The Regulation and Quality Improvement Authority

Electroconvulsive Therapy (ECT) Suite

Omagh Hospital & Primary Care Complex

Western Health and Social Care Trust

Date of Inspection: 25 August 2017

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www.rqia.org.uk

npm national preventive mechanism

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1.0 Summary of this Inspection

This report presents the findings of an inspection of the Electroconvulsive Therapy (ECT) suite in Omagh Hospital and Primary Care Complex on 25 August 2017.
Normally, ECT is given twice a week up to a maximum of 12 treatments per course of ECT. For patients who reside in the southern sector of the Western Trust, ECT is carried out in the Day Procedures Unit (DPU) every Tuesday and Friday mornings. If a patient has complex needs they are referred to the Altnagelvin Suite. This ECT suite was opened in June 2017. The service was previously delivered in the Tyrone County Hospital. One recommendation was made for improvement following the last inspection on 5 July 2016.

RQIA used ECTAS standards which are recognised and endorsed by the Royal College of Psychiatrists, to validate our inspection prove the quality of the administration of ECT.

RQIA cross referenced ECTAS standards to the four domains used by RQIA in inspections in 2016-17.

This report highlights our findings in relation to safe, effective, compassionate care and the leadership of this service. The operational policy relating to ECT requires to be approved by the trust. Nurse training requires to be completed to ensure additional nurses can be included in the ECT rota.
RQIA noted a high level of achievement with the ECTAS standards.

Given that the Trust has achieved such a high level of compliance, RQIA strongly encourages the Western Trust to apply for ECTAS accreditation.

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.

2.0 Inspection Methodology

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 on their specific needs and choices.

RQIA agreed a number of inspection standards based on ECT Accreditation Service (ECTAS) standards which can be found here.

The main 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

What the inspector(s) did:

- Reviewed the safety, quality and effectiveness of the ECT suite and if patients were treated compassionately.
- Spoke with staff
- Reviewed other relevant documentation on the days of the inspection
- Reviewed the progress made in the administration of ECT since the last inspection

The Western Trust were informed of the date of inspection, 25 August 2017 and forwarded the standards we would be using for inspection.

The inspection process included a review of the new suite, the ECT care pathway documentation and associated information, as well as discussions with key staff. Staff included the lead consultant psychiatrist, lead consultant anaesthetist, speciality doctor, lead theatre nurse and nurses involved in the administration of ECT. A range of multi-disciplinary records were also examined as part of the inspection process.

Patients could not be interviewed as part of this inspection. RQIA sought patients' views by using a questionnaire, developed with ECT leads across the five trusts, distributed to patients following their course of ECT.

3.0 The Four Stakeholder Outcomes, and What We Found

3.1 Is Care Safe?

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

Examples of Evidence:

- ✓ Stage 1 recovery is a large area immediately adjacent to theatre and fully equipped. It has a doorway large enough to admit a trolley and is able to accommodate the throughput of patients lying on trolleys with additional space to allow room for manoeuvre.
- ✓ Stage 2 recovery is a small ward area. Patients are normally nursed in a side room or 2-bedded room and nursed separately from any other theatre and endoscopy patients.
- ✓ All clinic staff involved in the administration of ECT have appropriate induction including basic life support techniques.
- ✓ Up to date protocols for the management of cardiac arrest, anaphylaxis and malignant hyperthermia are prominently displayed.
- ✓ There is a fully equipped emergency trolley with resuscitation equipment, drugs as agreed with the ECT anaesthetist or pharmacy and a defibrillator. Paediatric and adult trolley are available in second stage recovery.
- ✓ There is no specific ECT staff office. ECT staff use a hub area, on the main corridor, which has a telephone and computer. Staff can also use the nursing sister's office as required.
- ✓ The lead nurse is a named ECT nurse who has dedicated sessional time and has been assessed as competent to carry out the required role. She has undertaken relevant Trust-wide training for ECT and has appropriate clinical and ECT experience. She is trained in ILS and assumes responsibility for management of the clinic and care of the patients.
- ✓ All staff within the suite receive ILS (intermediate life support) every 2 years and basic airway and breathing on the alternate years. The anaesthetist has advanced life support (ALS) training. The psychiatry staff receive ILS refresher training every year, as per trust protocol. There is always one person competent in CPR for every unconscious patient. The number of staff in the recovery area exceeds the number of unconscious patients by at least one.
- ✓ The consultant anaesthetist has dedicated sessional time devoted to direct clinical care in the provision of anaesthesia for ECT and ensures that appropriate audits are undertaken.
- ✓ The anaesthetist remains onsite until the patient meets the discharge criteria to exit stage one recovery, and checks patient is recovering well in stage two recovery.

- ✓ During ECT a full theatre team is supplied by day procedure Primary Care complex (3 trained nurses) for the duration of the treatment and the first stage recovery.
- ✓ Second stage recovery is staffed by the Omagh Primary Care Hospital staff, with one member of trained staff per patient and supported by the staff in DPU if back-up is required. If an emergency should happen then a crash call can be placed and this will be responded to by the nurse led team in Omagh Primary Care Hospital in which the leads are ALS(Advanced Life Support) trained.
- ✓ The ECT is delivered usually by the lead psychiatrist for ECT. Another speciality consultant psychiatrist, who is suitably trained, deputises for the lead consultant psychiatrist when he is on leave.
- ✓ There is at least one trained nurse in the treatment room, at least one trained nurse in the recovery area.
- ✓ In the event of a patient being assessed as too complex or unwell to have ECT within the Omagh Hospital and Primary Care Complex, it is undertaken in Altnagelvin Area Hospital.
- ✓ ECT nurses receive training via the CEC. The lead nurse attends the relevant courses, or is enabled to do so by the Trust as part of her role. The service leads are involved in the regional ECT forum.
- ✓ The clinical notes are conveyed along with the ECT care pathway including consent documentation and any relevant MHO documentation. Valid consent is documented in the care pathway along with consideration of capacity. The care pathway contains a specific section for communication between ward and ECT teams. Stimulus dosing is used following a standardised protocol.
- ✓ A fully trained theatre nurse from day procedure is responsible for the unconscious patient, and is able to spot signs of deterioration and use aspiration/suction equipment, inform the anaesthetist and perform BLS. They ensure the patient awakes appropriately and meets the discharge criteria to exit stage one recovery and move to second stage recovery. The escort nurse follows the patient through their treatment to ensure they have a familiar face/voice on awakening.
- ✓ There were no adverse incidents reported since the last inspection on 5 July 2016.

Area for Improvement: None identified.

3.2 Is Care Effective?

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

Examples of Evidence:

- ✓ The ECT nurse checks the function of the machine using a dose prior to beginning any ECT treatment. This is recorded in a log book which is kept with the primary ECT machine. Drugs are re-ordered through the theatres restocking process as per their standard procedures. The disposable equipment relevant to the ECT machine such as EEG electrode pads, gel, paste are ordered and stocked by the nurse leading each treatment.
- ✓ 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 ECT machines in use are two Spectra SpECTrum 5000M ECT machines, both with dual channel EEG monitoring. They deliver stimuli as per the guidance. The backup device was recently replaced as it had only single channel EEG. Both machines are functionally identical to ensure that should the backup be needed there is no need to familiarise staff with a different machine. The stimulus settings may be altered easily and quickly by the turning of a single rotating switch.
- ✓ There is direct supervision, any trainees giving ECT, examination of charts and workplace based assessments are used for formative feedback. Treatment charts are examined by the administering doctors at each treatment.
- ✓ The lead consultant psychiatrist has dedicated time for ECT on treatment days and time for CPD related to ECT. He has undergone appraisal, a cycle of revalidation and is assessed as competent to carry out the role in accordance with the RCPsych standards. The consultant psychiatrist arranged a NI training day to ensure other staff had the competencies completed. He is chair of the RCPsych in NI ECT Consultants' group. He developed the WHSCT ECT care pathway and policy including protocols, and is present for most ECT sessions.
- ✓ The lead consultant psychiatrist's absence is covered by a suitably competent consultant psychiatrist.
- ✓ There is clear management within the nursing line, the medical line and the DPU. The same DPU staff work in the ECT clinic. The pool of staff is small and they work in the ECT suite most of the time. The medical staff work on a rota.,
- ✓ 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 as per patient pathway.

Area(s) for Improvement: none identified.

Area(s) of Good Practice:

The Trust psychiatry department led on the completion of a retrospective audit of all patients who received ECT from 21 December 2015 – 31 June 2016, due to a potential quality concern with the completion of the full ECT integrated care pathway. This led to 2 recommendations for improvement which are now in place as follows;

- ✓ Recording in notes if patient refuses to have an assessment or take part in an interview
- ✓ The service nurse booking a cognitive assessment, 3 and 6 months post treatment

3.3 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:

- ✓ Patients for ECT are looked after in side-rooms or bays within the day procedure ward area which are well away from the treatment area.
- ✓ The transport arranges are in place for patients to arrive to the DPU around 8.50am to allow for the last few checks before going into theatre to reduce the waiting time, every effort is made that the pre and post patients don't see each other once the treatment commences.
- ✓ The ECT waiting room has 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.
- ✓ Water is available from the kitchen and tea and toast is provided at the bedside. Magazines are available while they wait.

Area(s) for Improvement: none identified

RQIA receive anonymous patient experience questionnaires from the Trust. As they do not identify patients it is difficult to indicate the specific patient experience in WHSCT. The WHSCT ask patients to complete the questionnaire in full before they leave the ward.

Regulation and Quality Improvement Authority is of the view that the patient experience questionnaire is too long and not user friendly. In order to report on the views of patients, RQIA will, with the five trusts, the Royal College of Psychiatrists and ECT service users, revise the format of the questionnaire before December 2017.

3.4 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:

- ✓ The training needs of ECT clinic staff are formally assessed and there is a budget for training related to ECT. There is evidence that staff keep up to date with best practice and latest information. ECT staff attend appropriate training and conference events. There is evidence that training is incorporated into their continuing professional development plans. An excellent mannequin was purchased to facilitate training, at a high cost. RQIA suggest that the Trust offer this tool for training staff, regionally.
- ✓ Patient experience questionnaires are distributed via the ward or via the ECT consultant. The ECT lead nurse ensures all wards have a stock of questionnaires which are provided to the patients following their treatment.
- ✓ The ECT consultant has a standard procedure for accurately recording information on the administration of ECT for prompt onward transmission to RQIA on a quarterly basis.
- ✓ Information is recorded in the care pathway, and will be captured using the RQIA Audit Sheet. The ECT patients are identified using the EPEX IT system, which has a specific search to allow easy identification of ECT patients.
- ✓ There is a trust-wide ECT group which meets with the Omagh staff regularly, as well as attending the regional forum.
- ✓ The ECT Team and senior management within the Trust meet to address budget issues, training needs, development of the service, quality improvement, safety issues and any adverse incidents/near misses.
- ✓ Academic teaching and training sessions are held regularly for all ECT clinical staff and the referring clinical teams to attend.
- ✓ Regular theatre audits are carried out to inform service improvement. ECT audit figures are fed back to RQIA for our annual report.
- ✓ There are teaching programmes for ECT in Psychiatry but not for Anaesthetics.

Area(s) for Improvement:

Two areas for improvement have been identified as a result of this inspection:

- X All ECT nurses require 1 day ECT update training
- X The operational policy for ECT is in draft form and therefore requires to be reviewed and updated for staff.

4.0 Conclusion

The WHSCT is delivering a safe, effective, compassionate and well led ECT service. The quality of the ECT environment is excellent and the training tool they have procured to train staff could be used for regional training purposes. RQIA would urge the Trust to share this helpful training resource with other colleagues involved in ECT administration regionally.

Following this inspection two areas were identified for improvement.

The two areas for improvement identified during this inspection are detailed in the quality improvement placen (QIP). Details of the QIP were discussed at the conclusion of the inspection as part of the inspection process. The timescales commence from the date of inspection.

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.

4.1 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 provider compliance plan to Team.MentalHealth@rqia.org.uk for assessment by the inspector by 20 October 2017.

Quality Improvement Plan **Omagh Hospital and Primary Care Complex**	
The responsible person must ensure the following findings are addressed:	
Area for Improvement No. 1 **Stated:** First time **To be completed by:** 28 February 2017	All ECT nurses require 1 day ECT update training. There are five nurses who have received their 2 day training in ECT these nurses have not completed their portfolios and a minimum of 10 ECT sessions with trained staff to be included on the ECT rota.
	Response by responsible person detailing the actions taken:
Area for Improvement No. 2 **Stated:** First time **To be completed by:** 30 November 2017	The operational policy for ECT is in draft form and therefore requires to be reviewed and updated for staff.
	Response by responsible person detailing the actions taken:

Name of person(s) completing the provider compliance plan			
Signature of person(s) completing the provider compliance plan		**Date completed**	
Name of responsible person approving the provider compliance plan			
Signature of responsible person approving the provider compliance		**Date approved**	

plan			
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	