



The **Regulation** and
Quality Improvement
Authority

Ward K

Mater Hospital

Belfast Health and Social Care Trust

Unannounced Inspection Report

Date of inspection: 17 August 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

Ward K is a 20 bedded ward that provides treatment and care for male patients who require assessment and treatment in an inpatient setting. The ward is one of three acute psychiatric wards occupying an old Victorian building on the Mater hospital site. Ward K is on the second floor of the building.

Patients on ward K are supported by nursing, medical, occupational therapy and social work staff. On the day of the inspection all of the beds were occupied and eight patients had been admitted to the ward in accordance to the Mental Health (Northern Ireland) Order 1986.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 2 and 3 December 2014 were assessed. There were a total of four recommendations made following the last inspection.

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

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

The ward's general environment was clean, well maintained and welcoming. Notice boards and information for patients were well presented and informative. The ward provided appropriate spaces to allow patients privacy. Patients could access large communal rooms and the facilities Oasis room and gym. However, the inspector was concerned that the ward's dining area was too small to facilitate the ward's 20 patients, the garden area was cramped and enclosed and the ward's bathroom and toilet areas required further improvement. The inspector evidenced that these rooms contained wall cladding which was stained and discoloured. Although the Trust had replaced the flooring and shower curtains in these rooms, a recommendation

regarding the refurbishment of the ward's bathroom and toilet areas has been restated for a third time.

The inspector noted that the ward had been redecorated and new flooring had been fitted. With regard to the ward's garden area the facilities occupational therapy team were due to commence a repainting and mosaic project in September 2015. It was also positive to note that the Trust has commissioned a new acute care facility which is currently being built. The inspector was informed that the ward will be transferring to the new facility in 2017/18.

4.1 Implementation of Recommendations

One recommendation which related to the key question "**Is Care Safe?**" was restated for a second time following the inspection undertaken on 2 and 3 December 2014.

This recommendation concerned staff awareness of the deprivation of liberty safeguards (DOLS) interim guidance.

The inspector was pleased to note that the recommendation had been fully implemented. The ward manager had circulated the DOLS standards to all staff in January 2015. A further reminder was forwarded on the 6 April 2015. Copies of DOLS guidance were available on the ward on the day of the inspection.

One recommendation which related to the key question "**Is Care Effective?**" was made following the inspection undertaken on 2 and 3 December 2014.

This recommendation concerned the provision of staff supervision in accordance with trust and professional standards and requirements.

The inspector was pleased to note that the recommendation had been fully implemented. A supervision timetable evidenced that the ward manager and deputy ward managers provided each member of the nursing staff team with supervision. The inspector was informed that the supervision records for medical, social work and occupational therapy staff were retained by their respective professional leads. The supervision requirements of each member of staff were monitored by the ward's senior management team.

Two recommendations which relate to the key question "**Is Care Compassionate?**" were restated for a second time following the inspection completed on 2 and 3 December 2014.

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

The inspector was pleased to note that one recommendation had been fully implemented. Patients on Ward K could access the Trust's Wi-Fi via their personal phones. Patients could also use two computers which were available in the facilities Oasis room.

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 second floor of the hospitals psychiatric acute care facility. The ward's patient information booklet and notice boards provided up to date information relevant to patients and their carers/relatives. This included information regarding the wards routine, philosophy of care and a description of the care and treatment provided. It was positive to note that the notice boards at the ward's entrance had been well maintained and included information regarding the ward's performance.

On the day of the inspection the general ward areas were noted to be clean, appropriately maintained and fresh smelling. The ward had recently been repainted and new flooring had been fitted. The ward's dining and garden areas were limited for space and the bathroom and toilet areas had not been refurbished. This was contrary to a previously restated recommendation. This recommendation will be restated for a third time in the quality improvement plan accompanying this report.

Throughout the day of the inspection the atmosphere on the ward remained relaxed and calm. The inspector evidenced staffing levels as being appropriate to meet the needs of patients. Interactions between patients and staff were positive and staff responded quickly to patient requests. Patients

presented as being at ease within their surroundings and staff were available throughout the main ward areas.

The inspector reviewed the ward's most recent ligature survey report which had been completed 3 November 2014. 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. The inspector also noted that the ligature issue identified in the toilet and shower areas did not state a recommended action. Recommendations in relation to these issues have been made.

Patients who met with the lay assessor and the inspector reported no concerns regarding their ability to access privacy or to participate in the ward's therapeutic and activity programme. Patients could also access the facilities occupational therapy (OT) programme on a daily basis Monday to Friday. The OT activities available included arts and craft classes, relaxation sessions and Pilates. Patients could also access the Oasis room and a gym. The Oasis room was located on the ground floor of the building and provided patients with social and recreational opportunities.

The ward provided a range of side rooms for patient use. The dining room was evidenced as being cramped. There were not enough places available at the dining tables to meet the needs of the 20 patients. The inspector noted that the ward's design and layout limited the Trust's ability to address this issue. 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. However, the inspector evidenced that the ward's resuscitation bag record had not been completed in accordance to Trust policy and procedures. There was no record to show that the bag had been checked on the 1 and 5 August 2015. A recommendation has been made.

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. Four interactions were recorded in this time period. The outcome of these interactions was as follows:

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

On the day of the inspection the lay assessor and inspector witnessed that patient and staff interactions were positive. Patients who met with the lay assessor reflected positively on their relationships with nursing staff. During the inspection the inspector noted that patient requests were dealt with quickly and in an informal and friendly manner. The inspector observed one patient approaching a member of staff and questioning the staff member’s qualifications and professional ability. The staff member addressed the patient’s concern in a progressive and helpful manner. This included supporting the patient to check the nursing and midwifery professional register.

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 to talk about their care, treatment and experience as a patient. Each of the patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

One patient reported that they felt safe and secure and two patients stated that at times they did not feel safe. Both patients reflected that they could talk to staff when they did not feel safe. They found this reassuring and helpful. Patients reported positively on their ability to participate in activities and they felt that the ward was helping them to recover. One patient informed the lay assessor that they had not been informed of their rights. The inspector reviewed the patient's care records and noted that staff had discussed the patients' rights with them when the patient had been first admitted. The patient was advised to speak to staff or the ward advocate should they require any information in relation to their rights. The patient agreed to speak with their named nurse regarding this.

One patient reported that they had been involved in planning their care; one stated they had been involved in some parts of their care and treatment planning and the final patient stated that they were just told how it was going to be. Two patients stated that they felt that staff did not actively tell them how they were progressing. Patient's comments included:

"Staff are kind";

"I would like to know more about my care plan";

"Mostly it's all good";

"Staff are good";

"I am concerned about security for my personal possessions";

"I don't get to speak with my social worker or consultant quickly enough";

"The outside area is very poor. The writing on the walls upsets me";

"Very positive experience".

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	Three
Other ward professionals	0
Advocates	0

Ward staff who met with the inspector stated that they felt the ward was very busy and provided care and treatment to patients with a broad range of needs. This included patients who presented as being very unwell and patients with challenging behaviours. Staff reflected that the ward's environment was challenging in terms of access to outside and space in the

dining and sleeping bay areas. However, staff felt that they managed the individual needs of each of the patients in an appropriate and caring manner.

Staff reported no concerns regarding their ability to access training and supervisory support. Staff informed the inspector they felt the quality of care and treatment provided to patients was to a good standard. Staff stated that they felt patients on Ward K were well cared for.

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 9 October 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

Follow-up on recommendations made following the unannounced inspection on 2 and 3 December 2014.

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section 5.3.3 (a)	It was recommended that internet access is made available within the Oasis resource.	2	Internet access was available throughout the building. Patients on ward K could access the Trust's Wi-Fi via their personal phones. Patients could also use two computers which were available in the facilities Oasis room.	Met
2	Section 4.3 (l)	It is recommended that all staff receive professional supervision in accordance with Trust and professional standards and requirements.	2	<p>The inspector reviewed the ward's arrangements for providing staff with professional supervision. Nursing staff received supervision in accordance to trust and professional standards. A supervision timetable evidenced that the ward manager and deputy ward managers provided each member of the nursing staff team with supervision.</p> <p>The inspector was informed that the supervision records for medical, social work and occupational therapy staff were retained by their respective professional leads. The supervision requirements of each member of staff were monitored by the ward's senior management team.</p>	Met
3	Section 5.3.1 (f)	It was recommended that Ward K'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 Trust had replaced flooring and shower curtains and completed a capital bid to have the bathroom and toilet areas refurbished. However, these rooms 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> <p>This recommendation will be restated for a third time in the quality improvement plan accompanying this report.</p>	Not met
4	Section 5.3.3 (f)	It is recommended that the ward manager ensures that	1	The ward manager had circulated the DOLS standards to all staff in January 2015. The ward manager also forwarded a	Met

Appendix 1

		all ward staff are aware of the Deprivation of Liberty Safeguards (DOLS) – Interim Guidance (2010)		further reminder on the 6 April 2015. Copies of DOLS guidance were available on the ward.	
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Quality Improvement Plan

Unannounced Inspection

Ward K, Mater Hospital

17 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 and hospital senior 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	Meetings are ongoing with Estates Services regarding the ward's bathroom and issues highlighted in the Ward's ligature risk assessment. The Ward Manager is meeting with PCSS via the Quality Circle meeting regarding actions relating to the bins in Ward K.
2.	Section 5.3.1 (e)	It is recommended that the Trust ensures that ligature issues noted on the ward's ligature review include a recommended action.	1	Immediate and ongoing	The Trust's Health and Safety Officer with responsibility for ligature assessments has been advised of this issue and will rectify this during his next ligature risk assessment
3.	Section 5.3.1 (a)	It is recommended that the ward manager ensures that risk assessments completed for each patient, admitted to the ward, considers the ligature risks. This should include an associated risk management plan where a patient has been assessed as at risk from using a ligature point.	1	Immediate and ongoing	Patient risk assessments will be reviewed to ensure that risks are assessed against current ligatures within the ward.
4.	Section 5.3.1 (f)	It is recommended that the ward manager ensures that the	1	Immediate and	The resuscitation bag has now been replaced with a crash trolley following recommendations from a recent SAI. A

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
		resuscitation bag is checked in accordance to trust policy.		ongoing	daily schedule of this is now in place.
Is Care Effective?					
		No recommendations made.			
Is Care Compassionate?					
5.	Section 5.3.1 (f)	It was recommended that Ward K'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	Work on Ward K's bathroom and toilet areas will be completed by April 2016.
6.	Section 5.3.1 (c)	It is recommended that the ward manager ensures that the patient information board is managed in a manner that protects patient confidentiality.	1	Immediate and ongoing	A new notice board (with close over doors) has now been installed. This will help ensure patient confidentiality

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

NAME OF WARD MANAGER COMPLETING QIP	[Noel Burke, Ward Manager]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Martin Dillon, Deputy Chief Executive]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Alan Guthrie	19 November 2015
B.	Further information requested from provider				