

Unannounced Inspection Report

20 August 2019



Ward 4

**Psychiatric Intensive Care Unit
Adult Mental Health Inpatient Centre
Belfast City Hospital
Lisburn Road
Belfast
Tel No: 028 9056 5656
BT9 7AB**

Inspectors: Alan Guthrie, Dr Stuart Brown and Norma Munn

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Ward 4 is an six 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 six patients admitted to the ward. Each patient had been admitted under the Mental Health (Northern Ireland) Order 1986 (The Order). The Ward Manager was in charge during the inspection.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCCT)	Ward Manager: Mr James Daly
Responsible person: Mr Martin Dillon, Chief Executive Officer	
Category of care: Mental Health	Number of beds: Six
Person in charge at the time of inspection: Mr James Daly	

4.0 Inspection summary

An unannounced inspection took place on the 20 August 2019.

This inspection was undertaken by two care inspectors supported by a psychiatrist.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Mental Health (Northern Ireland) Order 1986 and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

The inspection was undertaken following a review of information received from an anonymous source. The information received alleged the following issues:

- Staff lacked the experience of supporting the needs of one patient who had a neurological disorder;
- management of prescribed patient observations;
- support and management of the risks associated with one patient's challenging behaviours; and
- insufficient numbers of nursing staff available to support all patients on the ward.

While RQIA does not have formal powers to investigate complaints about health and social care services we take all concerns brought to our attention seriously.

We reviewed the following areas during this inspection:

- the patient's risk assessments and care plans;
- the arrangements for the management of patient's neurological disorder and physical health care needs;
- the management of prescribed patient observations;
- the management of incidents;
- care records; and
- the patient and staff experience.

We visited the ward and reviewed the care and treatment processes. We evidenced the following outcomes:

Areas of good practice:

- The ward's MDT was effective and patient centred;
- Patient observations were being managed in accordance to the BHSCT policy and procedures; and
- Effective care plans were implemented to support the patient who presented with behaviour that challenges.

We were concerned that:

- malnutrition universal screening tool (MUST), Braden scale and pain assessments had not been completed in accordance to the required standards;
- continuous care records did not accurately reflect the care and treatment delivered to a patient; and
- care plans did not address each area of a patient's assessed needs.

Three areas for improvement have been identified in relation to the completion of care records.

Following our inspection we provided feedback on our findings to the ward's management team. This feedback, delivered by the lead inspector highlighted the areas of good practice and identified areas for improvement.

4.1 Inspection outcome

Total number of areas for improvement	3
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Three areas for improvement have been made as a result of this inspection. These are detailed in the Quality Improvement Plan (QIP).

Details of the inspection findings and QIP were discussed with the ward management team as part of the inspection process. The timescales for completion commence from the date of inspection.

This inspection did not result in enforcement action.

5.0 How we inspect

Prior to this inspection a range of information relevant to the service was reviewed, including the following records:

- Serious adverse incident notifications;
- Information on concerns;
- Information on complaints; and
- Other relevant intelligence received by RQIA.

The ward was assessed using an inspection framework. The inspection methods used included; discussion with patients and relatives, observation of practice; and review of documentation. Records examined during the inspection included: nursing records, medical records, senior management and governance reports and minutes of meetings, duty rotas and training records.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection.

Previously patients requiring admission to a PICU environment were admitted to Avoca. Patients and the MDT were relocated to Ward 4 in the new BHSC Mental Health Inpatient facility on 26 June 2019. Avoca was last inspected in October 2018. There were no areas for improvement made following this inspection.

6.2 Inspection findings

Staff experience of supporting the needs of one patient who had a neurological disorder

The information provided to RQIA prior to the inspection alleged that ward staff lacked experience in caring for one patient who presented with a neurological disorder.

We reviewed the care records of the patient. There was evidence that an assessment had been completed that reflected the patient's neurological disorder and mental health needs. The assessment also detailed that the patient presented with complex behaviours that challenged.

Staff informed us that the Trust nurse who specialises in this neurological disorder is currently not available. Staff said their experience was limited and access to this specialist nurse would have been supportive to both them and the patient. However we were told by staff that the patient had access to Speech and Language Therapy (SALT), Dietetics and had a Neurology medical specialist.

We reviewed the patient's medication records and noted that the patient's medications were regularly reviewed and changes to the patient's medication were well documented. Staff told us that potential alternative medications for the patient had been discussed by the MDT but this had not been recorded in the patient's notes. This was discussed with MDT staff at feedback and we were given assurances that in future all considerations discounted or otherwise regarding medication regimes for the patient would be recorded in the patient's care records.

We noted that treatment provided to the patient was helping to manage co-morbidities such as episodes of psychosis and depression. There was also evidence that the patient was receiving care and treatment to manage the symptoms of their neurological disorder.

A review of the identified patient's care records evidenced the following; several risk assessments regarding physical health needs had been completed however, the Malnutrition Universal Screening Tool (MUST) and Braden scale assessments had not been reviewed since April 2019. We noted that the MUST assessment identified the patient as being at risk of malnutrition however there was no care plan in place to manage this risk. We also noted the patient received regular pain relief to assist with pain management. However there was no

evidence of a pain assessment tool or care plan that documented the support the patient required with pain management. An area for improvement has been made in relation to physical health assessments and associated care plans.

Staff informed us that the patient required continued and ongoing support to manage their personal hygiene. Whilst it was good to note that staff continued to support the patient with personal hygiene, a care plan had not been completed that detailed the specific support the patient required with this activity of living. An area for improvement has been made.

We reviewed the daily nursing progress records and found that the entries did not reflect the delivery of care. The records were found to be repetitive and at times not meaningful. An area for improvement has been made in relation to ensuring daily nursing progress records are contemporaneous and accurately reflect care delivery.

We spoke with the patient identified in the concern who informed us that their experience of the ward was positive. The patient reported that they felt safe, their relationship with ward staff was good and the care and treatment provided met their needs.

We found that although staff said they would benefit from additional support and guidance from the Trust nurse who specialises in the neurological disorder, we could not substantiate the allegation that ward staffs' lack of experience was having a negative impact on the patients care and treatment.

Management of prescribed patient observations

The information provided to RQIA prior to the inspection indicated that staff were not appropriately managing prescribed patient observations.

During the inspection we evidenced that a number of patients were being continually supported by staff. We noted that in circumstances where patients required prescribed observations a detailed individual observation care plan was in place and provided guidance to staff as to how to support each patient. We observed that staffing levels reflected the numbers of patients who were prescribed observations on the day of the inspection.

We reviewed the care records for patients who were prescribed enhanced observations and found that prescribed observations were being reviewed in accordance to the BHSCT's policy and procedures.

The allegation that staff were not appropriately managing prescribed patients' observations was not substantiated.

Support and management of the risks associated with one patient's challenging behaviours

Prior to this inspection we received concerns that the risks associated with one patient's challenging behaviours were not being appropriately managed.

We reviewed the patient's care records and evidenced that an up to date comprehensive risk assessment was in place which detailed the risks associated with the patient's challenging behaviours. There was evidence that the patient's risk assessment was reviewed in accordance to Promoting Quality Care (Department of Health, 2012) regional standards.

Presenting risks associated with the patients challenging behaviours were detailed in the patient's care plans and risks were reviewed weekly by the MDT. Review of continuing care records, incident records and our observations of patients during the inspection evidenced that assessment of risk and management of the patient's needs remained dynamic and required continuous review. However staff demonstrated a good understanding of the presenting risks associated with the patient. The patient's continuing care records reflected the ongoing efforts ward staff were making to provide MDT interventions and support to the patient however, staff informed us the majority of nursing time was being spent managing the patient's challenging behaviour. Subsequently, the ability of nursing staff to provide therapeutic interventions and to implement the patient's behavioural support plan was limited.

We observed that the patient was being supported appropriately and in accordance with the prescribed levels of observation. Staff confirmed that management of risk remained a key area for review and discussion during MDT and handover meetings.

The allegation that the risks associated with the patient's challenging behaviours were not appropriately managed was not substantiated.

Insufficient numbers of nursing staff available to support patients

Prior to this inspection we were informed that there was insufficient nurse staffing levels available to meet the needs of all patients admitted to Ward 4. We reviewed the ward's nursing staff roster and the numbers of nursing staff available per shift over the previous month. On the day of the inspection we evidenced an appropriate number of staff available to support patients, including patients who had been prescribed observations. We discussed staffing provision with nursing staff and the ward's management team. Staff reported that nurse staff shortages were addressed quickly and staffing levels within the ward were generally good.

We met with ten members of the ward's MDT. All staff stated that the care delivery was patient centred, inclusive and supportive. We were informed that patients who required high levels of observations were cared for in accordance with the required standards and that levels of prescribed observations were reviewed daily by the MDT. Staff stated that although the ward was challenging at times it was also a rewarding place to work and patients were treated with dignity and respect.

The allegation that there was an insufficient number of nursing staff available to support patients was not substantiated.

Total number of actions for improvement	3
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7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the ward management team as part of the inspection process. The timescales commence from the date of inspection.

The responsible person should note that if the action outlined in the QIP is not taken to comply with the associated standards this may lead to further escalation action being taken. It is the responsibility of the responsible person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Mental Health (Northern Ireland) Order 1986 and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

7.2 Actions to be taken by the service

The QIP 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 quality improvement plan to BSU.Admin@rqia.org.uk for assessment by the inspector by 30 August 2020.

Quality Improvement Plan	
The responsible person must ensure the following findings are addressed:	
<p>Area for improvement No.1</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First Time</p> <p>To be completed by: 20 June 2020</p>	<p>Assessments regarding patient's physical health care such as MUST, the Braden scale and (when necessary) pain are completed in accordance with Trust policy and procedures. These assessments should be evidence based and in line with best practice guidance.</p> <p>Where needs are identified in the assessments, care plans should be completed to reflect the need and reviewed in accordance with policy and procedure and in line with best practice guidance.</p>
	<p>Response by the Trust detailing the actions taken:</p> <p>Trust response The Trust acknowledges that the MUST and Braden scale assessments had not been reviewed since April contrary to Trust policy and procedures. The Braden scale in relation to this patient had been reviewed on 05 August 2019; there was no action needed as a result of this review. This patient did have a care plan in place in relation to his nutritional needs and food charts were completed on a daily basis to monitor his nutritional intake.</p> <p>Trust actions Staff are now reviewing MUST assessments on a weekly basis for all patients. A monthly note audit has been commenced which will include the MUST assessment.</p>
<p>Area for improvement No.2</p> <p>Ref: Standard 5.3.3 (d)</p> <p>Stated: First Time</p> <p>To be completed by: 20 June 2020</p>	<p>When a patient is assessed as requiring support with their activities of living such as personal care, a care plan should be completed that details the specific support the patient requires.</p>
	<p>Response by the Trust detailing the actions taken:</p> <p>Trust response The Trust acknowledges that a care plan should have been completed for this assessed need regarding assistance with personal care. Anyone requiring assistance with activities of living now have a care plan in place. A Deputy Ward Sister has completed a note audit including the use of care plans.</p> <p>Trust action Band 6s will continue to complete audits on a monthly basis.</p>

Area for improvement No.3 Ref: Standard 5.3.3 (d) Stated: First Time To be completed by: 20 June 2020	Daily nursing progress records should be contemporaneous and accurately reflect care delivery. Response by the Trust detailing the actions taken: Trust response Daily entries on PARIS commenced on 26 April 2020 across the Acute Mental Health Inpatient Centre. Trust action Random spot checks will be undertaken to ensure compliance.		
Name of person (s) completing the QIP	David Martin Service Manager Acute Mental Health Services Jonathan Killough Assistant Service Manager Acute Mental Health Inpatient Services James Daly, Senior Clinical Nurse Lynne Pritchard, Ward Sister, Ward 4 John Artt, Nurse Development Lead Laura Hawkins Speciality Doctor Patricia Minnis Quality and Information Manager		
Signature of person (s) completing the QIP	David Martin	Date completed	06/05/20
Name of responsible person approving the QIP	Julia Lewis, Co-Director, Mental Health Services		
Signature of responsible person approving the QIP	Julia Lewis	Date approved	24/06/20

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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