

**RQIA**

**Mental Health and Learning  
Disability**

**Patient Experience  
Interviews Report**

**Ward 1**

**Waterside Hospital**

**Western Health and Social  
Care Trust**

**14 April 2014**



## **Table of Contents**

1.0	Introduction	4
1.1	Purpose of the inspection	4
1.2	Methods/process	5
2.0	Ward Profile	6
3.0	Outcomes of interviews	7
4.0	Conclusion	10
	Appendix 1: Patient Experience Interview Questionnaire	12

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Northern Ireland's health and social care services. RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services. The work undertaken by the Mental Health and Learning Disability team (MHLD) is fundamentally underpinned by a human rights framework and the Human Rights Act (1998). Additionally, RQIA is designated as one of the four Northern Ireland bodies that form part of the UK's National Preventive Mechanism (NPM). RQIA undertake a programme of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment, upholding the organisation's commitment to the United Nations Optional Protocol to the Convention Against Torture (OPCAT).

### **1.1 Purpose of the visit**

Patient Experience Interviews (PEIs) form an integral component of the RQIA inspection programme.

#### **Aims**

- To monitor the care and treatment of individuals detained under the Mental Health (Northern Ireland) Order 1986, taking specific cognisance of the individual's perception of their care;
- To monitor the care and treatment of any individual inpatients in MHLD facilities, taking specific cognisance of the individual's perception of their care;
- To make relevant recommendations where required to improve the patient experience with line with the standards detailed in The Quality Standards for Health and Social Care (DHSSPSNI, 2006).

#### **Objectives-**

- To engage and consult with patients and their advocates;
- To ensure that patients are afforded due respect for individual human rights;
- To monitor the context and environment within which care is provided;
- To monitor the quality and availability of care;
- To make appropriate recommendations for improvement and to highlight any issues of concern in line with the escalation policy;

- To provide feedback on concerns/issues raised
- To inform the annual inspection processes.

## **1.2 Methods/Process**

Prior to the inspection RQIA forwarded notification of the visit to the Trust; this allowed the patients and the ward an opportunity to prepare for the interviews.

On the day of the visit the inspector met with a patient representative who had indicated that they wished to meet with the inspector. Discussions led by the patient's representative, and a semi-structured interview were undertaken. The inspector also completed a direct observation of the ward using guidance from Quality of Interaction Schedule (QUIS). Verbal feedback was provided to the ward manager at the conclusion of the visit.

A copy of the interview questions is included at Appendix 1.

## 2.0 Ward profile

Trust/Name of Ward	Western Health & Social Care Trust
Name of hospital/facility	Waterside Hospital, Ward 1
Address	16 Gransha Park Londonderry BT47 6WH
Telephone number	(028) 7186 0007
Person-in-charge on day of visit	Winifred O’Kane
Email address	Winifred.okane@westerntrust.hscni.net
Number of patients and occupancy level on days of visit	No of beds 9 Occupancy level 7
Number of detained patients on day of inspection	None
Number of patients who met with the inspector	None
Date and type of last inspection	Unannounced Inspection 27 August 2013
Name of inspector	Wendy McGregor

Ward 1 is a nine 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 patient experience interviews there were no patients detained under the Mental Health (Northern Ireland) Order 1986. There were three patients whose discharge from hospital was delayed.

Patients within Ward 1 receive input from a multidisciplinary team which incorporates psychiatry; nursing and psychology. Patients can access occupational therapy, physiotherapy and speech and language therapy by referral. Patients on the ward also access the Waterside hospital activities co-ordinator. A patient advocacy service is also available.

### **3.0 Outcomes of interviews and direct observation**

#### **Number of patients interviewed.**

One patient representative chose to meet with the inspector on behalf of their relative.

This patient had not been detained in accordance with the Mental Health Order (NI) 1986.

Specific issues raised by patients/representatives or during ward observations

Patients and/or their representatives were asked if they wished to discuss any particular aspect or concerns about their care and treatment.

There were no specific issues raised by the patients family or during ward observations.

#### **Ward observations**

The inspector directly observed the ward environment and patient and staff interactions.

#### **Ward environment**

On the day of the visit, the ward environment was calm and welcoming. The ward was spacious and decorated to promote a dementia friendly environment. The rooms were painted a bold colour and coded, to help promote independence for patients with memory loss. The ward was well lit, well maintained, clean and fresh smelling. There was clear signage on entry to the ward. Information leaflets were available to patients and their families, which included information on independent advocacy, and how to make a complaint. Information on who was on duty and what activities were available on the day was displayed. The ward was also decorated for Easter.

Patient sleeping areas were designed to promote patient dignity and privacy. The communal areas were homely. There was an area for visitors to meet with patients in private. Bathrooms were clean, tidy and clutter free. Equipment used for patients was appropriate and well maintained. There were a number of patients who required differing levels of assistance with their mobility. The inspector observed the staff checking and ensuring the patients were well positioned and comfortable. There were a number of patients who required assistance with their personal care and dressing. The inspector noted the patients were clean and dressed appropriately to age, gender and weather conditions.

## **Patient interactions**

On the day of the visit, the inspector observed interactions between staff and patients. A flower arranging activity was observed by the inspector on the ward. The inspector noted that although the activity was a group activity, it met all the individual needs of the patients participating in the activity. Positive interactions and the use of therapeutic communication skills between staff and patients were noted by the inspector. Staff used their knowledge of each individual patient to encourage participation and engagement with the activity and were mindful of the patients' condition, their level of concentration and tiredness. The activity encouraged the patients to use their senses i.e. the scent of the plants and flowers, touch and texture and staff used this to trigger memories of past hobbies and occupations. Patients were also encouraged to decorate an Easter tree, which encouraged movement and dexterity. Staff's verbal communication was age appropriate and adapted to meet each patient's individual communication needs. Staff were observed to be respectful the needs of the older patient population on this ward, in how they interacted and cared for the patients.

The inspector noted staff attending to patient's requests immediately. Staff also attended to a patient who was unsettled; the inspector noted the appropriate use of touch and reassurance. The staff promoted patient dignity and privacy by addressing needs appropriately away from the communal area.

Staff were observed engaging with a family of a patient. This interaction was noted to be appropriate. Staff reassured the family, by actively listening and responding appropriately.

Patients on the ward all experienced memory loss and the inspector noted staff directing patients to where they needed go, using appropriate verbal and non-verbal communication skills.

Two patients were on enhanced observations; the inspector noted the staff were discreet and ensured that the patient's dignity was maintained by not stigmatising the patient.

### **Responses to questions 1-1d**

The representative interviewed knew why their relative was in hospital. The representative stated they had been given information about the function of the ward.

### **Responses to questions 2- 2c**

The representative interviewed stated they had been "fully involved" in their relative's care and support. The representative stated their relative's condition and the medication they were on had been discussed with them. The relative had opportunities to discuss their relative's condition with medical staff when



requested. The relative stated “the staff on the ward keep me informed of everything including any incidents and accidents.”

#### Responses to questions 3 & 3a

The representative stated they knew that advocacy services were available on the ward but had never had to use them.

#### Responses to questions 4 -4b

The representative interviewed stated their relative had never been restrained.

#### Responses to questions 5-5c

The representative stated their relative had never been put into a room on their own (seclusion) or had staff stay with them all day and all night (enhanced observations).

#### Responses to question 6

The representative interviewed stated they felt their relative was safe on the ward and that staff were mindful of their relatives’ limited insight into keeping themselves safe.

#### Responses to questions 7-7b

The representative stated that nothing was removed from their relative on admission.

#### Responses to questions 8 & 8a

The representative stated that staff discussed whether it is safe and appropriate to take their relative of the ward for a walk.

The inspector noted patients have access to the garden area.

#### Responses to questions 9 -9b

The representative interviewed stated they knew who to speak to if something was wrong or they were unhappy with something. The representative stated they have spoken to staff and they were happy with the outcome. The representative knew how to make a formal complaint but had never had to make one.

## Responses to question 10

The representative stated they were very happy with the quality of the care provided to their relative. The representative described the staff as “caring, compassionate and supportive”.

The representative also stated staff on the ward were “mindful of their role as a carer” showed empathy and supported them with the distress they often experienced when coming to terms with their relatives’ condition. The representative stated they were always made feel very welcome on the ward, could visit at any time and there were never any issues with accessing their relatives’ sleeping area. The representative was also happy with how their relatives’ property was cared for.

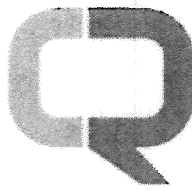
## 4.0 Conclusions

Ward 1 is an assessment and treatment ward for patients with dementia. There were three patients whose discharge was delayed. The inspector spoke with one patient’s relative and used direct observation on the ward during the visit, as the patients on the ward had limited ability to verbally communicate and participate in the patient experience interview.

There are no recommendations made from the direct observation and discussion with the patients’ relative.

From the observations of the ward and the discussion with the patients relative on the day of the Patient Experience Interviews, the inspectors’ impression of the overall treatment and care on the ward was found to be in keeping with the five standards of respect, attitude, behaviour, communication privacy and dignity as referenced in the Department of health, Social Services and Public Safety; Improving the Patients & Client Experience, November 2008. Staff demonstrated respect in all contacts with patients. Staff demonstrated positive attitudes towards patients. Staff demonstrated professional and considerate behaviour towards patients. Staff communicated in a way that was sensitive to the needs and preferences of patients. Staff protected the privacy and dignity of patients.

**The inspector would like to thank the patients, staff, and relatives for their cooperation throughout the interview processes.**



The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the Patient Experience Interviews of **Ward 1, Waterside Hospital** which was undertaken on **14 April 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Winifred O'Kane <i>W. O'Kane</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	<i>Carie Way</i>

Approved by:	Date
<i>Wendy M'Gregor</i>	<i>23 JUNE 2014</i>