



The **Regulation** and
Quality Improvement
Authority

Avoca Ward

Knockbracken Healthcare Park

Belfast Health and Social Care Trust

Unannounced Inspection Report

Date of inspection: 11 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

Avoca is situated in the grounds of Knockbracken Health Care Park and is a mixed gender eight bedded psychiatric intensive care unit. Patients have access to a multi-disciplinary team who meet every Monday on the ward. This consists of a consultant psychiatrist, a speciality doctor (in psychiatry), nurses, a pharmacist, occupational therapist and an occupational therapy assistant.

On the days of the inspection there were eight patients who were detained in accordance with the Mental Health (Northern Ireland) Order 1986. There were no patients whose discharge had been delayed. The ward manager was in charge on the day of the inspection.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 14 and 15 January 2015 were assessed during this inspection. There were a total of nine recommendations made following the last inspection.

It was good to note that all nine recommendations had been implemented in full.

The inspector was pleased to note that the records management policy had been reviewed and would be available to all staff by 1 July 2015, patients' views had been captured prior to the ward round, and care plans were in place from assessed need and were being reviewed weekly. Care plans in relation to the deprivation of liberty patients were experiencing on the ward were in place and these detailed a clear rationale for the level of restriction in relation to necessity and proportionality. The ward manager was completing monthly audits of the care records and patients had an individual recreational therapeutic activities plan in place.

The inspector assessed the ward's physical environment using a ward observational tool and check list. The environment appear relaxed,

comfortable, clean and clutter free. There was ample natural lighting, good ventilation and the ward furnishings were well maintained. The ward had a visitor's room off from the main ward and visitors could also come onto the ward to visit patients. There were rooms available for patients to have quiet time on their own and there was areas in the main part of the ward for patients to spend time in the company of others. The ward had access to a garden area which was well maintained and was available for patients to access freely throughout the day.

During the inspection the inspectors completed a direct observation using the Quality of Interaction Schedule (QUIS) tool. This assessment rated the quality of the interactions and communication that took place on the ward between patients, nursing staff and ward professionals. Overall the quality of interactions between staff and patients were positive.

During the inspection the inspector spoke to one patient regarding their care and treatment. This patient made positive comments about how they had been treated on the ward.

4.1 Implementation of Recommendations

There were no recommendations made which relate to the key question "**Is Care Safe?**" following the inspection undertaken on 14 and 15 January 2015.

Seven recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 14 and 15 January 2015.

These recommendations concerned updating the management policy, providing staff with training on capacity to consent and human rights. The absence of regular audits being completed of care records and the absence of individual therapeutic care plans for patients. Recommendations were made in relation to how patients' views were captured prior to ward conference meetings, the incompleteness of care plans from patients' assessed needs and the reviewing of care plans.

The inspector was pleased to note that all seven recommendations had been fully implemented.

- The records management policy had been updated.
- Staff had reviewed training in capacity to consent and human rights.
- Patients' views were captured in their progress notes prior to their case conference.
- Care plans had been devised from patients' assessed need.
- Care plans were reviewed on a regular basis.
- The ward manager was completing regular audits of the care documentation to ensure all records were accurate and up to date.
- Each patient had an individual recreational therapeutic care plan.

Two recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspections undertaken on 14 and 15 January 2015.

These recommendations concerned patients access to their bedroom areas as this had been restricted with no clear rationale in place for this blanket restriction and the absence of care plans in relation to restrictive practices.

The inspector was pleased to note that both recommendations had been fully implemented.

- A clear rationale was in place in relation to the levels of restriction in place in relation to patients’ access their bedroom areas.
- Care plans were in place in relation to restrictive practices with a clear rationale for the level of restriction in terms of necessity and proportionality.

The detailed findings from the follow up of previous recommendations 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

The inspector noted that there was information provided in the Avoca Ward Booklet which detailed the purpose of the ward and a description of the service offered. Information was also displayed on the wards performance in relation to releasing time to care. The inspector reviewed the staffing rota for the ward and there were no concerns identified in relation to staffing levels on the ward. Staffing levels appeared adequate to support the assessed needs of the patients. Staff was observed to be attentive and assisted patients promptly when required. Staff were observed supporting patients with recreational activities.

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

The female patients had their own individual bedrooms and the male patients were accommodated in a large five bedded bay area. All patients had screens around their beds to promote their privacy and dignity.

There were a number of rooms available for patients to control their level of social contact. Patients could use the dining room, main communal room, conservatory and care area throughout the day. There was also a visitor's room off from the main ward area however patients could also meet their visitors on the ward. The entrance doors to the ward were locked at all times however a well maintained outside area was noted to be open and accessible throughout the day. A cordless phone was available on the ward for patients and patients had access to their own mobile phones.

There were no areas of overcrowding observed on the day of the inspection; the day areas were open, spacious and the furniture was arranged in a way that encouraged social interaction. There were smaller areas for patients to sit and form friendships. The inspectors observed that staff were present at all times in the communal areas and available at patients' request. There was up to date and relevant information displayed in both in the communal areas and available in the ward information booklet. This included the following information; Human Rights, patient rights in accordance with the Mental Health (Northern Ireland) Order 1986, the right to access patient information, independent advocacy services and the right to make a complaint.

Patients were offered a choice of meals which met their dietary requirements and they had access to tea and coffee facilities throughout the day.

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 direct observations 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 observations of interactions between staff and patients/visitors. Three interactions were noted in this time period. The outcome of these interactions were as follows:

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

Overall the quality of interactions between staff and patients were positive. Patients and nursing staff were observed sitting together in the communal area. The atmosphere was relaxed for most of the day. Staff were available and prompt in assisting patients throughout the observations.

The detailed findings from the observation session are included in Appendix 3.

7.0 Patient Experience Interviews

One patient agreed to meet with the inspector to talk about their care, treatment and experience as a patient. The patient made the following comments:

- The staff are good to me.
- I like it here but I want to get home to my family
- My family can come and visit me here but I miss being at home.
- I like doing activities on the ward
- I speak to the doctor she is good to me

There were no carers/relatives available to meet with the inspector to talk about the care and treatment on the ward.

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	2
Other ward professionals	1
Advocates	0

Wards staff

The inspector met with two members of nursing staff on the day of inspection. Both staff members stated that the ward had been very busy and at times it can be very stressful working on the ward as the patients are very unwell when they are admitted. However both staff members stated they were well supported by the ward manager and they both felt the team worked well together to support each other. Both staff members did not express any concerns regarding the patients' care and treatment.

Other ward professionals

The inspector spoke to the occupational therapist (OT) on the ward who provided the inspector with a summary of their role. They explained in detail the variety of work they undertake with patients on the ward. The OT did not express any concerns regarding the ward or patients' care and treatment.

The advocate

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

9.0 Next Steps

This report will be published on the RQIA website. An easy to read version of the report will also be available.

RQIA will visit this ward again as part of the planned programme of inspections.

Appendix 1 – Follow up on Previous Recommendations

Appendix 2 – Ward Environment Observation
(This document can be made available on request)

Appendix 3 – QUIS
(This document can be made available on request)



No requirements or recommendations resulted from the unannounced inspection of **Avoca, Knockbracken Healthcare Park** which was undertaken on **11 June 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

| |

NAME OF REGISTERED MANAGER COMPLETING	James Daly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Martin Dillon, Deputy Chief Executive

Approved by:	Date
Audrey McLellan	23 July 2015

Follow-up on recommendations made following the unannounced inspection on 14 and 15 January 2015

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	6.3.2 (d)	It is recommended that patients have access to bedroom / upstairs area throughout the day.	3	Patients have access to the bedroom and upstairs areas at set times throughout the day. This arrangement has been agreed at the patients', 'have your say' fortnightly meetings which are held on the ward. If patients request to use this area at other times during the day this can be facilitated. However the upstairs area is locked at all other times during the day therefore patients do not have free access to this area. There was evidence in the three sets of care documentation reviewed by the inspector which gave a clear rationale for the necessity of this practice.	Fully met
2	5.3.1 (f)	It is recommended that the records management policy available is updated.	2	This policy has been reviewed and is in draft format. Senior Trust representatives have confirmed that this document will be signed off at the Trust Policy Committee on 01 July 2015 and will be available to staff after this date.	Fully met
3	4.3 (m)	It is recommended the ward manager ensures that all staff on the ward received training on capacity to consent and human rights	1	The ward manager has completed ward based training on capacity and consent and human rights with all nursing staff on the ward.	Fully met
4	5.3.3 (b)	It is recommended that the ward manager reviews how patients views are captured and recorded prior to the ward conference to ensure that this is evidenced in the care documentation	1	There was evidence in the three sets of care documentation that patients had met with a member of nursing staff prior to the multidisciplinary team meeting (MDT) to discuss their care and treatment so that this could be shared at the MDT meeting the following day. This record detailed the patients' and staffs perception of their current mental state, social interactions, incidents, one to one views, compliance with treatment, sleep pattern, appetite, activity, and their physical health. Each patient was given a time to meet with the	Fully met

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				consultant and a member of nursing staff on the morning of MDT meeting. Patients could also attend the ward conference after this meeting however most patients choose to attend this smaller meeting.	
5	5.3.1 (a)	It is recommended that the ward manager ensures that care plans are devised when assessments indicate a new care plan is required	1	In the three sets of care documentation reviewed by the inspector there was evidence that care plans were devised when assessments indicated a new care plan was required	Fully met
6	5.3.1 (a)	It is recommended that the ward manager ensures that all care plans are reviewed weekly at the ward conference	1	There was evidence in all three sets of care documentation that all care plans were reviewed weekly by nursing staff if changes to the care plans were required these were updated accordingly. Patients who were on enhanced observations were reviewed daily.	Fully met
7	5.3.1 (f)	It is recommended that the ward manager completes regular audits of the care documentation to ensure all records are stored in the appropriate sections of the patients file and accurate up to date information is recorded on the care the patients are receiving on the ward in accordance with, Good Management, Good Records, (DHSSPS) December 2014 guidelines.	1	There was evidence that the ward manager was completing monthly audits of all patients' care documentation to ensure accurate up to date information was recorded. The inspector reviewed three sets of patients' records and there was evidence that records were up to date and accurate.	Fully met
8	5.3.1(a)	It is recommended that the ward manager ensures each patient has an individual recreational and	1	In the three sets of care records reviewed by the inspector there was evidence that the occupational therapist had completed assessments with patients which were all 'Model of Human Occupation' (MOHO) assessments. There was	Fully met

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		therapeutic care plan in place		evidence that the occupational therapist had set up individual recreational and therapeutic care plans from patient's individual assessments.	
9	5.3.1 9a)	It is recommended that the ward manager ensure that when restrictive practices are in place care plans are developed detailing the rationale for the level of restriction in terms of necessity and proportionality.	1	The inspector reviewed three sets of care documentation and there was evidence that care plans had been devised in relation to the individual deprivation of liberty for each patient. Each care plan detailed the rationale for the level of restriction in terms of necessity and proportionality. Consideration of the impact on patient's human rights was also included in these care plans.	Fully met