

Inspection Report

10 May - 8 June 2023



Western Health and Social Care Trust Lakeview Hospital

Mental Health and Learning Disability Hospital
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Responsible Individual(s): Neil Guckian Chief Executive
Person in charge at the time of inspection: Janet Doherty, Interim Head of Service & Professional Nurse Lead, Adult Learning Disability Services	Number of registered places: 10
Categories of care: Learning Disability (LD) Acute Admission	Number of patients accommodated on the wards on the day of this inspection: Strule Ward – 2 Melvin Ward – 6
Brief description of the accommodation/how the service operates: Lakeview Hospital (Lakeview) is a Mental Health and Learning Disability (MHLD) Hospital managed by the Western Health and Social Care Trust (the Trust). It is the only acute inpatient facility within the Trust for adults 18 years and over, with a learning disability, who require assessment and treatment in an acute psychiatric care setting. Lakeview operates two wards, Melvin and Strule. Patients are admitted either on a voluntary basis or detained in accordance with the Mental Health (Northern Ireland) Order 1986 (MHO). During the period of inspection Lakeview had been closed to new patient admissions since 24 April 2023.	

2.0 Inspection summary

An unannounced inspection to Lakeview commenced on 10 May 2023 and concluded on 8 June with feedback to the Trust's Senior Management Team (SMT). The inspection was undertaken by a team of care inspectors and primarily focused on progress in relation to the specified actions outlined in the extended Improvement Notices, IN000014E1 and IN000015E1 and two areas for improvement (AFIs) made following the most recent inspection on 19 October 2022.

During RQIA's inspection of Lakeview in February 2022, significant concerns were identified in relation to the delivery of safe and effective care to patients in Lakeview, adult safeguarding (ASG) arrangements and the management of incidents. As a result of enforcement action following this inspection, two Improvement Notices (IN000014 and IN000015) were issued to the Trust on 11 March 2022. The date for compliance by which the actions detailed in the Improvement Notices were to be achieved, was 10 September 2022.

A follow-up inspection was undertaken in October 2022 to assess the Trust's progress towards compliance against the specified action. RQIA determined at this time, significant progress had been made. Actions within the Improvement Notices were revised and the date for compliance to be achieved was extended (IN000014E1 and IN000015E1) in accordance with the progress made by the Trust. The date for compliance was extended to 30 April 2023. Progress with the revised Improvement Notices was subsequently monitored by RQIA through meetings with Trust representatives and review of action plans submitted.

Review of ASG arrangements and management of incidents determined compliance with IN000014E1 was achieved. Protection arrangements were established for patients who required safeguarding, and mechanisms were in place to ensure that all staff were informed of these arrangements in a timely manner. A standard operational policy had been developed to outline the purpose and operational standards within Lakeview including the mechanisms for sharing findings from incident and adult safeguarding reviews and audit.

The use of Positive Behaviour Support (PBS) was fully embedded in patient care. Ward staff and PBS staff were working collaboratively which impacted positively for patients, as care delivery was planned and co-ordinated specifically to each patient's individual needs. RQIA determined compliance with IN000015E1 was achieved.

Following the inspection, the Trust was formally notified of this outcome and the Improvement Notices were removed. All relevant stakeholders were informed and RQIA's website has been updated accordingly.

Two areas for improvement (AFI) were also identified during the October 2022 inspection. Both AFIs were assessed as met.

As a result of this inspection one new AFI has been identified in relation to audit practices and data analysis. A second AFI has been made to improve recording practice to reflect patient and relative engagement.

3.0 How we inspect

RQIA has a statutory responsibility under the Mental Health (Northern Ireland) Order 1986 to make inquiry into any case of ill-treatment, deficiency in care and treatment, improper detention, and/or loss or damage to property. Care and treatment is measured using the Quality Standards (2006) for Health and Social Care to ensure that services are safe, of high quality, and up to standard.

RQIA's inspections form part of our ongoing assessment of the quality of services. To do this, we gather and review the information and intelligence we hold about the service, examine a variety of documents, meet and talk with patients, relatives, staff and management and observe care practices throughout the inspection. This information is considered and triangulated before a determination is made on whether the service is operating in accordance with the relevant legislation and quality standards. Our reports reflect how services were performing at the time of the inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

4.0 What people told us about the service

Posters and easy read patient/relative leaflets were placed throughout the wards inviting patients, relatives and staff to approach RQIA inspectors to share their views of the service. Patient relatives were also contacted directly, with consent, post inspection. Inspectors met with patients and staff and directly observed staff and patient engagement.

Care observed throughout the inspection was found to be safe, compassionate, and delivered to a good standard. Patients reflected positively on the care they received, that staff were caring and kind, the pleasant environment and activities on offer.

Seven patient relatives agreed to be contacted to give their views on the service. No concerns were shared regarding the care delivered to patients; staff were described as compassionate and knowledgeable. Some relatives spoke positively about communication with ward staff, while others described difficulty contacting ward staff. When asked about activities on offer, relatives suggested a wider range of activities would benefit patients. The majority of relatives were satisfied with communication in relation to incidents and ASG.

Issues raised by relatives which included visiting arrangements and the management of patient's property were shared with the Trust during feedback. It was acknowledged that relatives had raised these issues directly with Lakeview staff and managers, and were largely satisfied regarding improvement.

We spoke with a number of staff from a range of disciplines. Staff acknowledged the recent challenges they faced in relation to high staff absence levels but reflected that this had been stabilised by the employment of experienced agency staff through block booking arrangements.

An improved work environment was also noted by staff, with support from ward managers and senior management. Staff described patient care as safe and effective, they presented as knowledgeable regarding the needs of patients and reported feeling confident in their role.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 October 2022		
Action required to ensure compliance with The Quality Standards (The Quality Standards for Health and Social Care DHSSPSNI (March 2006))		Validation of compliance
Area for improvement 1 Ref: Standards 4.3, 5.1	The Western Health and Social Care Trust must develop and implement a robust process of audit. The Trust's programme of audit must include: 1. Incident management	Met

Criteria 4.3 (e), 5.3.3 (g) and (h) Stated: First time To be completed by: 30 April 2023	2. Restrictive Practice 3. Medicines management 4. Patient care plans Action taken as confirmed during the inspection: The Trust has developed and implemented a process of audit across all four areas. Further development in respect of audit outcomes is required. The Trust should ensure analysis of data is completed to support the identification and dissemination of learning. A new AFI is included in the QIP to improve analysis of audit outcomes.	
Area for improvement 2 Ref: Standard 6.1 Criteria 6.3.1 (a) Stated: First time To be completed by: 30 April 2023	The Western Health and Social Care Trust should seek to progress their proposal to secure a dedicated, specialised and permanent multi-disciplinary model in Lakeview Hospital. The Trust has developed a detailed business case setting out the requirements and rationale to secure a dedicated, specialised and permanent Multi-disciplinary model within Lakeview. This proposal has been progressed within the Trust and will require further consideration by other key stakeholders. The current challenges in securing resources and key stakeholder approval are recognised along with the outstanding decision regarding the regional model for learning disability. To this end, this AFI was assessed as met.	Met

5.2 Inspection findings

In October 2022 RQIA conducted an inspection of Lakeview which determined that Improvement Notices IN000014 and IN000015 would be updated to reflect the significant progress the Trust had made. The date by which compliance was required to be achieved by the Trust was also extended to support the Trust to complete the actions required to achieve compliance. The Improvement Notices were extended until 30 April 2023.

During this inspection we assessed the Trust's progress against the actions specified within Improvement Notices IN000014E1 and IN000015E1, and determined the Trust had achieved compliance.

5.2.1 Improvement Notice IN000014E1

The following improvements were necessary to achieve compliance:

The Western Health and Social Care Trust Board, Chief Executive and Executive Team must implement effective arrangements for adult safeguarding and incident management at Lakeview Hospital and ensure:

1. Patient protection plans are current, updated following review and are available to all relevant staff. Arrangements must include a mechanism by which staff are promptly informed of any changes to protection arrangements.

Inspection Findings:

Patients who were subject to ASG procedures had protection plans in place, which were recorded in care plans and reviewed in line with ASG policy. The protection plans identified risks for patients and recorded the required actions of staff. Plans were discussed at the staff safety brief, twice daily, prior to the commencement of each shift. The inspection found there were effective communication arrangements in place for all staff to be informed promptly of any changes.

ASG care plans had been introduced within Lakeview and all patients had an ASG care plan in place. Protective measures were clearly recorded and an overview of ASG involvement was detailed. Mechanisms for ensuring that staff are kept up to date regarding ASG care plans and the arrangements for review were also recorded. There was a clear recording arrangement in place for all staff to sign and date to confirm they had read the ASG care plan.

2. **A process of regular audit (with defined timescales) is implemented to assure compliance with the Regional Adult Safeguarding Policy**

A quarterly audit process in line with the Regional Adult Safeguarding policy had commenced in April 2023, with defined actions and timescales. This process offers assurances that robust ASG mechanisms are in place. The Trust should continue with the process of rigorous audit practice that supports further learning and development in relation to ASG, whilst offering assurance to patients, key stakeholders and the Trust.

3. **Local policy and procedures define the mechanisms for sharing findings with appropriate staff and managers. The Trust should ensure such arrangements are implemented fully**

A draft Standard Operational Policy described appropriate communication arrangements that will support information cascade following the review of incidents and where applicable any changes to ASG protection plans. Arrangements were in place and there was evidence of learning and themes observed from incident recordings discussed at fortnightly incident review and team meetings. Staff handover records were observed to provide key communication points for the sharing of this information with staff.

A number of forums for staff learning and sharing of information were evidenced; these included staff handovers, safety brief and a group hub to allow staff to engage in further discussion and share knowledge and practice.

Collaborative working between the Trust's ASG team and ward staff was evident through appropriate scrutiny and use of completed APP1 referrals for learning. Proactive engagement and support from the ASG team through delivery of workshops to staff, has helped embed ASG policy and procedures within Lakeview. Staff were knowledgeable about ASG escalation process and the actions to be taken when a concern is identified.

Inspectors found appropriate communication mechanisms were in place with strengthened working relationships between the ASG team and ward staff which provides staff with greater clarity in relation to reporting lines and dissemination of learning.

It was positive to note that a culture of learning and reflection has been adopted by managers within Lakeview. This will further enhance the existing communication mechanisms in place.

5.2.2 Improvement Notice IN000015E1

The following improvements were necessary to achieve compliance:

1. Fully embed positive behaviour support (PBS) responses from all staff for the patients in Lakeview Hospital. This includes ensuring all staff have attended competency based PBS awareness training and that collaborative working between PBS and hospital staff is further strengthened.

Inspection Findings:

The majority of staff had undertaken and completed the British Institute of Learning Disabilities (BILD) online PBS awareness training. Competency based training had been progressed by a small number of core staff who were at various stages of completion. This training was ongoing at the date of inspection with a clear commitment from the Trust to deliver PBS workshops with multidisciplinary team (MDT) representation to support with competency based assessment. It is recommended the Trust expedite the participation and assessment of all relevant staff, including agency staff, in competency based PBS training. This will further support and embed the PBS model within patient care.

Effective collaborative work between PBS staff and hospital staff was evident. Staff expressed a view that PBS was being used effectively with patients and that they felt confident in the use of the PBS strategies in place for individual patients. Weekly support sessions were available for all staff with evidence of good uptake, which has strengthened professional relationships and increased staff competence.

Discharge arrangements were reflective of careful planning with collaborative working between PBS and ward staff to support complex patient transitions.

5.3 Other Inspection Findings

Significant improvement was noted during this inspection with regard to the strength of leadership and improved culture evident within Lakeview.

Intelligence received prior to the inspection highlighted concerns in relation to staffing challenges and a high use of agency staff. The Consultant Psychiatrist post for learning disability within the Trust became vacant at the end of April 2023 and recruitment to fill this vacancy has proven difficult. Immediate contingency arrangements were implemented by the Trust to ensure Consultant Psychiatry provision to patients was maintained. While the Trust secures a longer term solution for Consultant Psychiatry, patient admission to Lakeview will continue to be based on assessment of risk.

Applications for Deprivation of Liberty Safeguards (DoLs) had been progressed for a number of patients. Emergency safeguard provisions were in place for patients where applications were pending approval. Good practice was noted where easy read DoLs social stories were available to support patient understanding.

It was positive to note that advocacy arrangements for patients were available through a referral process, including arrangements for relatives to act as an advocate on behalf of patients.

Regular monthly discharge reviews were taking place however on review of patient records, effective patient and relative involvement was not evident for all patients. The Trust should ensure that all patients and relatives are actively encouraged to contribute and express their views about aspects of patient care to include care planning, ASG, incidents and discharge planning as agreed with individual patients and their families. Individual patient agreements should be evidenced within patient documentation and the views of patients and their families should be recorded. An AFI will be made in the QIP to support improved communication.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Quality Standards (The Quality Standards for Health and Social Care DHSSPSNI March 2006)**

	Standards
Total number of Areas for Improvement	2

Quality Improvement Plan	
Action required to ensure compliance with The Quality Standards (The Quality Standards for Health and Social Care DHSSPSNI March 2006)	
Area for improvement 1 Ref: Standard 5 Criteria 5.3.3 (c), (e), (h) Stated: First Time To be completed by: 01 October 2023	The Western Health and Social Care Trust must develop audit practice that includes analysis of the data to determine meaningful audit outcomes that drives forward improvement. Ref: 5.1 Response by registered person detailing the actions taken: Ongoing improvement work in Lakeview Hospital includes extensive audit activity with related data analysis work. Having established a solid baseline of relevant audit practice, the next phase of this work will be supported by WHSCT audit team, particularly in the area of data analysis to identify outcomes

	and ensure continuous improvement. The Lakeview Team met with the WHSCT Quality Improvement and Audit Department on 21st June 2023 with agreed support to be provided with the interpretation, synthesis, trending and theming of data. Staff at Lakeview have already created a suite of manual based and digital applications to manage the audit process, analyse data and ensure an effective quality assurance process with the use of a SharePoint site, dynamic graphs in excel and utilisation of data visualisation software such as PowerBI. In line with the WHSCT corporate plan 2023/24 regarding digital transformation Lakeview is embracing technology such as MS Teams and uses this extensively to share information on the audit and data analysis process. Ward Managers and Deputies have a key role in ensuring that all staff have access to Audit outcomes. The Lakeview team have now embedded the audit and data analysis process into various forums that includes learning disability governance and SMT meetings that supports effective knowledge dissemination and data sharing with the aim of informing relevant decision making. Audit activity extends over 20 areas and work remains ongoing in terms of the explicit connections to be made with the Directorate governance team, as an additional resource to support with ensuring audit outcomes have a clear influence on practice improvements.
Area for improvement 2 Ref: Standard 6 Criteria: 6.2 (b)(d)(g) Stated: First time To be completed by: 01 October 2023	The Western Health and Social Care Trust must seek opportunities to improve patient and relative engagement in relation to ASG, and care and discharge planning; this engagement should be agreed with individual patients and their families and should be accurately recorded within patient records. Ref: 5.3 Response by registered person detailing the actions taken: Lakeview improvement officer has co-produced an easy read questionnaire for patients within the hospital setting to support feedback on the service. Easy read information is also being developed to support ASG, Care and Discharge planning processes. The aim is to ensure that patients are empowered and enabled to communicate with the support of staff as per individual needs.

	Carers are invited to ASG strategy meetings, regular ward rounds and are involved in care planning as per their and patient wishes. Although families have been involved in regular decision making and discharge planning, documentation of this in care notes needs to improve. Managers are to ensure that care notes have clear documentation of all patient and carer involvement and engagement in all areas, including ASG, Care and discharge planning. Managers were now developing more robust documentation processes. Practice educators will audit this practice with a view to supporting ongoing improvement and the Head of Service will review progress in line with audit process in AFI1.
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