

Unannounced Follow Up Inspection Report 20 – 21 November 2017



**Bronte Ward
Mental Health Acute Admissions Ward
Bluestone Unit
Craigavon Area Hospital
68 Lurgan Road
Portadown BT63 5QQ
Tel No: 028 38366770
Inspector: Wendy McGregor**

www.rgia.org.uk

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

Bronte is an 18 bedded admission ward in the Bluestone Unit on the Craigavon Area Hospital site. The ward provides care for patients with a mental illness who require assessment and treatment in an inpatient setting. The main entrance door to the ward is locked and access is controlled by ward staff.

The ward's multidisciplinary team (MDT) consists of nursing staff and health care assistants, three consultant psychiatrists, (one for each catchment area within Craigavon and Banbridge) and an occupational therapist (OT). Patients on the ward have access to a clinical psychologist. The ward social worker post was vacant however interim arrangements were in place to ensure there was social work cover from the other Bluestone social work team until the post is replaced. The ward is further supported by mental health community teams including the crisis response and home treatment team.

On the days of the inspection the ward there were 17 patients on the ward. Eight patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986. One patient was admitted to the acute general hospital for physical health concerns. Two patients were receiving enhanced one to one support from nursing staff.

3.0 Service details

Responsible person: Francis Rice	Ward Manager: Chris Higgins
Person in charge at the time of inspection: Chris Higgins	

4.0 Inspection summary

An unannounced follow-up inspection took place on 20 – 21 November 2017.

The inspector noted that the ward had made improvements from the previous inspection on 18 – 20 October 2016.

The quality of the care documentation recorded on the patient electronic information system (PARIS) had improved. Senior staff nurses were auditing the care records every week and junior doctors had received training in the use of the PARIS system and were now recording relevant and up to date information. The inspector noted that since the last inspection a cupboard had been installed for the safe storage of patient's mobile phones.

Two areas for improvement were restated for a second time these were in relation to a high number of incidents that were open on the incident recording system (DATIX) and televisions had not been encased in cabinets as directed in the ward's previous ligature risk assessment.

The inspector noted that some progress had been made toward adding the physical intervention (RI) form onto the DATIX system. It has been agreed that this will be introduced Trust wide and

not just within the Mental Health and Disability Directorate. Senior trust management stated that it was currently being updated by the Trust Information Technology team. The ward manager will inform RQIA of the progress made in relation to this area in three months.

The inspector spoke to five patients and one carer.

Patients and carer Views

All patients stated they felt safe and secure on the ward. Those patients who had experienced any restrictive interventions stated they were informed of the reason why the restriction was required. All patients said they were aware of their right to make a complaint and to access advocacy services. Patients who were detained informed the inspector they understood their right to a referral to the Mental Health Review Tribunal.

An issue was raised regarding an exit door as the door's locking mechanism was not secure, and patients have been able to force it open and have went absent. This was addressed with Trust senior management, who informed the inspector that issues with damaged doors and locking mechanisms was ongoing within the Bluestone Unit and doors were replaced when required.

All patients said that care was compassionate and they were treated with dignity and respect and their privacy was always maintained. One patient said they made an informal complaint to the ward manager when a staff member did not attend quickly enough to them when they were distressed. However the patient stated that it was managed well and they were reassured that the issue was addressed.

Patients said that the name of their nurse for one to one time was displayed every day; however they were not always aware of what this nurse looked like. The inspector spoke to the ward manager about this. The ward manager agreed to share this issue with staff.

Patients said they felt their care and treatment was effective and that their mental health had improved since they were admitted to the ward. Patients said there was not enough activities on the ward. This was discussed with senior trust staff and the ward manager who confirmed that they were reviewing this and will be introducing more open group type activities in the Ferns resource centre, which is a therapeutic space located in the Bluestone unit. One patient confirmed they found going to the Wellness Action Recovery Plan (WRAP) group very beneficial and was helping them toward discharge and recovery.

All patients said the ward was well managed, however all patients said there was not enough nursing staff. Two patients highlighted they did not know who their doctor was. The ward manager stated the previous consultant psychiatrist had been replaced last week, and the structure of the medical team had changed so the new consultants did not have a chance to introduce themselves to the patients. Consultants had planned to introduce themselves to patients this week at the ward round.

Patient comments included:

"I feel very comfortable with my consultant psychiatrist; they help me feel so relaxed and this helps with the flow of the conversation."

“The ward is understaffed.”

“They are the best of nurses, however I feel they are very unappreciated by other patients.”

“There should be more activities. When the OT is not here, they should put something in place.”

“The staff are very kind and caring.”

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	2
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The two areas for improvement comprise:

- two restated for a second time.

These are detailed in the Provider Compliance Plan (PCP).

Areas for improvement and details of the PCP were discussed with senior trust representatives, members of the multi-disciplinary team, the ward manager and ward 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:

- Care Documentation in relation to three patients.
- Care documentation audits.
- Ward environment.
- Staff rota.
- Information in relation to incidents and accidents.
- Estates works plan information.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced inspection 18 – 20 October 2016

The most recent inspection of Bronte Ward was an unannounced inspection. The completed PCP was returned and approved by the responsible inspector. This PCP was validated by inspectors during this inspection.

Areas for Improvement		Validation of Compliance
Number/Area 1 Ref: Standard 5.3.1 (a) Stated: First Time	Two sets of patient records reviewed by inspectors on the Trust's PARIS patient information system were not accurate.	Met
	Action taken as confirmed during the inspection: The inspector reviewed three sets of patient records on the Trust's patient electronic recording system (PARIS). This included documentation completed on admission, assessments of needs, risk assessments and management plans, care and treatment plans and case notes (progress notes). The information recorded was accurate and up to date.	
Number/Area 2 Ref: Standard 5.3.1 (f) Stated: First Time	A number of incidents which had taken place on the ward during the previous year had not been closed.	Not Met
	Action taken as confirmed during the inspection: The inspector reviewed the incidents recording system (DATIX). 94 incidents remain open dating back to 26 July 2016. The ward manager will inform the inspector in 3 months of progress made toward addressing this matter.	

Number/Area 3 Ref: Standard 5.3.1 (e) Stated: First Time	<p>The ward's televisions had not been encased in cabinets as directed in the ward's previous ligature risk assessment.</p>	<p style="text-align: center;">Not Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector observed the ward environment. The ward's televisions had not been encased in cabinets. There was evidence that this had been referred to the Trust Estates Department and it has been placed on a work plan for the four other wards in Bluestone that do not have their televisions encased. This has been highlighted as a risk and remains on the ligature risk assessment. Measures have been put in place in the interim to manage the risk.</p>	
Number/Area 4 Ref: Standard 5.3.3 (d) Stated: First	<p>Upon commencement of their post within the ward junior doctors require training in using the Trust's PARIS patient information system.</p>	<p style="text-align: center;">Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector spoke to medical staff and the ward manager. Training on the use of the patient electronic recording system (PARIS) is included in staff induction. The ward manager stated there were no issues noted in relation to junior staff recording on the PARIS system. The three sets of records reviewed evidenced that junior doctors were recording up to date information.</p>	
Number/Area 5 Ref: Standard 5.3.1 (f) Stated: First	<p>Patient risk assessments retained on the PARIS system should be regularly audited.</p>	<p style="text-align: center;">Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed risk assessments in relation to three patients. Risk assessments were reviewed and updated every week at the ward round. An audit of records was also reviewed by the inspector and there was evidence that senior</p>	

	nursing team were auditing patient care documentation which included risk assessments every week.	
Number/Area 6 Ref: Standard 5.3.1 (a) Stated: First	Case summaries should be provided for each patient to ensure staff can access information succinctly and quickly.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the care documentation in relation to three patients and a further three case summaries. Patient case summaries were completed on admission to the ward by the junior / admitting doctor. Case summaries reviewed included a summary of the patient's history and the reason for the admission.	
Number/Area 7 Ref: Standard 5.3.1 (f) Stated: First	The quality and quantity of records retained on the Trusts PARIS system require ongoing and continuous review.	Met
	Action taken as confirmed during the inspection: The inspector reviewed care records in relation to three patients. An audit of care records was also reviewed. Care records were audited every week by senior nursing staff on the ward. Any themes identified from this review were shared with relevant staff, discussed at the staff meetings and also displayed on the notice board in the nursing office. Any deficiencies in the care records were addressed with the staff member who had completed the record. Care records reviewed evidenced that records retained on the PARIS system were relevant and up to date. Care and treatment plans and risk assessments were reviewed every week and were noted to be up to date. The ward manager informed the inspector that they plan to set up a working group to specifically review care plans and their content. This group will be led	

	by a senior nurse and include two staff nurses who will become “care plan champions”.	
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7.0 Provider Compliance Plan

Areas for improvement identified during this inspection are detailed in the provider compliance plan (PCP). Details of the PCP were discussed with senior trust representatives, members of the multi-disciplinary team, ward manager, and ward staff 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 PCP 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 provider compliance plan 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 via web portal.

Provider Compliance 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: 22 February 2018</p>	<p>A number of incidents which had taken place on the ward during the previous year had not been closed.</p>
	<p>Response by responsible individual detailing the actions taken:</p> <p>Protected time is being allocated to the Ward Manager and Senior Staff Nurses to review the backlog of outstanding incidents. This will allow the Ward Manager and Senior Staff Nurses to be supernumerary, free from distraction and able to focus on the review of incidents for closure.</p> <p>It will be part of the ongoing allocated duties for the Ward Manager and Senior Staff Nurses to ensure all incidents are checked, reviewed and closed on a weekly basis to prevent a further accumulation of outstanding incidents awaiting review. This will ensure that the number of outstanding incidents are managed with early identification of any potential backlogs and allow prioritisation to be given to the prevention of same.</p>
<p>Area for Improvement No. 2</p> <p>Ref Standard: 5.3.1 (e)</p> <p>Stated: Second time</p> <p>To be completed by: 22 February 2018</p>	<p>The ward's televisions had not been encased in cabinets as directed in the ward's previous ligature risk assessment.</p>
	<p>Response by responsible individual detailing the actions taken:</p> <p>This works request has been escalated from senior management to the Estates team for all televisions across all the wards within the Bluestone Unit. Costing and design has been undertaken by the Estates department. This has been submitted to the Director by the Head of Service for funding approval.</p>

Name of person (s) completing the PCP	Christopher Higgins, Ward Manager, Bronte Ward		
Signature of person (s) completing the PCP	Christopher Higgins	Date completed	18/12/2017
Name of responsible person approving the PCP	Adrian Corrigan, Assistant Director of Mental Health		
Signature of responsible person approving the PCP	Adrian Corrigan	Date approved	09/01/2018

Name of RQIA inspector assessing response	Wendy McGregor		
Signature of RQIA inspector assessing response	Wendy McGregor	Date approved	17 January 2018

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