



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

**Shannon Clinic Ward 2**  
**Knockbracken Healthcare Park**  
**Belfast Health & Social Care Trust**  
**Unannounced Inspection Report**

**Date of inspection: 30 June 2015**



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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

Shannon 2 is a regional medium secure, inpatient unit set within Shannon Clinic. The clinic is situated on the grounds of the Knockbracken Healthcare Park. Shannon 2 provides inpatient care and treatment to both male and female patients over the age of 18 years. On the day of the inspection there were eleven patients on the ward.

All patients in Shannon 2 were detained in accordance with the Mental Health (Northern Ireland) Order 1986. Eight patients were detained in accordance with Part Three of the Mental Health (Northern Ireland) Order 1988 and three patients were detained in accordance with Part Two of the Mental Health (Northern Ireland) Order 1986. Patients have access to a psychiatrist, a G.P, nursing, psychology, occupational therapy and social work.

The person in charge on the day of the inspection was the ward manager.

## 4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 11 & 12 November 2014 were assessed during this inspection. There were a total of two recommendations made following the last inspection.

It was noted that both recommendations had been implemented in full.

The inspector noted that the trust had reviewed the provision of psychology services and plans were in place to increase the service. Patients on the ward have access to a range of both therapeutic and recreational activities. Person centred discharge care plans were in place

Three patients completed a questionnaire regarding their care and treatment on the ward. There were mixed responses in relation to questions associated with safe, effective and compassionate care. Patients generally felt safe or could speak to staff if they did not. Responses in relation to activities were positive and patients felt that activities were helping. Overall, patients felt that being on the ward was helping them recover.

The ward environment was observed as fit for purpose and in accordance with the requirements of a medium secure unit. The ward was spacious, there were several quiet rooms where patients could retreat to. Patients were provided with their own bedroom and en-suite facility.

The atmosphere on the day of the inspection was relaxed and calming. Patients appeared at ease with their surroundings. Staff were available in the communal areas. Interactions observed between staff and patients was respectful and friendly.

#### 4.1 Implementation of Recommendations

There were no recommendations which relate to the key question “**Is Care Safe?**” made following the inspection undertaken on 11 & 12 November 2014.

Two recommendations which relate to the key question “**Is Care Effective?**” were made following the inspection undertaken on 11 & 12 November 2014.

These recommendations concerned the provision of psychology services and person centred discharge plans.

The inspector was pleased to note that both recommendations had been fully implemented. The trust had reviewed psychology services. Patients have access to a range of psychological therapies. Patients all had person centred discharge plans completed.

There were no recommendations which relate to the key question “**Is Care Compassionate?**” made following the inspection undertaken on 11 & 12 November 2014.

#### 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 the ward's physical environment using a ward observational tool and check list.

#### Summary

The ward environment is designed in accordance with medium secure requirements. The ward was spacious and enabled supervision of patients whilst promoting privacy and dignity.

The ward was clean and tidy. Odours were neutral and there was ample natural lighting. Furnishings were well maintained.

Patients were provided with their own bedrooms and en-suite facilities. Bedroom areas were segregated; female bedrooms on one corridor and male bedrooms another. Some patients had personalised their bedrooms.

Seating around the ward promoted social interaction, and there were quiet areas for patients to retreat to.

Patients could access the ward kitchen to prepare meals, and make tea and coffee for periods throughout the day, with closure times displayed.

There was a good range of information displayed on the ward. The therapeutic and recreational activities schedule was displayed. Information on the multi-disciplinary team; who was on duty; the allocated member of staff for patients one to one time; and the days of ward rounds was also displayed.

Patients and staff attend a community meeting every morning, this gives patients and staff time to discuss and address any concerns. Patients are also kept up to date on what is happening during the day at this meeting.

The detailed findings from the ward environment observation are included in Appendix 2

## 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 direct observations 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

On the day of the inspection the inspector observed interactions between staff and patients/visitors. Four interactions were noted in this time period. The outcomes of these interactions were as follows:

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

All interactions were observed as positive. Staff were respectful, courteous and treated patients with dignity. Staff maintained patients privacy. Patients appeared at ease with staff and their surroundings.

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

## 7.0 Patient Experience Interviews

Three patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

Responses to the questions were mixed. One patient stated they had been informed of their rights and staff ensured they fully understood, one patient stated they had been informed but staff did not give them enough time to understand and one patient stated they had not been informed. The inspector discussed this with the ward manager and reviewed patients care documentation, and noted there was evidence that patients had been informed of their rights. Overall, all patients mostly felt safe, and could talk to staff if they did not feel safe.

Patients gave a mixed response to questions in relation to effective care. Responses varied from being fully involved in care and treatment plans to being told how it was going to be. The inspector informed the ward manager of the responses. Care documentation reviewed evidenced that patients were involved in their care and treatment plans. Overall patients stated they were informed of results of assessments and that sometimes staff discussed how they are progressing with them. Two out of three patients stated there were activities every day and all three patients stated activities were helpful. Two out of three patients felt being on the ward was helping them recover and one patient felt unsure of this.

In relation to compassionate care. Patients stated staff were supportive and helpful. One patient stated they were not shown around the ward on admission. Two patients stated staff were warm, empathetic, respectful and treated them with dignity. One patient stated that staff at times were not as sensitive as they could be and their privacy was not always respected. All three patients stated that staff listen although two patients stated they were not sure if staff considered their views. All three patients stated that staff gave them an explanation before supporting them with care and treatment.

The detailed findings are included in Appendix 3

## **8.0 Next Steps**

The report detailing the findings has been sent to the ward. The Trust, in conjunction with ward staff, must review the report and return it to RQIA by 25 August 2015.

The report will be published 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 – Ward Environment Observation**

This document can be made available on request

#### **Appendix 3 – Patient Experience Interview**

This document can be made available on request

#### **Appendix 4 – QUIS**

This document can be made available on request



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No requirements or recommendations resulted from the unannounced inspection of **Shannon Clinic, Ward 2, Knockbracken Healthcare Park** which was undertaken on **30 June 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	[ Damian Murdock ]
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	[ Martin Dillon, Deputy Chief Executive ]

<b>Approved by:</b>	<b>Date</b>
Wendy McGregor	31 July 2015

## Follow-up on recommendations made following the unannounced inspection on 11 and 12 November 2014

No.	Reference.	Recommendation	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1.	6.3.1 (a)	It is recommended the trust review the provision of Psychology services within the Shannon Clinic to ensure that patients who are assessed as requiring clinical psychological interventions have access to this service. (1)	<p>The inspector was informed by the ward manager and operational manager that the trust had reviewed the provision of psychology services. This was further evidenced in the minutes of the operational team meeting on 8 June 2015 reviewed by the inspector. The trust had advertised for a psychologist, however the advertisement was withdrawn as it was agreed the post needed to be re-graded. A proposal for the re-grading has gone for scrutiny. The inspector was informed there are plans to recruit a band 7 nurse therapist in September 2015. The aim of the post is to deliver psychological therapies. The nurse therapist will receive supervision from a psychologist.</p> <p>The inspector reviewed the therapies currently on offer to the patients and noted the patients have access to a range of therapies e.g. Dialectical Behaviour Therapy (DBT); Psycho- education; Coping with Mental Illness and Good Thinking Skills.</p> <p>Patients also have access to activities such as woodwork, horticulture, the gym, current affairs, ward art, hen duty, football, rackets club and a music group. Rehabilitation activities were offered to patients to promote independence with activities of living e.g. cooking, laundry, shopping and integrating and community engagement. Some patients are also participating in a film making project.</p> <p>Female specific activities were also on offer.</p> <p>An activity schedule was displayed in the patient</p>	Fully met

Appendix 1

			communal area.	
2.	5.3.1 (a)	It is recommended that the charge nurse ensures that all patients have a person centred discharge plan completed. (1)	The inspector reviewed care documentation in relation to three patients. Each patient had a person centred discharge plan completed.	Fully met