The Regulation and Quality Improvement Authority

Inspections of Mental Health Hospitals and Mental Health Hospitals for People with a Learning Disability

Indicators for the Delivery of Safe, Effective and Compassionate Person Centred Service

July 2015

npm national preventive mechanism

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.

Contents

1.0	Introduction……..…	4
2.0	Legislative Context…….….....	5
2.1	Current Requirements of RQIA…….……..	5
2.2	Revised Mental Health Legislation…….....	5
2.3	DHSSPS Minimum Quality Standards - 2006…….....	6
2.4	Human Rights Context…….....	6
3.0	Inspection Theme 2015/2016 – Patient Centred Care……..……	7
4.0	Unannounced Inspections…….……	8
4.1	Indicators of the Delivery of Safe, Effective and Compassionate Person Centred Care……...…..	8
4.2	Compliance Levels ……...	16
4.3	What Happens Next?	19
4.4	Factual Accuracy Check …….	19
	Appendix 1 – Underpinning Documents ……	20
	How to contact RQIA……..	21

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 Corporate Strategy for 2015-2018 encompasses RQIA's vision statement of being a driving force for improvement in the quality of health and social care in Northern Ireland. It is underpinned by a shared set of values defining our culture.

Over the course of this strategy RQIA will align its work with the strategic vision of the Department of Health, Social Services and Public Safety (DHSSPS) as set out in Quality 2020[1]. Given the recent emphasis on quality by DHSSPS, RQIA will place greater emphasis on evaluating care outcomes for individual patients and clients.

RQIA intends to focus its programmes of inspection, review and monitoring of mental health legislation from 2015-2018, using three specific and important questions:

Is Care Safe?
Is Care Effective?
Is Care Compassionate?

Figure 1

[1] DHSSPS(NI) – Quality 2020 – A 10 Year Strategy to Protect and Improve Quality in Health & Social Care in Northern Ireland

2.0 Legislative Context

RQIA's statutory authority to require providers to maintain compliance with the minimum standards derives from the Health and Personal Social Services (Quality, Improvement & Regulation) (Northern Ireland) Order 2003[2] (2003 Order). Article 35 details the role and functions of RQIA and sets out RQIA's functions in terms of inspection and review of health and social care services and responsibilities for reporting. Regulations issued by the DHSSPS further direct the roles of individual RQIA inspection teams.

2.1 Current Requirements of RQIA

The MHLD Directorate currently operates under the provision of The Mental Health (Northern Ireland) Order[3] (MHO). The provisions of Articles 86(2) specify the statutory duty to make enquiry into any case where it appears there may be amongst other things, ill treatment or deficiency in care or treatment.

This duty is reinforced in Article 86 (2) (a) which underpins the Mental Health and Learning Disability team's (MHLD) inspection programme and which states:

(a) In the exercise of its functions under paragraph (1) it shall be the duty of RQIA;
(b) "to make enquiry into any case where it appears to RQIA that there may be ill-treatment, deficiency in care or treatment, or improper detention into hospital or reception into guardianship of any patient, or where the property of any patient may, by reason of his mental disorder, be exposed to loss or damage";

The MHO also places a statutory duty on RQIA in Article 86(2) (b) to visit and interview patients who are detained in hospital in accordance with the provisions of the MHO.

2.2 Revised Mental Health Legislation

Draft mental health legislation, the Mental Capacity Bill[4], is proposed for enactment in Northern Ireland in April 2016. It is not anticipated that this new primary legislation will have any significant impact on the inspection methodology.

[2] The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
[3] The Mental Health (Northern Ireland) Order 1986
[4] Mental Capacity Bill (Consultation), 2014

2.3 DHSSPS Minimum Quality Standards

The DHSSPS endorsed The Quality Standards for Health and Social Care[5] as the minimum standards for the quality of service provision of health and social care services. These standards are used by the MHLD team to assess service quality and make relevant recommendations for service improvement.

The overarching inspection theme of Person Centred Care is clearly referenced in 5.3.3 of the Quality Standards for Health and Social Care, 2006[6] which states:

The organisation:

(a) promotes a person-centred approach and actively involves service users and carers in the development, implementation, audit and review of care plans and care pathways.

2.4 Human Rights Context

RQIA is committed to ensuring that human rights are embedded in inspection processes. Previous MHLD inspection programmes have been based around a particular "human rights theme", such as Autonomy, Fairness and Protection. This methodology focusses on an "inspection theme", using predetermined indicators to determine if a service achieves the three key outcomes of safe, effective and compassionate care.

Each of the key outcomes will be underpinned by relevant human rights legislation, rather than an overarching human rights indicator.

RQIA is designated as one of the four Northern Ireland bodies that form part of the UK's National Preventive Mechanism (NPM), upholding the organisation's commitment to the United Nations Optional Protocol to the Convention Against Torture (OPCAT). To meet NPM responsibilities, RQIA reviews inspection findings in the context of where and how recommendations for improvement could have a direct impact on human rights for people in detention.

[5] DHSSPS: The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006

[6] DHSSPS(NI): The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006

3.0 Inspection Theme 2015/16 – Patient Centred Care

The MHLD team proposed that for the inspection years 2015/16, the inspection theme will focus on the standard of "Person Centred Care".

This theme fits with the current DHSSPS policy directions set out in Quality 2020[7] and Transforming Your Care[8], which both focus on the service user at the centre of any service provision.

An expectation statement in respect of the inspection theme of Person Centred Care and the standard of service provision will indicate:

Patients receive care and treatment designed to meet their individual needs with the intention of ensuring the best results for each patient.

[7] DHSSPS(NI) – Quality 2020 – A 10 Year Strategy to Protect and Improve Quality in Health & Social Care in Northern Ireland

[8] DHSSPS(NI) – Transforming Your Care: A Review of Health and Social Care in Northern Ireland, 2011

4.0 Unannounced Inspections

All inspections will be unannounced, unless there are practical reasons why the ward should be informed prior to the planned date of inspection. Inspections can take place at any time during the day, evening or night.

4.1 Indicators for the Delivery of Safe, Effective and Compassionate Person Centred Care

The indicators for the delivery of safe, effective and compassionate person-centred care for patients in mental health and learning disability hospitals and the types of evidence which will support the evaluation of evidence for inspection findings for each of the three key outcomes are described in Table 1.

The indicators are not a definitive list; neither are they designed to be used as a “checklist”. These characteristics, when considered along with inspection findings; legislative requirements; minimum standards; good practice guidance; and, professional judgement, will assist inspectors to apply a level of compliance for each key outcome.

Staff will be able to use these descriptions to assess their current level of service delivery. Staff will also be able to identify opportunities for improvement where gaps in service delivery exist and monitor that providers put appropriate plans in place to make any necessary changes to enhance service provision.

The legislation, standards and good practice guidance which underpin the indicators are included as references in Appendix 1.

Table 1 – Indicators and Evidence supporting the delivery of a Safe, Effective and Compassionate Person Centred Service

IS CARE SAFE? Avoiding and preventing harm to patients from the care, treatment and support that is intended to help them	
KEY INDICATOR	**EVIDENCE TO SUPPORT THE DELIVERY OF A PERSON CENTRED SERVICE**
Comprehensive, Co-produced Patient Safety Plans	Patients and/or their representatives are actively involved in designing and managing their own personal safety plans. A proactive approach to developing and reviewing patients' personal safety plans is embedded and is recognised as being the responsibility of the entire multi-disciplinary team. Patient personal safety plans: • are individualised, with appropriate actions devised and implemented • focus on personal strengths • used to inform personal well-being plans, which help to build capacity to self-manage health and well-being • regularly reviewed and amended where required
Environment and Environmental Safety	The ward is clean and comfortable, and in a state of good repair. There are a range of ward facilities: • available and accessible to patients • accessibility of staff • patients can have access to safe outside spaces, recreational spaces and therapeutic spaces • private spaces will be available for patients to meet with visitors and make personal and private telephone calls Environmental risk assessments are appropriate to the purpose of ward and the patient population, with appropriate action plans devised to address any deficits. Action plans are implemented, regularly reviewed and amended where required. There is a regular health and safety audit undertaken, with appropriate action plans to address any noted deficits. Action plans are implemented, regularly reviewed and amended where required.

Safe Staffing and Well Supported Staff	The staffing establishment of the multi-disciplinary team for the ward is agreed and all staff are currently available as part of the team. There are appropriate numbers of ward based staff with the necessary knowledge, skills, experience and competence to holistically meet the needs of patients. Any staff shortages are responded to quickly and adequately. There is stability in the ward management and staff team, with limited use of bank and/or agency staff. Ward based staff are provided with regular supervision and appraisal. Ward based staff have received up-to-date training in all relevant areas. Staff raise and, if necessary, escalate concerns about environmental safety, patient safety or the level of care provided to patients. This includes being asked to work beyond their role, experience and training.
Governance Mechanisms	There are systems in place to: • monitor staff management processes • define lines of accountability and monitor effectiveness • ensure maintenance of safe staffing levels • analyse risks, accidents and adverse incidents, serious adverse incidents, complaints, safeguarding referrals and the effectiveness of protection plans, staff disciplinary matters, whistleblowing, mortality rates, with a focus on learning when things go wrong • effect change to improve safety through analysis of information • communicate information to frontline staff • monitor the implementation of change to improve safety There is a genuinely open culture in which all concerns raised by patients and/or their representatives and staff are taken seriously and acted on. Statistical information on the proper implementation of mental health legislative requirements will be monitored; improper use of the legislation is addressed and plans are put in place to ensure proper adherence.

Positive Patient Experience	Patients and/or their representatives confirm that: • they know how to make a complaint • any complaints made have been responded to appropriately • they know who to talk to if they have concerns about their safety • staff respond quickly when help is needed • detention in accordance with the Mental Health (NI) Order 1986 and associated rights have been explained and understood; they have been facilitated to make application to the Mental Health Review Tribunal

IS CARE EFFECTIVE? The right care is provided, at the right time in the right place with the best outcome	
KEY INDICATOR	**EVIDENCE TO SUPPORT THE DELIVERY OF A PERSON CENTRED SERVICE**
Comprehensive Co-produced Personal Well-Being Plans **Well Designed and Appropriately Resourced Care Pathways and Service Provision**	Patients and/or their representatives are consulted about their individualised needs by the relevant professionals. Personal well-being plans: • are holistic and co-produced in conjunction with the patient and/or their representative • include treatment goals, safety goals, family & social goals, health and lifestyle goals and support recovery and /or maximise health and well-being • are implemented in a way that encourages and promotes patient autonomy, participation and consent There are defined care pathways, with reference to evidence based guidance. There is a weekly ward round, attended by all relevant disciplines. Accurate and detailed records are maintained to confirm decisions agreed at the ward round, the person responsible for implementing agreed actions and the timeframe for implementation. There is a range of care and treatment options which are planned and delivered in line with current evidence based guidance, standards, best practice and legislation. The evaluation of care and treatment provided to patients considers the effectiveness of the interventions in place in producing the best outcome for individual patients; changes are made when and where necessary. Discharge planning commences early in the care pathway and the patient is actively involved; appropriate community support mechanisms have been discussed with patients nearing discharge.
Promotion of autonomy and independence; avoidance of use of	The physical environment is designed to be enabling, and makes use of best practice design guidance relevant to the patient population.

restrictive practices	Whilst ensuring appropriate levels of security, the environment is open and patients experience the least restrictive environment possible. The need for the use of restrictive practices, including deprivation of liberty, restraint and seclusion is based on individualised assessment of need. This assessment indicates that the use of such practices are used proportionately, used only as a last resort and regularly reviewed. Good practice guidance is comprehensively understood and considered in any use of restrictive practices. Human rights are strongly embedded in the culture. Staff actively consider the implications of any care and treatment provided for patients' human rights.
Governance Mechanisms	There are systems in place to monitor: • average length of stay • positive results in delivery of care and treatment measured against the expected outcomes of the care pathway; results are monitored over a period of time • the implementation of required changes and action plans in a timely manner. • patient discharge in accordance with Ministerial targets and Health and Social Care Board Commissioning plans; monitor this performance over a period of time Statistical information on the implementation of mental health legislation is monitored; statistical information on patterns of admission, patterns of detention, improper detention, second opinions, referral to Mental Health Review Tribunal, under 18 admissions to adult inpatient facilities, occupancy and over occupancy, length of stay, is considered and compared with local and national data. Action is taken where necessary.

Positive Patient Experience	Patients and/or their representatives confirm that: • they have the opportunity to meet with staff in all disciplines involved in their care and treatment. • they were provided with enough information to make informed choices about types of care and treatment options available. • they have access to the full range of services they require for their care and treatment. • they are active participants in their care and treatment planning, including discharge planning. • the care and treatment provided is beneficial because they feel better than when they were first admitted to hospital, or are hopeful that they will get better There are advocacy services that can demonstrate improved outcomes for patients.

IS CARE COMPASSIONATE? Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support	
KEY INDICATOR	**EVIDENCE TO SUPPORT THE DELIVERY OF A PERSON CENTRED SERVICE**
Positive Patient Experience	Patients and/or their representatives confirm that: • staff seek consent before each intervention • all appropriate available methods are used to assist with independent decision making prior to someone making a decision on their behalf • they can decide who attends any meetings where decisions are made about care and treatment • staff establish and use their preferred name • staff listen to and respect their views, opinions and preferences and incorporate these in care and treatment planning and delivery • they feel included in care and treatment planning, implementation and evaluation • there are no blanket restrictions; the need for the use of any restrictive practice has been explained clearly and understood • they can refuse treatment if they wish to and this decision is respected • staff respond compassionately to pain, discomfort and/or emotional distress • the need for privacy is respected • family and friends can visit and are active participants in the recovery processes • they can keep in touch with other family and friends by phone • spiritual needs, culture, and values are respected and can be freely expressed • overall they are satisfied with the care and treatment provided Feedback from patients and/or their representatives, and stakeholders is positive about the way staff treat people.
Governance Mechanisms	There are systems in place to: • collect and analyse patient and carer views regarding their care and treatment at various stages of the care pathway • devise and implement action plans to address areas identified for improvement by patients and carers • monitor the overall patient experience

4.2 Compliance Levels

Inspection outcomes will be expressed as levels of compliance in meeting the indicators of safe, effective and compassionate person centred care. There will be three levels of compliance used, which are described in Table 2.

Table 2 – Compliance levels

Compliance Level	Description
MET	The indicators for each key outcome are **ALWAYS EVIDENCED** in documentation reviewed prior to and during inspection Patients and/or their representatives confirm that the indicators for each key outcome are **ALWAYS ACHIEVED** The indicators for each key outcome are **CONSISTENTLY OBSERVED** during the inspection
PARTIALLY MET	The indicators for each key outcome are **EVIDENCED** in documentation reviewed prior to and during inspection but some gaps are noted Patients and/or their representatives confirm that the indicators for each key outcome are **ACHIEVED** but describe some occasions when the indicators are not achieved The indicators for each key outcome are **OBSERVED** during the inspection but there are some infrequent occasions when the indicators were not observed
NOT MET	The indicators for each key outcome are **NOT EVIDENCED OR NOT CONSISTENTLY EVIDENCED** in documentation reviewed prior to and during inspection; significant gaps are noted Patients and/or their representatives confirm that the indicators for each key outcome are **NOT ACHIEVED OR NOT CONSISTENTLY ACHIEVED;** significant gaps in achieving the indicators are reported The indicators for each key outcome are **NOT OBSERVED OR NOT CONSISTENTLY OBSERVED** during the inspection; there are frequent occasions when the indicators were not observed

The compliance level awarded following an inspection will be based on a process of triangulation of information which will include:

- Data analysis & inspection findings- for example, information available to RQIA about the ward, information provided by the HSC Trust and from other sources, such as whistleblowing, or information about serious adverse incidents; the progress made by the ward in

implementing recommendations made following previous inspections; review of documentation during the inspection;
- What patients and their representatives tell us about their experiences; and,
- Observations of practice

Inspectors will review all of the available evidence to make a judgement for the application of a compliance level for each of the three key outcomes.

Evaluation of inspection findings may demonstrate that each of the three areas of data analysis, patient experience and observation may set the evidence in different categories in the compliance level descriptors. In this case the final compliance level for the particular key question will be set at the minimum assessed level. Table 3 sets out an example of this.

Table 3

	Met	Partially Met	Not Met
Data Analysis		X	
Patient Experience		X	
Observation			X
Overall Compliance Level	Not Met		

There may be occasions when inspection findings indicate that formal escalation or enforcement action is required in accordance with RQIA's Escalation and/or Enforcement Policies and Procedures. This includes the issue of Improvement Notices, in accordance with Article 39 of the HPSS (Quality, Improvement & Regulation) (Northern Ireland) Order 2003[9].

RQIA's Escalation and Enforcement policies can be found on our website at www.rqia.org.uk

Where specific issues are identified which could present an immediate and significant risk to the well-being or safety of patients, this will be brought to the attention of Trust staff to allow urgent action to be taken.

If the impact on the quality of care or on patients' experience is significant, then non achievement of a single indicator could lead to an overall compliance level of "not met" for that particular key outcome.

Where any aspect of service provision which is of unacceptably poor quality or where significant failings in the way the service is being run are identified, RQIA may recommend that the DHSSPS take special measures in relation to

[9] HPSS (Quality, Improvement & Regulation) (Northern Ireland) Order 2003

that service (Article 39 HPSS (Quality, Improvement & Regulation) (Northern Ireland) Order 2003)[10].

[10] HPSS (Quality, Improvement & Regulation) (Northern Ireland) Order 2003

4.3 What Happens Next?

Verbal feedback will be provided by the lead inspector at the conclusion of each inspection. The inspector (or inspection team) will reflect on inspection findings and prepare a report. This will be forwarded to the HSC Trust within **28 days of the date of the inspection.**

Any areas for improvement will be identified in the report and the HSC Trust will be asked to submit a plan to RQIA to comprehensively address the issues.

The lead inspector will review the HSC Trust improvement plan. If the improvement plan is accepted, RQIA will notify the HSC Trust in writing within **21 calendar days of receipt of the plan**, and provide confirmation of the date the HSC Trust's update/progress report is next due.

If RQIA consider the improvement plan to be deficient, the HSC Trust will be notified within 21 calendar days and asked to amend the plan accordingly. If the improvement remains deficient after resubmission, RQIA will consider issuing the HSC Trust with an Improvement Notice.

4.4 Factual Accuracy Check

When HSC Trusts receive a copy of the draft report they are invited to provide feedback on its factual accuracy. They can challenge the accuracy and completeness of the evidence on which the compliance levels are based. HSC Trusts have **21 calendar days** to review draft reports for factual accuracy and submit their comments to RQIA.

The Head of Programme or Senior Inspector and Lead Inspector will consider any request from HSC Trusts regarding factual accuracy and provide a response to the HSC Trust within **21 calendar days** of the receipt of the HSC Trust correspondence.

Any factual accuracy comments that are upheld may result in a change to one or more compliance level.

The draft report will be deemed a final report at this stage and will be published on the RQIA website.

Appendix 1 References

Underpinning Legislation, Minimum Standards & Good Practice Guidance

Legislation
Mental Health (Northern Ireland) Order 1986
Human Rights Act 1998
Minimum Standards
The Quality Standards for Health and Social Care (2006)
Good Practice Guidance
Regional Mental Health Care Pathway (2014)
Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (2009)
APCP Regional Child Protection Policy and Procedures (2005)
Adult Safeguarding: Prevention and Protection in Partnership (2015)
Regional Psychological Therapies: Mental Health Services Threshold Criteria (2014)
Accreditation for Inpatient Mental Health Services/Quality Network for Inpatient CAMHs
Reference Guide to Consent for Examination, Treatment or Care (2003)
Condition specific NICE Guidance
Service Framework for Learning Disability (2012)
Health and Social Care Board Commissioning Plans
Quality 2020 A 10 Year Strategy to Protect and Improve Quality in Health & Social Care in Northern Ireland
Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning (2009)
Improving the Patient and Client Experience (2008)
NICE Guidelines CG136: Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services
Improving Dementia Services in Northern Ireland, A regional strategy (2011)
Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services (2005)
Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance (2010)

How to contact RQIA

The Regulation and Quality Improvement Authority
9th Floor,
Riverside Tower,
5 Lanyon Place,
Belfast
BT1 3BT

Tel: 028 9051 7500

Fax: 028 9051 7501

Email: Team.mentalhealth@rqia.org.uk

Web: www.rqia.org.uk