



The **Regulation** and
Quality Improvement
Authority

Mental Health Inpatient Unit
Downe Hospital
South Eastern Health & Social Care
Trust
Unannounced Inspection Report
Date of inspection: 2 June 2015



informing and improving health and social care
www.rqia.org.uk

Ward address: Mental Health Inpatient Unit,
Downe Hospital,
2 Struell Wells,
Downpatrick, BT30 6RL

Ward Manager: Neil Morgan

Telephone No: 028 44 613311

E-mail: team.mentalhealth@rqia.org.uk

RQIA Inspector and lay assessor: Wendy McGregor & Alan Craig

Telephone No: 028 90 517500

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.

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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 programmes of inspection, review and monitoring of mental health legislation focus on three specific and important questions:

Is Care Safe?

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

Is Care Effective?

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

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

2.0 Purpose and Aim of this Inspection

To review the ward's progress in relation to recommendations made following previous inspections.

To meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable, safe and predictable environment.

To evaluate the type and quality of communication, interaction and care practice during a direct observation using a Quality of interaction Schedule (QUIS).

2.1 What happens on inspection

What did the inspector do:

- reviewed the quality improvement plan sent to RQIA by the Trust following the last inspection(s)
- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- looked at different types of documentation

What did the lay assessor do:

- talked to patients, carers and staff

At the end of the inspection the inspector:

- discussed the inspection findings with staff
- agreed any improvements that are required

After the inspection the ward staff will:

- send an improvement plan to RQIA to describe the actions they will take to make any necessary improvements

3.0 About the ward

Mental Health Inpatient Care Unit (MHIPU) is a 25 bedded mental health acute admission ward situated within the Downe Hospital. The ward is a mixed adult ward and can accommodate patients from the age of 18 years. On the day of the inspection there were 24 patients on the ward; four patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

The ward's multidisciplinary team consists of nursing; occupational therapy; social work; medical and psychiatry staff and members of the allied health professions. Advocacy services are available on the ward weekly for patients and their families. The person in charge of the ward on the day of the inspection was the ward manager.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 11 & 12 November 2014 were assessed during this inspection. There were a total of three recommendations made following the last inspection.

It was good to note that all of the recommendations had been implemented in full. These were in relation to trust policies and procedures, the patient electronic recording system (MAXIMS) and the ward's gym equipment.

The lay assessor met with six patients on the ward. Patients spoke positively about their care and treatment and stated they were treated with dignity and respect. Patients commented positively on the activities provided by the occupational therapy staff on the ward.

The ward environment was observed to be fit for purpose and delivered a relaxed and safe environment. The ward was clean, well maintained and comfortable. Patients had their own bedrooms and en-suite facilities. Information was available for patients in relation to Human Rights; the Mental Health (Northern Ireland) Order 1986; how to make a complaint and advocacy services.

4.1 Implementation of Recommendations

One recommendation which relates to the key question “**Is Care Safe?**” was made following the inspection undertaken on 11 & 12 November 2014

This recommendation concerned out of date policies and procedures.

The inspector was pleased to note that one recommendation had been fully implemented. The trust had implemented a programme for updating all relevant trust policies and procedures. Trust policies and procedures had been reviewed and were either completed and up to date or reviewed and out for consultation.

Two recommendations which relate to the key question “**Is Care Effective?**” were made following the inspection undertaken on 11 & 12 November 2014.

These recommendations concerned a review of the patient electronic recording system (MAXIMS) and broken gym equipment.

The inspector was pleased to note that both recommendations had been fully implemented. The trust had assessed and reviewed the patient electronic recording system (MAXIMS) and the gym equipment was repaired and in working order.

No recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspection undertaken on 11 & 12 November 2014.

The detailed findings from previous recommendations are included in Appendix 1.

5.0 Ward Environment

“A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings.” Do the right thing: How

to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

The inspector assessed the ward's physical environment using a ward observational tool and check list.

Summary

The ward's environment presented as clean, clutter free and well maintained. There was good ventilation and neutral odours. Ward furnishings were well maintained and comfortable. The ward had information displayed in relation to programmes available to improve mental health and wellbeing. The ward welcome pack met the needs of the patients and was up to date.

On the day of the inspection there was adequate staffing to meet the needs of the patients. Staff were observed to be considerate to patients including one patient who was in receipt of enhanced observations. The observations were noted to be carried out discreetly and did not draw attention to the patient.

Patients had access to an occupational therapy room and occupational therapy services were available on the day of the inspection. Patients had their own bedrooms and en-suite facilities, and there were separate male and female quiet areas available if needed. There was open access throughout the ward with the exception of the female quiet sitting room. The door to the room was locked, because a patient was storing some of their personal belongings in the room. There were quiet rooms for patient's visitors and visiting facilities for children. A pay phone was available for patients and patients could also retain their personal mobile phones.

Exit from the ward is controlled by a swipe system. Information was displayed in relation to Deprivation of Liberty guidance and included in the ward welcome pack. Staff were noted to be present in the patient communal areas although most staff were in the nurses station which is an area surrounded with glass. This allowed for supervision, however limited interaction and engagement between staff and patients. However, the door to the nurse's station was open so patients could approach staff if needed. There was a good range of activities available on the ward. Seating around the ward promoted social interaction, however there were quiet areas for patients to retreat to.

Patient forum meetings were conducted by the ward advocate every two weeks and the date of the next meeting was displayed.

The ward had a ligature risk assessment completed. There was one profiling bed on the ward that was in use by a patient. An individualised ligature risk assessment was in place and the patient was assessed as low risk.

The inspector identified other areas which should be reviewed by the ward manager to improve standards on the ward in accordance with good practice guidance. These include:

- Addressing the matter of all staff remaining within in the nursing station;

- Ensuring that the door to the female quiet area/day room is open;

The detailed findings from the ward environment observation are included in Appendix 3

6.0 Observation Session

Effective and therapeutic communication and behaviour is a vitally important component of dignified care. The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions whilst remaining a non- participant. It aims to help evaluate the type of communication and the quality of communication that takes place on the ward between patients, staff, and visitors.

The inspector completed a 20 minute direct observation using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral, or negative.

Positive social (PS) - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

Basic Care (BC) – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

Neutral – brief indifferent interactions.

Negative – communication which is disregarding the patient’s dignity and respect.

Summary

The formal session involved a 20 minute observation of interactions between staff and patients. Six interactions were noted in this time period. The outcomes of these interactions were as follows:

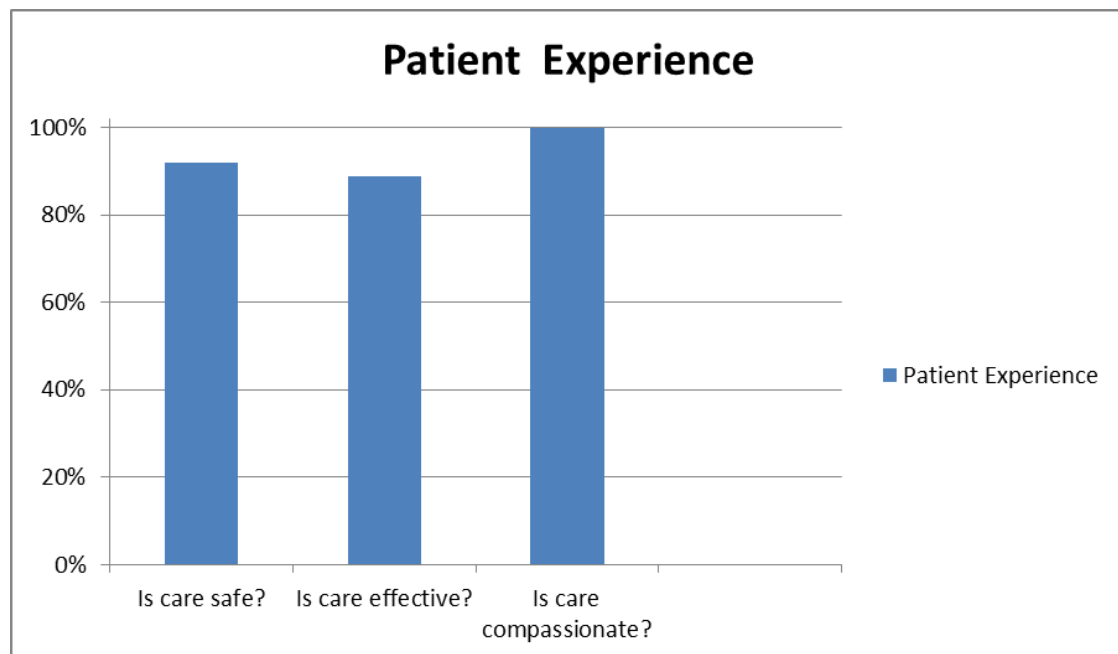
Positive	Basic	Neutral	Negative
100%	0%	0%	0%

The inspector observed interactions between patients and occupational therapy staff. All interactions were observed as positive. Staff were observed to be actively engaging with patients, offering a choice of activity, encouraging patients to join in, and commenting and praising patients on their chosen activity.

Overall patients appeared relaxed and comfortable with their surroundings. Ward staff were attentive to patients needs and requests and were observed responding promptly to any queries or issues raised by patients. The detailed findings from the observation session are included in Appendix 4.

7.0 Patient Experience Interviews

Six patients agreed to meet with the lay assessor and complete a questionnaire regarding their care, treatment and experience as a patient.



Overall patients commented that they felt safe on the ward. One patient stated they mostly felt safe but they could talk to staff at times when they did not. The patient stated at times when they did not feel safe it was because of a safeguarding vulnerable adult incident experienced by them two years previous. The inspector discussed this with the ward manager and the patient's records were reviewed. The incident that the patient was referring to occurred five years previously. The inspector noted that incident had been managed appropriately and in accordance with trust safeguarding vulnerable adult policy and procedure.

The majority of patients indicated that their care was effective. All patients had been involved in their care and treatment plans. Three patients stated that staff always informed them of the results of assessments and investigation; two patients stated that staff mostly informed them and one patient confirmed staff only told them they asked. Five patients stated that staff actively tell them how they are progressing and one patient stated that staff sometimes discussed progress with them.

All patients stated they were offered the opportunity to attend activities every day and felt these were helpful. All six patients stated they felt that being on the ward was helping them recover.

Patients indicated that they felt care on the ward was compassionate. Patients had a positive experience of their admission and felt they had been treated with dignity and respect. Patients stated staff were always warm, empathetic and respected their privacy. Patients also stated that staff always listened to them and took their views into account.

Patients were asked what was good about the ward and commented that;

“The staff first and foremost”;

“The cleaning staff are fabulous and friendly”;

“The people and the clientele are very friendly. If you’re feeling low they try and cheer you up. I was felling down because my day died recently”;

“Your own shower and toilet. This place is clean”.

Patients were asked if there was anything that could be improved and commented;

“More exercise, singing, and playing ball”;

“Better smoking facilities”;

“Basically the ward is fine”;

“Nothing I can think of maybe more staff so they’re not under so much pressure. They’re overworked and there are not enough of them”.

Patients described their experience as;

“I’ve made progress because of the help from the nurses and doctors and I am getting here”;

“It’s been a mixed experience, some good and some bad although mostly good”;

“The ward manager is a sound man”;

“My experience has been very good”.

The detailed findings are included in Appendix 2

8.0 Next Steps

A Quality Improvement Plan (QIP) which details the areas identified for improvement has been sent to the ward. The Trust, in conjunction with ward staff, must complete the QIP detailing the actions to be taken to address the areas identified and return the QIP to RQIA by 28 July 2015.

The lead inspector will review the QIP. When the lead inspector is satisfied with actions detailed in the QIP it will be published alongside the inspection report on the RQIA website.

The progress made by the ward in implementing the agreed actions will be evaluated at a future inspection.

Appendix 1 – Follow up on Previous Recommendations

Appendix 2 – Patient Experience Interview

Appendix 3 – Ward Environment Observatio
(This document can be made available on request)

Appendix 4 – QUIS
(This document can be made available on request)

Appendix 5 – Quality Improvement Plan

Follow-up on recommendations made following the unannounced inspection on 11 & 12 November 2014

No.	Reference.	Recommendation	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	5.3.1(f)	It is recommended that the Trust ensures that all policies and procedures relevant to the ward are reviewed and updated in accordance to the previously pre-determined review date.	<p>The inspector reviewed the programme in place for the review of policies, procedures and protocols relevant to the ward. The inspector noted that trust policies and procedures were reviewed and the following policies were up to date:</p> <ul style="list-style-type: none"> • Continuous observation policy; • Entry and exit policy for acute inpatient ward; • Bed management for acute psychiatric ward; • Electroconvulsive therapy for inpatient / outpatients; • Policy for the management of deliberate self harm and suicide prevention in mental health hospital settings; • Protocol for the admission and management of children and adolescents in the South Eastern Health and Social Care Trust; • Admission and discharge policy; • Trust procedure for the prevention and management of alcohol and substance misuse on adult mental health wards; • Interim Good Practice Guidance on the Assessment and Management of Risk; • Policy in Relation to Children Visiting Adult Mental Health facilities. <p>A number of policies had been reviewed, updated and were out for consultation as follows: Absent without leave (AWOL) policy – out for consultation June 2015.</p>	Fully met

Appendix 1

			30 minute check policy – out for comments June 2015 IR1 process – out for comments June 2015 Rapid tranquilisation - policy circulated for consideration	
2	5.3.3(d)	It is recommended that the Trust ensures that gym equipment available for patient use is repaired and maintained to an appropriate standard.	The inspector reviewed the gym room. Gym equipment was noted to have been repaired and in working order.	Fully met
3	6.3.2(f)	It is recommended that the Trust reviews the MAXIMS system and assesses if the system can be used to record patient medical reviews.	The trust response to the recommendation stated that “MAXIMS as a clinical record in which medical staff will record their notes will be subject to review – with a decision taken by 31.03.2015 as to the feasibility of same.” The inspector noted that this issue was reviewed and discussed at the Mental Health Services Directorate meeting on 22 May 2015. The minutes of the meeting state that consultants do not agree with putting all the details of patients onto MAXIMS as some information is sensitive and restricted and may be accessed by others on the care data system. Consultants also voiced concerns about the time it takes to record all the detail onto MAXIMS. A new recommendation has been made in relation to ensuring that patient information is shared appropriately and timely with relevant professionals. So that all aspects of agreed care and treatment plans are comprehensively implemented.	Fully met



Quality Improvement Plan Unannounced Inspection

Mental Health Inpatient Unit (MHIPU), Downe Hospital

2 June 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the operations manager and the nurse manager, It is the responsibility of the Trust to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
Is Care Safe?					
		No recommendations were made			
Is Care Effective?					
1	6.3.2(f)	It is recommended that the Trust puts a mechanism in place to ensure that patient information is shared appropriately and timely with relevant professionals. Ensuring that all aspects of agreed care and treatment plans are comprehensively implemented.	1	30 December 2015	The Trust has existing mechanisms for the sharing of patient information with all relevant professionals, but it also acknowledges the importance of the prescribed recommendation. The Trust has significantly and proactively moved on professional staff recording patient information on one system. The Trust is anticipating the enhancement of the existing information systems and, to this end, a working group has been established to address barriers to full implementation of the new proposed system.
Is Care Compassionate?					
		No recommendations were made.			

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

NAME OF WARD MANAGER COMPLETING QIP	Neil Morgan
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Bria Morgan</i>

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		Wendy McGregor	4 August 2015
B.	Further information requested from provider				