



The **Regulation** and  
**Quality Improvement**  
Authority

**Valencia**

**Knockbracken Healthcare Park  
Belfast Health Social & Care Trust  
Unannounced Inspection Report**

**Date of inspection: 30 June 2015**



informing and improving health and social care  
[www.rqia.org.uk](http://www.rqia.org.uk)

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# Our Vision, Purpose and Values

## Vision

To be a driving force for improvement in the quality of health and social care in Northern Ireland

## Purpose

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

## Values

RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

- **Independence** - upholding our independence as a regulator
- **Inclusiveness** - promoting public involvement and building effective partnerships - internally and externally
- **Integrity** - being honest, open, fair and transparent in all our dealings with our stakeholders
- **Accountability** - being accountable and taking responsibility for our actions
- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally
- **Effectiveness** - being an effective and progressive regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

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## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

RQIA's programmes of inspection, review and monitoring of mental health legislation focus on three specific and important questions:

### Is Care Safe?

- Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

### Is Care Effective?

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

### Is Care Compassionate?

- Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

## 2.0 Purpose and Aim of this Inspection

To review the ward's progress in relation to recommendations made following previous inspections.

To meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable, safe and predictable environment.

To evaluate the type and quality of communication, interaction and care practice during a direct observation using a Quality of interaction Schedule (QUIS).

## 2.1 What happens on inspection

### What did the inspector do:

- reviewed the quality improvement plan sent to RQIA by the Trust following the last inspection(s)

- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- looked at different types of documentation

**At the end of the inspection the inspector:**

- discussed the inspection findings with staff
- agreed any improvements that are required

**After the inspection the ward staff will:**

- send an improvement plan to RQIA to describe the actions they will take to make any necessary improvements

### 3.0 About the ward

Valencia is a 20 bedded mixed gender ward for patients who require assessment and treatment of care needs and behaviours associated with dementia. On the day of the inspection there were 12 patients on the ward. There were three patients detained in accordance with the Mental Health (Northern Ireland) Order 1986.

The ward's multi-disciplinary team included: nursing staff, a consultant psychiatrist; a full time dementia nurse facilitator, who oversees the discharge and transfer process; a full-time occupational therapist (OT) and OT assistant; a speech and language therapist; a designated social worker and a full-time clinical psychologist. Patients could also access support and services, following referral, from physiotherapy, dietetics, tissue viability nurse and diabetic nurse specialist. The ward manager was in charge on the day of the inspection.

### 4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 29 and 30 January 2015 were assessed during this inspection. There were a total of five recommendations made following this inspection.

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

One recommendation had not been met. This recommendation will be restated for a second time following this inspection.

The inspector was pleased to note that patient care records reviewed evidenced that the multidisciplinary team meeting template had been fully completed and care plans had been signed by patients or their nearest relative. Care plans were also reviewed in a separate evaluation form to ensure that progress was monitored. Staff had received training in capacity, consent and human rights.

The inspector assessed the ward's physical environment using a ward observational tool and check list. The environment appeared homely and welcoming on first impression. There were soft furnishings throughout the ward, display cabinets with ornaments and pictures. There were rooms available for patients to have quiet time on their own and there were areas in the main part of the ward for patients to spend time in the company of others. The ward had access to a garden area which was well maintained with two garden sheds, seated areas, pathways and raised flower beds and vegetable beds. Signage available throughout the ward was in a format which met the needs of patients with dementia.

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

During the inspection the inspector spoke to a patient's relative regarding the care the patient had been receiving on the ward. The lay assessor met with four patients who had agreed to meet with them to complete a patient experience questionnaire. Patients made positive comments about how they had been treated on the ward. However they were unable to answer a number of questions due to the level of their cognitive ability.

#### 4.1 Implementation of Recommendations

One recommendation which relate to the key question "**Is Care Safe?**" was made following the inspection undertaken on 29 and 30 January 2015.

This recommendation concerned the absence of staff trained in capacity, consent and human rights.

The inspector was pleased to note that this recommendation had been fully implemented.

- Staff had received training in capacity, consent and human rights.

Four recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 29 and 30 January 2015.

These recommendations concerned the completion of the multidisciplinary (MDT) review template, the updating of a number of policies and procedures and the absence of evidence to confirm that patients or their nearest relatives had been involved in care planning. A recommendation was also made to ensure that care plans were reviewed as prescribed by the named nurse and that these reviews evaluate the outcome of the goals set.

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

- the MDT review form had been fully completed and signed to confirm agreed actions or changes to care and treatment.
- patients care plans had been signed by the patient. If they lacked the capacity to sign their care plans these were signed by the nearest relative.
- care plans had been reviewed by nursing staff in a separate evaluation form to ensure that progress was monitored and set goals were assessed.

However, despite assurances from the Trust, one recommendation had not been fully implemented. The Trust had not reviewed and updated the ICT Security Policy and the Discipline and Grievance policy.

There were no recommendations made which related to the key question “**Is Care Compassionate?**” following the inspection undertaken on 29 and 30 January 2015.

The detailed findings from the follow up of previous recommendations are included in Appendix 1.

## 5.0 Ward Environment

“A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings.” Do the right thing: How to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

The inspector assessed the ward’s physical environment using a ward observational tool and check list.

### Summary

The inspectors noted that there was information provided in the wards information booklet which detailed the purpose of the ward and a description of what the ward offered. Staffing levels were adequate to support the assessed needs of the patients. Staff were observed to be attentive and assisted patients promptly when required.

The ward environment was homely with soft furnishings and promoted patients’ privacy and dignity. The ward had open visiting and visitors were able to come onto the ward at flexible times. The entrance doors to the ward



was locked at all times and care plans were in place which detailed the rationale for this restriction

There were no areas of overcrowding observed on the day of the inspection; the day areas were open, spacious and the furniture was arranged in a way that encouraged social interaction. There were smaller areas for patients to sit and form friendships. The inspectors observed that staff were present at all times in the communal areas and available at patients' request. A well maintained garden area was noted to be open and accessible throughout the inspection. This space was well maintained.

There were way-finding landmarks throughout the ward with orientation information, use of signage, use of colour and contrast which met the needs of patients who have dementia.

The inspector observed that there were a number of ligature points throughout the ward. The ward had an up to date ligature assessment in place and patients on the ward were assessed as low risk. However patients did not have an individual risk assessment in place detailing how potential ligature risks were going to be managed and reviewed to ensure patient safety. Patients were also observed to be using profiling beds without individualised risk assessments in place. Recommendations have been made in relation to this.

Information was displayed in relation to Human Rights, complaints, advocacy, the Mental Health Order and the mental health review tribunal. Information in relation to patients' right to access information held about them was detailed in the ward information booklet. However this information was not in a format suitable to patients' individual needs. A recommendation has been made in relation to this.

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

## **6.0 Observation Session**

Effective and therapeutic communication and behaviour is a vitally important component of dignified care. The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions whilst remaining a non- participant. It aims to help evaluate the type of communication and the quality of communication that takes place on the ward between patients, staff, and visitors.

The inspector completed a direct observation using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral, or negative.

Positive social (PS) - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

Basic Care (BC) – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

Neutral – brief indifferent interactions

Negative – communication which is disregarding the patient’s dignity and respect.

## Summary

The formal session involved observations of interactions between staff and patients/visitors. Eight interactions were noted in this time period. The outcome of these interactions were as follows:

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

Overall the quality of interactions between staff and patients were positive. Staff were noted to be caring and attentive and used effective therapeutic communication skills. Staff attended to patient’s needs without delay. Staff were observed actively engaging with patients. The inspector noted that the staff knew the patients very well and actively sought engagement by asking patients about their family members or how their day had been. Staff were noted to appropriately communicate with a patient who had become disorientated and needed extra support to find their way around the ward.

The detailed findings from the observation session are included in Appendix 4.

## 7.0 Patient Experience Interviews

Four patients agreed to meet with the lay assessor to talk about their care, treatment and experience as a patient. None of these patients had been detained in accordance with the Mental Health (Northern Ireland) Order 1986

One relative agreed to meet with the inspector to talk about the care and treatment on the ward. They advised that the ward was providing their relative with a high standard of care. The relative stated they were fully informed regarding the patient’s care and treatment and stated their relative had made great progress since being admitted onto the ward. The patient’s relative made the following comments:

*“Personal care is good, that personal touch, staff are friendly to all patients....staff are brilliant,*

The Lay assessor used an easy to read questionnaire to interview the patients.

Responses to the questions asked were positive however a number of patients were unable to answer some of the questions due to their level of cognitive ability. The lay assessor was unable to completed the full questionnaire

- All four patients felt safe on the ward.
- All four patients stated they were being well cared for and that being in hospital has helped them to get better.
- Three patients stated they knew who their nurse was and one patient stated they did not.
- Three patients stated it was easy for them to see their friends and family and one patient stated they did not have any family.
- Two patients were aware of the locked door on the ward and two patients stated the door were open.
- All four patients stated staff talk to them about their care.
- One patient raised concerns regarding their own mental health. This was discussed with the ward manager who updated the multidisciplinary team and the patient's risk assessment.

Patients made the following comments:

*"I'm always well attended the nurses they get me anything I want",*

*"I'm feeling more at home. I'm eating now before I had no appetite"*

*"The staff are dead on...couldn't be any better"*

The detailed findings are included in Appendix 2.

## 8.0 Other areas examined

**During the course of the inspection the inspector met with:**

<b>Ward Staff</b>	2
<b>Other ward professionals</b>	1
<b>Advocates</b>	0

### **Wards staff**

The inspectors met two members of staff on the day of inspection. Staff who met with the inspectors did not express any concerns regarding the ward or patients' care and treatment.

## **Other ward professionals**

The inspectors met with the occupational therapist (OT) for the ward who provided an overview of their role on the ward. The ward OT did not express any concerns regarding the ward or patients' care and treatment.

## **The advocate**

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

## **9.0 Next Steps**

A Quality Improvement Plan (QIP) which details the areas identified for improvement has been sent to the ward. The Trust, in conjunction with ward staff, must complete the QIP detailing the actions to be taken to address the areas identified and return the QIP to RQIA by 24<sup>th</sup> August 2015.

The lead inspector will review the QIP. When the lead inspector is satisfied with actions detailed in the QIP it will be published alongside the inspection report on the RQIA website.

The progress made by the ward in implementing the agreed actions will be evaluated at a future inspection.

## **Appendix 1 – Follow up on Previous Recommendations**

### **Appendix 2 – Patient Experience Interview**

This document can be made available on request.

### **Appendix 3 – Ward Environment Observation**

This document can be made available on request.

### **Appendix 4 – QUIS**

This document can be made available on request.

**Follow-up on recommendations made following the unannounced inspection on 29 and 30 January 2015**

<b>No.</b>	<b>Recommendations</b>	<b>No of times stated</b>	<b>Action Taken (confirmed during this inspection)</b>	<b>Inspector's Validation of Compliance</b>
1	It is recommended that the weekly review form is fully completed and signed to confirm agreed actions or changes to care and treatment are implemented.	2	The inspector reviewed four sets of care documentation. The inspector evidenced that the multidisciplinary review form had been fully completed and signed to confirm agreed actions or changes to each patient's care and treatment plan.	Fully met
2	It is recommended that the trust progress with the issuing of the new ICT Security policy and procedure and review as a matter of urgency the Discipline and Grievance policy and procedure.	1	<p>The inspector was informed by the ward manager that the Disciplinary and Capability policy has been updated and is currently in draft form. However this policy is still to be disseminated and fully implemented to guide staff practice.</p> <p>The inspector was advised by the ward manager that the Grievance policy and ICT Security Policy had not been reviewed and updated.</p> <p>This recommendation will be restated for a second time in the quality improvement plan accompanying this report.</p>	Not met
3	It recommended that the ward sister ensures that all patients care plans are signed by the patient or in their absence by the nearest relative.	1	The inspector reviewed four sets of care documentation and there was evidence that all patients care plans had been signed by the patient. If patients lacked the capacity to sign their care plans there was evidence that these were signed by their nearest relative.	Fully met
4	It is recommended that the ward sister ensures that all staff receive training in Capacity, Consent and Human Rights.	1	The inspector reviewed training records for the ward and evidenced that 21 of the 24 nursing staff had received training in capacity to consent and human rights. One staff member was currently on maternity leave and two staff members had recently returned from long term leave. The inspector was informed that staff returning from leave would attend the next available training.	Fully met
5	It recommended that the ward	1	In the four sets of care documentation there was evidence that care	Fully met

Appendix 1

	<p>manager ensure that all patients care plans are reviewed as prescribed by the named nurse. Reviews of care plans should ensure that care plans are evaluated and that the outcome of goals is being assessed.</p>		<p>plans had been reviewed in a separate evaluation form to ensure that progress was monitored and set goals were assessed.</p>	
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## **Quality Improvement Plan**

### **Unannounced Inspection**

#### **Valencia Ward, Knockbracken Healthcare Park**

**30 June 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 ward manager and senior Trust representative 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
<b>Is Care Safe?</b>					
1	5.3.1 (a)	It is recommended that the ward manager ensures that all patients who are assessed as requiring a profiling bed have an individualised risk assessment and management plan in place in accordance with the safety alert raised on 23/12/13 by the Northern Ireland Adverse Incident Centre (NIAC) Estates Facilities Alert /2010/006 associated with profiling beds. This risk assessment should be reviewed regularly to ensure patient safety.	1	Immediate and ongoing	All patients admitted to the ward use a profiling bed. A risk screening tool has been developed and implemented for the individualised screening of the risk to patients associated with environmental ligature risks including the ligature risk associated with the patient using a profiling bed. Where a risk is identified this will be detailed in the patient's comprehensive risk assessment and management plan and care plan.
2	5.3.1 (a)	It is recommended that the Trust ensures that a risk assessment is completed for each patient detailing how environmental ligature risks are going to be managed and reviewed to ensure patient safety.	1	Immediate and ongoing	All patients admitted to the ward use a profiling bed. A risk screening tool has been developed and implemented for the individualised screening of the risk to patients associated with environmental ligature risks including the ligature risk associated with the patient using a profiling bed. Where a risk is identified this will be detailed in the patient's comprehensive risk assessment and management plan 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
					care plan.
<b>Is Care Effective?</b>					
3	5.3.1 (f)	It is recommended that the trust progress with the issuing of the new ICT Security policy and procedure and review as a matter of urgency the Discipline and Grievance policy and procedure.	2	31 October 2015	This has been escalated to the authors of the two policies and also raised with the Service Manager for Mental Health Services for Older People.
<b>Is Care Compassionate?</b>					
4	6.3.2 (c)	It is recommended that the ward manager ensures that information in relation to Human Rights, complaints, advocacy, the Mental Health Order, the mental health review tribunal and patients' right to access information is in a format suitable to patients' individual needs.	1	31 October 2015	A poster is available on the ward advising patients how to make a complaint and promoting the independent advocacy service the trust has commissioned from the Alzheimer's Society . The ward is currently reviewing existing easy read documentation in relation to the identified topics. By 31st October the ward will have easy read documentation on the identified topics in place.

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

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

<b>NAME OF WARD MANAGER COMPLETING QIP</b>	[ Donna Matson ]
<b>NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	[ Mart Dillion Chief Executive ]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Audrey McLellan	<b>9/9/15</b>
B.	Further information requested from provider				