

## Unannounced Follow up Inspection Report 27 February 2018



**Avoca Ward**

**Psychiatric Intensive Care Unit**

**Knockbracken Healthcare Park**

**Belfast Health and Social Care Trust**

**Tel No: 028 95041991**

**Inspector: Alan Guthrie**

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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 (MDT) including: nursing staff, a consultant psychiatrist, a speciality doctor (in psychiatry), an occupational therapist and a pharmacist. Patients can also access support from social work and clinical psychology services as required.

On the day of the inspection there were eight patients admitted to the ward. Each patient had been admitted under the Mental Health (Northern Ireland) Order 1986. One patient was receiving continuous 1 to 1 nursing care. The ward manager was in charge on the day of the inspection.

## 3.0 Service details

<b>Responsible person:</b> Martin Dillon	<b>Ward Manager:</b> James Daly
<b>Category of care:</b> Mental Health	<b>Number of beds:</b> 8
<b>Person in charge at the time of inspection:</b> James Daly	

## 4.0 Inspection summary

An unannounced follow-up inspection took place on 27 February 2018.

The inspection sought to assess progress with findings for improvement raised from the most recent unannounced inspection which took place 11 – 13 January 2017.

The purpose of the inspection was to meet with patients and staff and to review the three areas for improvement identified from the previous unannounced inspection. Findings from the inspection evidenced that each of the three areas for improvement previously identified had been met. The evidence verifying the inspector's findings for each of the areas is discussed below.

On the day of the inspection the inspector evidenced the ward was appropriately staffed. The atmosphere was relaxed and patients were moving freely throughout the main ward areas. Patients presented as being at ease in their surroundings and staff were patient focussed and attentive. The inspector evidenced that the ward was clean, appropriately maintained and well presented.

Patients who met with the inspector reported no concerns regarding their relationships with staff. Patients stated that they could approach and talk to staff as required and that staff responded quickly and appropriately to their requests. Interactions between staff and patients were observed by the inspector as being friendly, supportive and patient centred. The inspector

evidenced that the ward's main living area and the dining room were spacious, bright and relaxed. Patients moved freely between these rooms and patients could also access the ward's garden area and a quiet room

The ward was located in an old Victorian building and its fixtures and fittings were dated and not in keeping with standards associated with best design for a PICU setting. The trust had commissioned and was in the process of overseeing the development of a new purpose built mental health acute care facility. The inspector was informed that the new facility should be ready by spring 2019.

The inspector evidenced that patients admitted to the ward could access social work support as required. The ward had previously been supported by a named social worker employed by the hospital. However, this arrangement had been changed. Patients were now supported by social work staff from community mental health teams. Where a patient was not known to a community mental health team, social work support could still be sought from the hospital social work service.

The inspector reviewed three sets of patient care records. Records were noted to be comprehensive, up to date and easy to follow. Each patient had a comprehensive assessment, risk assessment and care plan based on their assessed needs. Patients were reviewed by the ward's MDT on a regular basis and care plans were reviewed and updated as required.

The inspector identified no new areas for improvement.

### Patients' views

The inspector met with three patients. Two of the patients completed a questionnaire. Both patients recorded positive comments and experiences of the ward. One patient detailed that they were not content on the ward and wanted to transfer to another ward. The patient recorded no concerns regarding their contact with staff although the patient believed they should not be admitted to the Avoca ward. The inspector reviewed the patient's care records. Records evidenced that the patient's admission to the ward was appropriate and based on their assessed needs and presenting risks. The patient's views and wishes were detailed within the records and staff were working towards implementing a comprehensive and appropriate discharge plan. The inspector had no concerns regarding the appropriateness of the patient's admission to Avoca.

Patient comments included:

"Staff are excellent".

"There are limited activities at weekends".

"I shouldn't be on this ward".

"The unit is small. The staff understand you more".

"The quiet room should have softer flooring".

"Treated great".

“I’d rather be at home”.

“Being here is helping me feel better”.

### Relatives Views

No relatives were available to meet with the inspector on the day of the inspection. One relative questionnaire was returned. The relative recorded that they were very satisfied with the care and treatment their loved one received.

Relative’s comment:

“I find all the staff are very kind to me and *patient*”.

### Staff Views

The inspector met with seven members of staff.

Staff stated they felt the care and treatment provided to patients was safe, compassionate, effective and patient centred. The inspector spoke with an occupational therapy (OT) student regarding their experience of the ward. The student stated that they felt supported and that the ward was well managed and a good place to work. Nursing staff stated that they felt staffing on the ward was more settled and the MDT was supportive and inclusive. A number of staff discussed the pending move to the trust’s new acute care mental health facility. Staff shared mixed feelings about leaving the Avoca ward although all welcomed the fact that patients would be cared for in a modern purpose built facility. Staff informed the inspector that they had no difficulties regarding their ability to access training and supervision.

The findings of this report will provide the trust with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

#### 4.1 Inspection outcome

<b>Total number of areas for improvement</b>	None
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#### 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.

The following areas were examined during the inspection:

- Patient experience.
- Care Documentation in relation to three patients.
- Ward environment.
- Activity schedule.
- OT service.
- Social work service.

We reviewed the areas for improvements made at the previous inspection and an assessment of compliance was recorded as met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last unannounced inspection 11 – 13 January 2017

The most recent inspection of the Avoca ward was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This QIP was validated by the inspector during this inspection.

Areas for Improvement from last inspection		Validation of Compliance
<b>Area for improvement 1</b>  Ref: 5.3.3 (d)  Stated: First time	The trust should ensure that nursing agencies they employ provide nursing staff that are appropriately experienced and trained to work in a psychiatric intensive care setting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector met with the ward manager and the ward's senior management team. The inspector was informed that the use of agency staff was limited and agency staff were only used as a last resort. The ward manager reported no concerns in being able to access appropriately trained agency staff when required.	
<b>Area for improvement 2</b>  Ref: Standards 5.3.1 (a)  Stated: First time	Case summaries should be provided for each patient to ensure staff can access information succinctly and quickly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed three sets of patient care records. Brief summaries regarding each patient's circumstances, clinical presentation and assessed needs were available. The inspector was informed that summaries were completed shortly after each patient's admission.	
<b>Area for improvement 3</b>  Ref: 5.3.1(f)  Stated: First time	The trust should ensure that all policies and procedures relevant to the ward are updated within the trust's agreed timeframe.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the trust's whistleblowing policy, fire safety policy, the use of rapid	

	<p>tranquillisation policy and the management of comments, concerns, complaints and compliments policy. All of these policies were up to with exception of the whistleblowing policy. The inspector noted that this policy was currently being updated at a regional level by the Department of Health.</p>	
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## 7.0 Quality Improvement Plan

The inspector identified no new areas for improvement. A quality improvement plan was not required based on the findings from this inspection

## 7.1 Actions to be taken by the service

No requirements or recommendations resulted from the unannounced inspection of **Avoca Ward, Knockbracken Healthcare Park** which was undertaken on **27 February 2018** and I agree with the content of the report.

<b>Name of person (s) completing</b>	James Daly, Charge Nurse Avoca		
<b>Signature of person (s) completing</b>	James Daly	<b>Date completed</b>	10/04/2018
<b>Name of responsible person approving the report</b>	Martin Dillon, Chief Executive		
<b>Signature of responsible person approving the report</b>	Martin Dillon, Chief Executive	<b>Date approved</b>	10/04/2018
<b>Name of RQIA inspector assessing response</b>	Alan Guthrie - Inspector		
<b>Signature of RQIA inspector assessing response</b>	Alan Guthrie	<b>Date approved</b>	19 April 2018

*\*Please ensure this document is completed in full and returned to MHL.DutyRota@RQIA.org.uk from the authorised email address\**



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