Unannounced Follow up Inspection Report
18 - 19 October 2017

Ash Ward

Acute Psychiatric Admission
Tyrone and Fermanagh Hospital
Omagh

Tel No: 028 82833100

Inspector: Alan Guthrie

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

1.0 What we look for

2.0 Profile of service

Ash Ward is a ten bedded mixed gender ward set on the Tyrone and Fermanagh Hospital site. The ward provides assessment, care and treatment to patients with dementia. On the days of the inspection there were eight patients admitted to the ward. This included three patients who had been detained in accordance with the Mental Health (NI) Order 1986. The ward was also providing continuous support to one patient. The patient was being supported by two staff at all times. The discharge of two patients from the ward had been delayed. The inspector was informed that this was as a result of the recent closure of a local nursing home.

The multidisciplinary team (MDT) consists of nursing, psychiatry, occupational therapy, psychology and social work. The ward also has an activities co-ordinator. The ward sister was in charge on the days of the inspection.

3.0 Service details

Responsible person: Anne Kilgallen	**Ward Manager:** Nicola Hayes
Category of care: Dementia Care	**Number of beds:** 10
Person in charge at the time of inspection: Nicola Hayes	

4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 18 - 19 October 2017.

Findings from the inspection were positive and the inspector evidenced that on the day of the inspection patients were receiving a good standard of care.

The inspection methodology was to review two areas for improvement identified from the previous unannounced inspection completed on 20 – 22 March 2017. During the inspection the inspector evidenced patients as being closely monitored and well cared for by staff. The ward's atmosphere was relaxed and the ward was clean, fresh smelling and well presented. Staff who met with the inspector stated that the ward was patient centred and care and treatment interventions were appropriate and effective.

The inspector was informed that the ward had provided care and treatment for two patients who were in their mid forties. Staff stated that this had been challenging as staff were required to balance the needs of relatively young patients with the needs of the majority of patients whose average age was mid to late seventies. The inspector noted that the MDT was currently functioning with four vacant band five nursing posts. It was positive to note that recruitment was ongoing and it was hoped that these posts would be filled in the near future. The ward manager informed the inspector that during the interim period use of bank and agency staff had maintained the required staffing levels. The ward's staff duty roster also evidenced this.

The area for improvement in relation to the management of ligature points had been met. The Trust had undertaken significant works to address ligature points within the ward. This included the fitting of new doors and window handles, grab rails and window blinds. The inspector evidenced that there were a large number of other ligature points located throughout the ward. These included apron and glove racks, picture fixings, mirror fixings, shelfs and television and radio cables. Whilst these ligature points were deemed low risk when assessed against the presenting needs of patients, an area for improvement has been made to ensure that the ligature risk plan reflects how these points will be managed.

The ward's environment was spacious and well maintained. The ward had ordered a new laptop computer to help increase flexibility for staff. The inspector was informed that the ward's wifi access remained poor. The trusts estates services had reviewed this and noted difficulties regarding access to a signal. Subsequently, this area for improvement will be restated for a second time.

The inspector reviewed three sets of patient care records. Generally, records were noted to be comprehensive, up to date and easy to follow. Each patient had a comprehensive assessment, risk assessment and care plan based on their assessed needs. The inspector noted one concern in relation to a patient who had transferred from another ward. Whilst the patient had a comprehensive assessment completed the patient's care plan was not recorded on the required dementia care plan pathway. This resulted in the patient not receiving a full dementia care assessment in accordance to the trusts agreed care pathway. The inspector had no concerns regarding the safety and well being of the patient, however an area for improvement has been made to help ensure that patients transferred from another ward are assessed in accordance to the trusts agreed standards.

The inspector reviewed the ward's clinical room and emergency medical equipment. The clinical room was bright, clean and appropriately maintained. The ward's emergency equipment had been well maintained and regularly reviewed. The inspector noted that the trust required staff to review the emergency medical equipment on a daily basis. Review records evidenced that reviews of the equipment had not been recorded on five occasions in September 2017. Furthermore, review records for October had been recorded on the wrong review sheet. A post use of medical equipment review sheet had been used. The inspector discussed these findings with the ward's senior management team. The ward manager addressed these issues prior to the inspector leaving the ward. Subsequently, an area for improvement has not been made.

Patients stated

The inspector met with three patients. Patients were positive about the ward and the support they received from nursing staff. Patients stated that they felt safe on the ward and that they were treated with dignity and respect. The inspector observed patient staff interactions throughout the day of the inspection. Staff were evidenced as being attentive, patient focussed and caring. The inspector noted that some of the patients presented with behaviours that challenge and it was good to note that staff supported these patients in a caring and professional manner.

The inspector observed staff to be available throughout the inspection. Patients moved freely throughout the ward and patient requests were dealt with promptly and appropriately. Patients

who met with the inspector reported that they knew who to talk to if they had a concern or were not happy. Patients stated they had no concerns when requesting support from staff.

Patient comments included:

"The staff are good".

"Staff give me plenty of time".

"I can go to the garden when I want".

"I find it alright in the ward".

"They look after you".

"People chat to you".

"Staffs all good…very good".

"It's helping me…being here".

"I wouldn't change anything".

Relatives stated

No relatives were available to meet with the inspector on the days of the inspection.

Staff stated

The inspector met with eight members of ward staff.

Staff who met with the inspector reported that the ward was a positive place to work. Staff stated that they felt supported and the care provided to patients was to a high standard. Staff reported that they felt the MDT was effective. Staff stated that they felt the care and treatment provided to patients on the ward was good. Staff felt the ward was safe and that the care and treatment provided by the MDT was patient centred and effective. A number of staff reflected positively on the support received from the ward's clinical psychologist. The availability of patient positive behaviour plans were reported as being very helpful.

Staff reported no concerns regarding the levels of nursing staff available. Staff informed the inspector that they had no difficulties regarding their ability to access training and supervision.

Staff comments included:

"This a good place…a lovely place to work".

"I feel well supported and I have no concerns regarding safety".

"The ward has a nice atmosphere with open spaces".

"The ward can be more challenging with patients who are younger".

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	Three

The total number of areas for improvement comprise of one area for improvement being restated for a second time. Two new areas for improvement were also identified as a result of this inspection.

These are detailed in the Provider Compliance Plan (PCP).

Areas for improvement and details of the PCP 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

6.0 The inspection

The following areas were examined during the inspection:

- Care documentation in relation to four patients
- Ward environment
- Patient discharge/transfer arrangements
- Minutes of staff meetings
- Records in relation to incidents and accidents
- Staff supervision and appraisal dates
- Staff training
- Staff duty rotas
- Complaints and compliments
- Information in relation to safeguarding vulnerable adults
- Minutes from governance meetings

6.1 Review of areas for improvement from the last unannounced inspection

The most recent inspection of Ash ward was an unannounced inspection. The completed Provider Compliance Plan (PCP) was returned and approved by the responsible inspector. During this inspection the inspector reviewed the areas for improvement made at the previous inspection and an assessment of compliance was recorded as met. This PCP was validated by the inspector during this inspection.

Follow-up on recommendations made following the unannounced inspection on 20 – 22 March 2017

Areas for Improvement		Validation of Compliance
Priority 1		
Number/Area 1 **Ref**: 5.3.1(a) **Stated:** First Time	The Trust should ensure that the ward's ligature risk assessment and associated action plan including post completion of the anti-ligature works, accurately reflects the role of ward staff in monitoring ligature points within the ward's environment.	**Met**
	Action taken as confirmed during the inspection: The Trust had completed ligature works as identified in the ligature risk assessment completed in June 2016. Door and window handles, grab rails and window blinds had been replaced. The fitting of grab rails within toilet areas had been delayed due to a design fault. The contractor was addressing this in partnership with the Trust. The inspector evidenced that there were a large number of other ligature points located throughout the ward. These included apron and glove racks, picture fixings, mirror fixings, shelfs and television and radio cables. Whilst these ligature points were deemed low risk when assessed against the presenting needs of patients, an area for improvement has been made to ensure that the ligature risk plan reflects how the points will be managed going forward. The inspector was advised that it had been agreed that these points will be managed locally by ward staff.	
Number/Area 2 **Ref**: 5.3.3 **Stated:** First time	The Trust should ensure that ward staff have access to Wi-Fi and a sufficient number of computers including at least one laptop.	**Not met**
	Action taken as confirmed during the inspection: The ward had ordered a new laptop computer to help increase flexibility for staff. The inspector was informed that the ward's wifi access remained poor. The trusts estates services had reviewed this and	

	noted difficulties regarding access to a signal. Subsequently, this area for improvement will be restated for a second time.	

7.0 Other areas examined

The inspector examined no other areas based on findings from this inspection.

8.0 Provider Compliance Plan

The responsible person must ensure that all areas for improvement identified within the PCP 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.

8.1 Actions to be taken by the service

The Provider Compliance Plan 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 Provider Compliance Plan via the Web Portal for assessment by the inspector by 13 December 2017.

Provider Compliance Plan	
The responsible person must ensure the following findings are addressed:	
Area for Improvement No. 1 **Ref:** Quality Standard 5.3.1 (a) **Stated:** First time **To be completed by:** 18 April 2018	The ward's ligature risk assessment should clearly indicate the ligature points being locally managed by ward staff. These points can then be reviewed as required should the presenting needs of patients change.
	Response by responsible person detailing the actions taken: The yearly Health & Safety risk assessment will be reviewed in March 2018 and will highlight an updated litagure risk assessment and indicate the litature points being locally managed by ward staff. These litagure risks will be managed in individual person-centred risk assessment and care planning.
Area for Improvement No. 2 **Ref:** Quality Standard 5.3.3(d) **Stated:** First time **To be completed by**: 18 November 2017	Patients transferred from another ward should have the required dementia care pathway assessment completed.
	Response by responsible person detailing the actions taken: In place Inpatients who are initially assessed on either functional or dementia integrated Care Pathways and are diagnosed with differential diagnosis will have their assessment progressed on the appropriate integrated Care Pathway.
Area for Improvement No. 3 **Ref:** Quality Standard 5.3.3 **Stated:** Second time **To be completed by**: 18 April 2018	The Trust should ensure that ward staff have access to Wi-Fi and a sufficient number of computers including at least one laptop.
	Response by responsible person detailing the actions taken: Business case is in the process of being completed and this will be dependent on capital funding priorities to enable this work to be completed.

Name of person (s) completing the PCP	Nicola Hayes		
Signature of person (s) completing the PCP	N.Hayes	**Date completed**	04.12.2017
Name of responsible person approving the PCP	Bob Brown		
Signature of responsible person approving the PCP	Bob Brown	**Date approved**	15.12.17
Name of RQIA inspector assessing response	Alan Guthrie		

Signature of RQIA inspector assessing response	A. Guthrie	**Date approved**	22.12.2017

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews