was displayed. The OT room was noticed to be open and available for all patients throughout the course of the inspection.

The inspector met with two patients during the course of the inspection and was pleased to note the positive experience in relation to their care and treatment that both patients had had during the course of their admission.

## **Other inspection findings**

### **Bath**

The inspector noted that the only bath available on the ward was currently out of use, and had been since 18 January 2015. There was evidence available to confirm that the deputy ward manager had appropriately reported the matter, however a date for repair or replacement had not been confirmed. The inspector noted that the absence of a functioning bath had also been raised as a concern by a patient during a patient forum meeting on 13 March 2015. A recommendation has been made in relation to this.

## **4.1 Implementation of Recommendations**

Six recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 6 and 7 January 2015.

These recommendations concerned recording of patients' property, management of patients' monies, review of patients' care plans, use of profiling beds, pre-dispensing of medication and staff training.

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

- There were clear records for the recording of patients' property on admission.
- Arrangements were in place to safeguard patients' finances.
- Care plans created on the ward were regularly reviewed.
- All profiling beds had been removed from the ward.
- There had been a good improvement noted in the completion of mandatory training.

Four recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 6 and 7 January 2015.

These recommendations concerned the provision of inpatient psychology services, sharing of patients' information, completion of tasks by members of the multi-disciplinary team and creation of person centred care plans with the inclusion of human rights legislation.

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

- Guidance had been created to advise staff regarding the sharing of patient information.
- The multi-disciplinary team were completing allocated tasks from zoning meetings.
- Patients' care plans created on the ward clearly reflected the Human Rights Act and respective articles.

However, despite assurances from the Trust, one recommendation had not been fully implemented and will require to be restated for a **third** time.

Four recommendations which relate to the key question "**Is Care Compassionate?**" were made following the inspection undertaken on 6 and 7 January 2015.

These recommendations concerned the consideration of restrictive practices and deprivation of liberty, assessment of patients' capacity to consent, opportunity for signing care plans and provision of structured recreational activities.

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

- Deprivation of liberty care plans were in place for those patients subject to any restriction.

- Patients were provided with an opportunity to review and sign their care plans.
- There was a programme of activity available which included activities in the evenings and at weekends.

## 5.0 Patient Experience Interviews

Two patients agreed to meet with the inspector to talk about their care, treatment and experience as a patient. None of the patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient. One of the patients who met with the inspector discussed a specific concern relating to their individual circumstances. The inspector discussed the patient's concerns with the deputy ward manager. The deputy ward manager reassured the inspector that they would follow up any actions with the next of kin and ensure all information was documented in the patient's notes.

Another patient who met with the inspector spoke positively regarding their time on the ward and expressed no concerns in relation to their care and treatment although voiced that more flexible visiting times would have been beneficial. The patient stated:

"the staff are brilliant, a great team"

The inspection was unannounced. No relatives or carers were available to meet with inspectors during the inspection.

## 6.0 Other areas examined

**During the course of the inspection the inspector met with:**

<b>Ward Staff</b>	<b>2</b>
<b>Other ward professionals</b>	<b>5</b>
<b>Advocates</b>	<b>0</b>

The inspector met with two members of nursing and five members of hospital management staff on the day of inspection. Staff who met with the inspector did not express any concerns regarding the ward or patients' care and treatment other than those matters identified from the inspection. These concerns were discussed with the respective responsible persons during and at the conclusion of the inspection

The inspection was unannounced. No advocates were available to meet with the inspectors during the inspection.

## 7.0 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 9 July 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**



**Follow-up on recommendations made following the announced inspection on 6 and 7 January 2015**

No.	Reference.	Recommendations	Number of time stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	5.3.3.(f)	It is recommended that the Trust reviews the composition and clinical specialities offered within the multidisciplinary team and the availability of psychotherapeutic interventions to ensure that patients on the ward have access to the full range of evidence based therapeutic interventions to meet presenting needs.	2	Following discussion with ward management the inspector was informed that there continues to remain no inpatient psychology service available. The inspector however was provided with a copy of a paper which sets out the proposals to fund a psychology inpatient service as part of 2015/2016 service developments. Despite this the inspector was not provided with a commencement date for inpatient psychology.	Not met
2	5.3.1 (c)	It is recommended that the ward manager ensures that all items brought into the ward on admission that are removed by relatives are recorded. Record of receipt by the relative should be obtained.	2	The inspector noted that ward management had displayed notices throughout the ward advising patients and visitors of their responsibilities regarding patient property. On the day of admission a record of patient property returned home is completed the inspector can confirm this is receipted accordingly.	Fully met
3	5.3.1 (c)	It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.	2	The inspector met with the ward manager who advised that there were currently no patients on the ward deemed incapable of managing their finances. As a result the ward was not currently managing any patients' finances. The ward manager advised that any patient deemed incapable of managing their finances a statement would be obtained from the cash office. Ward management had displayed notices on the ward advising patients that a	Fully met

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				statement can be provided from the cash office on request.	
4	8.3 (i)	It is recommended that the trust creates guidance that will support the sharing of information with external care providers for patients going on leave or discharge.	1	The inspector reviewed the new operational policy for acute wards. Incorporated within the policy the trust had provided advice and guidance to staff on the sharing of information. Post inspection the inspector received additional information from hospital management to advise that it was decided that the creation of any guidance would be part of the operational policy rather than a stand-alone document. The trust also advised that on reviewing the recommendation from the original serious adverse incident (SAI) the recommendation did not specify that the guidance would be a stand-alone document. The inspector was therefore satisfied with the evidence provided.	Fully met
5	5.3.1 (a)	It is recommended that the ward manager ensures that a care plan is in place and regularly reviewed for any patient subject to any individual restriction, blanket restriction or deprivation of liberty. This should be discussed and agreed where possible with the patient and documented accordingly.	1	A review of four patients' files evidenced that in the case of three files a person centred deprivation of liberty care plan had been created which detailed any individual restrictions. In the fourth file the deprivation of liberty care plan was incomplete, the care plan referred to the patient as the wrong sex and the care plan was not person centred. The inspector discussed this with the ward manager who explained that this was a patient who had recently transferred to Tobernavene Lower from another ward in the hospital and these were the care plans that came with the patient. A new recommendation will be made in relation to this.	Fully met
6	8.3 (j)	It is recommended that the ward manager ensures that patient's assessments, care	1	The inspector reviewed the care files of four patients currently on the ward. A review of the records did not identify any concerns associated with patients in	Fully met

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		plans and continuous nursing notes are reflective of the patient's capacity to consent to care and treatment.		relation to their capacity to consent.	
7	5.3.1 (a)	It recommended that the ward manager ensures that all patients care plans are reviewed as prescribed. Reviews of care plans should ensure that care plans are measured and that the outcome of goals is being assessed. Care plans no longer relevant to patients care should be subsequently discontinued.	1	A review of four patients' files evidenced that in the case of two of the patients' files the care plans had been appropriately and regularly reviewed. One patient had recently been admitted and the care plans were being created in support of the interim care plan. In a fourth file the inspector noted that three care plans had no documented date of completion or date of review. There was a blank care plan within the file and there was no evidence of any review of any of the care plans. The inspector discussed this with the ward manager who explained that this was a patient who had recently transferred to Tobernavene Lower from another ward in the hospital and these were the care plans that came with the patient. A new recommendation will be made in relation to this.	Fully met
8	5.3.1 (a)	It is recommended that all members of the multi-disciplinary team, with delegated tasks following a Zoning meeting, ensure that tasks are completed. Where this is not achieved an explanation should be clearly documented in the patient's notes.	1	The inspector reviewed the care files for four patients. there was evidence that in each case all tasks had been consistently agreed, completed and signed by all members from the multi-disciplinary team.	Fully met
9	5.3.3 (b)	It is recommended that the ward manager ensures that	1	The inspector reviewed the care files for four patients and noted that in three patients' files the care plans	Fully met

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		patients previously unable to review their care plans are provided with an ongoing opportunity to review their care plans as their mental state improves, this should be recorded and/or signed by the patient.		had been appropriately signed by the patient or an explanation for not signing had been recorded. In one of the four files care plans had not been signed as the patient was a new admission and had only been on the ward two days.	
10	5.3.1 (a)	It is recommended that the ward manager ensures that patients care plans reflect consideration of the Human Rights Act, particularly for those patients that are subject to any form of restrictive practice. Care plans should be person centred and incorporate the holistic and individualised needs of the patient.	1	A review of four patients' files evidenced that in all four files there was consideration and reference to the Human Rights Act and respective articles. In one of the four files reviewed the inspector noted a total of five care plans that were not person centred, on one of the care plans the patient was also referred to as the wrong name. Within another patient's file on a care plan the inspector noted the use of correction fluid. The inspector discussed these concerns with the ward manager who explained that these were two patients who had recently transferred to Tobernaven Lower from another ward in the hospital and these were the care plans that came with the patient. A new recommendation will be made in relation to this.	Fully met
11	4.3 (i)	It is recommended that the trust urgently review the continued use of a profiling bed on the ward. The outcome of the review should be clearly reflected in the environmental and ligature risk assessment.	1	The inspector met with ward management who advised that there were no longer any profiling beds on the ward. The inspector completed a walk around of the ward and confirmed that there were no profiling beds.	Fully met
12	5.3.1 (f)	It is recommended that the trust ensures that the outcome	1	The inspector met with ward management who advised that guidance had been issued to all	Fully met

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		of the investigation relating to the practice of pre-dispensing medication is forwarded to RQIA.		registered nurses post incident. In addition registered nurses were advised of their professional responsibilities in accordance with the Nursing and Midwifery Council (NMC) guidelines at the daily ward meeting on 09/01/15, 11/01/15 and 14/04/15. The inspector also received a letter from the Trust detailing the outcome of the investigation; the inspector was satisfied with this response.	
13	4.3 (m)	It is recommended that the ward manager ensures that all staff have up to date mandatory training completed which includes fire training, moving and handling training, Management of Actual and Potential Aggression (MAPA), Cardio-pulmonary resuscitation (CPR) and Infection control. The trust should also ensure that all ward based staff are provided with training in Capacity and Consent, Restrictive Practices, Deprivation of Liberty and Human Rights.	1	<p>The inspector reviewed the staff training records for the ward:</p> <p>Fire training: 100% of the total staff team were up to date with fire training.</p> <p>Moving and handling: all of the 25 staff currently working on the ward have had previous moving and handling training currently 17 staff with an up to date record, remaining eight staff are booked for an update within the coming two months.</p> <p>CPR: 24 of the 25 staff had an up to date record of training.</p> <p>Infection control: 100% of the total staff team were up to date with infection control.</p> <p>MAPA: 17 of the 25 staff with an up to date annual training record. Eight staff with an out of date record with two of the eight staff booked for a training session in June 2015. The inspector reviewed evidence of further dates scheduled for later in the year but yet to be allocated to staff.</p>	Fully met

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				Capacity and Consent, Restrictive Practices, Deprivation of Liberty and Human Rights: nine of the 25 staff had a record of having attended this training. There were no records available for the remaining 16 staff. A new recommendation will be made regarding this.	
14	6.3.2 (g)	It is recommended that the ward manager provides an opportunity for structured recreational activity for those patients who do not avail of OT services; this should consider the individual needs and views of the patients.	1	The inspector reviewed the patient activity timetable displayed at the main entrance of the ward. The timetable evidenced the availability of activities at evenings and weekends. The inspector reviewed the records for providing activities and noted that staff had documented when staff had been unable to provide activities. Activities provided included nail art, DVD night, Pictionary, health & beauty, reading group, relaxation, mental and physical health promotion. A review of the patient forum minutes on 15/02/15 evidenced discussion of activities. No concerns were expressed. A notice of daily occupational therapy (OT) activities was displayed. The OT room was noticed to be open and available for all patients throughout the course of the inspection.	Fully met



**Quality Improvement Plan**

**Unannounced Follow Up Inspection**

**Tobernaven Lower, Holywell Hospital**

**14 May 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 deputy ward manager 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
<b>Is Care Safe?</b>					
1	5.3.1 (a)	It is recommended that the Trust provide resurances on the completion of person centred care planning across all wards on the hospital site.	1	31 July 2015	All acute wards are compliant with this recommendations. Care plans x 5 per ward will be audited on a monthly basis to ensure continuous compliance.
<b>Is Care Effective?</b>					
2	5.3.3 (f)	It is recommended that the Trust reviews the composition and clinical specialities offered within the multidisciplinary team and the availability of psychotherapeutic interventions to ensure that patients on the ward have access to the full range of evidence based therapeutic interventions to meet presenting needs.	3	31 December 2015	The Trust has recently secured funding with commissioners to recruit a psychologist to provide ward based psychological input to the acute care wards. Therapeutic interventions already available include WRAP, anxiety and depression self help facilitated by nursing staff. Further short study days are available from CEC eg motivational interviewing and and psychosocial interventions.
3	5.3.1 (f)	It is recommended that the Trust replace or repair the bath on the ward.	1	31 July 2015	Funding has been approved and documentation entered on the e-procurement system to have a bath repaired and reinstalled in TNL on 24 July

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

					2015.
<b>Is Care Compassionate?</b>					
4	4.3 (m)	It is recommended that the ward manager ensures that all ward based staff are provided with training in Capacity and Consent, Restrictive Practices, Deprivation of Liberty and Human Rights.	1	31 July 2015	Further training dates have been issued for the stated course. Registered nurses will have achieved 100% by 10/08/15, HCA's 95 % by 25 <sup>th</sup> September, 100% by November 2015.

<b>NAME OF WARD MANAGER COMPLETING QIP</b>	RUTH HEDLEY
<b>NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr TONY STEVENS

**Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.**

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Kieran McCormick	7 July 2015
B.	Further information requested from provider		X	Kieran McCormick	7 July 2015