The Regulation and Quality Improvement Authority

Electroconvulsive Therapy (ECT) Suite

Bluestone Unit Craigavon

Southern Health and Social Care Trust

Date of Inspection 8 July 2016

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1.0 Summary of this Inspection

This report provides information on the findings of RQIA of the Electroconvulsive Therapy (ECT) in Bluestone Unit ECT suite following the inspection on 8 July 2016. Bluestone was selected as it is not ECT Accreditation Service (ECTAS) accredited.

For patients residing in the Southern Trust ECT is carried out in the Bluestone Unit of the Craigavon Area Hospital. The Bluestone ECT suite was last inspected on 3 December 2013. The review was based on ECTAS standards which are recognised and endorsed by the Royal College of Psychiatrists. The purpose of ECTAS standards is to assure and improve the quality of the administration of ECT.

Prior to the inspection ECTAS standards were cross referenced to the four domains used by RQIA in inspections in 2016-17 and this report highlights the levels of compliance in relation to safe, effective, compassionate and well led care. RQIA noted a high level of conformity with the ECTAS standards. Improvement was not in the following areas

- The lead nurse should attend the RCP/NALNECT course within 12 months.

- The lead consultant should complete the RCP practical course/competency document within 12 months.

- There should be regular formal meetings between the lead consultant, lead nurse and lead anaesthetist to discuss the ECT service.

Given that the trust has achieved a high level of compliance in relation to ECTAS standards it is encouraged to apply for ECTAS accreditation.

The views of service users who have experienced ECT are obtained separately. At the time of inspection no service user was available for interview.

We would like to thank all staff involved in returning information on ECT to RQIA and those who participated in the inspection process.

This inspection focused on the theme of **Person Centred Care.**
This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

2.0 Inspection Methodology

RQIA agreed a number of Inspection standards based on ECT Accreditation Service (ECTAS) standards.

The standards selected were as follows:

- Policies and Procedures
- Staff induction, training records and rotas
- Review of patient notes and ECT records
- ECT pathway
- Maintenance of equipment records
- Incident records
- Patient experience/ feedback
- Environmental assessment
- Quality of environment
- Patient experience questionnaire

On 10 May 2016 RQIA informed the Southern Trust of the inspection date of 8 July 2016 and forwarded the associated inspection documentation, to enable the trust to complete a self-assessment against the agreed standards.

Return of this self-assessment questionnaire to RQIA was requested by 7 June 2016.

The inspection process included an analysis of the trust's self-assessment documentation, other associated information, and discussions with key staff. These staff included lead consultant, lead consultant anaesthetist, the administering doctor and nurses involved in the administration of ECT. A range of multi-disciplinary records were also examined as part of the inspection process.

The individual's right to privacy, dignity and autonomy, and the patient experience, is central to the work of the MHLD Directorate.
Although patients were not interviewed as part of this review, RQIA sought the views of patients by using an amended ECTAS patient questionnaire which was distributed by the trust to patients following their course of ECT. A separate batch of 40 questionnaires was given to SHSCT for onward distribution to all patients post ECT treatment from April 2016. There was no requirement by RQIA to observe ECT being carried out in each suite.

What the inspectors did:

- Reviewed self assessment documentation sent to RQIA prior to the inspection
- Talked to staff
- Reviewed other documentation on the days of the inspection
- Reviewed the ECT suite progress since the last inspection

3.0 ECT Introduction

Introduction

ECT is a medical procedure in which an electric current is passed briefly through the brain, via electrodes applied to the scalp, to induce generalised seizure activity. The person receiving the treatment is placed under general anaesthetic and muscle relaxants are given to prevent muscle spasms. Repeated treatments induce several molecular and cellular changes in the brain that are believed to stimulate antidepressant mechanisms. Normally ECT is given twice a week up to a maximum of 12 treatments per course of ECT.

ECT is usually provided to patients who have not responded to other treatments and for whom there are no other effective treatments. It is often a life-saving treatment for those who are actively suicidal or refusing food and fluids or who are physically debilitated by depression. Guidelines produced by NICE advises that ECT should be used when other treatments have failed, or in emergency situations.

Depressive disorders continue to be indicated as the diagnostic group who require the majority of ECT courses: treatment resistant mania and, in some circumstances, schizophrenia are occasional indications for treatment with ECT.

There is robust scientific evidence that ECT is medically safe and effective and is sometimes a recurring treatment for the serious psychiatric conditions most commonly for severe depression. Many patients receiving ECT do so voluntarily and provide fully informed consent, based on an understanding of the treatment, the reasons why it is being offered and possible risks and side effects.
In cases where this is not possible, a second opinion of a Part IV doctor is sought from RQIA.

4.0 Follow up on Previous Recommendations

Eight key areas required improvement by SHSCT following inspection on 3 December 2013 these are set out below;

- the trust should implement the integrated care pathway documentation when available
- the trust should consider a designated budget for ECT including training
- the methodology for data collection requires to be reviewed in relation to the compilation of ECT statistics for RQIA accurately every quarter
- the trust should ensure that regular MDT meetings are held in relation to ECT
- the trust should ensure that nursing documentation is consistently and comprehensively completed
- the trusts should ensure that a baseline medical pre-treatment cognitive assessment is undertaken
- the lead nurse should attend RCP training
- the trust should strive to achieve ECTAS accreditation

Action taken by the trust since 3 December 2013

The trust should implement the integrated care pathway documentation when available

The ECT Integrated Care Pathway has been developed and fully implemented. There is evidence of an ECT Policy which outlines individual roles and responsibilities for each member of the MDT involved in the administration of ECT.

The trust should consider a designated budget for ECT including training

There is not a designated budget presently for ECT however there is no difficulty in attending ECT training. Senior managers confirmed to inspectors that access to training and time released to participate in training was not an issue. All staff have attended up to date ECT training, although the lead consultant has not completed the London ECT course.

Training and development plans are in place for all staff involved in the administration of ECT.

The methodology for data collection requires to be reviewed in relation to the compilation of ECT statistics for RQIA accurately every quarter

The methodology for data collection has improved considerably and accurate ECT statistics are now being sent to RQIA on a quarterly basis.

The trust should ensure that regular MDT meetings are held in relation to ECT

No regular meetings take place between the lead consultant, lead nurse and lead anaesthetist to discuss the ECT service. Meetings tend to be held briefly after clinics. More time needs to be set aside on separate occasions in job plans for this to occur. ECT has been on the agenda of Acute Governance meetings with respect to Integrated Care Pathway and other issues. Any adverse incidents are discussed at Acute Governance meetings.

The trust should ensure that nursing documentation is consistently and comprehensively completed

Nursing documentation is completed and recorded fully in an ECT Integrated Care Pathway.

The trust should ensure that a baseline medical pre-treatment cognitive assessment is undertaken

A full mini-mental state is carried out prior to a course of ECT and a 10 point mini-mental state is completed after each treatment. This is recorded in the ECT Integrated Care Pathway.

The lead nurse should attend Royal College of Psychiatrists (RCP) training

The lead nurse has not attended RCP training though there are plans to participate in this.

The trust should strive to achieve ECTAS accreditation

RQIA recommended following the previous inspection that the trust should apply for ECTAS accreditation. It is the view of RQIA that the trust is in a state of readiness and that all the ECTAS standards selected by RQIA have been adhered to regarding the administration of ECT.

5.0 The Four Stakeholder Outcomes, and What We Found

5.1 Is Care Safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Examples of Evidence:

- ✓ The Bluestone ECT suite is a purpose built ECT suite which is of adequate size and spacious for beds and equipment. There is access to a telephone. A work surface is available for staff to document records.
- ✓ Conversations in the treatment room cannot be heard in the waiting room area as there are 2 doors between these areas. In the middle area there are toilet facilities for patient use. Staff have access to the recovery room through double doors or via the telephone.
- ✓ The recovery area can facilitate 6 patients and leads out into a corridor for the patient to leave and return to the ward.
- ✓ All clinic staff involved in the administration of ECT have appropriate induction and training including basic life support techniques.
- ✓ Up to date protocols for the management of cardiac arrest, malignant hyperthermia and anaphylaxis are displayed in the treatment room. In addition a protocol for management of status epilepticus is clearly visible.
- ✓ There is a fully equipped emergency trolley with resuscitation equipment and drugs available as agreed with the ECT consultant anaesthetist. Since last RQIA inspection there are now five crash trolleys available within the Bluestone Unit. This is in keeping with N.I. Resuscitation Council Standards. A manual defibrillator is also present in the ECT suite.
- ✓ There is a named lead consultant anaesthetist who took up this role in November 2013 following the retirement of the previous lead anaesthetist for ECT.
- ✓ There is one dedicated session every fortnight in the lead anaesthetic consultant job plan.
- ✓ Anaesthesia is administered by a consultant anaesthetist. Most ECT sessions are covered by consultant anaesthetists with dedicated ECT

sessions within their job plan. There is also a pool of consultants who will regularly cover ECT when annual/study leave requires additional cover.

- ✓ The following staff are available: ECT lead nurse (band 7) in treatment area, band 5, band 6 and band 7 nurse who have ILS training in Recovery Area. A trained member of staff accompanies the patient from the ward and remains with the patient until they return from the ward. The number of staff in the recovery area exceeds the number of unconscious patients by one. All clinical staff are also trained in Basic Life support (BLS). There is a trained anaesthetist nurse during treatment and recovery whose has sole responsibility to assist the anaesthetist during the procedure.

- ✓ A consultant psychiatrist or trust psychiatrist with suitable training is available in the clinic as per RCP competency document. There is regular communication between the consultant psychiatrist and trust grade psychiatrist.

- ✓ All junior medical and nursing staff have training in at least BLS. At induction the lead ECT consultant presents a tutorial on policies and procedures and legal frameworks including Mental Health (NI) Order 1986 (MHO) and capacity to consent.

- ✓ Training takes place every 4 months for junior doctors and six monthly for specialty Trainees. Nursing staff have training In MHO and a number of nursing staff have the completed the Clinical Education Centre (CEC) ECT Course. There is no unsupervised administration of ECT by junior doctors.

- ✓ All consultant anaesthetists have experience and training prior to new appointment of anaesthetic ECT lead. Any consultants not familiar with ECT have a consultant session with an experienced ECT anaesthetist before administering anaesthetics in ECT. The operational policy for ECT for Southern Trust is being updated currently.

- ✓ There is at least one trained nurse in the treatment room, at least one trained nurse in the recovery area, one experienced anaesthetist present during treatment and recovery and at least one suitably trained psychiatrist present during treatment.

- ✓ The treatment area has the capacity to administer both unilateral and bilateral ECT and records of doses/current given including titration doses are kept on the Care Pathway records and the PARIS electronic records information system. The seizure length is monitored by direct

observation using a stopwatch and by EEG 5 lead monitoring. Length of seizure is recorded on both Care Pathway documentation and PARIS system.

- ✓ Patients are fully monitored/ supported immediately after ECT. The recovery Nurse is competent in caring for the unconscious patient is able to use aspiration/suction equipment, resuscitation procedures (BLS/ILS) and will inform the anaesthetist if any cause for concern.
- ✓ The ECT consultant remains in the ECT suite until all patients recover full consciousness and are physiologically stable. Junior medical staff remain after this if requested/required by Nursing staff.
- ✓ There were no adverse incidents reported since the last inspection in 2013.

Area(s) for Improvement:

- X It is recommended that the lead nurse attends the RCP ECT course.
- X The Operational policy for ECT for Southern Trust requires to be updated.

5.2 Is Care Effective?

The right care, at the right time in the right place with the best outcome.

Examples of Evidence:

- ✓ The ECT machines (Spectrum 5000M) are checked annually according to manufacturer's guidance and Biomedical engineer can be contacted if equipment is not functioning.
- ✓ The equipment is checked prior to the ECT session, is maintained in accordance with manufacturers instructions. Required drugs are in stock and all other equipment/stock is available.
- ✓ The ECT nurse is responsible for ordering/stocking drugs and all other equipment and supplies.
- ✓ The ECT machine is capable of providing stimuli according to the current guidelines and has stimulus settings that may be altered easily and quickly. There are two channel EEG monitoring facilities available.
- ✓ The consultant psychiatrist has the administration of ECT written into his job plan and completes annual appraisal. The consultant has recently updated the ECT protocol and implemented the Care Pathway which has been circulated to and now used by his peers. The ECT consultant psychiatrist always links in with prescribing psychiatrist before treatment and during course of treatment if there are any pertinent issues. Although the consultant has not completed the RCP practical course/competency document he has extensive experience in the administration of ECT.
- ✓ The lead psychiatrist is covered in their absence by a suitably competent psychiatrist. A consultant colleague covers lead consultant absence – an experienced trust grade doctor attends the clinic one session per week ECT is administered by a small cohort of experienced psychiatrists who regularly attend the ECT clinic.
- ✓ All trainees attend an induction session on ECT and are familiarised with clinic lay out on first session attending. They all directly observe ECT on at least one occasion before administrating under supervision. They are directly supervised by a consultant or nominated deputy. They are currently not allowed to administer ECT unsupervised if trainees are early in their training – however if an experienced trainee were to attend clinic, they would be supervised by consultant at least three times before unsupervised administration of ECT.

- ✓ The consultant has previously received formal training by another competent consultant. Care pathway documentation/ ECT record is reviewed at least once a week during course of ECT.
- ✓ The ECT lead psychiatrist is experienced in administration of both unilateral and bilateral ECT and equipment is available in clinic to facilitate this including electrodes suitable for unilateral ECT.
- ✓ The patient's orientation and memory is assessed before, after the first ECT treatment and re-assessed at intervals throughout the course of ECT using a standardised cognitive assessment tool. This is recorded on care pathway/PARIS system and questionnaires. Psychiatrists at follow up clinics are requested to complete CGI at 3 months.

Area(s) for Improvement:

- X The lead consultant should complete the RCP practical course/competency document within 6 months.

5.3 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.

Examples of Evidence:

- ✓ The ECT waiting room is comfortable and large enough to accommodate the throughput of patients. It has access to toilet facilities and patients waiting for ECT cannot see into the treatment area whilst treatment is taking place. Patients waiting for treatment are not in the same area as patients in post recovery.
- ✓ The post ECT waiting area has provisions for refreshments for patients and provides a relaxed environment. The patient is offered something to drink and eat before they are discharged from the ECT suite. This is usually facilitated back on the wards which are in close proximity to the ECT suite.
- ✓ The information leaflet for patients and families contains very helpful information on ECT including risks, side effects and consent.

Area(s) for Improvement: None identified

5.4 Is The Service Well Led?

Effective leadership, management and governance which creates a culture focused on the needs and experiences of patients in order to deliver safe, effective and compassionate care.

Examples of Evidence:

- ✓ There is no dedicated budget and there is no recurrent training budgets for any services. The consultant lead psychiatrist attended the Royal College of Psychiatrists training day in November 2015. This is incorporated into CPD. The consultant psychiatrist and lead nurse attend Northern Ireland ECT forum when other clinical commitments allow. The lead consultant also attends the special interest group of other consultants in Northern Ireland responsible for ECT.
- ✓ The lead consultant, anaesthetist and nurse regularly correspond by email and are present most Tuesday clinics when they can discuss any ECT clinic issues.
- ✓ The ECT consultant/ ECT lead nurse ensures that patients receive the patient experience questionnaire following their course of ECT and requests that the patient returns it to RQIA.
- ✓ ECT has been on agenda of Acute Governance meeting with respect to the Integrated Care Pathway and other issues. Any adverse incidents are discussed at Acute Governance Meetings.
- ✓ ECT teaching has been incorporated into academic programme and Care Pathway discussed.
- ✓ Policies relating to ECT are reviewed at least once every two years. The policy has very recently been updated following meeting with lead nurse, Anaesthetist and ECT consultant
- ✓ Audits are carried out to inform service improvement. Data returns are completed for RQIA on quarterly basis.

Area(s) for Improvement:

- X There should be regular formal meetings between the lead consultant, lead nurse and lead anaesthetist to discuss the ECT service.

6.0 Conclusion and Next Steps

This is a report on the findings of RQIA following an inspection in Bluestone Unit, Craigavon Hospital on the administration of ECT using ECTAS standards on 8 July 2016. The following areas of improvement were identified;

- The lead nurse should attend the RCP/NALNECT course within 12 months.

- The lead consultant should complete the RCP practical course/competency document within 12 months.

- There should be regular formal meetings between the lead consultant, lead nurse and lead anaesthetist to discuss the ECT service.

Following a factual accuracy check by the trust this report will be published on RQIA website.

RQIA will:

- publish the findings of this inspection report on the RQIA website

- encourage the trust to sign up to ECTAS

- continue to gather the return of information quarterly on the administration of ECT from the trusts in order to monitor trends and any emerging issues or themes

- facilitate patients with a copy of the RQIA patient questionnaire to complete and return this to RQIA in the SAE, following their period of treatment so that RQIA can monitor the quality of the patient experience

- provide a separate report of findings of patient experience from their analysis of patient questionnaires annually