

Unannounced Follow Up Inspection Report 27- 28 November 2017



**Rosebrook
Psychiatric Intensive Care Unit
Bluestone Unit, Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ
Tel No: 028 3836 0678**

Inspector: Audrey McLellan

www.rqia.org.uk

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Rosebrook is a ten bedded psychiatric intensive care unit (PICU) providing care and treatment to male and female patients. The ward is supported by a multi-disciplinary team that includes a consultant psychiatrist, medical staff, nursing staff, an occupational therapist and a social worker. Patients can be referred to the clinical psychologist who is based in the Bluestone hospital.

On the first day of the inspection there were ten patients on the ward. All ten patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

3.0 Service details

Responsible person: Stephen McNally	Ward Manager: Wendy Kelly
Category of care: Psychiatric Intensive Care	Number of beds: 10
Person in charge at the time of inspection: Wendy Kelly	

4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 27 -28 November.

The inspection sought to assess progress with findings for improvement raised from the most recent previous unannounced inspection 21-23 March 2017.

The inspector noted that the ward had made improvements from the previous inspection. The ward had been assigned a link person within the estates department who addressed all urgent environmental issues in a timely manner. Ward staff had devised an environmental audit tool to track all environmental issues on the ward and the ligature risk assessment had been updated along with the fire risk assessments.

The template for the multi-disciplinary team record was consistently completed each week by nursing and medical staff and the pharmacist attended the ward on a regular basis to review patients' medicine kardexes.

The Trust had made some progress towards including information from the physical intervention forms onto the incident recording system (DATIX) system. The Trust had made contact with an information technology consultant who was working on including this information onto the DATIX system. However, at the time of the inspection information regarding the use of physical

interventions was not included on the Trust's dashboards. This area for improvement will be restated for a second time.

Senior Trust representatives informed the inspector that they are working on improving staffing levels on the Bluestone site. The Trust have a rolling recruitment in place and plan to interview 19 staff before the end of the year. The Trust have also recruited a pool of 12 full time staff to work in all areas throughout the Bluestone site. Each day these staff members will be assigned to work in a ward that requires support. This staff pool consists of eight health care assistants and four staffing nurses.

Views of Patients

The inspector spoke to two patients and three patients completed a questionnaire. Patients were generally complimentary about the care and treatment they were receiving. Patients stated they were involved in their care and treatment and felt safe on the ward. They advised that staff treat them with dignity and respect and always listen to their views. They confirmed that they meet with the consultant psychiatrist on a regular basis to discuss their care and treatment plans. Patients made the following comments:

"Yes one of the safest wards you can get, staff are quick to act when there has been any confrontation. I am involved in all decisions about my care and treatment..... they have made me well again"

"At times I have felt safe, but there are times I haven't felt safe because of the other patients on the ward who are very sick but staff are very helpful and keep us all safe..... I would say all the staff are very nice in here 100%.....very compassionate".

Views of relatives:

There were no relatives available to speak with the inspector during the inspection.

View of Staff said:

The inspector spoke to four members of the multi-disciplinary team. Staff confirmed that they enjoyed working on the ward and stated they felt supported by the ward manager. Staff said the ward was safe and care and treatment was effective. Staff stated they had received up to date supervision and appraisals. Staff advised there were times when the ward can be short staffed and they have to use bank staff however, they stated they were aware that the Trust is in the process of recruiting staff to work in all areas within the Bluestone unit. Staff made the following comments:

"More staff could improve the service offered to patients on the ward"

"The ward runs well however staffing can be an issue although the Bluestone unit staff are good at helping each other out...I think it is a very well run ward and the ward manager is very accommodating to staff"

"I think all staff treat patients with compassion.....this is a well run ward.... more staff would be helpful as there are times when patients cannot have escorted ground leave when this has been approved due to low staffing levels"

The findings of this report will provide the Trust with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

4.1 Inspection outcome

Total number of areas for improvement	One
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The total number of areas for improvement comprise:

- One restated for a second time

This is detailed in the Quality Improvement Plan (QIP). Areas for improvement and details of the QIP were discussed with senior Trust representatives, members of the multi-disciplinary team, the ward manager and ward staff as part of the inspection process. The timescales for completion commenced from the date of inspection.

5.0 How we inspect

The inspection was underpinned by:

- The Mental Health (Northern Ireland) Order 1986.
- The Quality Standards for Health & Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.
- The Human Rights Act 1998.
- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- Optional Protocol to the Convention Against Torture (OPCAT) 2002.

The following areas were examined during the inspection:

- Care Documentation in relation to four patients.
- Ward environment.
- Environmental Safety Audit
- Environmental Ligature Risk Assessment.
- Fire Risk Assessment.

During the inspection the inspector observed staff working practices and interactions with patients using a Quality of Interactions Schedule Tool (QUIS). All interactions observed between staff and patients were noted to be positive. Staff were observed sitting talking with patients in the communal area and serving patients their meals. During all interactions patients were treated with dignity and respect by staff.

Areas for improvement made at the previous inspections were reviewed and an assessment of compliance was recorded as met and not met.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced inspection 21- 23 March 2017

The most recent inspection of Rosebrook Ward was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This QIP was validated by inspectors during this inspection.

Areas for Improvement		Validation of Compliance
Number/Area: 1 Ref: Standard 5.3.1 (a) Stated: First Time	During the inspection, inspectors were concerned that there was a delay in in the response by the Estates Services Department to repair serious safety hazards and address recommendations form environmental risk assessments, fire risk assessments and ligature risk assessments.	Met
	Action taken as confirmed during the inspection: A senior Trust representative confirmed that they now have a contact person within the estates department who is assigned to work with them to repair any outstanding environmental work and they meet with this person each month. The ward manager advised that if there is any work of an urgent nature that needs to be repaired promptly they contact the link person in the estates department who arranges for this work to be completed. They advised they have no concerns regarding outstanding environmental work on the ward. The ward also completes a weekly environmental safety audit tool which includes all environment issues. This is completed each week to track progress of each area of work reported through to	

	<p>the estates department.</p> <p>The inspector reviewed the fire assessment and the environmental ligature risk assessment. There were no outstanding actions within the ligature risk assessment and the fire risk assessment had two recommendations with a timescale for completion.</p>	
<p>Number/Area: 2</p> <p>Ref: Standard 5.3.1 (a)</p> <p>Stated: First Time</p>	<p>The template for the multi-disciplinary team record was not consistently completed by nursing and medical staff.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed four sets of care records on the electronic recording system (PARIS). There was evidence that nursing and medical staff were recording consistently each week on this template.</p>	Met
<p>Number/Area: 3</p> <p>Ref: Standard 5.3.2</p> <p>Stated: First Time</p>	<p>There was no governance oversight on the use of restrictive practices. The frequency of restrictive practices such as physical interventions, seclusion and rapid tranquilisation was not collated. Collating of this information would have enhanced the service and informed care and practice.</p> <p>Physical interventions were not included on the dashboard. This information was not easily obtainable from the incident reporting system (DATIX).</p> <p>Action taken as confirmed during the inspection:</p> <p>The Trust had made some progress towards including information from the physical intervention forms onto the DATIX system. The Trust had made contact with an information technology consultant who was working on including this information onto the DATIX system. However, at the time of the inspection information regarding the use of physical interventions was not included on the trusts dashboards. Therefore this information was not collated to inform care practice.</p> <p>This area for improvement will be restated for a second time.</p>	Not Met

<p>Number/Area: 4</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First Time</p>	<p>Pharmacy input to the ward was infrequent. The ward manager had highlighted this as a risk and had recorded it on the ward risk register and completed an incident record on DATIX. The ward manager does not receive any outcomes from pharmacy visits and the pharmacist does not attend the MDT meeting.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The ward manager confirmed that the pharmacist attends the ward on a regular basis to review medicine kardexes. When this is completed they sign each kardex and if there are any concerns raised they discuss this with the ward manager and the consultant psychiatrist so that this can be rectified.</p> <p>If specialist advice is required the consultant psychiatrist links in with the senior pharmacist. The consultant psychiatrist stated that patients have benefited from this support with better outcomes and improvements in their mental health.</p>	

7.0 Quality Improvement Plan

The responsible person must ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken.

7.1 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 responsible person should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector by 19 January 2018.

Quality Improvement Plan

The responsible person must ensure the following findings are addressed:

**Area for Improvement
No. 1**

Ref: Standard 5.3.2

Stated: Second Time

To be completed by:
27 February 2018

There was no governance oversight on the use of restrictive practices. The frequency of restrictive practices such as physical interventions, seclusion and rapid tranquilisation was not collated. Collating of this information would have enhanced the service and informed care and practice.

Physical interventions were not included on the dashboard. This information was not easily obtainable from the incident reporting system (DATIX).

Response by responsible individual detailing the actions taken:

The Ward Manager has the restrictive practice data collected and it is then reviewed at the Ward Team Operational Meeting to look at trends and analysis. Each incident is being reviewed at the ward multi-disciplinary team meeting. There is further information being built into the DATIX Dashboard for Rosebrook.

Name of person (s) completing the QIP	Kiera Lavery		
Signature of person (s) completing the QIP		Date completed	5/2/18
Name of responsible person approving the QIP	Adrian Corrigan		
Signature of responsible person approving the QIP		Date approved	06/02/18
Name of RQIA inspector assessing response	Audrey McLellan		
Signature of RQIA inspector assessing response		Date approved	6/2/18

Please ensure this document is completed in full and returned via the Web Portal.



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