Unannounced Follow Up Inspection Report
24 – 25 October 2017

Elm Ward and Lime Ward
Acute Admission
Tyrone and Fermanagh Hospital
1 Donaghanie Road
Omagh
BT79 0NS

Tel No: 028 82835454

Inspector: Audrey McLellan

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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

Elm and Lime are acute admission wards on the Tyrone & Fermanagh Hospital site. Elm provides assessment and treatment for female patients and Lime provides the same service for male patients. Each ward can accommodate up to 13 patients and there is also an integrated Psychiatric Intensive Care Unit (PICU) which accommodates four patients from the wards when this is required. On the days of the inspection there were 13 patients on Lime ward and 10 patients on Elm ward. One patient from Elm and two patients from Lime were in the PICU. These three patients were receiving enhanced one to one support from staff. Seven patients were appropriately detained in accordance with the Mental Health (NI) Order 1986. There was one patient whose discharge from hospital was delayed.

The multidisciplinary team (MDT) on the ward included input from nursing, psychiatry, social work and occupational therapy (OT). An independent advocacy service was also available.

Referrals could also be made to the following community teams for additional support with patient care and treatment:

- Community Addiction Team
- Community Personality Disorder Team
- Community Forensic Team
- Eating Disorder Team

3.0 Service details

Responsible person: Anne Kilgallen	**Ward Manager:** Jackie McCutcheon
Category of care: Assessment and Treatment	**Number of beds:** 26
Person in charge at the time of inspection: Jackie McCutcheon	

4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 24- 25 October 2017.

The inspection sought to assess progress with findings for improvement raised from the most recent unannounced inspection 3-5 January 2017.

The inspector noted that the ward had made improvements from the previous inspection. The Trust had completed all actions within the fire assessment and all outstanding environmental ligature work had been completed. Patients' comprehensive risk assessments had been transferred onto the patient electronic recording system (PARIS) and there was evidence that

these had been completed with patient and carer involvement. Each assessment had been reviewed at the MDT meetings and a management /safety plan was in place. There were two mechanisms in place to review patients a daily MDT handover and a weekly MDT meeting. Each review was recorded separately. The ward had also introduced weekly interface meetings with the community teams to ensure continuity of care for patients when they are discharged.

It was good to note the ward had set up a 'therapeutic hub' which was staffed with two fulltime OT's and two therapeutic nurses. These staff members provided patients with therapeutic activities to take part in each day which included group and individual sessions. Patients were observed attending the therapeutic hub over the two days of the inspection.

Areas requiring improvement were in relation to the completion of a number of sections within the integrated care pathway and the absence of a clinical psychologist. A new area for improvement was made in relation to the development of a records audit tool which reflects all sections of the integrated care pathway (ICP) and comprehensive risk assessment (CRA). Another new area for improvement was made in relation to developing a training programme to ensure staff have the skills and knowledge to complete care plans which were basis on psychological formulations.

Patients Views

The inspector spoke to three patients on the ward. Patients were very complimentary about the care and treatment they were receiving. Patients confirmed they knew who to speak to if they were unhappy and that staff were always available for them to talk to. Patients confirmed there were activities on the ward for them to take part in each day and they stated that they felt these activities were helping them to recover. Patients advised that staff treated them with dignity and respect and they stated they felt safe on the ward. Patients made the following comments.

"I feel I can talk to the nurses….I see the consultant regularly and I am fully involved in my care…nurses are the biggest help when you need a wee chat they are always available….I choose the activities I want to do…this is a safe environment if you have thoughts of not wanting to living you feel safe in here… staff are friendly and warm I feel listened to in here"

"I feel better now I was very unwell when I came in.……staff are brilliant they listen to you……it is what it is, you get your own space if you want it and help when you want it they don't force anything on you."

"The food is good and the staff are good…I'm comfortable but the bed is a bit hard".

Relatives Views

The inspector spoke to two relatives and one relative completed a questionnaire. Relatives were complimentary about the care and treatment offered on the ward. They said staff were always available and approachable and they felt involved in their relatives care and treatment. They advised that the care and treatment on the ward was beneficial to their relative. They advised that they felt their relative was treated with dignity and respect and that the ward was well managed. One relative commented on the limited activities on the ward. This was discussed with the ward manager who advised that the 'therapeutic hub' had recently been set up and will be developed further once all staff in this unit have received their training. The following comments were made by relatives.

"They are doing a good job in an old ward….I can say nothing bad about this ward…I have been fully involved and have nothing negative to say"

"Staff are a million to one they are always on hand and are very approachable…I am continually updated regarding X's care and treatment…I can't say enough about the brilliant care my son is getting in here…I can't praise the staff enough… they are very compassionate"

Staff Views

The inspector spoke to four ward staff. Staff stated the ward was very busy but they enjoyed working on the ward and felt well supported. They advised the ward team was effective and all staff supported each other. They stated that the development of the 'therapeutic hub' has been a benefit to patients as they can leave the ward to enjoy activities and this also gives them something to focus on each day as each patient has an individual timetable of activities they have agreed to take part in.

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	Four

The total numbers of areas for improvement comprise:

- Two restated for a second time
- Two new areas for improvement

These are detailed in the Quality Improvement Plan (QIP). Areas for improvement and details of the QIP were discussed with a senior trust representative, 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 six patients.
- Ward environment.

- Activity schedule.
- Records of incidents and accidents.
- Fire audit.
- Health and safety risk assessment.

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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 reassuring patients when they appeared upset, sitting talking with patients and answering patients' queries regarding aspects of their care. During all interactions patients were treated with dignity and respect by staff.

The areas for improvement made at the previous inspection were reviewed and an assessment of compliance was recorded as partially met and not met.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced inspection 3- 5 January 2017

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

Areas for Improvement		Validation of Compliance
Number/Area 1 **Ref**: Standard 5.3.1(f) **Stated:** First Time	The fire safety audit was completed on 16 November 2016. A number of actions were identified and have not been actioned. These included: • Provide instructions and drawings at fire panel. • Commence weekly fire alarm testing. • Commence monthly checks. • Fill in Arson policy and contingency plan. • Provide yellow nominated officer bib.	**Met**

	Action taken as confirmed during the inspection: The inspector reviewed the fire audit and there was evidence that all the outstanding actions within this report had been completed. Instructions and drawings were displayed at the fire panel, fire alarms were tested weekly, there was evidence of monthly fire checks and the arson policy and contingency plan had been completed and staff had been provided with yellow nominated fire officer bibs.	
Number/Area 2 **Ref**: Standard 5.3.1(f) **Stated:** First Time	There were a number of environmental ligature points within Lime however patients did not have an individual environmental risk assessment in place.	**Met**
	Action taken as confirmed during the inspection: There was evidence that all the outstanding environmental ligature work had been completed on Lime ward.	
Number/Area 3 **Ref**: Standard 5.3.1(f) **Stated:** First Time	An annual health and safety generic risk assessment was completed in January 2016 which outlined an action plan. However, there is one outstanding action with no date of completion.	**Met**
	Action taken as confirmed during the inspection: The inspector reviewed the annual health and safety generic risk assessment and there was no outstanding action. All the ligature work on the ward had been completed and therefore this action had been removed.	
Number/Area 4 **Ref**: Standard 5.3.1(a) **Stated:** Second Time	Patients' risk assessments were not completed in accordance with the Promoting Quality Care – Good Practice Guidance on the Assessment of Risk and Management of Risk in Mental Health and Learning Disability Services, May 2010. • In all five risk assessments reviewed there was no evidence of patient/family/carer involvement or who contributed to the assessment. • All five assessments were completed by only one professional. • The review section of the risk assessments detailed what was discussed at the MDT	**Met**

	meetings and did not record and update/change in the risks identified for each patient. Some updates did state changes in risks but this was not clear as the updates also included other plans that had been agreed at the MDT meeting. • There was no evidence that risk management or contingency plans were in place.	
	Action taken as confirmed during the inspection: The inspector reviewed six comprehensive risk assessments. The assessments were completed in accordance with PQC and there was evidence of patient and where appropriate carer involvement. Management / Safety plans were in place. Risk assessments were reviewed regularly by the MDT and any changes in the levels of risk was recorded. The risk assessments did not detail all the professionals who were involved in completing the comprehensive assessment. This was discussed with the ward manager who advised that she would ensure that this section was completed on the PARIS system to reflect all members of the MDT who contribute to these assessments as she stated this document is never completed by one professional. Nurses who spoke to the inspector confirmed that all risk assessments were completed by the MDT.	
Number/Area 5 **Ref**: Standard 5.3.1(a) **Stated:** First Time	Patients did not have a planned individual weekly therapeutic and recreational activity programme in place to assist in their recovery. The activity timetable for the ward did not include evening and weekend activities and patients said that the ward could benefit from more board games and activities.	**Met**
	Action taken as confirmed during the inspection: The inspector reviewed six care records and there was evidence that each patient had an individual therapeutic and recreational activity programme in place to assist in their recovery.	

	The wards had purchased a number of board games for patients to use at the weekends and in the evenings. Staff on the wards confirmed that they would accompany patients on walks outside at the weekend and they set up various activities such as a quiz's, DVD evenings and beauty sessions. Patients confirmed that they attend the 'therapeutic hub' during the week and relax at the weekend in the ward doing activities with staff. Recreational activities included cooking, current affairs, personal care, social group, film club, physical exercise, reminiscing groups and creative groups. The following work had been completed with patients in the 'therapeutic hub': • Re-motivation work • 5 ways to wellbeing/relaxation • Wellness and Recovery Action Plan (WRAP) • Educational: lifestyle choices • Looking after your mental health • Mindfulness/Relaxation • 1:1 nursing interventions	
Number/Area 6 **Ref**: Standard 5.3.1(f) **Stated:** First Time	The template for the zoning meetings which was held each morning and the MDT meetings which were held once a week had not been fully completed. • It was not clear what had been agreed at each meeting. • There was no note of the actions agreed in a number of records. • The date this should be actioned by and who the responsible person was. • There was no evidence of patients' signatures or professionals 'views. • It was also unclear if the record was of a zoning meeting or a MDT meeting as the same template was used for each meeting.	**Met**
	Action taken as confirmed during the inspection: There were two mechanisms in place to review patients. There was a daily MDT handover and a	

	weekly MDT meeting. Each review was recorded separately. Improvements were noted in the records in relation to the weekly MDT meetings. It was clear what actions had been agreed by the MDT and there was a record of the date by which each action should be completed along with the responsible person. There was evidence that each patient' attended their MDT meeting and had signed the minutes.	
Number/Area 7 **Ref**: Standard 5.3.1(a) **Stated:** Second Time	The inspectors reviewed six sets of care documentation and there was no evidence of psychological formulations to underpin care planning and inform relevant models of intervention.	**Met**
	Action taken as confirmed during the inspection: The inspector reviewed six care records and there was evidence that significant progress had been made in this area with the completion of a number of care plans which evidenced that staff had completed psychological formulations. Examples are included below: • Educate B on diversional techniques such as mindfulness and relaxation to minimise stress. • Involve patient in a safety plan and establish hope by discussing reasons for living • Assist A with completing a WRAP/promote wellbeing and structure and social interaction in his daily routine • Educate C in relation to healthy eating, fitness and sleep hygiene. Although there was evidence that a number of staff were completing care plans which were based on psychological formulations there was also evidence in a number of records that not all staff appeared to have the skills to complete psychological formulations to underpin care planning and inform relevant models of intervention. The inspector has stated that this area for improvement has been met however a training programme is required to ensure all staff have the	

	skills and knowledge to complete care plans which are basis on psychological formulations. A new area for improvement has been made in relation to this.	
Number/Area 8 **Ref**: Standard 5.3.1(f) **Stated:** First Time	There were sections throughout the ICP that had not been completed in a number of files. Sections frequently incomplete were: • Screening assessments. • The medication on admission. • The section to record 'tests'. • A number of tests had been identified as 'required' and there was no indication if these tests had been carried out or not. • The bio-psychosocial interim care plan/management plan. There was no record of social management and collateral history. • The formulation section i.e. presenting problems, redisposing factors, precipitating factors, perpetuating factors and protective factors. • Out of the six sets of care records two records did not evidence that patients' needs were comprehensively assessed on admission by nursing and medical staff. • There was no care plan in place to detail how certain areas of assessed need were going to be managed for two patients. • There was a record in the progress notes which detailed the changes in patients' care and treatment however each care plan had not been updated to reflect these changes.	**Partially Met** **(Reworded and restated)**
	Action taken as confirmed during the inspection: The inspector reviewed the ICP in six sets of care records. There was some improvement noted however the following two sections had had not been completed: • The screening assessment and; • The bio-psychosocial interim care plan/management plan It was good to note the following:	

	• The medication on admission and the 'test' section had been completed. • The formulation section of the ICP had been removed and plans were in place to incorporate this process into each patients care plan. • Patients' needs were assessed on admission by nursing and medical staff. • Care plans were in place that addressed the patients' assessed needs. These were reviewed regularly and were up to date. To reflect the progress made in this area for improvement it will be reworded and restated a second time and will include the outstanding areas.	
Number/Area 9 **Ref**: Standard 5.3.1(f) **Stated:** First Time	A number of incidents have not been closed off by the ward manager in both Lime and Elm ward. **Action taken as confirmed during the inspection**: The inspector was informed by the ward manager that there continued to be incidents on the DATIX system which have not been closed. However there was evidence that each incident had been reviewed by the ward manager and senior managers within the trust and appropriate actions had been taken regarding each incident. A plan is in place to ensure these incidents will be closed as the ward manager will be assisted by another two deputy ward managers and plans are in place for clerical support.	**Met**
Number/Area 10 **Ref**: Standard 4.3(l) **Stated:** First Time	The social worker had not received regular supervision as per their professional guidance. **Action taken as confirmed during the inspection**: The inspector spoke with the social worker on the ward who confirmed that they now receive regular supervision as per their professional guidance.	**Met**
Number/Area 11 **Ref**: Standard 5.3.1(f)	Audit outcomes stated that there were no concerns in relation to nursing care plans and risk assessments. No action plans arose out of the audits. However, this was in contrast to the inspectors' assessment of these records as a	**Met**

Stated: First Time	number of areas for improvement were identified in relation to record keeping. An audit of all sections of the ICP had not been completed.	
	Action taken as confirmed during the inspection: The inspector reviewed the care documentation audits. There was progress made in relation to the completion of the comprehensive risk assessments and care plans. Audits were also completed in relation to the admission record, treatment plans and progress reports. However the audit tool used to review care documentation was not compatible with all sections of the care documentation currently used on the ward i.e. the integrated care pathway (ICP) and the comprehensive risk assessments (CRA). Therefore staff could not complete a full audit of patients' care records. A new recommendation will be made in relation to the development of an audit tool which reflects all sections of the ICP and CRA.	
Number/Area 12 **Ref**: Standard 4.3(j) **Stated:** First Time	The skills mix on the wards did not include a clinical psychologist. AIMS: CCQI Accreditation For Inpatient Mental Health Services (Standards for Acute Inpatient Services for Working-Age Adults – 5th Edition, 2014) states the following under the standard of care planning: U20.5 *"The team has the capacity to offer service users a psychological assessment and formulation delivered by a psychologist, based on clinical need"*, and; U20.6 *"Staff members liaise with the patient's community-based therapist to co-ordinate their psychological treatment*".	**Not Met**
	Action taken as confirmed during the inspection: The MDT within the ward still does not include a clinical psychologist. A senior trust representative confirmed they have completed a business plan regarding funding for this post.	

Number/Area 13 **Ref**: Standard 4.3(j) **Stated:** First Time	There was no psychiatric clinical lead in place.	**Met**
	Action taken as confirmed during the inspection: Psychiatric clinical lead is now in place within the Trust.	

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 provider compliance plan to RQIA via the Web Portal for assessment by the inspector by 19 December 2017**.**

Quality Improvement Plan

The responsible person 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:** 24 December 2017	The screening assessment and the bio-psychosocial interim care plan/management plan section of the ICP were not completed in full. **Response by responsible individual detailing the actions taken:** The relevant sections of the care pathway will be included in the new trainee medical staff induction from 7th February 2018, with specific guidance on their use, purpose and importance being given to staff to ensure they understand the rationale for their inclusion in the ICP and thus improve completion rates. Those staff staying on in post until then will have the same teaching delivered at the academic programme on 15th January 2018. The completion rates will be audited.
Area for Improvement No. 2 **Ref**: Standard 4.3(j) **Stated:** Second Time **To be completed by:** 25 April 2018	The skills mix on the wards did not include a clinical psychologist. AIMS: CCQI Accreditation For Inpatient Mental Health Services (Standards for Acute Inpatient Services for Working-Age Adults – 5th Edition, 2014) states the following under the standard of care planning: U20.5 *"The team has the capacity to offer service users a psychological assessment and formulation delivered by a psychologist, based on clinical need"*, and; U20.6 *"Staff members liaise with the patient's community-based therapist to co-ordinate their psychological treatment"*. **Response by responsible individual detailing the actions taken:** The Head of Adult Mental Health Crisis Services and Lead Psychologist for Adult Mental Health Services will table a paper proposing dedicated clinical psychology resources for acute inpatient services at the Adult Mental Health governance meeting in February 2018.
Area for Improvement No. 3	The audit tool did not reflect all sections of the ICP and the CRA therefore a full audit of the care records was not completed.

Ref: 5.3.1 (f) **Stated:** First Time **To be completed by:** 25 April 2018	**Response by responsible individual detailing the actions taken:** The Ward Sister will review the audit tool against all sections of the ICP and the CRA to ensure the tool delivers adequate outcome measures by 25th April 2018.
Area for Improvement No. 4 **Ref:** 4.3 (m) **Stated:** First Time **To be completed by:** 25 April 2018	A training programmed should be developed to ensure staff have the skills and knowledge to complete care plans which were basis on psychological formulations.
	Response by responsible individual detailing the actions taken: The Ward Sister will include the need for training in psychological formulation and care planning in the team learning needs analysis and training requests for the 2018/19 academic programme.

Name of person (s) completing the QIP	Sister Jackie McCutcheon		
Signature of person (s) completing the QIP		**Date completed**	4/1/18
Name of responsible person approving the QIP	Dr Anne Kilgallen, Chief Executive		
Signature of responsible person approving the QIP		**Date approved**	4/1/18
Name of RQIA inspector assessing response	Audrey McLellan		
Signature of RQIA inspector assessing response		**Date approved**	10/1/17

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

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