



The **Regulation and
Quality Improvement
Authority**

RQIA

**Mental Health and Learning
Disability**

Unannounced Inspection

**Avoca Ward, Knockbracken
Healthcare Park**

**Belfast Health and Social
Care Trust**

14 and 15 January 2015



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1.0 General Information

Ward Name	Avoca Ward
Trust	Belfast Health and Social Care Trust
Hospital Address	Saintfield Road Belfast BT8 8BH
Ward Telephone number	028 90565656
Ward Manager	James Daly
Email address	James.daly@belfasttrust.hscni.net
Person in charge on day of inspection	James Daly
Category of Care	Psychiatric intensive care unit
Date of last inspection and inspection type	27 & 28 February 2012 Announced
Name of inspector	Audrey McLellan

2.0 Ward profile

Avoca is situated in the grounds of Knockbracken Health Care Park and is a Psychiatric Intensive Care Unit, which provides treatment for eight patients. On the days of the inspection there were seven patients on the ward. There were no patients whose discharge had been delayed.

On the day of the inspection there were seven patients on the ward and six of these patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

Avoca ward is a mixed gender ward and 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.

The ward has two levels; the downstairs area consists of a large day room, kitchen, dining room, toilets, a conference/visitor room and an activity room. In the dining room patients have free access to a hot water system so that they can make tea and coffee whenever they wish. There is also a 'care area' located off the main day room which is used for patients to have access to a

low stimulus environment. An outside garden area is also available for patients' which has a smoking shelter, garden shed, seating areas and an all weather pitch which patients can use to play football or basketball.

The upstairs area has a small gym, a five bedded male area, toilet facilities, a television room and three single rooms for female patients.

3.0 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. 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).

3.1 Purpose and Aim of the Inspection

The purpose of the inspection was to ensure that the service was compliant with relevant legislation, minimum standards and good practice indicators and to consider whether the service provided was in accordance with the patients' assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

The aim of the inspection was to examine the policies, procedures, practices and monitoring arrangements for the provision of care and treatment, and to determine the ward's compliance with the following:

- 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.

Other published standards which guide best practice may also be referenced during the inspection process.

3.2 Methodology

RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the inspection standards.

Prior to the inspection RQIA forwarded the associated inspection documentation to the Trust, which allowed the ward the opportunity to demonstrate its ability to deliver a service against best practice indicators. This included the assessment of the Trust's performance against an RQIA Compliance Scale, as outlined in Section 6.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- analysis of pre-inspection information;
- discussion with patients and/or representatives;
- discussion with multi-disciplinary staff and managers;
- examination of records;
- consultation with stakeholders;
- file audit; and
- evaluation and feedback.

Any other information received by RQIA about this service and the service delivery has also been considered by the inspector in preparing for this inspection.

The recommendations made during previous inspections were also assessed during this inspection to determine the Trust's progress towards compliance. A summary of these findings are included in section 4.0, and full details of these findings are included in Appendix 1.

An overall summary of the ward's performance against the human rights theme of Autonomy is in Section 5.0 and full details of the inspection findings are included in Appendix 2.

The inspector would like to thank the patients and staff for their cooperation throughout the inspection process.

4.0 Review of action plans/progress

An unannounced inspection of Avoca Ward was undertaken on 14 and 15 January 2015

4.1 Review of action plans/progress to address outcomes from the previous announced inspection

The recommendations made following the last announced inspection on 27 and 28 January 2012 were evaluated. The inspector was pleased to note that seven recommendations had been fully met and compliance had been achieved in the following areas:

- Information in relation to vulnerable adults is provided in the staff induction booklet
- Relatives are provided with information on how to make a complaint if they are dissatisfied with any aspect of care and treatment on the ward
- The ward proactively informs patients and their relatives of the wards ethos of openness and transparency
- The ward has reviewed how they retain receipts of purchases for patients.
- Patients are informed of their right to access information held about them
- A policy has been developed for accommodating children visiting Avoca ward which reflects the safeguards identified by staff
- Staff sign, date and record their designation when completing assessments and documentation

However, despite assurances for the Trust, one recommendation had not been met and will require to be restated for a second time, and one recommendation will be required to be restated for a third time in the Quality Improvement Plan (QIP) accompanying this report.

4.2 Review of action plans/progress to address outcomes from the patient experience interview inspection

There were no recommendations made following the patient experience interview inspection on 11 April 2014.

4.3 Review of action plans/progress to address outcomes from the previous finance inspection

The recommendation made following the finance inspection on 30 December 2013 was evaluated. The inspector was pleased to note that this recommendation had been fully met and compliance had been achieved in the following area:

- The ward manager maintains a record of all staff who obtain the master key to the patients' safes and the reason for access

Details of the above findings are included in Appendix 1.

5.0 Inspection Summary

Since the last inspection plans have been made for Avoca ward to transfer to a new purpose built acute inpatient unit at the Belfast City Hospital site and it is expected that this new unit will be open in 2017. Staff have viewed other purpose built wards, worked closely with the management team and the architects to ensure this new building will provide the right kind of environment for patients with an acute mental health condition.

The ward has a small gym and six staff have now been trained on how to use this equipment safely. Medical professionals assess each patient before they commence a fitness programme. All staff on the ward have completed their basis food hygiene training

The following is a summary of the inspection findings in relation to the Human Rights indicator of Autonomy and represents the position on the ward on the days of the inspection.

The inspector reviewed three sets of care documentation and there was evidence that patients' capacity to consent to their care and treatment was monitored and re-evaluated regularly throughout their admission in Avoca ward. This was completed on an ongoing basis by staff members and was recorded in the patients' progress notes. Staff continually assessed patients understanding when having daily one to one time with patients to discuss their care and treatment and when completing various therapeutic and recreational activities on the ward. If concerns regarding patients' capacity are raised this is referred to the consultant psychiatrist who will complete an assessment of the patients' capacity.

There was evidence in the three sets of care documentation that patients had refused to attend therapeutic activities on the ward and an agreement had been reached with the occupational therapist to complete the activity later the same day. There was also a record in one set of care documentation that the patient had refused their medication as they felt it had made them too sleepy. In another set of care documentation records indicated that the patient had refused to attend to their personal hygiene in the morning however they were encouraged later the same day to complete the same task and this was carried out by the patient.

There was evidence in the three sets of care documentation that patients had been given time to understand the implications of their care and treatment. Prior to the ward conference which is held each Monday the patients meet with staff members over the weekend to discuss their care and treatment and any issues they may want to raise at the ward conference. Patients were given time to think about all aspects of their care and treatment and this was recorded on a 'summary sheet' for the patients to bring into a meeting with the consultant on Monday morning prior to the ward conference. This record details 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 is given a time to meet with the consultant and a member of staff on Monday morning prior to the ward conference. At this meeting the patients discuss their care and treatment and they have the 'summary sheet' as a guide to assist them at this meeting. Their risk assessment and treatment plan is also discussed and reviewed. Patients can also attend the ward conference after this meeting however most patients choose to attend this smaller meeting. After the ward conference each patient is updated on the outcome of the meeting if decisions had not been agreed with the consultant and member of staff prior to the ward conference. This also gives the patients an opportunity to sign their treatment plan if they agree with the content. However in the three sets of care documentation reviewed by the inspector there was evidence that the patients had met with the consultant and a member of staff however the details of these conversations were not recorded in full with some records stating "ascertained views". There was no record of the patients actual views as the summary sheet that recorded the details was shredded after the meeting as it was not a Trust document. The ward staff had developed this summary sheet themselves to capture the patients views. A recommendation has been made in relation to this

The inspector spoke to two patients on the ward and both patients informed the inspector that they had met with the consultant on the ward and were able to discuss their care and treatment.

The inspector spoke to four members of staff on the ward and all four staff members demonstrated a good understanding of how to gain patients' consent when providing care and treatment. Staff advised they continually assess patients' capacity to understand their care and treatment on the ward and work towards using the least restrictive method of care and treatment.

Seven questionnaires were returned from members of staff prior to the inspection. Five staff members indicated that that they had not received training in capacity to consent and six indicated they had not reviewed training on human rights. A recommendation has been made in relation to this.

The inspector was advised by the ward manager that the majority of patients who are admitted onto Avoca ward have transferred from other wards and therefore initial assessments have already been completed. Once admitted to Avoca ward these assessments are reviewed and updated by staff on the ward. Patients admitted from the community had nursing and medical assessments completed along with a joint mental state assessment. Care plans were then devised from these assessments and any identified risks were recorded. Risk assessments were updated and reviewed each week at the ward conference

Patients admitted onto Avoca ward who had a keyworker in the community had assessments sent into the ward from these professionals. Patients who had not been known to a keyworker in the community had assessments

completed by the social worker linked to Avoca ward who completed a mental health assessment and a social history report.

In all three sets of care documentation reviewed by the inspector assessments had been completed and care plans devised from these assessments. Risk assessments were completed and reviewed by the Multi-disciplinary team at the weekly ward conference along with the patient's treatment plan. If patients had refused to sign the treatment plan this was recorded with the reason why they had refused.

In one set of care documentation reviewed by the inspector there was an update to the patient's care and treatment as they now needed to be monitored regarding their food intake. However a care plan had not been devised to reflect this change in the patient's care and treatment. A recommendation has been made in relation to this.

In one of the three sets of care documentation reviewed by the inspector the assessment stated that the patient was at risk of choking. The inspector found it difficult to locate this care plan as it was filed with discontinued care plans and had not been reviewed from the patients' previous admission on the ward but was still relevant to the patients care and treatment as they were still at risk of choking. A recommendation has been made in relation to this.

In one of the three sets of care documentation reviewed the inspector was unable to locate evidence of two ward conference meetings and assumed no meeting had been held for this patient. However, once this was discussed with the ward manager and the file was reviewed again the template was found to be filed in with previous notes. A recommendation has been made in relation to this

In the three sets of care documentation reviewed there was evidence of core care plans and person centred care plans completed for each patient. These were reviewed at each weekly ward conference and updated when necessary. Each patient also had a multi-disciplinary team treatment plan which was reviewed each week. This plan is initially set up on admission to the ward with the patient, the consultant on the ward and a member of staff. It is reviewed at the ward conference meeting which the patients can also attend. After the ward conference if the patient has not attended this meeting the plan is discussed with them and they are asked to sign same.

The inspectors discussed communication needs with the consultant and the ward manager who both advised that patients have been admitted onto the ward who have not been from Northern Ireland and therefore their understanding of the English language has been very limited. On these occasions they linked in with the interpreting service to ensure that these patients understood their care and treatment.

Communication assessments are completed for each patient on the ward by the occupational therapist on the ward. If concerns are raised regarding a patient's ability to communicate, appropriate referrals can be made to the

speech and language department, psychology for IQ testing or to the interpreting service if the patients first language is not English.

The inspector met with the occupational therapist who advised that they work Monday to Friday on the ward. They are supported by an occupational therapy assistant who works part-time on the ward. All patients are referred to the occupational therapist on admission. The occupational therapist had completed assessments with patients on the ward and agreed individual therapeutic sessions with each patient.

The inspector reviewed three sets of care documentation and there was evidence of ongoing monitoring of patients participation in and outcomes of ward based activities. It was good to note that these records were comprehensive and included a detailed in depth account of the patients presentation, mood, energy levels, conversations held, concentration levels and interactions with other patients.

It was good to note that on the days of the inspection the inspector observed staff engaging with patients and assisting them in participating in ward based activities. The occupational therapist informed the inspector that the patients are encouraged to feedback to them on the outcome of the activities. The inspector reviewed a number of easy read evaluation sheets that patients had completed after an activity. These detailed questions about the activity in relation to what they had enjoyed about it and how it can be improved also how they felt before the session and after the session.

In the three sets of care documentation there was evidence that patients were participating in a range of activities on the ward and these were person centred and individual to each patients assessed need and preference. However patients did not have an individual therapeutic and recreational care plan in place. A recommendation has been made in relation to this

There were six patients on the ward that were detained under the Mental Health (Northern Ireland) Order 1986 on the days of the inspection. The ward had information available in relation to the detention process and the Mental Health Review Tribunal. Patients were given time to understand the implications of being a detained patient on the ward. There was evidence in the three sets of care documentation that patients had met with the nurses, other ward professionals and their consultant to discuss this process.

Information was also available on the ward on how to make a complaint and how to access the advocacy service. An independent advocacy service provided by the Northern Ireland Association for Mental Health (NIAMH) was available on the ward and they attend the patients 'Have your Say' meeting every fortnight. The inspector met with the advocate for the ward and they informed the inspector that they have helped patients on the ward to make a complaint, apply to the mental health review tribunal and they had attended meetings with patients and the consultant on the ward to provide support. The advocate stated that they felt that the staff on the ward are very respectful to patients and at times the ward can be very challenging to work in

depending on the mix of patients on the ward. They advised that if issues are raised by patients they would work with the ward manager to try to resolve these issues and if concerns were still raised then they would help the patient to make a formal complaint.

There was an information booklet available for patients to read when they are admitted onto the ward. The ward also had an information booklet which contained information on all mental health services within the Belfast Trust entitled 'Acute Inpatient Units Information Booklet for Service Users'

In the entrance to the ward staff had displayed 'Welcome to Avoca Ward' in various different languages to accommodate patients from other countries when they are initially admitted onto the ward.

There was evidence in the three sets of care documentation reviewed by the inspector that patients were accompanied on walks around the hospital site, to the hospital restaurant and to the coffee shop. There was evidence in one set of care documentation that a patient had went to a local shopping centre to purchase presents for their family for Christmas. The occupational therapist advised that they work at all times to reduce the level of restriction in place for each patient on the ward and this is reviewed at the weekly ward conference. Patients are also when deemed well enough encouraged to go for walks on the hospital site unaccompanied and to return within a set time frame. The ward manager advised that this is agreed after detailed assessments are completed and when agreed by the multi-disciplinary team.

The inspector reviewed three sets of care documentation on the ward and all three sets contained individualised person centred care plans. However core care plans were in place in relation to the patients' detention on the ward and the locked door. In all three sets of care documentation reviewed the rationale for the restriction in relation to the locked door on the ward was unclear. Care plans stated "it has been decided by the multi-disciplinary team that at this time X requires a locked door environment for his/her own safety and the safety of others". There was no indication of what the safety issues were for each individual patient on the ward. A recommendation has been made in relation to this.

The inspector interviewed four members of staff and discussed levels of restrictions on the ward. Staff talked about always working towards reducing levels of restrictions on the ward and advised that this is reviewed at the weekly ward conference. In relation to physical interventions on the ward the staff members stated that this is used as a last resort after they try to de-escalate the situation on the ward.

The inspector reviewed the recent incidents of MAPA interventions on the ward and staff had completed the appropriate documentation on the ward. An incident form, physical monitoring form and where a patient has been nursed in the care area, a care area form, had been completed. Patients are also seen by a member of the medical team after the intervention. Records of all

restraints are audited by the Resource Nurse for Mental Health and Learning Disability.

The ward had individual cupboards which held some of the patient's personal items which they could access upon request. Each patient on the ward who was deemed to have capacity to manage their finances also had a digital safe on the ward to store their money.

The ward manager stated that there were no patients on Avoca ward whose discharge into the community had been delayed. However there were three patients on the ward who were waiting to transfer to an acute ward on the hospital site.

Inspectors reviewed care documentation in relation to three patients and noted that care planning focused on moving towards recovery and discharge. Transfer arrangements to other wards are discussed at the weekly ward conference. The ward manager stated that typically patients in Avoca transfer to other wards and are very rarely discharged directly into the community. Links are made with the transferring ward to update staff on the patient who will be transferring to them. The patient's notes travel with the patient to other wards and a staff member accompanies the patient to the transferring ward and completes a handover on the ward. Patients are kept informed of transfer arrangement by staff on the ward. There was evidenced in the care documentation reviewed by the inspector of staff liaising with other wards to complete transfers.

There was evidence in the care documentation reviewed that staff on the ward work closely with other professionals involved in the patients' care to ensure a seamless transfer to other wards and in exceptional circumstances into the community. Professionals from community based services attend the ward round and staff working on the ward interface directly with community based services where appropriate. Mental health services discharge plans are completed for each patient and follow up appointments are arranged with either the patient's GP or the consultant on the ward.

The ward manager informed the inspector that the Health and Social Care Board are informed of any delayed discharges.

The inspector noted that there was evidence in the care documentation reviewed that patient's human rights had been considered with reference to Human Rights Article 3, 5, 8 and 14

Details of the above findings are included in Appendix 2.

On this occasion Avoca Ward has achieved an overall compliance level of Substantially Compliant in relation to the Human Rights inspection theme of "Autonomy".

6.0 Consultation processes

During the course of the inspection, the inspector was able to meet with:

Patients	2
Ward Staff	4
Relatives	0
Other Ward Professionals	3
Advocates	1

Patients

The inspector spoke to two patients on the ward. The two patients stated they knew why they were in hospital and knew what they could and could not do on the ward. However one patient stated that they had been admitted onto the ward as they had a physical health care problem and therefore did not fully appear to understand the reason for their admission. The other patient appeared very anxious about their detention on the ward and was unable to answer questions in relation to their admission. This patient stated that they had applied to the Mental Health Review Tribunal and had also made a complaint. However they did state that they had no complaints about the staff on Avoca ward but had made complaints regarding other wards where they had been an inpatient. The inspector completed a direct observation of the ward throughout the two days of the inspection and observed this patient relaxed and involved in therapeutic activities on the ward.

One patient was able to answer all the questions asked by the inspector. This patient stated that they had been involved in their care and treatment. They informed the inspector that their medication had been changed and the reason for this had been explained to them by their consultant. They said that they knew who to talk to if something was making them unhappy on the ward. When asked about their overall care and treatment on the ward the patient stated that the staff were “nice, lovely people”.

Relatives/Carers

No relatives were available on the ward on the days of the inspector.

Ward Staff

The inspector met with four ward staff on the days of the inspection. The staff advised that they work closely with patients’ family members/carers to ensure that individualised care plans are developed for patients on the ward which includes their likes and dislikes. Staff talked about holding activity evenings whereby relatives can come onto the ward and join in on activities such as

Halloween and Christmas parties. They also stated that if families want to have private time together they have access to a private room on the ward.

The staff informed the inspector that the ward continually reviews any restrictive practices and they advised that they are always looking at ways to reduce restrictions. They stated that patients are encouraged to go out with them on accompanied walks around the hospital site and they advised that during this time they assess the patients understanding and capacity. They then report the patients' progress to the multi-disciplinary meetings and discuss the possibility of giving patients the freedom to have unsupervised access off the ward with the view that patients can be transferred to an open ward.

The staff advised that they work at all times to ensure they gain patients consent to care and treatment. Staff spoke about physical interventions on the ward and how they would try to de-escalate the situation before using any form of physical interventions. They spoke about how they would use the 'care area' before the situation escalated to sit with patient until the situation is calm.

Other Ward Professionals

The inspector spoke to the consultant on the ward who advised that they currently work on the ward part-time and have the support of a speciality doctor in psychiatry who also works part-time on the ward. The consultant informed the inspector that patients meet with them and a nurse on the ward prior to the ward round each week to discuss their care and treatment and to review their risk assessment. They advised this is currently working well on the ward. Patients are also able to attend the ward round which is directly after this meeting however the consultant advised that most patients prefer to attend this smaller meeting. Nursing staff meet with patients afterwards to update them on the outcome of the multi-disciplinary team meeting.

The inspector also spoke to the social worker who is attached to the ward. They advised that their role has recently changed as they are now involved in completing mental health assessments and social histories for patients who are not known to other professionals in the community. They advised this is a recent development and has not been fully implemented yet.

The inspector spoke to the occupational therapist who works on the ward. They advised how all new patients are referred to them. They complete an assessment with each patient and discuss with the patients various activities they may be interested in on the ward. They advised that the staff on the ward would follow through on some of the activities they have set up. They stated that there is good joint working on the ward between professionals. The occupational therapist stated that they would attend the weekly ward round to give feedback on the patients' progress.

Advocates

The inspector met with the advocate who attends the ward from NIAMH. They advised that they attend the ward every fortnight and when requested they can also come to see patients. They attend the fortnightly patient meetings and have supported a number of patients on the ward in various different ways such as attending meetings with the consultant to offer support, assisting in completing complaints for patients and assisting patients with writing to the mental health review tribunal.

Questionnaires were issued to staff, relatives/carers and other ward professionals in advance of the inspection. The responses from the questionnaires were used to inform the inspection process, and are included in inspection findings.

Questionnaires issued to	Number issued	Number returned
Ward Staff	20	6
Other Ward Professionals	5	1
Relatives/carers	8	0

Ward Staff

There were six questionnaires returned by ward staff in advance of the inspection. Information contained within the questionnaires indicated that two ward staff had received training in capacity to consent and no staff members had attended training on human rights. All six staff members stated that they were aware of the Deprivation of Liberty Safeguards (DOLS) – interim guidance and all six indicated they had received training in relation to restrictive practices. Out of the six questionnaires returned five staff member indicated they had received training on meeting the needs of patients who need support with communication and six staff members indicated that patient’s communication needs were recorded in their assessment and care plan and that they were aware of alternative methods of communicating with patients. They all indicated that these methods were used on the ward. The six staff members reported that the level of therapeutic and recreational activities on the ward meets the patients’ individual needs. The following comments were made by ward staff regarding the care and service provided by the ward:

“I work within an excellent team. One to one individualised care is provided ensuring safe effective care is delivered. Patients have access to advocacy, OT and their consultant weekly. Excellent team leadership”

“OT are on the ward daily during the week. Ward staff provide therapeutic and recreational activities with OT staff and also at all other times. Walks, cooking, gym, art and crafts, movies are provided by staff on the ward”

Other Ward Professionals

One questionnaire was returned by a ward professional in advance of the inspection. Information contained within the questionnaires indicated that they had not received training in capacity to consent or human rights. They were aware of the Deprivation of Liberty Safeguards (DOLS) – interim guidance however they had not attended training in relation to restrictive practices. They indicated they had received training on meeting the needs of patients who need support with communication, that patient's communication needs were recorded in their assessment and care plan and that they were aware of alternative methods of communicating with patients. They indicated that these methods were used on the ward. They reported that the level of therapeutic and recreational activities meets the patients individual needs on the ward. They made the following comment regarding the care and service provided by the ward:

Relatives/carers

There were no questionnaires returned by relatives/carers

7.0 Additional matters examined/additional concerns noted

Complaints

The inspector reviewed complaints received by the ward between 1 April 2013 and 31 March 2014. There were no complaints received over this period.

8.0 RQIA Compliance Scale Guidance

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable	Compliance with this criterion does not apply to this ward.	A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant	Compliance will not be demonstrated by the date of the inspection.	A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a recommendation, being made within the Inspection Report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

Appendix 1 – Follow up on Previous Recommendations

The details of follow up on previously made recommendations contained within this report are an electronic copy. If you require a hard copy of this information please contact the RQIA Mental Health and Learning Disability Team:

Appendix 2 – Inspection Findings

The Inspection Findings contained within this report is an electronic copy. If you require a hard copy of this information please contact the RQIA Mental Health and Learning Disability Team:

Contact Details

Telephone: 028 90517500

Email: Team.MentalHealth@rqia.org.uk

Announced Inspection – **<Insert Name of Facility> – <insert date of inspection>**

Follow-up on recommendations made following the announced inspection on 27 and 28 February 2012

No.	Recommendations	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	It is recommended that patients have access to bedroom / upstairs area throughout the day.	<p>Patients have access to the bedroom and upstairs areas at set times throughout the day. This arrangement has been agreed with patients 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 if staff are able to accommodate this request. 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 no evidence in the care documentation reviewed by the inspector to indicate the basis on which this decision had been made with a clear rationale for the necessity of this practice.</p> <p>This recommendation will be restated for a third time</p>	Not met
2	It is recommended that vulnerable adult information is provided in the new staff induction booklet	The inspector reviewed the staff induction booklet and it included information in relation to vulnerable adults. This information included the referral process, different types of abuse and reference was made to the various policies and procedures that staff need to follow.	Fully met
3	It is recommended that the records management policy available is updated	<p>Staff have raised this issue with the governance team. However to date this policy is currently under review and has not been updated.</p> <p>This recommendation will be restated for a second time.</p>	Not met
4	It is recommended that relatives are proactively informed by staff that they can make complaint if they are dissatisfied with any aspect of care and treatment on the ward.	Complaints leaflets are displayed throughout the ward and easy read versions of the complaints procedure is also displayed. Information on complaints is detailed in the wards information booklet. A leaflet is also displayed in the entrance hall of the ward whereby relatives are able to request a meeting with the	Fully met

Appendix 1

		doctor, senior nurse, social worker or any other member of staff on the ward to discuss their relatives care and treatment.	
5	It is recommended that the ward proactively inform patients and their relatives the ward ethos of openness and transparency.	Patients and relatives are able to request a meeting with their doctor, senior nurse, social worker or any other member of staff on the ward. The ward holds a 'have your say' meeting with patients every fortnight and patients have an opportunity at these meetings to discuss any issues regarding the ward. Patients also have 1:1 time with staff on the ward and at these meeting patients are encouraged to discuss any issues or concerns. There is also an independent advocate who visits the ward on a regular basis and they can if requested meet with patients and relatives. The advocate also attends the patients 'have your say meetings' every fortnight. Prior to each ward round each patient meets with the consultant on the ward to discuss their care and treatment with a member of staff on the ward. If they wish to attend the Multi- disciplinary meeting this can also be arranged.	Fully met
6	It is recommended that the ward reviews how they retain receipts of purchases for patients.	Patients on the ward who are deemed to have financial capacity all have access to individual digital safes on the ward where they can keep small amounts of money. All patients on the ward at present are deemed to have financial capacity. If patients do not have the capacity to manage their finances their money is sent to the main office on the hospital site. If the ward staff make purchases on behalf of the patients they retained receipts and keep a record of the amount spent which is signed by two members of staff. Copies of the receipts are sent to the main office.	Fully Met
7	It is recommended that patient's deemed as capable of being involved in their care plans are also informed of their right to access information held about them.	All patients receive a copy of the wards information booklet when they are admitted onto the ward. This booklet contains a section on their 'Right to Access information'.	Fully Met

Appendix 1

8	It is recommended that a policy is developed for accommodating children visiting for Avoca ward which reflects the safeguards identified by staff.	A Policy has been developed on children visiting Avoca ward and this has been included in the staff induction booklet. Other polices in relation to visiting patients on the ward are referenced in this induction booklet for staff such as: The Belfast Trust Visiting Policy, the Local Guidance for Family Visits by Children to Psychiatry facilitates and The Regional Child Protection Policy and Protocol Policy.	Fully Met
9	It is recommended that staff sign and date and indicate their designation when completing assessments and documentation on the ward.	In all four sets of care documentation reviewed by the inspection the staff had signed and dated all documentation to include their full name, the date and their designation.	Fully Met

Follow-up on recommendations made at the finance inspection on 30 December 2013

No.	Recommendations	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	It is recommended that the ward manager maintains a record of all staff who obtain the master key to the patients' safes, and the drawer where patients' monies are held, and the reason for access	All patients deemed to have financial capacity now have an individual digital safe on the ward. A master key is kept in the office and a record is kept of the staff members who obtain the key and the reason for this. This record is signed by two members of staff. Patients who have been assessed as not having financial capacity have their money held in the main hospital site.	Fully met

Follow up on the implementation of any recommendations made following the investigation of a Serious Adverse Incident

No.	SAI No	Recommendations	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	N/A	N/A	N/A	N/A



Quality Improvement Plan Unannounced Inspection

Avoca Ward, Knockbracken Healthcare Park

14 & 15 January 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 Operations Manager of Acute Inpatient Mental Health Wards, the Deputy Charge Nurse, the Co-Director of Mental Health and CAMHS, the Nurse Development Lead, the Quality & Information Manager, the Deputy Sister, the Charge Nurse, the Social Worker and the Occupational Therapist 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
1	6.3.2 (d)	It is recommended that patients have access to bedroom / upstairs area throughout the day.	3	15 April 2015	Patients can request access to their bedrooms throughout the day. Staff have also been requested to review patient care plans to ensure the issue of access to bedrooms is addressed including clear rationale. The patient information leaflet has been updated since the inspection to include access to bed areas and rest period. Access to bedrooms is also raised regularly at the patients "Have your Say" meetings. There have been no complaints from patients or their carers regarding access to their bedrooms to-date.
2	5.3.1 (f)	It is recommended that the records management policy available is updated.	2	31 March 2015	The Records Management Policy is a Trust policy and its update is outside of the Directorate's control. This recommendation will not be addressed within RQIA's timescales. Contact has been made with the policy's author who has confirmed that it will be brought to the next Trust Policy Committee in April for approval.
3	4.3 (m)	It is recommended the ward manager ensures that all staff on the ward received training on	1	31 May 2015	There is currently one session allocated to the Belfast Trust in relation to Human Rights Awareness (which incorporates Capacity and

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
		capacity to consent and human rights			Consent and Deprivation of Liberty training) by the CEC. Staff have been allocated to attend. Further sessions have been requested by the Deputy Associate Nursing Director to facilitate the training.
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	31 March 2015	As stated in the report, patients' views are captured and recorded prior to the ward conference however it is acknowledged that this has not been made clear in the patients' care documentation. Progress notes in relation to these pre conference discussions will now be headed "Pre Conference Discussion" to ensure clear identification of these.
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	Immediate and ongoing	The Ward Manager will ensure that care plans are reviewed by Named Nurses and reflect the needs of patients.
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	Immediate and ongoing	It is not possible to bring all care plans to all weekly ward conferences to review. Care plans are reviewed weekly by the patient's Named/Associate Nurse. Any issues relating to the patient's care will

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
					be brought to the ward conference by nursing staff where it will be discussed with the multidisciplinary team.
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	Immediate and ongoing	The audit template in relation to the multidisciplinary notes has been reviewed. The Ward Manager will ensure that their Deputy Ward Managers audit four files per month. The Ward Manager will then raise any issues with the patient's Named Nurse.
8	5.3.1(a)	It is recommended that the ward manager ensures each patient has an individual recreational and therapeutic care plan in place	1	15 April 2015	The Ward Manager and Ward's Occupational Therapist will develop a care plan in relation to recreational and therapeutic activities. This will be implemented for all patients within said timescale.
9	5.3.1 9a)	It is recommended that the ward manager ensure that when restrictive practices are in place	1	Immediate and	The Ward Manager will ensure that patient care plans in relation to restrictive practices are

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
		care plans are developed detailing the rationale for the level of restriction in terms of necessity and proportionality.		ongoing	reviewed and amended to include the rationale for level of restriction in place.

NAME OF WARD MANAGER COMPLETING QIP	[James Daly]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Martin Dillon, Deputy Chief Executive]

Inspector assessment of returned QIP			Inspector	Date
	Yes	No		

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

A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Audrey McLellan	12/3/15
B.	Further information requested from provider				