



The **Regulation** and
Quality Improvement
Authority

Evish Ward
Grangewood Hospital
Western Health and Social Care Trust
Unannounced Inspection Report
Date of inspection: 17 July 2015



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

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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 review the ward's progress in relation to recommendations made following a serious adverse incident.

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

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

Evish is an acute admission ward situated in Grangewood Hospital. Evish provides the in-patient component of the Trust's crisis intervention service. The ward can accommodate 17 female patients in single ensuite bedroom accommodation. Three of the ward's bedrooms could be converted into an integrated Psychiatric Intensive Care Unit (PICU).

Evish is supported by a multi-disciplinary team including: nursing staff, a consultant psychiatrist; a clinical psychologist and a social worker. The ward manager is responsible for the management of both the Evish and Carrick wards within the Grangewood hospital. The management structure within Evish also includes two deputy ward managers. The ward is also supported by the hospital's occupational therapy team.

On the day of the inspection there were 13 patients on the ward. Seven patients had been admitted to the ward in accordance to the Mental Health (Northern Ireland) Order 1986.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 25 and 26 February 2015 were assessed during this inspection. There were a total of six recommendations made following the last inspection.

It was good to note that five recommendations had been implemented in full. One recommendation had not been met. This recommendation will be restated for a second time following this inspection.

On the day of the inspection the inspector evidenced that the ward's atmosphere was welcoming. Patients were moving freely throughout the ward and staff maintained a continued presence in the main ward areas. Staff were observed responding to patient requests quickly and in a caring manner. Staff were witnessed as being responsive, attentive and respectful in their interactions with patients.

Three sets of patient care documentation reviewed by the inspector evidenced that a comprehensive assessment of each patient's circumstances and needs had been completed. It was good to note that a restrictive practice care plan had been completed for each patient. Care plans detailed the type of restrictions used and the rationale for each restriction. Patient progress records demonstrated that nursing staff and the multi-disciplinary team continued to monitor each patient closely and involved patients and, where appropriate, the patient's carer/relative in decision making regarding the patient's care and treatment.

Patients who met with the inspector reported no concerns in their ability to speak with nursing staff as required. It was good to note that patients were involved in planning the ward's activity plan. Activity planning was facilitated through the weekly patient/staff meeting. Patients could also access the hospital day services. A weekly timetable of both ward and day services activities was available.

4.1 Implementation of Recommendations

Three recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 24 and 25 February 2015.

These recommendations concerned staff training and the Trust's governance of the use of physical intervention.

The inspector was pleased to note that two recommendations had been fully implemented. All nursing staff available for duty had completed training in relation to the application of the Trust's Restrictive Intervention Policy. The ward manager had reviewed nursing staff training records and ensured that staff mandatory training was in accordance to Trust standards.

However, despite assurances from the Trust, one recommendation had not been fully implemented. A physical intervention record to inform Trust governance processes had not been introduced.

Two recommendations which related to the key question "**Is Care Effective?**" were made following the inspection undertaken on 24 and 25 February 2015.

These recommendations concerned the patient information pack and staff supervision.

The inspector was pleased to note that both recommendations had been fully implemented. The patient information pack had been updated to reflect the ward's current circumstances. Nursing staff were receiving supervision and appraisal in accordance to professional standards and Trust policy and procedures.

One recommendation which related to the key question “**Is Care Compassionate?**” was made following the inspection undertaken on 24 and 25 February 2015. This recommendation concerned patient care plans.

The inspector was pleased to note that this recommendation had been fully implemented. Patient care plans evidenced that the use of a restrictive practice with a patient was based on the patient's assessed need and implemented in accordance to deprivation of liberty standards.

The detailed findings from the ward environment observation are included in Appendix 1

4.2 Serious Adverse Incident Investigation

A serious adverse incident (SAI) occurred in this ward on 29 December 2014. The inspector reviewed the Trust's progress in addressing recommendations made related to ward practices following the Trust's investigation of the SAI.

The Trust made three recommendations. The recommendations related to the management of sources of ignition (lighters) and staff fire training. On the day of the inspection the inspector evidenced that 18 of the 23 nursing staff had completed up to date fire training. Of the five staff that had not completed up to date training two had just been appointed, one was on long term leave and two required refresher training. The inspector was assured that refresher fire training would be provided in the near future.

The ward's management of lighters had changed in accordance to the introduction of the Trust's no smoking policy. Staff no longer retained patient's lighters and patients, and their relatives/carers, were advised that lighters should not be brought onto the ward. In circumstances where a lighter was discovered this was reported through the Trust's incident reporting procedures.

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 patient information booklet contained up to date information about the ward. This included information on the wards routine, philosophy of care and a description of the service provided. The inspector noted that the environment was clean and clutter free. There was good natural lighting, appropriate ventilation and neutral odours. Ward furnishings were comfortable and well maintained. The inspector noted the ward to be welcoming and relaxed.

The ward environment promoted patients' privacy and dignity. Patients had their own bedroom which they could access as required. Private rooms were available for patients to meet with their visitors and to make phone calls. The ward's main entrance and exit door was locked. A key swipe and intercom system was used to open the door. None of the patients could leave the ward without staff opening the door for them. This included patients who were admitted to the ward on a voluntary basis.

Patient care records reviewed by the inspector demonstrated that patient care plans were individualised. The use of restrictive practices had also been individually assessed and any restrictive practices used had been agreed with the patient. Each of the voluntary patients had consented to the restrictions being used. It was good to note that patient restrictive care plans included reference to the actions to be taken should the patient decide to leave the ward. The actions were noted to be appropriate and in accordance to deprivation of liberty standards. The use of restrictive practices were subject to ongoing review by the ward's multi-disciplinary team.

There were no areas of overcrowding. There were appropriate spacious communal areas and the furniture was arranged in a way that encouraged social interaction. The inspector observed that staff were present in the communal areas and available throughout the ward and at patient's request. Staffing levels appeared adequate to support the assessed needs of the patients. Staff were observed to be attentive and assisted patients promptly when required.

The ward provided up to date and relevant information which was displayed on the wards notice board. This included information regarding the ward's performance and contact details for the advocacy service. Information on recreational and therapeutic activities was also displayed. A range of appropriate activities was noted by the inspector and included activities provided by the hospitals day care services.

The detailed findings from the ward environment observation are included in Appendix 2

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 direct observations 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

Observations of interactions between staff and patients/visitors were completed throughout the day of the inspection. Four interactions were recorded in this time period. The outcome of these interactions were as follows:

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

Patient and staff interactions observed by the inspector were positive. Staff were noted to be attentive and caring towards patients. The inspector observed that staff appeared to know the patients well and staff communicated in a manner appropriate to the individual needs of the patient.

Patients were observed moving freely throughout the ward. The atmosphere was warm, relaxed and welcoming and patients could access the garden as required. Patients who met with the inspector reflected positively on their relationship with the ward staff. Patients reported no concerns in being able to speak with nursing staff as required.

The inspector evidenced that communication and conversations between patients and staff were informal and friendly. It was positive to note that nursing staff demonstrated a high level of care and skill whilst interacting with patients.

The detailed findings from the observation session are included in Appendix 3

7.0 Patient Experience Interviews

Four patients agreed to meet with the inspector to talk about their care, treatment and experience as a patient. One patient agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

Patients who met with the inspector reported that they had been given the opportunity to be involved in their care and treatment. Patients explained that they could meet with nursing staff as required and that they attended the weekly patient staff meeting held each Sunday. Patients stated that they felt safe on the ward and staff were approachable and easy to talk to.

Patients were observed moving freely throughout the ward and staff maintained a consistent presence in the main ward areas. Two patients presented as being anxious and unwell. Nursing staff continued to reassure both patients throughout the day and to respond to requests. The ward remained calm throughout the duration of the inspection.

Patients who spoke with the inspector commented that:

“It’s a warm atmosphere”;

“The staff are o.k.”

“Most of the time the staff are very dedicated”;

“Staff are easy to talk too and I can speak to them whenever I need to”;

“XXXX (named nurse) is a great girl”.

The detailed findings are included in Appendix 4

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	4
Other ward professionals	0
Advocates	0

Nursing staff who met with the inspector stated that the ward was very busy and provided care and treatment to patients with a broad range of needs. Staff reflected that they felt the ward provided a good quality of care and the staff team worked hard to ensure patients felt safe and comfortable. Staff reported that they felt their opinion and views were considered by the multi-disciplinary team. The inspector was informed that the ward's management team had prioritised access to training and supervision.

Staff comments included:

"I have no problems with my supervision or appraisal";

"We work hard at making sure patients are well cared for";

"There has been a lot of work completed on reviewing the ward's use of restrictive practices".

9.0 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 8 September 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 – Ward Environment Observation

This document can be made available on request

Appendix 3 – QUIS

This document can be made available on request

Appendix 4 – Patient Experience Interview

This document can be made available on request

Follow-up on recommendations made following the unannounced inspection on 18 and 19 March 2015

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section 5.3.3 (c)	It is recommended that the ward manager reviews training records to identify any gaps in training, knowledge and skill, and sets out a plan to address any deficits in training as a matter of urgency.	3	The inspector reviewed the ward's training records. Records evidenced that the ward manager had reviewed nursing staff training and a number of staff had completed up to date training in recent months. The manager had identified and addressed a number of training deficits. Staff who met with the inspector reported no concerns regarding their ability to access training.	Met
2	Section 5.3.3 (c)	It is recommended that the ward manager ensures that all staff receive training in relation to the application of the Trusts Restrictive Intervention policy.	3	Team meeting minutes reviewed by the inspector evidenced that training in relation to the application of the Trust's restrictive intervention policy had been prioritised. The ward manager had arranged a cascading training programme for all staff delivered by the ward's senior nursing team.	Met
3	Section 5.3.3 (a)	It is recommended that the crisis service reviews and updates the patient information pack. The updated pack should include reference to the ward's current status, use of restrictive practices and patients' rights.	1	The ward's patient information pack had been updated. The inspector reviewed the information recorded in the pack and noted that reference to the ward's current status, patient rights and the use of blanket restrictions was recorded.	Met
4	Section 5.3.1(a)	It is recommended that the ward manager and the multi-disciplinary team ensure that patient care plans and restrictive	1	Patient care records and individualised multi-disciplinary records were reviewed by the inspector. Records evidenced that each patient had an individualised assessment and care plan. Care plans were based on the patient's individually assessed needs. This included a	Met

Appendix 1

		practice assessments accurately reflect the assessed needs of each patient in accordance to deprivation of liberty standards (DOLS).		rationale for the use of restrictive practices. Restrictive practices were noted to have been individually assessed for each patient. The need for a restriction had been agreed with the patient and remained under continued review.	
5	Section 5.3.3 (d)	It is recommended that the ward manager ensures that all staff receive supervision and appraisal in accordance to Trust and professional standards.	1	Records reviewed by the inspector evidenced that staff were receiving supervision and appraisal in accordance to Trust standards. The inspector met with one of the ward's supervisors, a number of ward staff and reviewed the ward's supervision procedures. The supervisor detailed a clear supervision timetable for the staff they supervised. Ward staff reported no concerns regarding their access to supervision and appraisal. The ward's supervision procedures and recording templates were noted to be appropriate and in accordance to Trust policy.	Met
6	Section 5.3.1 (a)	It is recommended that the Trust introduces a use of a physical intervention record. This record should record reasons why the intervention was necessary, the details of the staff involved and the outcome. A copy of the record should be retained in the patient's record. A further copy should accompany the associated incident report.	1	A use of physical intervention record was not available. The inspector was informed that the Trust had prioritised this. This recommendation will be restated for a second time in the quality improvement plan accompanying this report.	Not met



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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 charge nurse on the day of the inspection visit.

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?					
1.	Section 5.3.1 (a)	It is recommended that the Trust introduces a use of a physical intervention record. This record should record reasons why the intervention was necessary, the details of the staff involved and the outcome. A copy of the record should be retained in the patient's record. A further copy should accompany the associated incident report.	2	30 September 2015	The Trust has established a working group led by the Governance Lead for Mental Health, to design, establish and implement a physical intervention record which will incorporate all the aspects highlighted in the recommendation within the recommended timescale.
Is Care Effective?					
		No recommendations made.			
Is Care Compassionate?					
		No recommendations 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	[Liam Dunne]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Elaine Way]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Alan Guthrie	9/09/15
B.	Further information requested from provider				