The Regulation and Quality Improvement Authority

Shannon Clinic 3

Knockbracken Healthcare Park

Belfast Health and Social Care Trust

Unannounced Inspection Report

Date of inspection: 23 - 27 November 2015

npm national preventive mechanism

Ward Address: Shannon Clinic 3
Knockbracken Healthcare Park
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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.

Contents

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 Inspection Outcomes

This inspection focussed on the theme of

Person Centred Care

This means that patients are treated as individuals, with the care and treatment provided to them based around their specific needs and choices.

On this occasion Shannon Ward 3 has achieved the following levels of compliance:

Is Care Safe?	**Met**
Is Care Effective?	**Partially met**
Is Care Compassionate?	**Met**

3.0 What happens on Inspection

What did the inspector do:

- reviewed information sent to RQIA before the inspection
- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- reviewed other documentation on the days of the inspection
- checked on what the ward had done to improve since the last inspection

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 the necessary improvements
- send regular update reports to RQIA for the inspector to review

4.0 About the Ward

Shannon Ward 3 is set within a Regional, Medium Secure Unit. The unit is situated on the grounds of Knockbracken Healthcare Park. The purpose of the ward is to provide intensive psychiatric rehabilitation to male patients who have a forensic mental health history. There were ten patients on the ward during the inspection. All patients on the ward were detained in accordance with the Mental Health (Northern Ireland) Order 1986. Patients have access to a multi-disciplinary team which incorporates; nursing, social work, clinical psychology, occupational therapy and psychiatry. A GP visits the unit twice a week. The person in charge during the inspection was the ward manager.

5.0 Summary

5.1 What patients, carers and staff told inspectors

During the inspection patient representatives were asked to complete questionnaires. One patient representative returned a completed questionnaire.

The representative said:

That staff are accessible, approachable, available to speak to and respected their views and opinions. The representative stated that they had been told about their relative's illness and confirmed that they had been informed how to help their relative recover. The representative stated that being on the ward had helped their relative and felt their relative's privacy and dignity was respected. The representative stated they were not involved in any decision making. The

inspector spoke to the patient who confirmed that they did not wish for their relative to be involved in any decision making.

During the inspection the inspector was able to meet with:

5 patients (an additional two patients completed questionnaires independently)
8 staff

Patients told inspectors that:

Staff took time and ensured they fully understood their rights and they felt safe and secure on the ward. Patients confirmed they were fully involved in their care and treatment plans, were informed of results of assessments/investigations and staff regularly told patients how they were progressing. Patients stated that being on the ward was helping them to recovery and were confident that staff had the knowledge and skills to support them. One patient stated "*It was very difficult for me when I first came but the nurses, doctors and OT have worked with me and helped me recover. If staff see me with my head down they will ask me if I am ok and check in on me".*
Patients were complimentary about the staff and described staff as supportive, helpful, warm, empathetic, and respectful, treated them with dignity and respected their privacy. One patient said "*Staff are always friendly and respectful*".
Patients indicated they had the opportunity to attend activities and felt these activities were helping them recover.
One patient raised a concern about the length of time they had to wait for their community leave to be confirmed. This concern was also raised by ward staff. This concern was raised at inspection feedback and has been identified as an area for improvement.
Patients stated that the ward was "*relaxed*" *"quiet*" and "*there was plenty of space"* and had a "*nice friendly atmosphere*".
One patient said "*I have to ask only once if I need anything, I don't have to repeat myself*". Another patient stated "S*taff make sure you are looked after and see that you are alright".*
Patients liked having access to the kitchen as they could prepare meals of their choice.

Staff told inspectors that:

They felt well supported and leadership on the ward was good. All staff said the multi-disciplinary team were approachable and peer support was good. Nursing staff stated that the ward manager was approachable. Staff also commented that the team work together and communication between the team was good. All staff stated they had received up to date supervision and appraisals. All staff understood the safeguarding vulnerable adult process.
Staff stated that issues can arise when a patient has been regraded to voluntary status but could not be discharged as there are no placements or accommodation available for the patient. Voluntary patients therefore have to remain in a secure setting, which is unnecessary and inappropriate. Staff stated

this can create tension and problems between patients on the ward. Staff were also concerned that there are often patients whose discharge is delayed. There was one patient whose discharge was delayed during this inspection and two patients whose discharge was delayed during last inspection in March 2015. This has prevented admissions to the Shannon clinic and created a waiting list in the past.

Inspectors identified deficits in relation to the provision of continuity of care by four trusts other than the Northern Health and Social Care Trust. Inspectors advised the ward manager to inform the Shannon Clinic medical team that one of the Mental Health and Learning Disability team sessional medical staff would be participating in the fourth day of the inspection. There are five consultant forensic psychiatrists in the Shannon Clinic. One consultant forensic psychiatrist from the Northern Health and Social Care Trust spoke to inspectors. The consultant psychiatrist stated they provided care and treatment to patients in Shannon ward 1, 2 and 3 and follow up post discharge in the community. Inspectors were concerned that there was limited evidence available to suggest that this continuity of care was apparent in other trusts. The forensic psychiatrist also stated that additional input from the community forensic teams into the multi-disciplinary team meetings would provide a more seamless service.

There are six consultant psychiatrists who provide input to Shannon clinic. Staff stated that each consultant has a different way of working. Although no significant concerns were highlighted, it was noted that this was causing some difficulty in the completion of care documentation, and the approach to multi-disciplinary team meetings.

Staff also identified issues with the length of time patients had to wait to get authorisation for their community leave. This caused a level of anxiety for patients. Nursing staff plan when community leave is due, so that consultants psychiatrists can the supply the necessary report to the Department of Justice in a timely way.

5.2 What inspectors saw during the inspection

Inspectors observed that there was enough staff on the ward to assist and support patients.

Inspectors also observed that staff;

- were considerate, treated patients with dignity and respected patients privacy;
- were attentive, answered queries promptly and were courteous;
- reassured and supported patients who were anxious;
- were available in the communal area at all times;
- were noted engage and interact positively with patients;

The inspector noted that the ward was particularly busy with patients coming and going to activities and community leave. There was up to date comprehensive information displayed on the ward and the ward information booklet in relation to;

- patient's rights;
- who was on duty;
- the multi-disciplinary team;
- staff allocated to each patient for one to one therapeutic time;
- the ward schedule and;
- the comprehensive therapeutic and recreational programme;

The ward environment was clean, tidy and well maintained. Bedrooms were single with ensuite facilities. Patients had personalised their bedrooms and could lock their bedroom doors. There were quiet areas for patients to retreat to. Patients could also access a telephone in private. The medical room was clean, organised and medications were stored appropriately.

Confidential information was stored in accordance with trust policy and procedure.

Security on the ward was in keeping with the requirements of a medium secure facility. Patients in Ward 3 were assessed as requiring rehabilitation in a less restrictive environment. Patients had unrestricted access to the kitchen to prepare meals and make tea and coffee. Patients also had unrestricted access to an outside space within the confines of the unit.

See attached Appendix 1 and 2

5.3 Key outcomes

5.3.1 Is Care Safe?

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

Compliance Level	**Met**

See attached Appendix 3

What the ward did well

- ✓ Patients were involved in developing their risk assessments and risk management plans;

- ✓ Risk assessments and risk management plans were individualised and actions are appropriate;
- ✓ Risk assessments and risk management plans focused on personal strengths;
- ✓ Risk assessments and risk management plans were reviewed regularly and were reviewed and up to date. Patients attended Promoting Quality Care risk management meetings every three months;
- ✓ The ward was clean, comfortable and well maintained;
- ✓ Health and safety risk assessments, ligature risk assessments and fire check have been completed and were up to date;
- ✓ There was enough staff available during the inspection to meet the needs of the patients in the ward. Staff were available in the communal areas at all times and were accessible and available to patients;
- ✓ All staff interviewed were clear about who provided them with supervision and confirmed they had received up to date supervision;
- ✓ Staff demonstrated they had the knowledge and skills to support patients who had forensic mental health issues. Staff had attended additional training in order to deliver specific therapeutic work;
- ✓ Staff had the opportunity to attend reflective practice sessions each week;
- ✓ There was a psychotherapy group for patients and staff who work on the ward every week. This is facilitated by a psychotherapist and allows patients and staff to come together, look at how they think and feel and how they get along with each other;
- ✓ Patients knew how to make a complaint;
- ✓ Patients had been informed of their rights;
- ✓ Staff had knowledge of safeguarding vulnerable adult procedures and how to report an incident or accident;
- ✓ There was good governance mechanisms in place to review, monitor and share learning in relation to incidents;

Areas for improvement

There were no areas for improvement identified during this inspection.

5.3.2 Is Care Effective?

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

Compliance Level	**Met**

See attached Appendix 4

What the ward did well

- ✓ Multi-disciplinary care plans were individualised;
- ✓ Patients confirmed they were involved in developing their care and treatment plans;
- ✓ Nursing care plans were holistic and addressed each assessed need;
- ✓ There was a multi-disciplinary ward meeting every week;
- ✓ Patients were offered the opportunity to attend their multi-disciplinary ward meeting;
- ✓ Patients all indicated that being on this ward was helping with recovery and rehabilitation;
- ✓ A GP visits twice a week;
- ✓ Whilst ensuring appropriate levels of security, the environment was open and patients experienced the least restrictive environment possible. There was unrestricted access to the kitchen and to an outside space within the confines of the unit;
- ✓ The need for the use of restrictive practices was based on individualised risk assessments. These assessments indicated that the use of such restrictions were necessary and proportionate;
- ✓ Discharge plans were discussed with patients;
- ✓ There was a good range of care and treatment options in accordance with rehabilitation and recovery;

- ✓ Patients were offered the opportunity to meet with all staff involved in their care;

- ✓ Patients had access to occupational therapy and social work services;

- ✓ Patients were offered the opportunity to complete vocational qualifications in areas such as numeracy and literacy and information technology;

- ✓ Working toward rehabilitation and preparing patients for discharge was evident on the ward. This support was provided by the multi-disciplinary team and involved the following;
    - Medication management – patients on the ward were supported through a series of steps, toward self-administration of medication on the ward;
    - Daily activities of living such as budgeting, shopping, cooking, keeping healthy;
    - Managing difficult situations that may arise in the community;
    - Therapies that helped patients to develop coping skills to manage anxiety and distress;

Areas for improvement

Care documentation

- ✘ Care documentation was confusing. There was a multi-disciplinary care plan and a nursing care plan for each patient. The multi-disciplinary care plan was not comprehensive nor up to date; *Quality Standard 5.3.1 (a)*

- ✘ Patient goals for recovery were not clearly recorded in three out of four nursing care plans and in the four multi-disciplinary care plans reviewed; *Quality Standard 5.3.1 (a)*

Multi-disciplinary team

- ✘ Clinical psychology was available two days per week across the three wards; *Quality Standard 6.3.1 (a)*

- ✘ Inconsistent approach to multi-disciplinary team meetings; *Quality Standard 6.3.1 (a)*

Community leave

- ✘ Patients and staff raised concerns in relation to the length of time it took to access community leave; *Quality Standard 5.3.3 (b)*

5.3.3 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

Compliance Level	Met

See attached Appendix 5

What the ward did well

- ✓ Staff sought consent before delivery of care and treatment;
- ✓ Staff listened and respect views of patients;
- ✓ Patients understood why the reason for their admission;
- ✓ Staff respected patients need for privacy;
- ✓ Staff interacted and engaged with patients positively;
- ✓ Patient feedback on the service was positive;
- ✓ Patients indicated they did not have to ask twice for anything and staff always attended and supported patients promptly;
- ✓ Staff used patients preferred name;
- ✓ Patients were offered the opportunity to attend all meetings were there were decisions to made about their care, treatment and plans for discharge;
- ✓ There was a patient and a carers advocate;
- ✓ Families can visit and are active participants in patients recovery;
- ✓ Patients can use a telephone in private;
- ✓ There were several mechanisms for patient feedback on the service;
- ✓ Patients were kept up to date on what was happening every day at the morning community meeting;

Areas for improvement

There were no areas for improvement.

6.0 Other Areas Examined

Delayed discharges

Concerns about the number of patients whose discharge was delayed were discussed at feedback with the Operational Manager and the Belfast Health and Social Care Assistant Director for Mental Health. The trust indicated they had raised this problem with the Bamford sub group. Staff indicated they were frustrated that the issue had not been resolved. As a consequence acutely ill patients were left waiting in prison for admission to the Shannon Clinic.

Inconsistency of care / in reach from community forensic services

Inconsistency of care and the lack of in reach from community forensic services was raised at feedback as there were deficits noted in relation to the proactive planning for the discharge of patients from four trust areas.

Due to these concerns RQIA will arrange to meet and discuss the above issues with the Assistant Director of the Health and Social Care Board.

7.0 Next steps

Areas for improvement are summarised below. The Trust, in conjunction with ward staff, should provide an improvement plan to RQIA detailing the actions to be taken to address the areas identified.

	Area for Improvement	Timescale for implementation in full
Priority 1 recommendations		
	There were no priority 1 recommendations	
Priority 2 recommendations		
1	Patients and staff raised concerns in relation to the length of time it took to access community leave.	23/02/2015
2	Patient goals for recovery were not clearly recorded in three out of four nursing care plans or in the four multi-disciplinary care plans reviewed.	23/02/2015
3	Inconsistent approach to mulit-disciplinary team meetings.	23/02/2015
Priority 3 recommendations		

1	Patients had limited access to clinical psychology services. The clinical psychology was available two days per week across the three wards.	23/03/2015
2	Care documentation was confusing. There was a multi-disciplinary care plan and a nursing care plan for each patient. The multi-disciplinary care plan was not comprehensive and not up to date.	23/03/2015

Definitions for priority recommendations

PRIORTY	TIMESCALE FOR IMPLEMENTATION IN FULL
1	This can be anywhere from **24 hours to 4 weeks from the date of the inspection** – the specific date for implementation in full will be specified
2	Up to **3 months** from the date of the inspection
3	Up to **6 months** from the date of the inspection

Appendix 1 – Ward Environmental Observation Tool
This document can be made available on request.

Appendix 2 – Quality of Interaction Schedule
This document can be made available on request.

Appendix 3 – Is Care Safe?
This document can be made available on request.

Appendix 4 - Is Care Effective?
This document can be made available on request.

Appendix 5 - Is Care Compassionate?
This document can be made available on request.

HSC Trust Improvement Plan

WARD NAME	Shannon Clinic 3	**WARD MANAGER**	Linda Taylor	**DATE OF INSPECTION**	23 November 2015
NAME(S) OF PERSON(S) COMPLETING THE IMPROVEMENT PLAN	Linda Taylor, Ward Manager, Ward 3 Ann McDonald, Ward Manager, Ward 1 Noel McDonald, Operations Manager Davy Martin, Lead Nurse Mark Johnston, Senior Social Worker Jacqui Frost, Senior OT Dr. Boris Pinto, Consultant Psychiatrist Mel Carney, Service Manager Patricia Minnis, Quality and Information Manager	**NAME(S) OF PERSON(S) AUTHORISING THE IMPROVEMENT PLAN**	Barney McNeany, Co-Director, Mental Health Services Martin Dillon, Deputy Chief Executive		

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

The areas where improvement is required, as identified during this inspection visit, are detailed in the inspection report and improvement plan.

The completed improvement plan should be completed and returned to team.mentalhealth@rqia.org.uk from the HSC Trust approved e-mail address, by 12 January 2016.

Please password protect or redact information where required.

PRIORTY	TIMESCALE FOR IMPLEMENTATION IN FULL

1	This can be anywhere from **24 hours to 4 weeks from the date of the inspection** – the specific date for implementation in full will be specified
2	Up to **3 months** from the date of the inspection
3	Up to **6 months** from the date of the inspection

Part A

Priority 1: Please provide details of the actions taken by the Ward/Trust in the timeframe **immediately** after the inspection to address the areas identified as **Priority 1**.

Area identified for Improvement	Timescale for full implementation	Actions taken by Ward/Trust	Attached Supporting Evidence	Date completed
Key Outcome Area – Is Care Safe? There were no priority one areas for improvement identified.				
Key Outcome Area – Is Care Effective? There were no priority one areas for improvement identified.				

Key Outcome Area – Is Care Compassionate? There were no priority one areas for improvement identified.				

Part B

Priority 2: Please provide details of the actions proposed by the Ward/Trust to address the areas identified for improvement. The timescale within which the improvement must be made has been set by RQIA.

Area identified for improvement	Timescale for improvement	Actions to be taken by Ward	Responsibility for implementation
Key Outcome Area – Is Care Safe? There were no priority two areas for improvement identified.			
Key Outcome Area – Is Care Effective? Patients and staff raised concerns in relation to the length of time it took to access community leave. **Minimum Standard 6.3.1 (a)** This area has been identified for improvement for the **first** time	23 February 2016	This was an isolated issue in relation to one patient and access to community leave is normally processed in a timely fashion. Shannon Clinic's Operational Management Team will review the Unit's overall leave process including application for leave in conjunction with the Department of Justice	Noel McDonald

Patient goals for recovery were not clearly recorded in three out of four nursing care plans or in the four multi-disciplinary care plans reviewed. **Minimum Standard 5.3.1 (a)** This area has been identified for improvement for the **first** time.	23 February 2015	Nursing care plans and multidisciplinary treatment plans will be reviewed and updated including clear goals for recovery. Heads of Department will audit care/treatment plans on a monthly basis to ensure that documentation is kept up to date. Any issues will be addressed with the relevant member of staff.	Noel McDonald Davy Martin Jacqui Frost Mark Johnston Responsible Medical Officers
There was an inconsistent approach to multi-disciplinary team meetings. **Minimum Standard 5.3.1 (a)** This area has been identified for improvement for the **first** time.	23 February 2015	The format of future multidisciplinary team meetings will be discussed with the Unit's Consultant Psychiatrists at their next meeting and an approach agreed.	Dr. Pinto, Consultant Psychiatrist
Key Outcome Area – Is Care Compassionate? There were no priority two areas for improvement identified.			

Part C

Priority 3: Please provide details of the actions proposed by the Ward/Trust to address the areas identified for improvement. The timescale within which the improvement must be made has been set by RQIA.

Area identified for improvement	Timescale for	Actions to be taken by Ward	Responsibility

	improvement		for implementation
Key Outcome Area – Is Care Safe? There were no priority three areas for improvement identified.			
Key Outcome Area – Is Care Effective? Care documentation was confusing. There was a multi-disciplinary care plan and a nursing care plan for each patient. The multi-disciplinary care plan was not comprehensive and not up to date. **Minimum Standard 5.3.1 (a)** This area has been identified for improvement for the **first** time**.**	23 March 2016	Multidisciplinary treatment plans will be reviewed and updated. Heads of Department will audit care/treatment plans on a monthly basis to ensure that documentation is kept up to date. Any issues will be addressed with the relevant member of staff.	Noel McDonald Davy Martin Jacqui Frost Mark Johnston Responsible Medical Officers
Patients had limited access to clinical psychology services. The clinical psychologist was available two days per week. **Minimum Standard 5.3.1 (a)** This area has been identified for improvement for the **first** time.	23 March 2016	A full time Band 8B Clinical Psychologist is in the process of being recruited. It is unlikely that the postholder will be appointed before March 23rd 2016. An expression of interest for a number of Band 7 Nurse Therapist posts will also be circulated within the coming month.	Noel McDonald
Key Outcome Area – Is Care Compassionate? There were no priority three areas for improvement identified.			

TO BE COMPLETED BY RQIA

Inspector comment (delete as appropriate)	**Inspector Name**	**Date**
I have reviewed the Trust Improvement Plan and I am satisfied with the proposed actions or I have reviewed the Trust Improvement Plan and I have requested further information		
I have reviewed additional information from the Trust and I am satisfied with the proposed actions		