

**Unannounced Follow up Inspection Report
6 July 2018**



Asha Centre

**Addiction Treatment
Tyrone and Fermanagh Hospital
1 Donaghane Road
Omagh
BT79 0NS**

Tel No: 028 82835453

**Inspector: Wendy McGregor
Peer reviewer: Rose McGuckien**

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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

The Asha Centre is an eight bedded mixed gender regional inpatient addiction unit. The centre provides care and treatment to patients who have alcohol and drug addiction. The service provides a range of treatments including alcohol/drug detoxification, opiate substitute therapy and opiate stabilisation treatment. The average length of stay on the centre is two to four weeks on the days of the inspection there were seven patients in the centre.

The multidisciplinary team consists of nursing staff, a consultant psychiatrist, medical staff and a senior social worker.

There is a large active peer advocacy group and an alcoholics/narcotics anonymous group who visit the centre every week. There were no patients in the centre who were detained in accordance with the Mental Health (Northern Ireland) Order 1986. All patients have to agree to attend the centre for treatment therefore all admissions are on a voluntary basis.

3.0 Service details

Responsible person: Elaine Way	Centre Manager: Phyllis Fitzsimmons
Category of care: Addictions	Number of beds: 8
Person in charge at the time of inspection: Phyllis Fitzsimmons	

4.0 Inspection summary

An unannounced follow-up inspection took place on 6 July 2018.

The inspection sought to assess progress with findings for improvement raised from the most recent unannounced inspection on 1 and 2 February 2017.

On the day of the inspection, the centre was clean, tidy and welcoming. All patients were attending structured therapeutic group work during the morning and afternoon. Patients had their own bedroom and bathrooms were gender specific.

Good practice was evident in the development of a patient workbook called 'The Journey Begins' which had been designed by staff and patients. Patients were encouraged to complete this work book during their free time. The work book was professionally constructed, user friendly and informative and provided information helpful for patients recovery.

The inspector and peer reviewer observed patient and staff interactions. From the observations of the centre on the day of the inspection, the inspector's impression of the overall treatment

and care was 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 and positive attitude in all contacts with patients. Staff communicated in a manner that was sensitive to the needs and preferences of patients. Staff protected the privacy and dignity of patients.

The inspector reviewed the complaints and compliments records. There had been no formal complaints since the last inspection in February 2017. There was an extensive display of compliments display in one of the patient communal areas. Patients can raise their concerns with the peer advocacy group who have frequent and effective contribution to the centre.

Patients were happy with their care and treatment and said that care was safe, effective and compassionate and that the service was well led.

Staff confirmed that the centre was safe, effective and that the service was well led. Staff stated it was rewarding to see patients make a good recovery.

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
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The three areas for improvement comprise:

- Two restated for a second time
- One new area for improvement

These are 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 centre manager and centre 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:

- Risk assessments in relation to three patients.
- Centre operational policy.
- Centre environment.
- Patient and carer information booklet.
- House rules.

We reviewed the areas for improvements made at the previous inspection and an assessment of compliance was recorded as met and not met.

6.0 The inspection

Centre environment

On the day of the inspection, the centre environment was calm and welcoming. The centre was well maintained and clean. There was clear signage on entry to the centre. Information leaflets were available to patients and their families, which included; a patient and carer information booklet, house rules, information on independent advocacy, and how to make a complaint. The communal areas were homely. There was an activity room used for therapeutic group work. Gym equipment was also available. There was an area for visitors to meet with patients in private. Patients had their own bedrooms. Bathrooms were clean and tidy. However the flooring in the shower area was damaged and required urgent repair. This was discussed with the centre manager; the bathroom area is no longer in use, until the flooring can be fixed. An area for improvement has been made in relation to this.

Staff and patient interventions and interactions

On the day of the inspection, the inspector and peer reviewer observed interactions between staff and patients. The inspector noted that staff were continually present and available in the communal areas. Interactions between staff and patients were observed as warm and friendly. Staff were observed actively seeking engagement with the patients.

Staff were observed facilitating therapeutic group work sessions throughout the day of the inspection and accompanying patients for a walk. An activity schedule was available as part of each patient's care pathway. Patients have a good level of activities to choose from. These include structured exercises, structured group activities and helpful media resources. It was good to note that activities / group work was offered seven days per week. Weekend activities include yoga and walking. The centre recently won money for a camera and had started a photography club. Photographs taken by patients were displayed on the centre.

Patient's views

All seven patients met with the peer reviewer and participated in a structured interview. Patients answered questions relating to safe, effective and compassionate care and were asked if the service was well led. Patients were asked to rate each of the outcomes from one to five (one representing very unsatisfied and five representing very satisfied). It was positive to note that all patients were very satisfied that care was safe, effective and compassionate and the centre was well led.

Information relating to “House Rules” and the care and treatment provided in the centre was discussed with each patient prior to their admission. Some of the House Rules included the following:

- Full participation in treatment programme.
- Attendance at all support groups.
- Visiting times.
- Search of personal property (to ensure alcohol and drugs are not brought into the centre).
- Urine, blood, breath and mouth swabs to test for alcohol or unprescribed drugs as requested.
- A member of staff must accompany patients if they leave the centre.
- Television viewing between 6 – 11pm only if not engaged on other activities/ programmes.
- No clothing displaying alcohol or sporting emblems and all tattoos which may cause offence to be covered.
- Staff will make regular checks on patients in the interest of safety during the day and night.
- Mobile phones/laptops or IT electrical devices are not permitted. A pay phone is available.

Safe care

All patients said that they felt safe, secure and supported on the centre. Patients said they were agreeable and happy with the “House Rules. One patient said “the decision to come in is made prior to your admission with your key worker”. Patients understood the reason for the ‘House Rules’ and understood that these helped them with their recovery. Patients said that initially they found it difficult not having access to their mobile phones but toward the end of their admission they fully appreciated the benefits of this particular rule. Patients said they were aware of their rights on making a complaint. None of the patients interviewed said they had made a complaint but were aware of the complaints process. One patient said: “this is a very safe bubble, I realise it is not the real world but it will help me prepare for recovery”. All seven patients rated the centre five (very satisfied) in relation to safe care.

Compassionate care

All patients said that they were treated with dignity and respect and felt that staff listened and took their views into account and did not judge them. One patient said “this is my third admission and I felt ashamed but staff did not judge me and this helped me settle” another patient said “I am embarrassed to be back but staff welcomed me and I felt ok”. One patient said; “staff always have time to speak with you”. Patients said that staff support family visits. “Social services helped organise family visits with my children as I live out of Trust area”. Patients all confirmed that staff encourage relative / family involvement. One patient said: “staff are keen to speak with families”. Patients confirmed that staff discuss their care with them and one patient said: “staff go through all the documentation with you”. Patients stated that staff were “approachable”, “polite” and “you could speak to any member of staff”. One patient said that “staff seek you out if they think you need to talk or when you’re feeling down, they seem to know”. Patients also said that the canteen and cleaning staff were “lovely” and said the centre was welcoming and homely and this made them feel at ease. All patients said it was great to have their own bedroom. All seven patients rated the centre five (very satisfied) in relation to compassionate care.

Effective care

All patients interviewed said they were involved in all decisions about their care and treatment and said that the care and treatment they were getting on the centre was helping with their recovery. One patient said "I know I am getting better". All patients said that there were activities to do every day on the centre. Patients said: "there are walks every day, we can walk to the shop and I am starting to get more exercise" "the educational groups are very intense and just what I need" "the daily walks are very much appreciated" "there is plenty to do" "yoga is great" and "it is great to go on day trips at the weekends". Patients also said that they enjoy the service user groups and groups that come in in the evenings. All patients interviewed rated the centre as five (very satisfied) in relation to effective care.

Well led

All patients said that they felt staff were well supported and had the necessary skills and training to carry out their job, "staff are skilled and know what they are doing" and "staff are good at the group work". All patients said that there were enough staff working on the centre and "are always available even during the night". Patients all knew who was in charge every day and who the centre manager was. Patients were very satisfied about the information they had received. Patients said "there is enough information to read around the centre" and "there are plenty of notices around the centre". Patients also said that they were informed by staff of what was happening every day. All patients interviewed rated the centre as five (very satisfied) in relation to well led care.

Staff views

The inspector and peer reviewer spoke to five staff including a student nurse, bank nurse, a health care assistant, the deputy centre manager and the centre manager. Staff all said that they enjoyed working on the centre and confirmed the service was well led. Staff said they had received up to date mandatory training and could avail of any other training if needed. Staff said they were well supported and valued. Staff complimented the care provide by health care assistants and said "they were inspiring and dedicated and although they never lead any of the groups they do participate".

6.1 Review of areas for improvement from the last unannounced inspection 1 and 2 February 2017

The most recent inspection of the Asha Centre for Addictions 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 from last inspection		Validation of Compliance
Area for improvement 1 Ref: Standard 5.3.1 (a) Stated: First time	Individual risk assessments were not in place to detail how environmental risks were being managed on the centre for each patient.	Met
	Action taken as confirmed during the inspection: The inspector reviewed care documentation in relation to three patients and noted that individualised risk assessments were in place that addressed the environmental risks on the centre. This area for improvement has been assessed as met.	
Area for improvement 2 Ref: Standard 6.3.2 (b) Stated: First time	The centre had a comprehensive information booklet for patients and patients also signed an agreement which detailed the rules of the programme. However, neither of these documents explained the level of observations the patients would have to experience whilst on the centre i.e. patients are checked every hour at night.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the information booklet for patients and the signed agreement for house rules. The level of observations the patients would experience was included in the house rules information. The house rules are fully discussed with patients prior to their admission, so patients are fully aware of what is expected during their stay	

	<p>in the Asha Centre.</p> <p>All information including the house rules is discussed with patients prior to their admission by the patients' community mental health team. The patient then signs the agreement.</p> <p>This area for improvement has been assessed as met.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 6.3.2 (a)</p> <p>Stated: First time</p>	<p>There was no floor covering in the hallway outside the bathrooms.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector observed the centre environment. There was floor covering in the hallway outside the bathrooms. The flooring was in a good state of repair. Although did not match the flooring throughout the remainder of the centre, it was not in the communal or living areas. The inspector has assessed this area as met, although it will continue to remain on the Trust minor works capital.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First Time</p>	<p>The operational procedure was still in draft format.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that the operational procedure was still in draft form. This area for improvement has been assessed as not met and will be restated a second time.</p>	Not met
<p>Area for improvement 5</p> <p>Ref: Standard 4.3 (j)</p> <p>Stated: First Time</p>	<p>There is no occupational therapy within the MDT.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the multidisciplinary team compliment and noted that there was no occupational therapist within the team. The inspector was informed by centre staff that patients are referred, and access to the</p>	Not met

	<p>occupational service is via “good will”. Referrals are in relation to mobility equipment and not for any rehabilitative / or therapeutic interventions.</p> <p>The centre manager stated this issue is raised at the Trust senior management meeting every month.</p> <p>This area has been assessed as not met and will be restated a second time</p>	
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7.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with senior trust representatives, members of the multi-disciplinary team, centre manager, and centre staff as part of the inspection process.

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 quality improvement plan to RQIA via the web portal for assessment by the inspector by 29 August 2018.

Quality Improvement Plan

The responsible person must ensure the following findings are addressed:

<p>Area for Improvement No. 1</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: Second time</p> <p>To be completed by 6 October 2018</p>	<p>The operational procedure was still in draft format.</p>
	<p>Response by responsible individual detailing the actions taken:</p> <p>The operational procedure has been completed in draft form and is scheduled for discussion at the next Governance meeting on 3rd October 2018.</p>
<p>Area for Improvement No. 2</p> <p>Ref: Standard 4.3 (j)</p> <p>Stated: Second time</p> <p>To be completed by: 6 January 2019</p>	<p>There is no occupational therapist within the MDT.</p>
	<p>Response by responsible individual detailing the actions taken:</p> <p>There is currently no OT within the Asha Centre but an informal arrangement is in place whereby the service can be requested on an as required basis for clients with mobility issues or where aid equipment is required. The senior management team are committed to the development of a dedicated OT and funding is being sought for this post. However, realistically this may not be in place before the stated deadline of 6th January 2019. It is given priority at senior management level as a standing item on the team meeting agenda.</p>
<p>Area for Improvement No. 3</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First</p> <p>To be completed by: 10 August 2018</p>	<p>The flooring in the shower area urgently needs repaired or replaced.</p>
	<p>Response by responsible individual detailing the actions taken:</p> <p>The repair of the shower room floor was successfully carried out immediately after the inspection and this room is now fully functional. (Estates Job Request 1174221)</p>

Name of person (s) completing the QIP	Phyllis Fitzsimons		
Signature of person (s) completing the QIP	Phyllis Fitzsimons	Date completed	28/08/2018
Name of responsible person approving the QIP	Karen O'Brien		
Signature of responsible person approving the QIP	Karen O'Brien	Date approved	29.08.18
Name of RQIA inspector assessing response	Wendy McGregor		
Signature of RQIA inspector assessing response	Wendy McGregor	Date approved	24 September 2018



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