

**Mental Health and Learning Disability Inpatient Inspection
Report
11 – 13 January 2017**



Avoca Ward

Psychiatric Intensive Care Unit

Knockbracken Healthcare Park

Belfast Health and Social Care Trust

Tel No: 028 95041991

Inspectors: Alan Guthrie, Dr Brian Fleming

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of Service

Avoca is an eight bedded psychiatric intensive care unit (PICU) providing care and treatment to male and female patients. Patients have access to a multi-disciplinary team including: nursing staff, a consultant psychiatrist, a speciality doctor (in psychiatry), an occupational therapist and a pharmacist. Patients can also access support from the hospital's social work and clinical psychology as required.

On the days of the inspection there were eight patients admitted to the ward. Each patient had been admitted under the Mental Health (Northern Ireland) Order 1986. The ward manager was in charge on the day of the inspection.

3.0 Service Details

Responsible person: Martin Dillon

Ward manager: James Daly

Person in charge at the time of inspection: James Daly

4.0 Inspection Summary

An unannounced inspection took place over three days from 11 – 13 January 2017.

This inspection focused on the theme of Person Centred Care. This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

We assessed if Avcoa was delivering, safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the following:

- Patients and staff had good relationships and staff were evidenced as being supportive and patient centred.
- The ward had an effective multi-disciplinary team (MDT) that supported each other and worked well together.
- The MDT had effective relationships with other Trust teams and services.
- Staff stated they felt supported and that they enjoyed working on the ward.
- The MDT and the senior management team continued to monitor and address challenges affecting patients admitted to the ward.
- Relatives stated that they felt the ward was very good and that staff worked well with patients.

Three areas requiring improvement were identified. These areas are discussed in the provider compliance plan at the end of this report. A number of areas for improvement not discussed in the provider compliance plan relate to a number of important issues. These include: the

delayed transfer of patients from the ward to other Trust acute mental health care settings; the ward's design and patient information systems.

Inspectors evidenced that the Trust continued to proactively address these areas requiring improvement. The Trust continued to address bed management and bed flow issues by ensuring those patients affected were continually updated and through involving all stakeholders in continuous review of bed availability.

The Trust had commenced building a new purpose built acute mental health care facility which was due to be completed by 2018. The Trust had also improved its electronic patient information system and continued to participate in the Health and Social Care (HSC) regional informatics group.

Inspectors were assured from the evidence reviewed that the trust was taking appropriate steps to address all areas identified as requiring improvement. It was positive to note that all staff who spoke with inspectors understood the challenges and demonstrated that they were motivated to assist in making any changes required to help improve patient experience.

RQIA will continue to monitor the trust's progress in these areas.

No recommendations were made as a result of the previous inspection.

Patients Views:

During the inspection inspectors met with seven of the eight patients admitted to the ward. Four patients completed patient questionnaires. Although none of patients who spoke with inspectors wanted to be in the ward, patients were very complimentary regarding their relationships with the staff team. Patients presented as relaxed and at ease in their surroundings. The staff team's ability to promote and help maintain this atmosphere when a number of the patients presented as very unwell evidenced a patient focused environment and effective team work. It was also positive to note that each patient stated that they had felt better since being admitted to the ward. There were no concerns expressed regarding their ability to meet with any member of the MDT.

Two patients discussed their concerns regarding their delayed transfer to one of the Trust's other mental health acute care settings. Both patients explained that the MDT had informed them that their treatment in PICU was complete and they would be transferred to another ward. Unfortunately the transfer of both patients had been delayed with one patient having been waiting for more than a week. Both patients stated that ward staff had kept them updated. Staff had also explained the reasons for the delay. Inspectors reviewed this issue and the findings are discussed below.

Patient and staff interactions observed by inspectors were noted to be supportive, patient centered and caring. Staff were witnessed continually asking patients for their consent prior to providing care and treatment interventions. Staff interacted with patients in a calm and polite manner which helped to maintain a relaxed and welcoming atmosphere. Inspectors observed staff using de-escalation skills on a continuous basis in an effective manner. These interventions demonstrated a high level of skill and resulted in positive outcomes for patients. Patients were observed moving freely throughout the ward's main living areas and the ward garden.

Despite the ward's inappropriate design and not being purpose built the ward staff team maintained the ward areas to a good standard of cleanliness and presentation.

Patients Said:

"I was treated pretty well."

"All the staff are very good."

"I am treated with dignity and respect."

"It can be a bit scary in here."

"I am now more involved in my care and treatment."

"Staff are very very good and knowledgeable."

"Staff are good at diffusing difficult situations."

"Staff coped well." (A patient's reflection on their experience of being supported by three staff simultaneously).

"There are not enough activities at weekends."

"Staff are good."

"Communication between some of the staff could be better."

Relatives Views:

During the inspection patients' relatives were available to meet with an inspector. . Relatives discussed the difficulties and challenges of supporting their family member in hospital and at home. Concerns were expressed regarding the challenges faced by families when a relative becomes unwell in the community and refuses to engage in treatment. The relatives felt that community mental health services could be more proactive when engaging with patients they know; especially when family members are concerned the patient was becoming unwell.

The relatives' experiences of the ward were very positive. Relatives were complimentary about the staff team and stated they were grateful to the nursing and medical staff. Relatives reported no concerns regarding the care and treatment provided by the ward. Relative's comments included:

"The ward is very good."

"The staff work with well with *****."(Patient)

"There is good communication."

"Can't fault the staff."

“There is poor follow up in the community for people with a mental health problem.”

“There are lots of changes to medication. I know it can be trial and error until the patient gets the right medication for them.”

“The Doctor is really helpful and keeps us informed.”

Staff Views:

Inspectors met with 11 members of the ward’s MDT. Staff stated that they felt the MDT was inclusive, supportive and patient centred. Staff demonstrated understanding of the ward’s ethos, their role and the needs of the patient group. Staff stated the MDT considered their views and that the care and treatment planning for each patient was discussed and shared between all team members. Staff reported no concerns regarding their ability to access training, supervision or appraisal. Staff reflected positively on the leadership provided within the ward.

Nursing staff demonstrated good knowledge and understanding of patient care needs and ward processes. Staff presented as motivated and enthusiastic about the ward and their role. Staff reported no concerns regarding the effectiveness of the MDT and it was good to note that they found the MDT to be inclusive, supportive and team orientated. The ward’s layout and environment were discussed. Staff reflected on the positive aspects Avoca’s environment including its spacious living areas, natural lighting and the surrounding grounds. Staff also welcomed the development of the new purpose built facility.

Staff detailed a number of the presenting challenges related to the ward’s environment. These included managing the ground and first floor areas, use of sleeping bay areas for patients and keeping patients safe. The Trust had completed an audit of the Ward’s ligature points in August 2016 and produced a subsequent action plan. Whilst a number of ligature points had been noted staff reported no concerns regarding the management of ligature points.

Staff discussed the challenges of ensuring the timely transfer of patients from PICU to a general mental health acute care setting. Inspectors were informed that the transfer of three patients had been delayed due to challenges in accessing the beds available within the Trust’s mental health services. The key challenge related to the fact that on average during the previous two years the Trust admitted more patients than it discharged. This issue is discussed in more detail in the findings section below.

Medical staff highlighted their concerns regarding the delayed transfer of patients. Staff reflected on the continued challenge of ensuring the timely transfer of patients to other acute care settings once the patient’s PICU treatment had been completed. It was positive to note that the medical staff and the MDT continued to liaise closely with community teams and to ensure that patients were supported to leave the ward as soon as possible after the completion of their treatment.

Medical staff highlighted that the ward had experienced a number of direct admissions of patients from Police custody. Patients presenting from Police custody required a high level of security and or physical intervention. Staff were concerned about the level of assessment of each patient prior to their admission. In addressing this Trust continues to engage with Forensic Medical services to review patient care pathways and admission protocols. RQIA has

asked to be kept apprised of the outcomes of meetings between the Trust and Forensic Medical services.

Staff Said:

“The ward has a great team.”

“Good supportive staff team.”

“Good communication between advocacy services and the team.”

“My opinion is considered and listened to.”

“Effective MDT who know what they’re doing.”

“This ward is patient centred and patient focussed.”

“Bed flow and the re-integration of patients is a concern.”

“This is a good team and I feel supported.”

“I am confident about the ward’s processes.”

“Agency staff are not always up to speed or appropriately trained.”

“I am very positive about the ward.”

“Some patients are here to long.”

The findings of this report will provide the service with the necessary information to enhance practice and service user experience.

4.1 Inspection Outcome

Total number of areas for improvement	Three
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Findings of the inspection were discussed with the ward's senior management team as part of the inspection process and can be found in the main body of the report.

5.0 How we Inspect

The inspection was underpinned by:

- The Mental Health (Northern Ireland) Order 1986.
- The Quality Standards for Health & Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.
- The Human Rights Act 1998.
- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- Optional Protocol to the Convention against Torture (OPCAT) 2002.

Prior to inspection we review a range of information relevant to the service. This included the following records:

- The operational policy or statement of purpose for the ward.
- Incidents and accidents.
- Safeguarding vulnerable adults.
- Complaints.
- Health and safety assessments and associated action plans.
- Information in relation to governance, meetings, organisational management, structure and lines of accountability.
- Details of supervision and appraisal records.
- Policies and procedures.

During the inspection inspectors met with seven service users, eleven members of staff and three patient relatives.

The following records were examined during the inspection:

- Care documentation in relation to four patients.
- Multi-disciplinary team records.
- Policies and procedures.
- Staff roster.
- Staff supervision timetable.
- Clinical room records.
- The Trust's PARIS electronic record system.

- Complaints.
- Incidents, accidents and serious adverse incident records
- Staff rota.
- Training records.

During the inspection inspectors observed staff working practices and interactions with patients using a Quality of Interaction Schedule Tool (QUIS).

The preliminary findings of the inspection were discussed at feedback to the service at the conclusion of the inspection.

6.0 The Inspection

6.1 Review of Recommendations from the Most Recent Inspection dated 11 June 2015

There were no recommendations identified as a result of the last inspection.

7.0 Review of Findings

7.1 Is Care Safe? Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Areas of Good Practice

Patients were involved in designing and managing their risk plans.

Inspectors evidenced patient risk assessments to be individualised, up to date and reviewed on a regular basis.

Environmental assessments of the ward were comprehensive and up to date.

The MDT held staff briefings on a daily basis.

The ward staff team maintained effective links with the Trust's governance department.

Staff who met with inspectors demonstrated a high level of knowledge, skill and motivation.

Staff reported no concerns regarding their ability to escalate concerns.

The care and treatment of patients was being managed in accordance with legislative requirements.

The ward's fire officer had completed an up to date fire risk assessment. Action points to help ensure fire safety had been agreed and the fire officer continued to liaise with the ward as required.

Areas for Improvement

Inspectors were concerned that the ward's environment was not in keeping with best practice guidance as identified by the National Association of Intensive Care and Low Secure Units minimum standards. The Trust has addressed this concern and it was positive to note that work to complete a new purpose built acute admission facility had commenced. This area for improvement continues to be addressed by the Trust and is therefore not discussed in the provider compliance plan accompanying this report.

Number of areas for improvement	Nil
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7.2 Is Care Effective?

The right care, at the right time in the right place with the best outcome

Areas of Good Practice

Inspectors evidenced that patient needs were comprehensively assessed and care records were up to date and easy to follow.

Care plans reviewed by inspectors were patient centred, reviewed on a regular basis and subject to audit.

The ward provided a range of appropriate care and treatment interventions.

The MDT convened regular patient review meetings and patients participated in these.

Patients could access specialist assessments as required.

Care and treatment pathways were evaluated on a regular basis and bench marked against other services.

Discharge planning commenced early during each patients admission.

The ward's environment was clean, spacious and appropriately maintained.

The use of restrictive practices was continually reviewed and commensurate to the assessed needs of patients.

The Trust continued to develop its electronic record information system.

The ward's senior management team continued to address concerns with the regional informatics steering group and the Trust's patient information lead practitioner.

Areas for Improvement

Inspectors were concerned that the ward's environment presented a number of risk factors including ligature points, the ward being split across two levels, limited storage and limited therapeutic interview spaces. It was positive to note that the Trust has commissioned a new purpose built acute care mental health facility. Work has commenced on the facility with completion scheduled for 2018. This area for improvement continues to be addressed by the Trust and is therefore not discussed in the provider compliance plan accompanying this report.

Inspectors were concerned that patient records were retained in both electronic and hard copy format. However, it was good to note that the Trust continued to take appropriate action to address this and to further develop its information systems. It is also important to note that the Trust was continuing to develop its systems in accordance with the Northern Ireland Health and Social Care regional informatics steering group. This group is in the early stages of assessing current electronic information systems across the six Trusts. This area for improvement continues to be addressed by the Trust and is therefore not discussed in the provider compliance plan accompanying this report.

Number of areas for improvement	Nil
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7.3 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.

Areas of Good Practice

Patients stated that they were treated with dignity and respect and that staff responded compassionately to physical and or emotional distress.

Patients stated that they felt better since being admitted to the ward.

Patients were involved in planning their care and treatment.

Patients were provided with appropriate information regarding their rights. This included their right to have their detention reviewed by the mental health review tribunal.

Restrictive practices used on the ward were continually reviewed, explained to patients and used as a last resort. Inspectors evidenced appropriate governance arrangements in relation to the use of restrictive practices.

Patients were positive about their relationships with the ward staff team.

Interactions between patients and staff, as observed by inspectors, were supportive, friendly and positive. Staff were noted to be continually available throughout the main ward areas.

Areas for Improvement

1. Inspectors were concerned to note that the transfer of three patients from the ward to an acute care mental health ward had been delayed. Inspectors were informed that the transfer of patients had been delayed due to challenges in balancing the beds, available with the Trust's mental health services, between the number of patients admitted and discharged each week.

Inspectors were informed that on average the Trust's mental health services admitted approximately 16 patients each week and discharge six. This in turn resulted in those patients requiring admission from the community being prioritised over those patients already admitted to hospital.

Inspectors noted that the Trust continued to closely monitor and continually review the circumstances of patients whose transfer to other acute care mental health facilities within the Trust had been delayed. This included continued liaison with patients requiring transfer, participation in the regional bed management steering group, adherence to the regional bed management policy, continued weekly review meetings with the trust's bed management team and mental health community teams and daily contact with the bed management team. This area for improvement continues to be addressed by the Trust and is therefore not stipulated in the provider compliance plan accompanying this report

2. Case summaries should be provided for each patient to ensure staff can access information succinctly and quickly.

Number of areas for improvement	One
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7.4 Is the Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

Areas of Good Practice

Staff who met with inspectors demonstrated a clear understanding of their role and responsibilities and the actions they should take.

Staff stated that they enjoyed working on the ward and that they felt supported by the MDT and the ward management team.

Inspectors evidenced that there were appropriate systems in place to capture patient experience. These included the completion of fortnightly patient staff meetings, patient access to the ward's patient advocate and patient involvement in their MDT review.

Staff described the MDT as being inclusive and effective.

The ward implemented good governance arrangements with regard to medication management, patient care pathways, incidents, staff training and record audits.

The ward maintained good communication with the Trust's bed management team, estate services and the fire officer.

Staff stated that their views were listened to and considered.

The ward's management and senior management teams continued to manage staffing levels effectively and in the best interests of patients.

Relatives stated that they felt the ward was very good and the staff worked well with patients.

Areas for Improvement

The ward was employing a small number of agency nursing staff as an interim measure. Inspectors were concerned to note that the ward's management team were not always provided with agency nursing staff experienced or appropriately trained in the provision of psychiatric intensive care. The Trust should ensure that nursing agencies they employ provide nursing staff who are appropriately experienced and trained to work in a psychiatric intensive care setting.

The Trust should ensure that all policies and procedures relevant to the ward are updated within the trust's agreed timeframe.

Number of areas for improvement	Two
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8.0 Provider Compliance Plan

Areas for improvement identified during this inspection are detailed in the provider compliance plan. Details of the provider compliance plan were discussed at feedback, as part of the inspection process. The timescales commence from the date of inspection. The responsible person should note that failure to comply with the findings of this inspection may lead to further /escalation action being taken. It is the responsibility of the responsible person to ensure that all areas identified for improvement within the provider compliance plan are addressed within the specified timescales.

8.1 Actions to be taken by the Service

The provider compliance plan should be completed and detail the actions taken to meet the areas for improvement identified. The responsible person should confirm that these actions have been completed and return the completed provider compliance plan by 08 March 2017.

Provider Compliance Plan Avoca Ward	
Priority 1	
The responsible person must ensure the following findings are addressed:	
Area for Improvement	No priority one areas for improvement were identified as a result of the inspection
Priority 2	
Area for Improvement No. 1	The Trust should ensure that nursing agencies they employ provide nursing staff who are appropriately experienced and trained to work in a psychiatric intensive care setting.
Ref: 5.3.3(d)	
Stated: First time	Response by responsible person detailing the actions taken: The Charge Nurse has been instructed to request Staff with appropriate skills via Electronic Bank system by specifically requesting experience and possession of the MAPA course. This will be a request for all agency Staff required for the Psychiatric Intensive Care Unit
To be completed by: 13 April 2017	
Area for Improvement No. 2	Case summaries should be provided for each patient to ensure staff can access information succinctly and quickly.
Ref: 5.3.1(a)	
Stated: First time	Response by responsible person detailing the actions taken: Medical staff in PICU will complete brief case summaries of relevant clinical information. These will be stored electronically under "Assessments. Case Summary" on PARIS system
To be completed by: 13 April 2017	
Priority 3	
Area for Improvement No. 3	The Trust should ensure that all policies and procedures relevant to the ward are updated within the trust's agreed timeframe.
Ref: 5.3.1(f)	
Stated: First time	Response by responsible person detailing the actions taken: The out of date policies mentioned at initial feedback were in relation to Trust policies. These included fire safety policy and procedure arrangements, medical devices policy, rapid tranquilisation guidelines and management of complaints. Lead authors for these documents have been approached and it is hoped that these will be signed off within stated timescales. The whistleblowing policy was also mentioned during feedback. The Trust's Co-Director for Risk Governance has advised that this is being taken forward on a regional basis following a recommendation from RQIA in relation to a previous review.
To be completed by: 13 July 2017	

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Name of person(s) completing the provider compliance plan	James Daly, Charge Nurse, Avoca Pam McGucken, Consultant Psychiatrist, Avoca Cahal McKervey, Operations Manager Patricia Minnis, Quality and Information Manager		
Signature of person(s) completing the provider compliance plan		Date completed	06/03/2017
Name of responsible person approving the provider compliance plan	Martin Dillon		
Signature of responsible person approving the provider compliance plan		Date approved	07/03/2017
Name of RQIA inspector assessing response	Alan Guthrie		
Signature of RQIA inspector assessing response		Date approved	9 March 2017



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