



The **Regulation and
Quality Improvement
Authority**

Lissan 1

Holywell Hospital

Northern Health and Social Care Trust

Unannounced Inspection Report

Date of inspection: 21 May 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 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

Lissan 1 is a psychiatric intensive care unit (PICU) located on the Holywell Hospital site. The ward has nine beds and provides care and treatment for male patients. On the day of the inspection there were 5 patients on the ward and a sixth patient in an outside general hospital. All six of the patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

The ward is supported by a multi-disciplinary team that includes a consultant psychiatrist, nursing staff, a social worker, occupational therapy and advocacy services.

The main entrance door to the ward was locked and the area was monitored by CCTV. Access to the ward was gained via a buzzer system. The ward's office was situated bedside the ward's foyer.

The ward manager was in charge of the ward on the day of inspection.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 2 and 3 September 2014 were assessed during this inspection. There were a total of six recommendations made following the last inspection.

It was noted 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.

The inspector reviewed the training records for staff and was pleased to note that 19 of the 20 staff had attended training on the management of patients' monies and valuables.

The inspector reviewed the care files for three of the six patients on the ward and noted that in all three files patients' care plans were individualised, person centred and clearly reflected the individual assessed need of patients. The inspector reviewed the care file for a patient who had recently spent a prolonged period of time in seclusion. On review of the patient's files the inspector was satisfied that policies and procedures in this instance had been duly followed and all actions taken were appropriately recorded.

The inspector noted a separate incident on the ward involving this patient. The inspector discussed this incident with the ward manager who advised that this had been reported and would be investigated in accordance with the policies and procedures for serious adverse incidents.

The inspector was advised by the ward manager that all profiling beds had been removed from the ward. The inspector completed an observation of the ward and could confirm this. The inspector also confirmed that the ward manager was receiving safety alerts relevant to the clinical area.

Other inspection findings

Bathroom

The inspector was advised by the ward manager that one of the bathrooms on the ward had been out of service since June 2014. The inspector reviewed evidence of this having been appropriately reported by ward management. Despite this there was no confirmed date for repair or final completion. A recommendation has been made in relation to this.

4.1 Implementation of Recommendations

Five recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 2 and 3 September 2014.

These recommendations concerned training for staff in managing patients' monies and property, individualised patient care plans, sharing of safety alerts with ward managers and a review and action plan in relation to the use of profiling beds.

The inspector was pleased to note that all five recommendations had been fully implemented:

- 19 of the 20 staff working on the ward had completed training on managing patients' monies and property.
- A review of three patients' care files provided evidence that person centred and individualised care plans were in place.
- The nursing services manager provided a summary of how alerts were disseminated. The inspector reviewed a sample of these with the ward manager.
- The inspector can confirm since the last inspection there were no profiling beds on the ward on the day of inspection.

One recommendation which relates to the key question "**Is Care Effective?**" was made following the inspection undertaken on 2 and 3 September 2014.

This recommendation concerned the provision of inpatient psychology services.

Despite assurances from the Trust, this recommendation had not been fully implemented.

There were no recommendations which relate to the key question "**Is Care Compassionate?**" made following the inspection undertaken on 2 and 3 September 2014.

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 environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were comfortable and well maintained.

The ward had displayed information in relation to their performance and provided details on Releasing Time to Care. The ward had a feedback box available for patients and visitors to submit their comments.

The ward environment promoted patients' privacy and dignity. Patients shared an eight bedded dorm area with one single bedroom off the main dorm area. Patients could independently screen off their bed area with the use of curtains. Bathroom and toilet facilities were accessible and located throughout the ward. Patients could lock bathroom doors and a call system

was available in the bathrooms. There was a private room off the main ward area for patients to meet with their visitors and a separate private room on the main ward to make a phone call.

There were no areas of overcrowding observed on the day of the inspection. The day areas were open, spacious and the furniture was arranged in a way that encouraged social interaction. There were smaller areas for patients to sit and form friendships. The inspector observed that staff were present in the communal areas and available at patients request. Patients were observed accessing a well maintained outside area which was noted to be open and accessible throughout the inspection.

There were five staff on duty on the day of the inspection. All staff on duty wore names badges supported by a notice board with staff on duty.. The notice board however did not include details of the ward doctor or other members of the multi-disciplinary team. Staffing levels appeared adequate in supporting the assessed needs of the patients. Staff were observed to be attentive and assisted patients promptly when required. Staff were observed supporting patients with recreational activities.

Confidential records were stored appropriately and patient details were not displayed.

There was up to date and relevant information displayed in a format that met the patients communication needs both in the communal areas and available in the ward welcome / information pack. This included the following information; Human Rights, patient rights in accordance with the Mental Health (Northern Ireland) Order 1986, the right to access patient information, independent advocacy services and the right to make a complaint.

The inspector reviewed the seclusion facility on the ward. The seclusion room was off the main ward area accessible via two doors. The room appeared large enough to facilitate more than six staff and a patient. The room was furnished with only a large mattress which was fixed to the floor. There was no obvious areas in the seclusion room that could cause injury or harm. The room was clean, well lit with good ventilation. The walls were painted a neutral colour; patients could view outside with plenty of natural light also coming into the room. The locks on the main seclusion room door are manually operated by staff. The ensuite bathroom was access controlled from the observation room. The seclusion room was fitted with CCTV which was monitored from an observation room next door. Staff could also monitor the room through the window in the door. A two way intercom system was available for communicating with the patient. Staff working on Lissan ward carry individual mobile staff alarms.

There was no information displayed on the ward in relation to daily activities or who was facilitating these programmes, although patients had their own individual activity timetable. Patients who met with the inspector expressed no concerns in relation to activities. Information in relation to the ward round

or next patient forum meeting was not displayed; this was fed back to the ward manager.

Patients were observed during lunch time in a clean and comfortable dining area, condiments were also available on each table. Meal times were protected and patients were given time to eat. A choice of meals was available and staff were observed offering patients choice. Meals appeared appetising. Patients had access to fresh water and a vending machine. Staff were observed during the inspection intermittently offering patients a choice of tea, coffee or juice.

The inspector noted that staff were warm, friendly and respectful of patients. Patients appeared at ease and comfortable. The inspector noted that patients were very keen to share their experiences of Lissan and that staff actively encouraged patients to speak to the inspector.

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 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 observations of interactions between staff and patients. Four interactions were noted. The outcome of these interactions were as follows:

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

Overall the quality of interactions between staff and patients were positive. Patients, staff and occupational therapy staff were observed getting involved with planting flowers in the outside court yard. Patients who met with the inspector were able to discuss looking forward to this and their enjoyment post activity. A member of medical staff was observed spending time with a patient discussing plans for electroconvulsive therapy (ECT). The patient had previously explained to the inspector their anxiety regarding the treatment. Patients and nursing staff were observed sitting together in the communal area having discussions. The atmosphere was relaxed and all present appeared in good spirits. Staff were available and prompt in assisting patients throughout the observations.

The detailed findings from the observation session are included in Appendix two.

7.0 Patient Experience Interviews

Five patients agreed to meet with the inspector to talk about their care, treatment and experience as a patient. All five patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient. All patients who met with the inspector had been detained in accordance with the Mental Health (Northern Ireland) Order 1986.

Responses to the questions asked were varied:

- Four of the five patients felt that staff were supportive and helpful on admission to the ward.
- All five patients stated that they had been informed of their rights.
- Four patients agreed that they were treated with dignity and respect all the time, one patient felt this was not always the case.
- Four patients felt fully involved in their care and treatment.
- All patients stated they could refuse treatment however two patients said this wasn't always respected.
- All patients confirmed that staff listen to them; one patient felt that their views weren't always considered.
- All five patients said that staff provide an explanation before supporting them with care and treatment and that they are informed of the outcome of assessments and investigations..
- All five patients said that staff inform them on how they are progressing and all patients said they felt safe and secure on the ward.
- Patients who met with the inspector confirmed that they attend activities each day and that the activities were a positive element of life on the ward.

- All five patients confirmed that they felt being on the ward was helping their recovery.

Patients made the following comments:

“staff are good and the meals are great”

“staff are generally very good. Staff go out of their way to help you”

“the doctor should be here longer to spend more time with patients”

“I have bonded well with other patients and get on well with most if not all the staff”

“the gates to the football area should be open all the time”

The inspection was unannounced. No relatives or carers were available to meet with inspectors during the inspection.

The detailed findings are included in Appendix X

8.0 Other areas examined

During the course of the inspection the inspector met with :

Ward Staff	5
Other ward professionals	0
Advocates	0

The inspector spoke with all five members of nursing staff working on the day of inspection. Staff who met with the inspector did not express any concerns regarding the ward or patients’ care and treatment.

The inspection was unannounced. No advocates were available to meet with the inspectors during the inspection.

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

Appendix 3 – Patient Experience Interview

Appendix 4 – Quality Improvement Plan
(This document can be made available on request)

Follow-up on recommendations made following the announced inspection on 2 and 3 September 2014

No.	Reference.	Recommendations	Number of time stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	4.3. (m, j)	It is recommended that the ward manager ensures that all staff attend up to date training in the management of patients' monies and valuables.	2	The inspector reviewed a copy of the staff training records and was pleased to note that 19 of the 20 staff currently working on the ward had completed this training.	Fully met
2	5.3.1 (a)	It is recommended that the ward manager ensures that patient care plans are developed in response to individual assessed needs, are patient centred and comply with published guidance and standards.	1	The inspector reviewed the files for three of the six patients on the ward. The inspector noted that in each case all care plans were individualised, person centred and reflected the individual patient's needs. These were reviewed accordingly. The inspector also noted that care plans no longer relevant to patient care had been appropriately discontinued.	Fully met
3	6.3.1 (a)	It is recommended that the Trust ensures that patients in Lissan 1 have access to psychological services were appropriate.	1	Following discussion with ward management the inspector was informed that there continues to remain no inpatient psychology service available. The inspector was aware from a recent inspection of another ward within this Trust that the Trust have compiled a report which sets out the proposals to fund a psychology inpatient service as part of 2015/2016 service developments. Despite this the inspector was not provided with a commencement date for inpatient psychology.	Not met
4	5.3.1 (c, f)	It is recommended that the Trust ensures that safety	1	The inspector was advised by the nursing services manager (NSM) that all alerts are initially received by	Fully met

Appendix 1

		alerts are shared with all ward managers and relevant staff.		senior management in Noble House. Alerts relevant to the ward environment are then disseminated via email to the NSM and subsequently ward managers. Samples of alerts were reviewed by the inspector.	
5	4.3. (i)	It is recommended that the Trust develop and implement a risk assessment as outlined by the Northern Ireland Adverse Incident Centre (NIAIC) – EFA/2010/006 safety alert self-harm associated with profiling beds on 23 December 2013.	1	The inspector met with ward management who advised that there were no longer any profiling beds on the ward. The inspector completed an observation of the ward and confirmed that there were no profiling beds.	Fully met
6	5.3.1 (c, f)	It is recommended that the Trust implement an action plan in response to the safety alert issued on 23 December 2013 by the Northern Ireland Adverse Incident Centre (NIAIC) – EFA/2010/006 safety alert self-harm associated with profiling beds.	1	The inspector met with ward management who advised that there were no longer any profiling beds on the ward. The inspector completed an observation of the ward and confirmed that there were no profiling beds. The inspector reviewed a risk assessment flow chart that had been devised to guide staff of the actions to take should a profiling bed be required.	Fully met



Quality Improvement Plan
Unannounced Follow Up Inspection
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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 ward manager and nursing services manager 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?					
		No recommendations for this outcome.			
Is Care Effective?					
1	6.3.1 (a)	It is recommended that the Trust ensures that patients in Lissan 1 have access to psychological services were appropriate.	2	31 December 2015	The Trust has secured funding for the Inpatient Psychology post. Lissan 1 will be able to access this service for patients on an identified basis.
2	5.3.1 (f)	It is recommended that the Trust expedite the repairs of the bathroom on the ward that has been out of service since June 2014.	1	7 August 2015	The Estates work has now been completed and this bathroom is back in use.
Is Care Compassionate?					
		No recommendations for this outcome.			

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	[Wilma Thom]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Tony Stevens]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Kieran McCormick	15 July 2015
B.	Further information requested from provider		x	Kieran McCormick	15 July 2015