



The **Regulation and
Quality Improvement
Authority**

Ward J

Mater Hospital

Belfast Health and Social Care Trust

Unannounced Inspection Report

Date of inspection: 4 August 2015



informing and improving health and social care
www.rqia.org.uk

Ward address: Ward J
Mater Hospital
45-51 Crumlin Road
Belfast
BT14 6AB

Ward Manager: Michael Rooney

Telephone No: 028 95041417

E-mail: team.mentalhealth@rqia.org.uk

RQIA Inspector: Alan Guthrie

Lay Assessor: Alan Craig

Telephone No: 02890 517 500

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

Ward J is a 19 bedded acute admissions ward for female patients who require assessment and treatment in an inpatient setting. The ward is situated on the first floor of the psychiatric department of the Mater hospital and is staffed by a multi-disciplinary team that includes nursing, medical, social work, occupational therapy, allied health professionals and hotel staff. The ward provides a combination of bay accommodation and has eight en suite single rooms.

During the inspection the inspector noted that the ward was full and eight patients had been admitted in accordance to the Mental Health (Northern Ireland) Order 1986. One patient was receiving continuous enhanced one to one care.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 19 November 2014 were assessed during this inspection. There were a total of three recommendations made following the last inspection.

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

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

On the day of the inspection the inspector and lay assessor evidenced that the ward's atmosphere was relaxed and welcoming. Patients were moving freely throughout the ward and staff maintained a continued presence in the main ward areas. Staff were observed responding to patient requests quickly and in a caring manner. Staff interactions with patients demonstrated responsive, attentive and respectful interactions.

The ward's layout and environment presented a number of challenges. The dining area was too small to facilitate the ward's 19 patients, the garden area was cramped and enclosed and the ward's bathroom and toilet areas required further improvement. It was positive to note that staff were approaching the challenges in a pragmatic and proactive manner. Staff ensured that all patients received their meals and that patients could access time off the ward.

Patients reported no concerns in being able to access meals and, where appropriate, time off the ward. The ward's flooring had been replaced and the ward had been redecorated. The Trust had also commissioned a new building which the ward will be transferring to in 2017/18. A recommendation regarding the ward's bathroom and toilet areas has been restated for a third time. A further recommendation regarding the implementation of the ward's ligature survey report action plan has also been made.

Patient care documentation reviewed by the inspector evidenced that a comprehensive assessment of each patient's circumstances and needs had been completed. Patient progress records demonstrated that nursing staff and the multi-disciplinary team continued to monitor each patient closely and that patients were involved in planning their care and treatment.

Patients who met with the lay assessor and inspector reported no concerns regarding their ability to speak with nursing staff as required. It was positive to note that patients were complimentary regarding ward staff.

4.1 Implementation of Recommendations

One recommendation which related to the key question "**Is Care Safe?**" was made following the inspection undertaken on 19 November 2014.

This recommendation concerned the recording of patient records on the Trust's PARIS electronic patient information system.

The inspector was pleased to note that the recommendation had been fully implemented. All staff within the ward's multi-disciplinary team were updating patient care records onto the PARIS system. The inspector noted that the Trust was introducing a new patient care pathway. Documentation in relation to the care pathway will be transferred onto the PARIS system.

No recommendations in relation to the key question "**Is Care Effective?**" were made following the last inspection.

Two recommendations which relate to the key question "**Is Care Compassionate?**" were made following the inspection undertaken on 19 November 2014

These recommendations concerned patient access to the internet and the refurbishing of the ward's bathroom and toilet areas.

The inspector was pleased to note that one recommendation had been fully implemented. The Trust had ensured that patients could access the internet on computers within the facilities Oasis room. Patients could also access the internet on the ward through their phones and personal computers.

However, despite assurances from the Trust, one recommendation had not been fully implemented. The ward's bathroom and toilet areas had not been refurbished. The ward had replaced shower curtains and flooring however, the rooms had not been refurbished.

Given that this recommendation had not been fully implemented for a third time, a serious concern letter was forwarded to the Trust's Director of Adult Social & Primary Care. The letter requested that the Trust confirms its plans to address this recommendation.

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 ward was located on the first floor of the hospital's psychiatric acute care facility. The entrance to the Ward was clean bright and welcoming and fresh smelling. The notice boards were up to date and the activities board contained information relevant to patients. Notice boards on the ward displayed information which detailed the philosophy of the ward, the staff on duty and the identity of each patient's named nurse. The ward provided a patient and relative/carer information booklet. The booklet was up to date and reflected the ward's ethos and care and treatment procedures.

The atmosphere within the ward was noted as being pleasant and calm. The inspector evidenced that staffing levels on the day of the inspection were appropriate to meet the needs of patients. There was one patient on the ward who was receiving enhanced observations. Staff members providing this level of support throughout the day were observed engaging with the patient and treating them with respect and dignity.

The main ward areas presented as clean and clutter free. Furnishings within the ward were maintained to a good standard. However, the ward's bathroom and shower areas were not maintained to the same standard. Although the

ward had previously replaced burn marked flooring and shower curtains, the inspector evidenced that these rooms contained wall cladding which was stained and discoloured. The rooms did not present with neutral odours. A recommendation regarding this issue has been restated for a third time.

The inspector reviewed the ward's most recent ligature survey report which had been completed on the 8 June 2015. The review included an action plan to address a number of ligature points identified within the ward. The inspector noted that a number of the actions had not been implemented. This included the removal of metal bins to be replaced by plastic bins. A recommendation regarding the implementation of the ligature review action plan has been made.

Patients who met with the inspector were orientated to the ward. Patients reported no concerns regarding their ability to access privacy or to participate in the ward's therapeutic and activity programme. The ward provided care and treatment to patients with a broad range of needs.

The ward provided a range of side rooms for patient use. The dining room was evidenced as being cramped. There were only 17 places available at the dining tables despite the ward providing care and treatment to 19 patients. The inspector noted that the ward's design limited the Trust's ability to address this issue. The Trust has commissioned a new acute care facility which is currently being built. The inspector was satisfied that ward staff had made appropriate interim arrangements to ensure all patients could use the dining room. Patients who met with the inspector reported no concerns in being able to access meals.

The ward's clinical room was appropriately equipped and clean. Equipment within the resuscitation bag was noted to be appropriately maintained and checked.

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

Observations of interactions between staff and patients/visitors were completed throughout the day of the inspection. Three interactions were recorded in this time period. The outcome of these interactions was as follows:

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

Patient and staff interactions observed on the day of the inspection were witnessed as being caring, supportive and respectful. Patients moved freely throughout the ward and staff were available in the main ward areas. Patient requests were dealt with quickly and in an informal and friendly manner. It was positive to note that staff demonstrated a high level of skill when supporting two patients who presented as being upset and agitated.

Throughout the day of the inspection the atmosphere on the ward remained calm, welcoming and relaxed. Patients who met with the lay assessor and the inspector reflected positively on their relationship with the ward staff. Two patients who met with the lay assessor reflected that their experience of care and treatment on the ward was positive, safe and effective. Patients reported no concerns in being able to speak with nursing staff, their consultant or other members of the multi-disciplinary team as required.

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

7.0 Patient Experience Interviews

Three patients agreed to meet with the lay assessor and inspector to talk about their care, treatment and experience as a patient. Each of the patients agreed to complete a questionnaire regarding their experience.

Patients informed the lay assessor and inspector that their experience of the ward had been positive and that the service provision was safe, effective and

patient centred. Patients spoke highly of the staff professionalism and the level of care offered. Patients also stated that they had found their named nurse to be easy to approach and helpful.

One patient informed the inspector that they felt vulnerable at night as there was not as many staff on duty. The patient also expressed concern that their information may not remain confidential and that they felt the building was “dilapidated”. The inspector discussed the patient’s concerns with the ward manager. The inspector also reviewed the ward’s rota and the ward’s procedures, as evidenced on the day of the inspection, for ensuring patient information remained confidential. The inspector evidenced that the ward rota reflected that appropriate staffing levels were available at night. The inspector also observed that patient information was being recorded and stored in accordance to Trust confidentiality policy and procedures.

Another patient informed the lay assessor that they were concerned about their benefit payments. The lay assessor and inspector discussed this with the ward manager. The ward manager assured the lay assessor and inspector that this issue was being addressed with the patient. It was positive to note that patients admitted to Ward J could speak with a benefits advisor as required. The advisor attended the ward on a weekly basis. Patient comments included:

“They’re (staff) very good listeners. They don’t talk down to you”;

“The staff are brilliant here... with all patients. In my eyes they’re all saints”;

“Everyone interacts with each other staff and patients. I have achieved a lot”;

“I would like to be able to go out by myself”;

“The Oasis room is good”;

“I have made some friends”;

“Some of the staff are nice”;

“You couldn’t get more helpful people than the nurses here. I’ve seen them working under pressure”;

“My nominated (named) nurse meets with me daily”;

“The staff do their best with what they have got...they are always encouraging you”;

“It’s an old building sometimes there’s difficulty with toilets or showers”;

“It has been a very positive experience for me; if I had to come here again I wouldn’t be worried. They are very professional and a strong community sense among them”.

The detailed findings are included in Appendix 4.

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	3
Other ward professionals	0
Advocates	0

Staff who met with the inspector were complimentary regarding the support they received from colleagues and managers. Staff stated that they felt the ward’s multi-disciplinary team worked well together and patients could access allied health professionals (e.g. dietician/ psychologist/physiotherapist) as required. Staff reported no concerns regarding their ability to access training and supervisory support.

Staff reflected that they felt the ward was busy and provided care and treatment to patients with a wide range of need. Staff felt that despite environmental challenges in relation to space and building design the ward provided a good standard of care to patients.

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 29 September 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 – Ward Environment Observation

This document can be made available on request

Appendix 3 – QUIS

This document can be made available on request

Appendix 4 – Patient Experience Interview
This document can be made available on request

Follow-up on recommendations made following the unannounced inspection on 19 November 2014

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1		It is recommended that internet access is made available within the Oasis resource.	2	Internet access was available throughout the ward and the facility. Patients could access the Trust's Wi-Fi via their personal phones. Patients could also use two computers located in the Oasis room.	Met
2		It is recommended that the ward's bathroom and toilet areas be refurbished. This should include the replacing of burn marked flooring and the replacing of shower curtains.	2	<p>The inspector noted that the ward's two shower rooms had shower curtains and flooring replaced. The inspector was informed that the ward had submitted a capital bid for new bath/shower and toilet facilities in early 2015. The submission was rejected by the Trust as monies were allocated to repainting the ward and replacing the flooring throughout the rest of the ward area. A further capital bid to replace the bath/shower and toilet areas will be forwarded in October 2015.</p> <p>The inspector noted that the shower and bathroom had not been refurbished and they remained in a poor state as evidenced by the cladding on the walls presenting as stained, worn and discoloured. The inspector also noted the rooms did not present with neutral odours.</p>	Not met
3		It is recommended that all ward generated patient care records including patient assessments, care plans and reviews are completed in electronic format on the Trust's PARIS patient information system.	1	<p>Patient care records including risk assessments, comprehensive assessments and progress records were recorded on the Trust's PARIS system. It was positive to note that each member of the ward's multi-disciplinary team updated patient's records on PARIS.</p> <p>Patient care plans and multi-disciplinary reviews were not recorded on the PARIS system. The inspector was informed that the Trust was introducing a new regional</p>	Met

Appendix 1

				<p>initial care pathway (ICP) assessment. The introduction of a new care pathway will including updating the PARIS system.</p> <p>The inspector evidenced that the ward's management team had progressed this recommendation as far as it could pending the implementation of new care pathway processes.</p>	
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Quality Improvement Plan

Unannounced Inspection

Ward J, Mater Hospital

4 August 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, ward staff and senior hospital managers on the day of the inspection visit.

It is the responsibility of the Trust to ensure that all 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
Is Care Safe?					
1.	Section 5.3.1(e)	It is recommended that the ward manager ensures that the recommended actions as detailed on the ward's ligature survey report are implemented.	1	Immediate and ongoing	The Ward Manager is meeting with Estates Services regarding the securing of cables within the ward and the bath handles. The Ward Manager is also meeting with PCSS via the Ward's Quality Circle meeting regarding actions relating to the bins in Ward J.
Is Care Effective?					
		No recommendations were made.			
Is Care Compassionate?					
2.	Section 5.3.1(f)	It is recommended that the ward's bathroom and toilet areas be refurbished. This should include the replacing of burn marked flooring and the replacing of shower curtains.	3	30 November 2015	A capital bid for the refurbishment of the bathrooms in Ward J was submitted as a priority one at the Trust's capital planning meeting in June 2015 however could not be taken forward due to there being no resources available to the Trust. The Trust will continue to pursue the resource for

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
					<p>minor refurbishment of the bathrooms at the next capital planning meeting and ensure any repairs are carried out as required.</p> <p>Shower curtains have been replaced in the bathrooms however are regularly dismantled by the patients. The Ward Manager, Operations Manager and Estates Services are meeting to discuss possible solutions.</p>

NAME OF WARD MANAGER COMPLETING QIP	Michael Rooney
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	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.

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Alan Guthrie	15 September 2015
B.	Further information requested from provider				