



The **Regulation** and  
**Quality Improvement**  
Authority

**Ward 27**

**Ulster Hospital**

**South Eastern Health and Social Care  
Trust**

**Unannounced Inspection Report**

**Date of inspection: 20 July 2015**



informing and improving health and social care  
[www.rqia.org.uk](http://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 review the ward's progress in relation to recommendations made following a serious adverse incidents.

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

Ward 27 is a 24 bed acute admissions ward located within the Ulster Hospital, Dundonald. Ward 27 is a mixed gender ward and it provides treatment and care to patients who have a mental illness and require assessment and treatment in an inpatient setting. Patients are accommodated in bays with four beds in each bay, segregated into male and female areas. There are also four single bedrooms. The ward is supported by a multi-disciplinary team including nursing, medical, occupational therapy, social work and support staff.

On the day of the inspection there were seven patients who had been admitted in accordance to the Mental Health (Northern Ireland) Order 1986. Four patients were receiving one to one observations.

## 4.0 Summary

There were no previous recommendations made as a result of the inspection completed on the 26 and 27 November 2014.

On the day of the inspection the inspector evidenced that the ward's atmosphere to be busy and welcoming. Patients were moving freely throughout the ward and staff maintained a continued presence in the main ward areas. 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 their care. Patients were complimentary regarding ward staff and reflected positive relationships with nursing and medical staff.

The inspector observed staff during 1:1 and group interactions. Staff were observed as being supportive and responding to patients' requests quickly and in a caring manner. Staff were witnessed as being attentive and respectful during their interactions with patients. Staff who met with the inspector reflected positively on their role and the quality of care and treatment they felt the ward provided.

The ward's environment presented a number of challenges because of its design and layout. These included balancing the management of male and female patients within four large single sex bay areas and access to the ward's garden. It was positive to note that the ward's senior management team had addressed these concerns and an action plan had been agreed and presented to the Trust. The inspector was concerned that patients had limited space in which to store their personal items. Also, a number of the ward's personal alarms used by staff had been accidentally misplaced overtime. Recommendations regarding these issues have been made.

#### **4.1 Serious Adverse Incident Investigation**

Three serious adverse incidents (SAI) occurred in this ward during the previous year. The inspector reviewed the Trust's progress in addressing recommendations made related to ward practices following the Trust's investigation of the SAIs.

A total of 21 recommendations were made by the Trust as a result of the SAI investigations. The inspector reviewed each of the recommendations relevant to ward 27. It was positive to note that each of the recommendations had been addressed. The inspector evidenced that:

- the ward manager and senior nursing staff were completing regular (monthly) audits of patient care records;
- the nursing staff supervision template included a section relating to the review of staff record keeping;
- all registered nursing staff had completed medicines training;
- the Trust's observation policy had been reviewed;
- all nursing staff had completed training in relation to the National Early Warning Score (NEWS) and the management of patients admitted to acute care settings;
- the ward was receiving direct support from the hospital's pharmacy team;
- the Trust's use of oxygen policy had been recirculated to medical staff and ward managers;
- admission protocols had been reviewed to ensure the appropriateness of admission for patients who had experienced a large number of previous admissions;
- the ward manager and deputy ward managers were auditing patient care records in relation to the ward's admission processes. This

- included admitting nursing staff ensuring that each patient understood their rights whilst on the ward;
- the Trust's Incident Reporting Standard Operating Procedure had been recirculated to ward staff;
  - the Trust continued to monitor the numbers of patients leaving mental health acute admission wards without agreed leave (AWOL);
  - the hospital's security team had been equipped with two Hoffman's anti-ligature knives;
  - the ward's leading clinical staff were ensuring that tasks identified during the team assessment meetings were being completed. This included recording the name of the individual responsible for completing the task;
  - the mental health services senior management team were considering ground floor accommodation in relation to ward 27;
  - personal alarm battery checks were being conducted in accordance to Trust standards;
  - a policy and procedure in relation to the use of personal alarms had been completed;
  - the ward's night shift staffing levels had been reviewed.

## 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 was located on the first floor of the hospitals Care of the Elderly Unit. Notice boards on the ward displayed information which detailed the philosophy of the ward, the staff on duty and patient's named nurses. The ward provided an up to date patient and carer information booklet.

The inspector evidenced that staffing levels on the day of the inspection were appropriate to meet the needs of patients. There were four patients on the ward who were receiving enhanced observations. Staff members providing this level of support throughout the day were observed engaging with the patient and treating them with respect and dignity. Each member of nursing staff carried a personal alarm which could be activated if the staff member required assistance. The inspector was informed that the ward had fourteen alarms for 28 nursing staff. Given the number of nursing and multi-disciplinary staff working on the ward the inspector was concerned that there may not be enough alarms available. A recommendation has been made.

The main ward areas presented as clean and clutter free. The inspector noted that three patient bed areas were cluttered. The inspector was informed that staff continued to closely monitor each of these patients' progress and to ensure the patient's safety and well-being. It was positive to note that nursing staff continued to support the patients' to try and keep their bed area clutter free and safe whilst, at the same time, providing care and support in accordance to the patient's presenting needs. However, the inspector was concerned that patients' had limited bedside storage space. A recommendation has been made.

Patients who met with the inspector were orientated to the ward. Patients reported no concerns regarding their ability to access privacy or to participate in the ward's therapeutic and activity programme. The ward provided care and treatment to patients with a broad range of mental and physical health needs. Access to the ward's garden was problematic for older patients. The ward's senior management team explained that the trust had submitted a business case to the Health and Social Care Board and the Department of Health and Social Services and Public Safety in December 2012, for the relocation of its acute mental health inpatient services to a single, purpose built site at the Ulster Hospital. The inspector was informed that the business case had not been fully approved at this time.

the ward would be relocated to a new build within the next three years. In the meantime a proposal to relocate the ward to ground level accommodation had been forwarded to the Trust.

The ward provided a range of side rooms for patient use. The dining room was spacious, well maintained and appropriate to the needs of the patients. The ward's clinical room was appropriately equipped and clean. Equipment on the resuscitation trolley was noted to be appropriately maintained. However, the inspector noted that the ward completed a daily check on the trolley. The check had not been recorded on three occasions during the previous two months. A recommendation has been made.

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

## **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. Three interactions were recorded in this time period. The outcome of these interactions was as follows:

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

Patient and staff interactions observed by the inspector were positive, co-operative and caring. The inspector noted the ward was busy. Patients moved freely throughout the ward and staff were noted to be attentive and supportive towards patients. The inspector observed an indoor bowling session and lunch. Patients presented as relaxed and engaged during both these activities and it was positive to note that staff remained friendly and informal.

Throughout the day of the inspection the atmosphere on the ward remained warm and welcoming. 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. Two patients highlighted concerns they had regarding their care and treatment plan. Both patients reflected that they had discussed their care and treatment with their consultant psychiatrist and their named nurse.

The detailed findings from the observation session are included in Appendix 2.

## 7.0 Patient Experience Interviews

The inspector met with five patients. Two of the patients had been admitted to the ward in accordance to the Mental Health (Northern Ireland) Order 1986. It was good to note that all of the patients reported that they felt safe on the ward.

Patients reflected positively on their ability to participate in activities and they felt that the ward was helping them to recover. Four patients informed the inspector that they had been informed of their rights. One patient stated that they had not. The patient agreed to speak with their named nurse regarding this. The inspector checked the patient's care records and noted that staff had informed the patient of their rights when the patient had been admitted.

Each patient reported that they had been involved in planning their care. Two patients stated that they felt that staff did not actively tell them how they were progressing. Patient's responses indicated that they generally felt care within the ward was good. Patient's comments included:

"The wards well run and clean";

"It's relaxed friendly and respectful";

"I find it supportive";

"I feel 110% secure";

"I wasn't told about my rights";

"I would be dead without ward 27";

"It's all 100% here";

"Some of the nurses are really helpful".

The detailed findings are included in Appendix 3.

## 8.0 Other areas examined

**During the course of the inspection the inspector met with:**

<b>Ward Staff</b>	4
<b>Other ward professionals</b>	0
<b>Advocates</b>	0

Ward staff told the inspector that the ward was very busy and provided care and treatment to patients with a broad range of needs. Staff reflected that the

ward's environment could be physically challenging when balancing the needs of male and female patients. Staff felt that they managed the individual needs of each of the 24 patients in an appropriate and caring manner.

Staff were complimentary regarding the support they received from colleagues and managers. Staff reported no concerns regarding their ability to access training and supervisory support.

Staff informed the inspector they had no concerns regarding the quality of care and treatment provided to patients. Staff stated that they felt patients on Ward 27 were well cared for.

## **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 11 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 – Ward Environment Observation**

This document can be made available on request

### **Appendix 2 – QUIS**

This document can be made available on request

### **Appendix 3 – Patient Experience Interview**

This document can be made available on request



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**Quality Improvement Plan  
Unannounced 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, services manager and ward staff on the day of the inspection visit.

It is the responsibility of the Trust to ensure that all recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

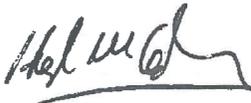
Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
<b>Is Care Safe?</b>					
1.	Section 5, 5.3.1 (f)	It is recommended that the ward manager ensures that the ward's resuscitation trolley and equipment is reviewed in accordance to Trust standards. This should include a record of all daily checks completed.	1	Immediate and ongoing	A weekly audit of checks of the resuscitation trolley has been introduced by the ward management team to ensure that the ward sister or deputy ward sister or deputy charge nurse confirm that the daily checks have been taking place.
2.	Section 5, 5.3.1 (f)	It is recommended that the Trust ensures that staff on the ward have access to personal alarms. A record of the number of alarms available should be maintained. The record should include the required minimum number of alarms. If the number of available alarms drops below the minimum number required more alarms should be purchased.	1	Immediate and ongoing	A policy to govern the allocation, response to alarms and regular testing procedures has been drafted to govern consistent practice in the management and procurement of personal alarms across the service's wards.  The policy recommends that a minimum of twenty alarms should be available at any time.

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
<b>Is Care Effective?</b>					
		No recommendations made.			
<b>Is Care Compassionate?</b>					
3.	Section 6, 6.3.2 (a)	It is recommended that the Trust ensures that patients have adequate and appropriate storage space.	1	31 October 2015	The procurement process has commenced and a sample wardrobe has been ordered on the basis of service user consultation on the type of storage they would prefer. Following a two week period of usage, the Trust will confirm the order for the preferred option. Again, this will be based on service user feedback.

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

<b>NAME OF WARD MANAGER COMPLETING QIP</b>	<i>Lorraine Gilmore</i>
<b>NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>Ann Gorman</i>	<i>15-9-15</i>
B.	Further information requested from provider				