



The **Regulation** and
Quality Improvement
Authority

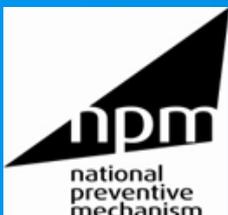
Ward 2

Waterside Hospital

Western Health Social & Care Trust

Unannounced Inspection Report

Date of inspection: 23 June 2015



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 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

Ward 2 is a ten bedded ward situated in Waterside hospital. The purpose of the ward is to provide assessment and treatment to male and female patients with a diagnosis of dementia. On the day of the inspection there were eight patients on the ward. One patient was detained in accordance with the Mental Health (Northern Ireland) Order 1986. There were no patients on the ward whose discharge from hospital was delayed.

Patients within ward 2 receive input from a multidisciplinary team which includes two consultant psychiatrists; a senior house officer, a behaviour nurse specialist, nursing staff, an occupational therapist and a psychologist. Patients can access physiotherapy and speech and language therapy by referral. A patient advocacy service is also available.

4.0 Summary

Progress in implementing the recommendations made following the previous inspections carried out on 13 and 14 June 2012, 27 August 2013 and 15 and 16 December 2014 were assessed during this inspection. There were a total of five recommendations made following the last inspection and one recommendation outstanding following the inspection undertaken on 13 and 14 June 2012.

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

It was good to note that patients' capacity to consent to care and treatment had been reviewed weekly by the multidisciplinary team and the Trust had developed an easy to read booklet on patients' human rights. It was good to note that risk screening tools and comprehensive assessments had been completed and reviewed in accordance with Promoting Quality Care Good Practice Guidance. Care plans had been developed which detailed the rationale for the level of restrictions in place and plans were in place to develop a garden area. The Trust were completing a systematic and

comprehensive review of policies and procedures relating to the ward. However, a number of these policies and procedures were still to be disseminated and fully implemented to guide staff practice. New recommendations have been made in relation to this.

The inspector assessed the ward's physical environment using a ward observational tool and check list. The environment appeared relaxed, comfortable, clean and clutter free. There was ample natural lighting; good ventilation and the ward furnishings were well maintained. The ward had way-finding landmarks, use of signage, use of colour and contrast to assist patients with a cognitive impairment in orientating themselves around the ward. The ward also had a variety of information available in easy to read format. There were rooms available for patients to have quiet time on their own and there were areas for patients to spend time in the company of others. The occupational therapist along with ward staff offered patients a varied programme of activities.

During the inspection the inspector completed direct observations using the Quality of Interaction Schedule (QUIS) tool. This assessment rated the quality of the interactions and communication that took place on the ward between patients, nursing staff and ward professionals. Overall the quality of interactions between staff and patients were positive.

There were no patients on the ward who were able to complete a questionnaire regarding their care, treatment and experience as a patient.

4.1 Implementation of Recommendations

One recommendation which related to the key question "**Is Care Safe?**" was made following the inspection undertaken on 15 and 16 December 2014.

This recommendation concerned the completion of risk assessments as they had not been completed in accordance with the Promoting Quality Care Guidance.

The inspector was pleased to note that this recommendation had been fully implemented.

- The ward had completed risk assessments in accordance with the Promoting Quality Care Guidance.

Three recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 13 and 14 June 2012, 27 August 2013 and 15 and 16 December 2014.

These recommendations concerned the reviewing of policies and procedures that were out of date, the lack of evidence that patients' capacity to consent to

care and treatment was being reviewed regularly and concerns that patients did not have direct access to a safe outside area.

The inspector was pleased to note that all three recommendations had been fully implemented.

- The primary care and older people's directorate had reviewed and updated policies and procedures.
- Staff were reviewing patients' capacity to consent to care and treatment weekly at multidisciplinary team (MDT) and this was also documented in the patients' progress notes.
- Plans were in place to develop a garden area leading directly from the ward.

Two recommendations which relate to the key question "**Is Care Compassionate?**" were made following the inspection undertaken on 15 and 16 December 2014.

These recommendations concerned the absence of information available in a format suitable for patients who had cognitive impairments. Patients care plans in relation to deprivation of liberty did not clearly outline the risks which would support these restrictions.

The inspector was pleased to note that all two recommendations had been fully implemented.

- The Trust had developed easy to read booklets/posters.
- Patients care plans had been developed which detailed the rationale for the level of restriction in terms of necessity and proportionality.

The detailed findings from the follow up of previous recommendations are included in Appendix 1.

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)

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

Summary

The inspector noted that there was up to date information provided in the wards information booklet. Information was also available in an easy to read format. The inspector reviewed the staffing rota for the ward and no concerns were identified. Staffing levels appeared adequate to support the assessed needs of the patients. Staff were observed to be attentive and assisted patients promptly when required. Staff were observed supporting patients with recreational activities. There were two patients on enhanced observations and these were observed being carried out discreetly.

The ward environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were well maintained and comfortable. Patients slept in either a double room, their own individual bedrooms or in a 4 bedded bay area. The double bedroom and bay areas had individual screens to promote patients' privacy and dignity. Patients could lock the bathroom doors and a call system was available. The entrance doors to the ward were locked at all times and care plans were in place detailing the rationale around this restriction.

There were no areas of overcrowding observed on the day of the inspection; the day areas were open, spacious and the furniture was arranged in a way that encouraged social interaction. There were smaller areas for patients to sit and form friendships. The inspector observed that staff were present at all times in the communal areas and available at patients' request. The garden available to patients was not accessed directly from the ward however plans were in place for a garden area to be developed.

Confidential records were stored appropriately and patient details were not displayed. The ward had way-finding landmarks, use of signage, use of colour and contrast to assist patients with a cognitive impairment in orientating themselves around the ward. There was up to date and relevant information displayed in a format that met the patients' communication needs. There was information displayed in easy read/pictorial format in relation to patients' human rights, the advocacy service and how to make a complaint. Information was also available on the Mental Health Order, MHRT and the patients' right to access information held about them. However this was not in an easy read format, the ward manager was planning to develop this information.

The ward had completed an environmental ligature risk assessment in June 2015. Two ligature points areas were identified in this assessment and a senior Trust representative advised work will be carried out in relation to these areas by December 2015. The action plan detailed that patients were never in the therapy room unaccompanied and if patients were deemed at risk of self-harm/suicidal ideation observations were enhanced. However in the care records reviewed by the inspector there was evidence that care plans/risk assessments were in place in relation to patients using profiling/metal frame beds. However risk assessments were not in place to detail how environmental risks were being managed on the ward for each individual

patient. Staff assured the inspector that there were no patients on the ward who had suicidal ideations. A recommendation has been made in relation to this.

An occupational therapist was providing activities for patients to take part in on a daily basis and a schedule was displayed on the notice board each day. The inspector observed a group activity set up by the occupational therapist during the inspection.

Meal times were protected however this was flexible to meet each patient's individual need. Staff bring jugs of water out to the ward each day in the morning, afternoon and evening. The dining room was clean and appeared comfortable. Patients were able to access a good choice of meals and the ward had pictorial menus.

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

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.

The inspector 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

The formal session involved observations of interactions between staff and patients/visitors. Seven interactions were noted in this time period. The outcome of these interactions were as follows:

| Positive | Basic | Neutral | Negative |
|----------|-------|---------|----------|
| 100% | 0% | 0% | 0% |

Overall the quality of interactions between staff and patients were positive. Staff were noted to be caring and attentive and attended to patient's needs without delay. Staff were observed actively engaging with patients. The inspector noted that staff knew the patients very well and actively sought engagement. Staff were noted to appropriately communicate with patients who appeared disorientated and were observed using effective diversional techniques to alleviate patients who had become distressed.

The detailed findings from the observation session are included in Appendix 3.

7.0 Patient Experience Interviews

There were no patients on the ward who were able to complete a questionnaire regarding their care, treatment and experience as a patient.

The inspection was unannounced. No relatives or carers were available to meet with inspector during the inspection.

8.0 Other areas examined

During the course of the inspection the inspector met with:

| | |
|---------------------------------|---|
| Ward Staff | 2 |
| Other ward professionals | 1 |
| Advocates | 0 |

Wards staff

The inspector met with two members of nursing staff on the day of inspection. Both staff members had recently transferred from another ward that closed and stated that it had took a period of time to familiarise themselves with the different routine of the ward. They stated they were enjoying their time on the ward and did not express any concerns regarding the ward or patients' care and treatment.

Other ward professionals

The inspector met with the occupational therapist for the ward. They provided the inspector with a summary of their role and advised the inspector that additional day-care opportunities will be provided when the Hub/Day Care Unit attached to both ward 1 and 2 is opened. They informed the inspector that activities in the HUB/Day care unit will commence when the band 5 and band 3 are appointed and the recruitment process has already begun for these

positions. They explained in detail the variety of work they undertake at present and how much they enjoyed working with patients on the ward. They did not express any concerns regarding the ward or patients' care and treatment.

The advocate

The inspection was unannounced. No advocates were available to meet with the inspectors during the inspection

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 5 August 2015

The inspector will review the QIP. When the 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 2 – Ward Environment Observation

This document can be made available on request

Appendix 3 – QUIS

This document can be made available on request

Follow-up on recommendations made following the unannounced inspection on 15 and 16 December 2014.

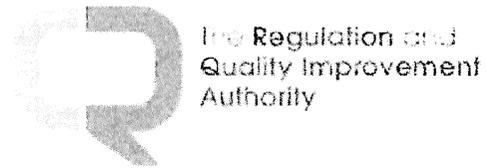
| No. | Reference. | Recommendations | No of times stated | Action Taken (confirmed during this inspection) | Inspector's Validation of Compliance |
|-----|------------|--|--------------------|--|--------------------------------------|
| 1 | 4.3 (j) | It is recommended that the Trust ensures all policies and procedures are subject to a systematic and comprehensive three yearly review | 3 | <p>The Trust are completing a systematic and comprehensive review of policies and procedures relating to the ward. However, a number of these policies and procedures are still to be disseminated and fully implemented to guide staff practice.</p> <p>A senior representative from the Trust has given RQIA assurances that the directorates responsible for these outstanding policies and procedures identified in the inspection will have these reviewed within an agreed timescale.</p> <p>New recommendations will be made in relation to this.</p> | Fully met |
| 2 | 5.3 (a) | It is recommended that the ward manager ensures that all care plans include the outcome of the patient's capacity assessments. | 1 | In the three sets of care documentation reviewed by the inspector there was evidence that patients' capacity to consent to care and treatment had been reviewed weekly by the multidisciplinary team (MDT). There was evidence that patients' capacity to consent to care and treatment was reviewed regularly by nursing staff and documented in the patients' progress notes. | Fully met |
| 3 | 6.3.2 (c) | It is recommended that the ward manager ensures that information relating to patient's rights, relevant ward and Trust policies and information relating to the ward should be made available in a format that | 1 | The Trust had developed an easy to read booklet on patients' human rights. 'Your rights when you are in hospital'. This booklet contained information on human rights, the locked door on the ward, the management of actual and potential aggression (MAPA), enhanced observations and complaints. It was good to note that easy to read information was also available on the ward for patient to choose their meals and to assist in | Fully met |

Appendix 1

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|---|------------|---|---|--|-----------|
| | | may be more accessible and easily understood by patients with a cognitive impairment . | | promoting patient's independence in relation to activities of daily living. | |
| 4 | 5.3.3 (b) | It is recommended that the ward manager ensures that where risk assessments are completed in conjunction with patients and their carers/relatives, the documentation is completed in full with the name of the person contributing to the assessment, in keeping with the Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability 2010 | 1 | In the three sets of care documentation reviewed by the inspector there was evidence that risk screening tools and comprehensive assessments had been completed and reviewed in accordance with Promoting Quality Care Good Practice Guidance. | Fully met |
| 5 | 5.3.1 (a) | It is recommended that the ward manager ensures that care plans in relation to perceived or actual deprivation of liberty includes an outline of the individual risk to that patient and a rationale to support the level of restriction in terms of proportionality and | 1 | The inspector reviewed three sets of care documentation and noted that care plans had been developed which detailed the rationale for the level of restriction in terms of necessity and proportionality. | Fully met |

Appendix 1

| | | necessity | | | |
|---|-----------|---|---|--|-----------|
| 6 | 6.3.1 (a) | It is recommended that the Trust reviews patient access to the garden area to ensure patients have direct access to an outdoor garden space throughout the day. | 1 | The Trust had reviewed the outdoor area leading directly from the ward. Plans are now in place to develop this area into a secure garden with a fence, raised planters, a shed and circular pathways. The inspector reviewed confirmation documentation from the Trust's estates department which stated that a contractor will be appointed by the end of July and this work will commence by mid-September 2015. | Fully met |



Quality Improvement Plan
Unannounced Inspection
Ward 2, Waterside Hospital
23 June 2015

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 the ward manager, the acting service manager and the assistant director – secondary care primary care and older people's services on the day of the inspection visit.

It is the responsibility of the Trust to ensure that all requirements and 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 | 4.4 (i) | It is recommended that the Trust ensures that a risk assessment /care plan is completed for each individual patient detailing how environmental risks are going to be managed and reviewed to ensure patient safety. | 1 | Immediate and ongoing | The ward manager will ensure that a risk assessment/care plan is completed for each individual detailing environmental risks, management plans and review dates. This has been completed |
| Is Care Effective? | | | | | |
| 2 | 5.3.1 (f) | It is recommended that the Trust provides evidence that the following policies and procedures have been disseminated and implemented to ensure there is a robust and evidence based guide for staff practice: <ul style="list-style-type: none"> • Whistleblowing Procedure • Disciplinary Procedure • Guidelines for adult safeguarding | 1 | 30 November 2015 | All Trust policies and procedures are available to staff on the Trust Intranet. Paper copies are also retained in a folder for staff to access. Any new policy or procedure staff are requested to sign that they have read and understand same |

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 |
|-------------------------------|-----------|---|------------------------|------------------|---|
| | | <ul style="list-style-type: none"> • Integrated admission and discharge policy • Capability procedure • Hospital visiting policy • Policy and procedure for supervision in nursing | | | |
| 3 | 5.3.1 (f) | <p>It is recommended that the Trust provides evidence that the following policies and procedures have been disseminated and implemented to ensure there is a robust and evidence based guide for staff practice.</p> <ul style="list-style-type: none"> • Slips, trips and falls • Procedure for recording fluid balance chart • Resuscitation policy • AWOL policy | 1 | 31 December 2015 | All Trust policies and procedures are available on the the Trust Intranet. Paper copies are also retained in a folder for staff to access. Any new policy or procedure staff are requested to sign that they have read and understand |
| 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 | Winifred O Kane  7/8/15. |
| NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Eileen Wray 13 August 2015 |

| Inspector assessment of returned QIP | | | | Inspector | Date |
|--------------------------------------|---|-----|----|-----------|---------|
| | | Yes | No | | |
| A. | Quality Improvement Plan response assessed by inspector as acceptable | X | | A Millen | 17/8/15 |
| B. | Further information requested from provider | | | | |