



The **Regulation and
Quality Improvement
Authority**

**Ward L
Mater Hospital
Belfast Health and Social Care Trust
Unannounced Inspection Report
26 – 30 October 2015**



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

Ward Address: Ward L,
Mater Hospital,
45-51 Crumlin Road,
Belfast,
BT14 6AB

Ward Manager: Jonathan Killough

Telephone No: 028 95041427 / 028 95041426

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

RQIA Inspectors: Alan Guthrie and Dr B. Fleming.

Telephone No: 028 9051 7500

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 Inspection Outcomes

This inspection focussed on the theme of Person Centred Care.

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 Ward L has achieved the following levels of compliance:

Is Care Safe?	Met
Is Care Effective?	Met
Is Care Compassionate?	Met

3.0 What happens on Inspection

What did the inspector do?

- looked at information sent to RQIA before the inspection
- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- looked at 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

Ward L is a fourteen bedded acute psychiatric inpatient facility. It is one of three psychiatric inpatient units located within the Mater hospital site. Ward L is a mixed gender ward providing care and treatment to patients over 65 years. The ward also provides care and treatment to patients, from aged 18, admitted in accordance to the Mental Health (Northern Ireland) Order 1986. The ward is staffed by a multi-disciplinary team which includes medical, nursing, social work and occupational therapy staff. It is situated on the third floor of the psychiatric department and provides a combination of single rooms and dormitory accommodation.

On the days of the inspection 13 patients were admitted to the ward. Six of the patients were admitted in accordance to the Mental Health (Northern Ireland) Order 1986.

5.0 Summary

5.1 What patients, carers and staff told inspectors

During the inspection inspectors met with five patients. Each of the patients completed a questionnaire. Patients who met with inspectors reflected that their experience of the ward had been positive. Patients stated that they felt safe and secure on the ward and they had been involved in planning their care and treatment.

It was positive to note that none of the patients who spoke with inspectors reported any concerns regarding the ward, the staff or the care and treatment they had received during their admission. Patient comments included:

“All the staff are really helpful”;

“The wards all open and handy”;

“The girls in the canteen really look after you”;

“The staff are really friendly and helpful. They bend over backwards for you”;

“Staff are first class”;

“The nurses are really good to me ...very kind”;

During the inspection no patient representatives/relatives were available to meet with inspectors. Inspectors left a number of questionnaires with the ward manager to distribute to carers/relatives as required. Two patient relatives returned questionnaires.

Relatives commented that they felt ward staff were accessible and available to speak to as required. Relatives also reported that they had been offered the opportunity to be involved in decisions regarding the care and treatment of the patient.

It was positive to note that neither of the relatives reported any concerns regarding the ward.

Relatives commented that:

“I have found the doctors and staff very helpful and very courteous. When I arrive to visit I am always greeted with ‘*Good afternoon...it’s a nice day*’ the ward manager is very helpful”;

“My relative has been here for a few months. The loving care and attention they have received has been magnificent. My relative has received care above and beyond expectations. I could not speak highly enough of doctors, nurses and social workers and domestic staff in Ward L and have said so to people outside. My relative’s improvement has been terrific”.

Inspectors met with nine members of the ward’s multi-disciplinary team (MDT). Staff told inspectors that they felt the ward was well run, effective and that the MDT worked well together. Staff reported that the ward was busy and provided care to patients presenting with a wide range of mental and physical health care needs.

Nursing staff reported that they felt the ward’s MDT was supportive, considered the views and opinions of all staff and provided a good standard of

care to patients. Staffing levels were reported as being good and any rota issues were addressed quickly. Nursing staff relayed no concerns regarding their ability to access supervision and training.

Staff comments included:

“I am happy working in the ward”;

“It’s brilliant...there’s a good feeling about it”;

“It’s a really good team”;

“Staff levels are good”;

“Fantastic team that gels well together”;

“Great team spirit”;

“More lap tops/tablet computers would be helpful”.

Patient experiences of the ward are reported in Appendix 2.

5.2 What inspectors saw during the inspection

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)

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

Summary

Despite being located in an old Victorian building the ward was well presented and clean with good ventilation. The atmosphere was relaxed, welcoming and warm. The ward had been recently repainted and fixtures and fittings were well maintained and appropriate to the needs of the patient group. Inspectors noted a number of notice boards located throughout the ward and these displayed information relevant to patients and carers.

Information regarding the ward’s advocacy service, the trust’s complaints procedure and the adult safeguarding procedures was available in the patient welcome booklet. Patients could also access information in relation to Human

Rights, the Mental Health (Northern Ireland) Order 1986 and the Mental Health Review Tribunal.

The ward promoted a least restrictive environment. This was evidenced through: the ward's front door remaining open; from reports provided by patients and from patient care records reviewed by inspectors. Patients who met with inspectors reported no concerns regarding the ward. Patient areas were noted to be well maintained and continually accessible to patients.

The ward's ligature risk assessment had identified a number of ligature points within the ward's toilet and bathroom areas. It was good to note that the ligature points were being addressed through the facilities quality circle forum. The ward also retained four profiling beds to support patients with physical health needs. Inspectors noted that the beds were being appropriately managed in accordance to regional guidelines. This included ensuring that patients who used a profiling bed did not present as a risk to themselves. The ward's environmental assessment and action plan detail the arrangements in place to support the safe management of profiling beds.

The ward manager had taken positive steps to ensure that the ward's outside areas were maintained to an acceptable standard. Inspectors noted that the ward's internal garden was being repainted.

Patients and staff informed inspectors that they felt the ward's atmosphere was very positive and supportive. Patients could access an ongoing occupational therapy programme, a clinical psychologist and social work support as required. Patients reported no concerns regarding the quality of care and treatment they had received. Two patients commented that they felt that taxis arriving to collect them were often late. Inspectors discussed this with the ward's management team. The ward's services manager reported that the facility taxi contract would be reviewed in the near future.

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

Observation

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 the inspector remains 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.

Inspectors 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 days of the inspection. Four interactions were recorded in this time period. The outcomes of these interactions were as follows:

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

Inspectors observed interactions between staff and patients throughout the inspection. Relationships between staff and patients were friendly, informal, and supportive. Inspectors noted staff to be available throughout the main ward areas and as remaining proactive when engaging with patients. Staff demonstrated a high level of skill and competence when interacting with patients.

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

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
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What the ward did well

- ✓ Staff involved patients and their representatives in care and treatment planning;
- ✓ Patient care and treatment plans were based on each patient's assessed needs;
- ✓ Patients' care and treatment was reviewed on a regular basis;
- ✓ The ward's multi-disciplinary team worked well together;
- ✓ Staff had completed up to date training;
- ✓ The ward's environment was managed to a good standard;
- ✓ Patients could access an appropriate range of professionals and resources;
- ✓ Patients felt safe and secure.

See attached Appendix 5 for detail.

Areas for improvement

- **Policy and procedures**

✗ The trusts environmental cleanliness policy and mental health services admission and discharge policy required review. Quality Standard 5.3.1 (f)

5.3.2 Is Care Effective?

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

Compliance Level	Met
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What the ward did well

- ✓ Patients were involved in their care and treatment planning;
- ✓ Patients and staff reported that the ward's multi-disciplinary team was supportive and effective;
- ✓ Patients could meet with all staff involved in their care;

- ✓ The ward provided and promoted a least restrictive practice environment;
- ✓ Patients could access a range of treatment options;
- ✓ The trust was continuing to modernise its patient information system;
- ✓ Each patient had a discharge plan appropriate to their needs.

See attached Appendix 6 for detail.

Areas for improvement

Inspectors noted no areas for improvement. Areas for improvement identified during the inspection were being appropriately addressed by the ward staff team and or the trust.

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
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What the ward did well

- ✓ Patients reported that they felt involved in their care and treatment;
- ✓ Inspectors observed positive patient staff interactions;
- ✓ Patients and relatives were complimentary regarding staff and the care and treatment they provided;
- ✓ The ward used limited, although necessary, blanket restrictions;
- ✓ The ward's environment was well maintained and staff continued to implement improvements;
- ✓ Patients were treated with respect and dignity;
- ✓ Patients were kept up to date regarding their care and treatment;
- ✓ The ward's atmosphere was welcoming and warm.

See attached Appendix 7 for detail.

Areas for improvement

Inspectors noted no areas for improvement. Areas for improvement identified during the inspection were being addressed by the ward staff team and or the trust.

6.0 Follow up on Previous Inspection Recommendations

Two recommendations were made following the last inspection on 17 April 2015. Inspectors were pleased to note that both recommendations had been implemented in full.

See attached Appendix 1 for detail.

7.0 Other Areas Examined

No other areas were examined during the inspection.

8.0 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		
	No priority one recommendations have been made as a result of this inspection.	Not applicable
Priority 2 recommendations		
	No priority two recommendations have been made as a result of this inspection.	Not applicable
Priority 3 recommendations		
1	The trusts environmental cleanliness policy and its mental health services admission and discharge protocol and procedures require review.	28 May 2016.

Definitions for priority recommendations

PRIORITY	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 – Previous Recommendations

Appendix 2 – PEI Questionnaires

This document can be made available on request.

Appendix 3 – Ward Environmental Observation Tool

This document can be made available on request.

Appendix 4 – Quality of Interaction Schedule

This document can be made available on request.

Appendix 5 – Is Care Safe?

This document can be made available on request.

Appendix 6 - Is Care Effective?

This document can be made available on request.

Appendix 7 - Is Care Compassionate?

This document can be made available on request.

Follow-up on recommendations made following the unannounced inspection on 17 April 2015

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section 5.3.1 (f)	It is recommended that the ward manager ensures that when a patient is assessed as requiring a profiling bed a risk assessment is completed in accordance to Northern Ireland Adverse Incident Centre (NIAC) Estates Facilities Alert /2010/006. A ward environmental risk assessment in relation to the use of profiling beds should also be completed.	1	<p>The ward's operations manager had introduced a general risk assessment tool to help ensure that the ward was being managed in accordance to health and safety regulations. This included assessing and managing the risks associated with profiling beds. The assessment identified profiling beds as a hazard and detailed a number of controls implemented to manage the associated risks. One of the controls included the ward manager undertaking an annual environmental risk assessment.</p> <p>Inspectors reviewed the ward's most recent environmental assessment conducted on the 8 June 2015. The assessment had been completed appropriately and in accordance to NIAC Estates Facilities Alert /2010/006.</p>	Met
2	Section 7.3 (H)	It is recommended that the ward manager ensures that the outside courtyard area used by patients from ward L is properly maintained. This should include the removal of smoking debris and repainting of the courtyard walls.	1	<p>During the inspection inspectors noted that the ward's outside area was being repainted. Inspectors were informed that the area was scheduled to be power washed and will continue to be cleaned three times per week.</p> <p>In accordance to a Department of Health directive the trust will be introducing a smoke free environment across all its facilities from 1 April 2016. Subsequently, patients will be encouraged from smoking in the wards outside areas and gardens. This will help ensure a cleaner environment with less smoke debris.</p>	Met

HSC Trust Improvement Plan

WARD NAME	Ward L	WARD MANAGER	Jonathan Killough	DATE OF INSPECTION	26 – 30 October 2015
NAME(S) OF PERSON(S) COMPLETING THE IMPROVEMENT PLAN	Mel Carney, Service Manager, Acute MH Services Cahal McKervey, Operations Manager, Acute MH Services Jonathan Killough, Charge Nurse, Ward L, Mater Hospital 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 16 December 2015.

Please password protect or redact information where required.

PRIORITY	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
<p><i>Key Outcome Area – Is Care Safe?</i></p> <p>No priority one areas for improvement were noted.</p>	Not applicable			
<p><i>Key Outcome Area – Is Care Effective?</i></p> <p>No priority one areas for improvement were noted.</p>	Not applicable			
<p><i>Key Outcome Area – Is Care Compassionate?</i></p> <p>No priority one areas for improvement were noted</p>	Not applicable			

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
<i>Key Outcome Area – Is Care Safe?</i> No priority two areas for improvement were noted.	Not applicable		
<i>Key Outcome Area – Is Care Effective?</i> No priority two areas for improvement were noted.	Not applicable		
<i>Key Outcome Area – Is Care Compassionate?</i> No priority two areas for improvement were noted.	Not applicable		

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 improvement	Actions to be taken by Ward	Responsibility for implementation
<p>Key Outcome Area – Is Care Safe?</p> <p>No priority three areas for improvement were noted.</p>	Not applicable		
<p>Key Outcome Area – Is Care Effective?</p> <p>The Trusts environmental cleanliness and mental health services admission and discharge policies required review.</p> <p>Minimum Standard 5.3.1 (f)</p> <p>This area has been identified for improvement for the first time.</p>	2 May 2016	<p>The Trust's Environmental Cleanliness Policy has been reviewed and updated. It will be uploaded onto the Trust's Hub for staff to access in the coming weeks.</p> <p>A working group is being convened to review and update the Mental Health Services Admission and Discharge Policy. This work should be completed by 01 April 2016.</p>	Mel Carney
<p>Key Outcome Area – Is Care Compassionate?</p> <p>No priority three areas for improvement were noted.</p>	Not applicable		

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	Alan Guthrie	22 December 2015
I have reviewed additional information from the Trust and I am satisfied with the proposed actions		