



The **Regulation** and
Quality Improvement
Authority

Rosebrook PICU

**Bluestone Unit, Craigavon Area
Hospital**

Southern Health and Social Care Trust

Unannounced Inspection Report

Date of inspection: 2 February 2016



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

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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 review the ward's progress in relation to recommendations made following a serious adverse incident.

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

Rosebrook is a psychiatric intensive care unit (PICU) providing care and treatment to male and female adult patients. The ward is supported by a multi-disciplinary team that includes a consultant psychiatrist, nursing staff, an occupational therapist, a social worker and a pharmacist.

On the day of the inspection there were ten patients on the ward all of whom had been admitted in accordance to the Mental Health (Northern Ireland) Order 1986. Four patients were receiving enhanced nursing care. This included one patient who was receiving continued care with the support of two nursing staff.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 12 and 13 February 2015 were assessed during this inspection. There were a total of 17 recommendations made following the last inspection.

It was good to note that all 17 recommendations had been implemented in full.

On the day of the inspection the ward was noted to be relaxed and appropriately staffed. Patients presented as being at ease in their surroundings. Since the last inspection the ward had introduced a number of changes in relation to the recording and use of restrictive practices. Inspectors noted that individualised patient care plans reflected that the use of restrictive practices was regularly reviewed and completed in accordance to Trust and regional guidance.

Staff who met with inspectors reflected that the ward was busy and that a number of changes had been implemented since the previous inspection. Staff demonstrated a good understanding of the ward's ethos and reported that they felt the ward's multi-disciplinary team was effective and inclusive.

Patient care records were retained on the Trust's electronic patient information system and in hard copy. Records reviewed by inspectors were noted to be individualised to each patient, comprehensive and up to date. Patient signatures, or an explanation for the absence of a signature, were recorded as required. It was good to note that the ward manager had ensured that patient care records were audited on a regular basis.

Inspectors evidenced that during January and February 2016 nursing staff levels required for each shift had been increased to support patients requiring enhanced observations. This had resulted in the need for an increased number of bank staff. Three permanent staff who spoke with inspectors reflected that they felt this was challenging as staff completing bank shifts were not always familiar with patients. Staff also reported that bank staff did not always complete shifts on a continuous basis.

4.1 Implementation of Recommendations

One recommendation which related to the key question "**Is Care Safe?**" was made following the inspection undertaken on 12 and 13 February 2015.

This recommendation concerned the completion of comprehensive assessment and multi-disciplinary team (MDT) care plans with all patients. Inspectors were pleased to note that the recommendation had been fully implemented. Four sets of patient care records reviewed by the inspectors evidenced that each patient had had a comprehensive assessment and a MDT care plan completed.

Eight recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 12 and 13 February 2015.

Effective care recommendations concerned assessment of patients' capacity to make decisions, care planning, MDT care records, ward activities and training for staff in relation to deprivation of liberty standards: Interim guidance (DOLS).

Inspectors were pleased to note that all of the recommendations had been fully implemented. The ward had ensured that patients' capacity to consent to treatment was regularly reviewed, care plans and MDT records were completed in accordance to trust standards, patients had individualised activity plans and the ward's activities book and occupational therapy timetable evidenced that time to facilitate activities was protected. A new

recommendation that nursing assistants also complete DOLS training has been made.

Eight recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspection undertaken on 12 and 13 February 2015.

These recommendations concerned patients’ involvement in their care and treatment, the completion of patient and staff meetings, the patient information booklet, DOLS standards and visitor access to the ward.

Inspectors were pleased to note that all the recommendations had been fully implemented. Care records reviewed by inspectors evidenced that patients were involved in their care and treatment and could attend the patient/staff meeting on a regular basis. Patients’ care plans incorporated DOLS standards and the patient information booklet was available at the ward’s main entrance. Inspectors noted no concerns regarding the ward’s arrangements for visitors.

4.2 Serious Adverse Incident Investigation

A serious adverse incident (SAI) occurred in this ward on 25 May 2014. Inspectors reviewed the Trust’s progress in addressing recommendations made related to ward practices following the Trust’s investigation of the SAI. A total of four recommendations were made by the Trust as a result of the SAI investigation. Inspectors reviewed two of the recommendations which were relevant to the Rosebrook ward. Two of the recommendations were specific to the Police Service for Northern Ireland (PSNI). It was positive to note that both of the recommendations relating directly to Rosebrook had been addressed. Inspectors evidenced that:

- The ward’s senior management team had reviewed the ward’s procedures in relation to contacting the PSNI. A short protocol to assist staff in contacting Police was devised and shared with the ward staff;
- Inspectors were informed that the PSNI had been made aware of the layout of wards located within Bluestone and the Craigavon Area hospital. It was good to note that the Bluestone senior management team continued to liaise with the PSNI regarding issues related to patient care.

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)

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

Summary

The ward was located opposite the main entrance to the Bluestone facility. Access to the ward was achieved via a separate front door or through an integrated corridor which connected it to the rest of the Bluestone facility. Within the ward's main entrance there was a notice board displaying information detailing the purpose of the ward, the trust's complaints procedure and details of community services potentially relevant to patients. A table opposite the notice board provided patients and visitors with information leaflets including an up to date patient information booklet.

The main ward areas presented as clean and clutter free. The ward provided a range of side rooms for patient use. The dining room was spacious, well maintained and appropriate to the needs of the patients. The ward's clinical room was appropriately equipped and clean. Equipment on the resuscitation trolley was noted to be maintained in accordance to trust standards. Inspectors noted that information regarding the ward's performance and the names of the members of the multi-disciplinary team (MDT), nurses' names were available, was not displayed. Inspectors discussed this during feedback and were advised that information regarding the MDT had previously been displayed. Assurances were given that this information would be added to the patient information board located beside the ward's kitchen.

Inspectors evidenced that staffing levels on the day of the inspection were appropriate to meet the needs of patients. Four patients were receiving enhanced observations, including one patient who was being continually supported by two staff. Staff providing this level of support were observed engaging with patients and treating them with respect and dignity. However, inspectors noted that during the inspection staff were not always available in the ward's main communal area. Whilst it is important to note that there were four patients requiring enhanced observation and the ward's occupational therapy programme was unavailable, inspectors were concerned that on two occasions staff were not available to supervise patients in the main communal area. A recommendation has been made.

Patients who met with inspectors were orientated to the ward. Patients reported no concerns regarding their ability to access privacy or to participate in the ward's occupational therapy (OT) and activity programme. Patients reflected positively on their relationships with staff. It was good to note that the atmosphere on the ward was relaxed and calm and patients presented as being at ease in their surroundings. Two patients reflected that they felt there should be more to do on the ward. Inspectors reviewed the ward's nurse led activity record book and the OT timetable. Both records evidenced that activities were provided on a regular basis. Inspectors were advised that the availability of OT activities had recently been reduced from five days to four.

Inspectors were satisfied that the trust had taken appropriate steps to ensure the continuity of ward based OT activities.

The detailed findings from the ward environment observation are included in Appendix 1.

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.

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 day of the inspection. Five interactions were recorded in this time period. The outcome of these interactions was as follows:

Positive	Basic	Neutral	Negative
80%	N/A	20%	N/A

On the day of the inspection inspectors witnessed that patient and staff interactions were generally positive. Patients who met with inspectors reflected positively on their relationships with nursing staff. Inspectors noted that patient requests were dealt with quickly and in an informal and friendly manner. However, inspectors were concerned that on two occasions on the

day of the inspection staff were not available in the ward's main communal area.

The detailed findings from the observation session are included in Appendix 2.

7.0 Patient Experience Interviews

Two patients agreed to formally meet with inspectors to talk about their care, treatment and experience as a patient. One patient completed a questionnaire.

Because the inspection was unannounced no carers or relatives were available to meet with inspectors.

Both patients who met with inspectors reflected that they felt safe and secure on the ward. Patients reported that they felt staff listened to them and treated them with dignity and respect. One patient reflected that they felt there were no activities at any time and there were no planned activities. The patient also reported they were not fully involved in their care and treatment plan and staff did not keep them informed. Inspectors reviewed the ward's activity and occupational therapy records and the patient's care records. Inspectors evidenced that activities were provided on a regular basis.

The patient's care and treatment records evidenced that staff had continued to update the patient. This included records of ongoing reviews and discussion regarding treatment plans and outcomes of multi-disciplinary team meetings.

Patients reported no concerns in relation to their ability to access time off the ward. Patient comments included:

"Staff are o.k."

"I am well cared for here";

"The foods good".

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	Five
Other ward professionals	0
Advocates	One

Ward staff who met with inspectors 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. Three staff members reflected on the

high number of patients' requiring enhanced observations and the impact this had on staffing levels. Staff commented that they felt the continued need to use bank staff did impact on the consistency of care to patients. Whilst there were no concerns about patient safety, staff reported that a number of different bank staff had completed shifts on the ward.

Inspectors reviewed the ward's nursing staff roster. The roster detailed that the ward had twenty two permanent nursing staff which included eleven staff nurses and eleven nursing assistants. Staff roster records for January 2016 reflected that in order to meet the needs of patients admitted to the ward, the ward required an average of seven nursing staff be on duty each day. The need for this number of staff reflected an increase in the number of patients requiring enhanced observations. Given that seven staff represents a third of the ward's permanent nursing staff team, inspectors were concerned that there was not a sufficient number of permanent nursing staff available.

Inspectors discussed the ward's nursing staff complement and the January duty roster with senior managers. Inspectors were advised that the trust continued to closely monitor the needs of patients admitted to the ward and the ward's nursing staff complement. Inspectors were informed that the permanent nursing staff levels had been agreed in accordance to national standards (Telford staffing scale) for psychiatric intensive care units. Senior managers reflected that the high number of patients requiring enhanced observations during January had resulted in a high use of bank staff. Managers also explained that bank shifts were completed by staff from within the Bluestone facility. Inspectors were informed that the nursing staff levels within the Rosebrook ward remained under continued scrutiny and were being reviewed on an ongoing basis.

Staff reported no concerns regarding their ability to access training and supervisory support. Staff informed inspectors they felt the quality of care and treatment provided to patients was good. Staff stated that they felt supported by the ward's multi-disciplinary team and that their opinion was sought and respected.

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 March 2016.

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 1.pdf

Appendix 2 – Ward Environment Observation



Ward Environmental
Obv Tool Checklist.pc

Appendix 3 – QUIS



Quality of
Interaction Schedule



Quality Improvement Plan

Unannounced Inspection

Rosebrook PICU Bluestone Unit, Craigavon Area Hospital

02 February 2016

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 ward staff and 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.	5.3.3(d)	It is recommended that the ward manager ensures that nursing staff continually supervise the ward's main communal area	1	Immediate and ongoing	The nurse in charge will allocate staff to supervise the ward's main communal area throughout each shift as well as ensuring all other areas and activities are supervised safely and appropriately. All staff receive a handover at the beginning of each shift and are aware of the priorities regarding safety prior to entering the ward.
Is Care Effective?					
2.	4.3 (m)	It is recommended that the ward manager ensures that staff receive training in relation to restrictive practices and deprivation of liberty (DOLS).	1	1 September 2016	Most of the trained staff have received training or have been allocated dates for training in relation to Restrictive Practices and Deprivation of Liberty and the training has now been rolled out to our support staff over March/April 2016. This will ensure that all staff have received training in relation to Restrictive practices and Deprivation of Liberty and will be added to our ward training record.

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 Compassionate?					
		No recommendations made.			

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	Wendy Kelly
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Francis Rice

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