

RQIA

Mental Health and Learning Disability

> Patient Experience Interviews Report

Tobernaveen Lower Ward, Holywell Hospital

Northern Health and Social Care Trust

23 May 2014



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

Table of Contents

1.0	Introduction	3				
1.1	Purpose of the inspection	3				
1.2	Methods/process	4				
2.0	Ward Profile	5				
3.0	Outcomes of direct observation and staff and patient interactions	6				
4.0	Conclusion	9				
Арре	Appendix 1: Patient Experience Interview Questionnaire.					

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Northern Ireland's health and social care services. RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services. The work undertaken by the Mental Health and Learning Disability team (MHLD) is fundamentally underpinned by a human rights framework and the Human Rights Act (1998). Additionally, RQIA is designated as one of the four Northern Ireland bodies that form part of the UK's National Preventive Mechanism (NPM). RQIA undertake a programme of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment, upholding the organisation's commitment to the United Nations Optional Protocol to the Convention Against Torture (OPCAT).

1.1 Purpose of the visit

Patient Experience Interviews (PEIs) form an integral component of the RQIA inspection programme.

<u>Aims</u>

- To monitor the care and treatment of individuals detained under the Mental Health (Northern Ireland) Order 1986, taking specific cognisance of the individual's perception of their care;
- To monitor the care and treatment of any individual inpatients in MHLD facilities, taking specific cognisance of the individual's perception of their care;
- To make relevant recommendations where required to improve the patient experience with line with the standards detailed in The Quality Standards for Health and Social Care (DHSSPSNI, 2006).

Objectives-

- To engage and consult with patients and their advocates;
- To ensure that patients are afforded due respect for individual human rights;
- To monitor the context and environment within which care is provided;
- To monitor the quality and availability of care;
- To make appropriate recommendations for improvement and to highlight any issues of concern in line with the escalation policy;

- To provide feedback on concerns/issues raised
- To inform the annual inspection processes.

1.2 Methods/Process

Prior to the inspection RQIA forwarded notification of the visit to the Trust; this allowed the patients and the ward an opportunity to prepare for the interviews.

On this occasion three patients wished to meet with the inspector to participate in the patient experience interviews. The inspector completed a direct observation of the ward using guidance from the Quality of Interaction Schedule (QUIS). Verbal feedback was provided to the ward manager at the conclusion of the visit.

There is one recommendation made following the patient experience interviews.

A copy of the interview questions is included at Appendix 1.

2.0 Ward profile

Trust/Name of Ward	Northern Health and Social Care Trust Tobernaveen Lower ward
Name of hospital/facility	Holywell Hospital
Address	60 Steeple Road, Antrim, BT41 2RJ
Telephone number	02894465211
Person-in-charge on day of visit	Ruth Hedley
Email address	Manager.tnl@northerntrust.hscni.net
Number of patients and occupancy level on days of visit	24
Number of detained patients on day of inspection	Nine
Number of patients who met with the inspector	Three
Date and type of last inspection	8 October 2013 Announced inspection
Name of inspector	Alan Guthrie

Tobernaveen Lower is a 24 bedded acute admission ward situated on the Holywell hospital site. The ward provides assessment and treatment to patients with acute mental illness.

The multidisciplinary team consists of nursing staff, health care assistants, a social worker and a consultant psychiatrist. The ward has access to an occupational therapist.

3.0 Outcomes of direct observation and staff and patient interactions

Number of patients interviewed

Three patients chose to meet with the inspector of the day of the visit. None of the patients interviewed had been detained in accordance with the Mental Health Order (Northern Ireland) 1986.

Specific issues raised by patients/representatives

Patients and/or their representatives were asked if they wished to discuss any particular aspect or concerns about their care and treatment.

One of the patients who met with the inspector detailed concerns that there was no support from a psychologist available to patients during their admission. The inspector reviewed the Trust's psychology service referral procedures and found that patients within the ward could be referred to the psychology service. However, the inspector was informed that the psychology service did not engage with patients until they were discharged from the ward. A recommendation has been made.

Direct Observations

Ward environment

On the day of the visit the Tobernaveen Lower ward was bright, clean and clutter free. The inspector found the atmosphere to be relaxed and welcoming. Patient bedroom areas were airy, fresh smelling and patients were moving freely throughout the ward. Where patients shared a room/bay area curtains were available to provide patients with privacy. Access to single sex bathroom and toilet facilities was well signed and conveniently located. The inspector found bathroom and toilet areas clean and clutter free.

Information in relation to who was on duty, advocacy, how to make a complaint, patients' named nurses and ward activities were clearly displayed in the patient areas.

The ward's communal areas were well presented and spacious. The inspector noted that bedroom areas, communal sitting rooms and the dining room were all accessible and used by patients.

The ward operated an open door policy and patients, including those detained and requiring enhanced levels of observations, could access outside via the ward's garden area.

Staff and patient interactions

Patients presented as relaxed and as being at ease in their surroundings. Staff were noted to be engaging with patients in these areas and in a manner that was open and caring. The inspector witnessed several patients approaching the ward's main reception area to make requests to staff. These requests were addressed respectfully, quickly and appropriately.

During the inspection the inspector noted that staff were moving throughout the ward and communication between staff and patients was open and on a first name basis. Staff actively engaged patients in discussion regarding patient experiences on the ward and encouraged patients to express their views to the inspector in private.

Outcomes from interviews

Responses to questions 1-1d

Patients who met with the inspector detailed that they knew why they were in hospital. Patients explained that they knew what they were allowed and not allowed to do during their admission.

The patients detailed that they understood the purpose and role of the Mental Health Review Tribunal.

Responses to questions 2-2c

Each patient relayed that they had been given the opportunity to be involved in their treatment and care and they were able to involve their families. Patients reported that they had been involved in their care plan and their doctor and nursing staff had discussed their treatment and medication with them.

Responses to questions 3 & 3a

Patients reported that they understood the role of the ward's advocate and the purpose of the advocacy service. None of the patients who met with the inspector had accessed the advocacy service. Patients detailed that any issues of concern had been discussed and addressed with support from ward staff.

Responses to questions 4 -4b

None of the three patients interviewed had experienced being restrained during their admission. One patient had witnessed a patient receiving a restraint intervention. The patient stated that they felt staff had managed the situation "appropriately". The patient reflected that during the incident their concern had been for the safety of staff and the fact that staff had to face "difficult situations".

Responses to questions 5-5c

All three patients reported that they had never been subject to seclusion. Two patients had experienced close observations. One patient relayed that they "...didn't like staff staying with me...although I knew it was needed and staff were respectful". The second patient explained they felt staff had completed observations appropriately and had "...respected my dignity". Both patients stated the reason of observation had been discussed with them.

Responses to question 6

Patients informed the inspector that they felt safe on the ward. One patient detailed that they felt all staff had been "...very supportive".

Responses to questions 7-7b

Two patients detailed that no items had been removed from them on admission. One patient reported that they had been asked to give their phone to a relative or to allow staff to retain it in the ward office. The patient relayed they had consented to this and staff had explained the reason for this request. The patient reported no difficulties in being able to access a phone as required.

Responses to questions 8 & 8a

Two of the patients reported no difficulties or concerns regarding their ability to access time off the ward. One patient informed the inspector that they were ward based. The patient detailed that staff had explained the reason they were ward based and that this was subject to ongoing review. The patient reflected that they were confident that they could go for a walk with staff if they asked.

The ward's courtyard area was accessible from the main corridor and patients stated they could access the courtyard as required.

Responses to questions 9 - 9b

Patients reported no difficulties regarding their ability to speak with staff or to report any issues or concerns they might have. One patient recounted that they had reported an issue to staff and this had been dealt with quickly and appropriately.

Responses to question 10

All three patients reflected that their overall experience of treatment and care in the Tobernaveen Lower ward was positive and they were satisfied with their care and treatment on the ward. Patients reported that: "The care and treatment in Tobernaveen Lower has been excellent and all the staff have been very supportive";

"Absolutely fantastic care...all the staff are excellent":

"Very satisfied".

Additional areas discussed during the visit

There were no additional issues discussed.

4.0 Conclusions

The inspector met with three of the 24 patients who were on Tobernaveen Lower ward. None of the patients interviewed had been detained in accordance with the Mental Health Order (Northern Ireland) 1986.

Patients were complimentary regarding the care, treatment and support they had received during their admission. It was positive to note patient comments regarding the support they had received from staff.

From the observations of the ward on the day of the Patient Experience Interviews, the inspector's impression of the overall treatment and care on the ward was found to be in keeping with the five standards of respect, attitude, behaviour, communication privacy and dignity as referenced in the Department of health, Social Services and Public Safety; Improving the Patients & Client Experience, November 2008. Staff demonstrated respect in all contacts with patients. Staff demonstrated positive attitudes towards patients. Staff demonstrated professional and considerate behaviour towards patients. Staff communicated in a way that was sensitive to the needs and preferences of patients. Staff protected the privacy and dignity of patients.

The inspector would like to thank the patients and staff for their cooperation throughout the interview processes.

The Regulation and Quality Improvement Authority Patient Experience Questionnaire								
_	Trust	Hosp	oital			War	rd	
Facility Details:								
Date of Interview:		Carr	ied out by	/				
	Detained	Voluntary				Adu	ılt Child	
Patient Type:				Pat	ient Age:			
Patient	Conducted on behalf of patient	Unaccompanied	NoK	Ac	dvocate	Othe	er <i>If Other,</i>	please state status
Accompanied?]	
Begin with a prelimi	nary introduction to	patient and explanation	on of reaso	ons for	r questionna	aire		
			Yes	No	No Answer	N/A	(for use du	Notes ring interview only)
1 Do you know w	hy you are here in th	is hospital?						
1a Do you know wl	hat you are allowed t	o do?						
1b Do you know what you are not allowed to do?		red to do?						
about?	ything that you woul	d like to talk to us						
Please explain:								

		Yes	No	No Answer	N/A	Notes (for use during interview only)
1d	Do you know what the Mental Health Review Tribunal is?					
2	Have you been given the opportunity to be involved in your care and support?					
2a	Have you been able to involve your family in your care and support?					
2b	Has anyone spoken to you about your condition/illness or disability?					
2c	Has your doctor or nurse discussed your medication with you?					
3	Do you know what an advocate is?					
3a	Has anyone helped you by speaking on your behalf?					
4	Have you ever been restrained (Held-down, arms held)?					
<u>Onl</u> 4a	<u>y ask if applicable:</u> Have you ever been hurt during this?					
4b	Was the reasons for being held down explained to you after the incident?					
Plea	ase explain:					

	Yes	No	No Answer	N/A	Notes (for use during interview only)
5 Were you ever forced or put into a room on your own?					<u> </u>
<u>Only ask if applicable:</u> 5a Was the reason for being put into a room on your own explained to you?					
5b Did you ever have a member of staff stay with you all the time night and day to make sure you were OK?					
Only ask if applicable: 5c Was the reason for this explained to you?					
6 Do you feel safe on this ward?					
7 Was anything taken off you on admission (money, cigarettes, phone, lighter, laptop, medication, dangerous objects)?					
<u>Only ask if applicable:</u> 7a Did the staff explain to you why these were taken off you?					
7b Can you get these items if you want them?					
8a Are you allowed time off the ward?					
8b Can you access the garden/courtyard etc.					
9 If something is wrong and making you unhappy do you know who to tell to get it sorted?					
9a Have you ever told someone that something was wrong?					
Only ask if applicable: 9b Were you happy how it was sorted out?					

AREA FOR DISCUSSION DESCRIPTION OF ISSUE

Delayed discharge	
Restrictive practices/safeguarding	
Care planning/MDT	
Access to services/Advocacy	
Problems with other patients	
Personal belongings	
Meals and menu choices	
Complaints	
Facilities and Maintenance	



Patient Experience Interview Recommendations

Tobernaveen Lower Ward, Holywell Hospital

23 May 2014

The issue(s) identified and recommendations made during the patient experience interviews were discussed with the ward manager at the conclusion of the visit. The timescales for completion commence from the date of the visit. The progress made in the implementation of these recommendations will be evaluated at the next inspection visit.

Recommendations

No.	Recommendation	Reference	Number of times stated	Details of action to be taken by ward/trust	Timescale
1.	It is recommended that the Trust reviews the composition of 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	Section 5, 5.3.3.(f) Page 15	1	 Work books on Depression and Anxiety Management are completed with Patients with Named Nurse when this is assessed as necessary. Wellness Wall created by the Patients and Nurses in keeping with Wellness Recovery Action Plan (WRAP). Staffs are in the process of undergoing training in both WRAP and KUF (Knowledge and Understanding Framework for Personality Disorder. Therapeutic activities are being carried out with patients in the evenings and weekends such as Film Nights, Football, Jewellery making, and Quizzes. Patients are encouraged to take ownership in these activities under the supervision of Nursing Staff 	31 August 2014

No.	Recommendation	Reference	Number of times stated	Details of action to be taken by ward/trust	Timescale
				It is recognised by staff that there is a need for Psychology input in acute admission wards which is not being provided at present and required to be prioritised.	

This document is to be signed by the Ward Manager and the HSCT Chief Executive and returned to:

Mental Health and Learning Disability Team

The Regulation and Quality Improvement Authority 9th Floor, Riverside Tower 5 Lanyon Place Belfast BT1 3BT

Signed: _	RUTH HEDLEY	Ward Manager	Signed:	LARRY O'NEILL	Chief Executive

 Name:
 RUTH HEDLEY
 Name:
 LARRY O'NEILL

Date: _____2/7/14_____

Date: _____ 4/7/14_____

	Inspector assessment of returned QIP			Inspector	Date
			No		
Α.	Patient Experience Interview Recommendations to Ward Manager response assessed by inspector as acceptable	x		Alan Guthrie	1/08/2014
В.	Further information requested from provider				