Unannounced Inspection Report
22 February 2019

Southern Health and Social Care Trust
Gillis Memory Centre

St. Luke's Hospital
Loughgall Road
Armagh
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Tel No: 028 37412183

Inspectors: Alan Guthrie, Kieran Murray and Frances Gault

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

Gillis Memory Centre is a 24 bedded mixed gender ward. The ward provides assessment and treatment to patients who have a diagnosis of dementia.

On the day of the inspection there were 19 patients on the ward. Three patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986 (The Order). The ward's multi-disciplinary team (MDT) included psychiatry, medical, nursing, occupational therapy, social work and psychology. A pharmacist visited the ward every week. Patients had access to a physiotherapist and a speech and language therapy service by referral. A patient and carer advocacy service was also available for patients receiving care on the ward.

3.0 Service details

Responsible person: Mr Shane Devlin, Chief Executive Officer Southern Health and Social Care Trust (SHSCT)	**Ward Manager:** Ms Jayne Merrell
Category of care: Dementia	**Number of beds:** 24
Person in charge at the time of inspection: Helen Armstrong, Deputy Ward Sister (Acting)	

4.0 Inspection summary

An unannounced inspection took place on the 22 February 2019.

This inspection was undertaken by two care inspectors supported by a pharmacy inspector.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Mental Health (Northern Ireland) Order 1986 and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

This inspection was undertaken following concerns about patient care and treatment received from two relatives who contacted RQIA. Information was also received from the Trust in the form of an Early Alert regarding the care and treatment of one patient on the ward. The concerns shared with RQIA related to:

- management of risks to patients during their admission to the ward;
- management of patients' physical health care needs;
- management of prescribed patient observations;
- management of complaints and incidents; and
- care records.

While RQIA does not have formal powers to investigate complaints about health and social care services we take all concerns brought to our attention seriously.

The following areas were examined during this inspection:

- patient risk assessments and care plans;
- arrangements for the management of patients physical health care needs;
- management of prescribed patient observations;
- management of complaints and incidents;
- patient care records; and
- patient experience.

The previous Quality Improvement Plan (QIP) relating to this ward was also reviewed, to assess if the Trust had addressed areas of improvement identified during the most recent inspection of Gillis Memory Centre.

Inspectors visited the ward and reviewed the care and treatment processes. Inspectors evidenced the following outcomes:

Areas of good practice:

- Care records reviewed contained comprehensive multi-disciplinary assessments for each patient. The assessments identified each patient's physical healthcare and behavioural needs;
- Patient observations were being completed as prescribed by the MDT;
- Inspectors noted that the ward's most recent safeguarding referrals were being managed in line with the regional policies and procedures and Trust policies;
- Restrictive practices required to support patients were being implemented in accordance with best practice guidance;
- Good communication and relationships between ward staff and patients were observed; and the ward manager had completed a number audits in relation to care practices. Audit findings evidenced positive practice and learning from audits had been implemented.

Inspectors were concerned that:

- The ward's operational guidelines, detailing the ward's aims and objectives, had not been approved by the Trust's Executive Management Team. This area for improvement will be stated for a second time in the quality improvement plan (QIP);
- A number of nursing staff had not completed up to date mandatory training in: immediate life support, falls management and fire safety training; and
- In two sets of patient care records reviewed inspectors noted that the records were not appropriately indexed and contained loose pages.

4.1 Inspection outcome

Total number of areas for improvement	3

There are three areas for improvement arising from this inspection, comprising of two new areas for improvement and one area for improvement which will be stated for a second time. These are detailed in the Quality Improvement Plan (QIP).

Details of the QIP were discussed with the ward management team as part of the inspection process. The timescales for implementation of these improvements completion commence from the date of this inspection.

This inspection did not result in enforcement action.

5.0 How we inspect

Prior to this inspection a range of information relevant to the service was reviewed, including the following records:

- Previous inspection reports
- Serious Adverse Incident notifications
- Information on Concerns
- Information on Complaints
- Other relevant intelligence received by RQIA

Each ward is assessed using an inspection framework. The methodology underpinning our inspections include; discussion with patients and relatives, observation of practice; focus groups with staff and review of documentation. Records examined during the inspection include: nursing records, medical records, senior management and governance reports, minutes of meetings, duty rotas and training records.

Areas for improvement identified at the previous care inspection were reviewed and an assessment of achievement was recorded as met, partially met, or not met.

Findings of this inspection were shared with the Ward Management Team at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the previous inspection on 5 and 6 June 2018

The previous inspection of the Gillis Memory Centre was an unannounced inspection undertaken on 5 and 6 June 2018.

The completed QIP was returned by the Trust to RQIA and was subsequently approved by the inspector.

6.2 Review of areas for improvement from the previous inspection on 5 and 6 June 2018

Areas for Improvement		Validation of Compliance
Number 1 **Ref**: Standard 5.3.1 (f) **Stated:** Third Time **To be completed by**: 6 December 2018	**<u>Policies and procedure</u>** The Clinical Supervision policy and Complaints policy was not up to date.	**Met**
	Action taken as confirmed during the inspection: Inspectors evidenced that the Trust had reviewed and updated the Clinical Supervision policy and	

	the Complaints policy.	
Number 2 **Ref:** Standard 5.3.3 (f) **Stated:** Second time **To be completed by**: 6 December 2018	**<u>The use of covert medication</u>** There was no Trust policy to govern the use of covert medication.	**Met**
	Action taken as confirmed during the inspection: Inspectors evidenced that the Trust had approved a protocol on the use of covert administration of medication in Gillis Memory Centre. The protocol had been approved in December 2018.	
Number 3 **Ref:** Standard 5.3.1 (f) **Stated:** First time **To be completed by:** 6 December 2018	The ward's operational guidelines need to be approved by the Trust's Executive Management Team.	**Not met**
	Action taken as confirmed during the inspection: Gillis Memory Centre operational guidelines had not been approved by the Trust's Executive Management Team. Absence of these guidelines made it difficult for patients, relatives and new staff to understand the wards specific purpose and function.	
Number 4 **Ref:** Standard 5.3.1(a) **Stated:** First time **To be completed by:** 6 December 2018	Patient care plans require to be transferred onto the Trusts electronic PARIS patient information system.	**Met**
	Action taken as confirmed during the inspection: The Trust had commenced a process of completing patient care plans on the PARIS system.	

6.3 Inspection findings

<u>Patient risk assessments and care plans</u>

Prior to this inspection we received concerns that patients who presented with challenging behaviours were not being appropriately assessed in terms of the risks they present. We reviewed patient care records and evidenced that a comprehensive risk assessment had been completed for each patient. There was evidence that patients' risk assessments were up to date, reviewed on a regular basis and were completed in accordance to Promoting Quality Care (Department of Health, 2012) regional standards.

Presenting risks for each patient were detailed in their care plan and there was evidence that risks were reviewed weekly by the MDT. Patient care records, incident records and observation of patients during the inspection evidenced that risk assessments and management of patients' needs remained dynamic and required ongoing assessment and review. Staff demonstrated a good understanding of the presenting risks associated with individual patients. We observed that patients requiring enhanced support were being supported appropriately and in accordance with their prescribed levels of observation. Staff confirmed that management of risk remained a key area for review and discussion during MD team and handover meetings.

Patients' physical health care needs

Prior to this inspection concerns were raised regarding management of patients who present with a risk of falls and management of patients' nutritional needs. Inspectors reviewed the wards' procedures and processes for the management of patients' physical healthcare needs. This included review of Malnutrition Universal Screening Tool (MUST) assessments, Braden scale pressure ulcer risk assessments and patient care plans. Inspectors reviewed four sets of patient care records and evidenced that patient's physical health care needs had been comprehensively assessed, and were being appropriately managed and reviewed.

Interventions to address the patient's mobility, nutritional needs and other health care needs were documented in their care records. When required, patients could access support from occupational therapy services, dietetics, physiotherapy and general medical services. The Ward Manager completed regular audits of patients' physical health care records and audits to check that clinical observations were completed appropriately. We reviewed audits completed during the previous month. The audits provided the Ward Manager with assurance that physical health records were being completed appropriately and that patient's clinical observations were completed as required.

Prescribed patient observations

The information provided to RQIA prior to the inspection indicated that prescribed patient observations were not being well managed on the ward. On the day of this inspection three patients were receiving enhanced one to one care from nursing staff. Inspectors spoke to one patient receiving this care. The patient reported no concerns regarding their care and treatment. Inspectors noted that there was a sufficient number of staff available to meet the patients prescribed observations; staff undertaking prescribed observations were observed to carry these out in accordance with Trust policy and procedures.

The ward's operational guidelines and the Trusts patient observation policy were noted as up to date, they provided staff with clear guidelines on the standards required when supporting patients on a one to one basis. We reviewed patient observation records and noted that they were completed to a good standard. Nursing staff demonstrated good knowledge of patients' care needs and ward procedures. Staff understood the Trust's observation and safeguarding policies; they were familiar with processes involved in management of patient observation, safeguarding referrals, incident management and implementation of patient protection plans.

Complaints and incident management

Prior to this inspection we were informed that complaints and incidents were not being managed appropriately. We discussed the management of complaints with patients and one relative. The patients and the relative confirmed that they knew who to talk to if they were dissatisfied or wished to make a complaint. Patients informed our inspectors that any concerns they

expressed to staff had been quickly and appropriately managed. Information on how to make a complaint was clearly displayed on the main notice board in the ward.
Patients and relatives had access to advocacy services, with contact details for Inspire and cause advocacy services clearly displayed on the ward's notice boards.

Inspectors reviewed the Trusts complaints and incident management policies. Both policies were up to date and copies were available on the Trust's intranet. The ward's complaints and compliments log book was being maintained appropriately. The log book detailed when a complaint had been made, the nature of the complaint and the outcome of the complaint investigation. Inspectors noted that when a complaint could not be locally resolved an onward referral the Trust's complaints department had been made. Staff who spoke with inspectors were able to describe and explain the ward's complaints and incident reporting procedures.

Incidents occurring on the ward were recorded and reviewed on the Trust's Datix incident recording system. A robust system to review and provide trend data and analysis of incidents was evident; staff who spoke with inspectors confirmed they understood the policy and procedure for reporting incidents and accidents.

Care records

Information provided to RQIA in advance of this inspection, by a relative, detailed concerns regarding the quality of record keeping within the ward. Inspectors reviewed four sets of patient care records. The records reviewed were up to date, comprehensive and easy to follow. Each care record contained an assessment of the patient's needs, and a subsequent risk assessment and care plan. Care plans were noted to be patient centred and based on each patient's presenting needs. It was good to note that patient/relative experience was captured in continuing care records and within MDT records. Both records evidenced that patients' relatives/carers were consulted regarding care plans.

Inspectors noted that two sets of care records contained loose pages and had not been indexed in accordance with Trust standards. An area for improvement in relation to the management and governance of care records has been made and is detailed in the QIP accompanying this report.

Patient experience

Inspectors met with five patients. All of the patients who met with an Inspector were positive about their experience on the ward. Patients reported that they felt safe and that their experience of ward staff and the care and treatment received was generally good. Patients reported that staff were supportive and provided compassionate care. Three patients told inspectors that they felt the ward needed more nursing staff. Staff reported that the changing needs of patients necessitated a continuous review of staffing levels and that numbers of staff required for each shift changed on a regular basis.

Inspectors noted that a number of patients were unable to communicate verbally as a result of their presenting condition. Inspectors observed patient/staff interactions throughout the day of the inspection. Interactions were positive; staff were available throughout the ward and remained responsive to patient requests. No concerns regarding patient experience were evident during the inspection.

Inspectors met with one relative. The relative was complimentary regarding staff attitude and approach. The relative's view of the care and treatment provided was positive, they did not

identify any concerns regarding the standard of care and treatment provided to their relative or to other patients on the ward.

Further inspection findings

During this inspection inspectors also reviewed staffing and staff training, as both these areas are a core element of the provision of appropriate care and treatment to patients.

Staffing levels

On the day of the inspection an appropriate number of staff were available to support patients, including patients who required enhanced support. We reviewed the ward's nursing staff roster and reviewed the numbers of staff available per shift over the previous month. No concerns were noted regarding the numbers of nursing staff available for each shift. Inspectors discussed staffing provision with nursing staff and the ward's Management Team. Staff reported that, when identified nurse staff shortages were addressed quickly and staffing levels within the ward were generally good.

Staff experience and feedback

We were informed that patients who required high levels of observations were cared for in accordance with the required standards and that levels of observations were reviewed daily by the MDT. Staff informed the inspection team that the ward was both a challenging and rewarding place to work and that patients were treated with dignity and respect.

The inspection team met with eleven members of the ward's MDT. A new Ward Manager and two new Deputy Ward Managers had been appointed during the previous six months. Nursing staff told inspectors that the nursing leadership changes within the ward had been positive. All staff stated that the ward's MDT was patient centred, inclusive and supportive. Staff told inspectors that they felt the care and treatment provided to patients was effective. Staff explained that patients admitted to the ward in accordance with the Order did not remain subject to the Order any longer than was necessary.

Staff training

A review of staff training records identified that not all staff had completed their required mandatory training. We evidenced training gaps in relation to immediate life support (19 % (4) trained nursing staff required update training), fire safety training (33% of staff (16) from a total of 45 staff, required update training) and falls management training (71% of staff (32) required update training). The lead inspector discussed these training gaps with the ward's Management Team, who assured the inspector that training requirements. An area for improvement in relation to staff training has been made.

Total number of actions for improvement	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the Ward Manager and ward staff as part of the inspection process. The timescales for implementation of these improvements commence from the date of this inspection.

The Trust should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further action. It is the responsibility of the Trust to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified in which action is required to ensure compliance with The Mental Health (Northern Ireland) Order 1986 and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to meet the areas for improvement identified. The Trust should confirm that these actions have been completed and return the completed quality improvement plan to MHLD.Programmme@rqia.org.uk for assessment by the inspector by 18 October 2019.

Quality Improvement Plan	
The Trust must ensure the following findings are addressed:	
Area for improvement No.1 **Ref**: Standard 5.3.1 (f) **Stated:** Second Time **To be completed by:** 22 August 2019	The ward's operational guidelines need to be approved by the Trust's Executive Management Team.
	Response by the Trust detailing the actions taken: The Operational Guidelines for Gillis Memory Centre has been approved by the Trust's Executive Management Team.
Area for improvement No.2 **Ref**: Standard 5.3.3 (d) **Stated:** First Time **To be completed by:** 22 August 2019	Address the gaps identified in mandatory training for ward staff in respect of: • Immediate life support • Fire Safety; and • Falls Management Develop and implement a system to ensure that all staff have completed mandatory training in a timely manner.
	Response by the Trust detailing the actions taken: A mandatory training matrix is in place and reviewed by the ward manager to ensure staff complete mandatory training in a timely manner.

Area for Improvement No.3 **Ref:** Standard 5.3.3 (f) **Stated:** First time **To be completed by**: Immediate and ongoing	Address the issues identified with the patient care records in relation to ensuring that they are indexed in accordance with Trust standards and ensure that the loose pages are secured. Develop a system of governance and oversight for patient care records to ensure records are maintained to the required standards. **Response by the Trust detailing the actions taken:** There is a system of governance in place for patient care records to ensure records are maintained to the required standards.

Name of person (s) completing the QIP	Jayne Merrell		
Signature of person (s) completing the QIP	JMerrell	**Date completed**	11.10.19
Name of person approving the QIP	Adrian Corrigan		
Signature of person approving the QIP		**Date approved**	17.10.19
Name of RQIA inspector assessing response	Alan Guthrie		
Signature of RQIA inspector assessing response	Alan Guthrie	**Date approved**	17.10.19

Please ensure this document is completed in full and returned to MHLD.Programmme@rqia.org.uk from the authorised email address

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