

## Unannounced Inspection Report 7 – 10 November 2016



### Ward 27

**Type of service: Mental Health Acute Admissions Ward**  
**Address: Ward 27**  
**Ulster Hospital**  
**Upper Newtownards Road**  
**Dundonald**  
**BT16 1RH**

**Tel No: 028 9055 3220**

**Inspectors: Alan Guthrie, Dr Brian Fleming**

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Assurance, Challenge and Improvement in Health and Social Care

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

Ward 27 is a 24 bed acute admissions ward located within the Ulster Hospital, Dundonald. Ward 27 is a mixed gender ward providing treatment and care to patients who have a mental illness and require assessment and treatment in an inpatient setting. Patients are accommodated in bay areas with four beds in each bay. The bay areas are segregated to accommodate males and females. 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 two patients were receiving one to one observations.

### 3.0 Service Details

<b>Responsible person:</b> Hugh McCaughey	<b>Position:</b> Chief Executive
<b>Ward manager:</b> Catherine Gilmore	
<b>Person in charge at the time of inspection:</b> Catherine Gilmore	

### 4.0 Inspection Summary

An unannounced inspection took place over four days from 7 – 10 November 2016.

This inspection focused on the theme of Person Centred Care. This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

We assessed if Ward 27 was delivering, safe, effective and compassionate care and if the service was well led

Evidence of good practice was found in relation to the following:

- Patients and staff were complementary regarding the care and treatment provided by the ward.
- The ward had an effective multi-disciplinary that worked well together.
- The ward had strong leadership.
- There was effective liaison with the trust's Home Treatment Team.
- The trust was supporting an innovative peer advocate service.
- The trust's senior management team continued to advocate the development of a regional purpose built mental health acute admissions facility.

Three areas requiring improvement were identified. Two of these areas are discussed in the provider compliance plan at the end of this report. The final area for improvement related to the ward's design and the trust's application to the Department of Health requesting capital to commence building a new regional acute mental health admissions facility. RQIA wrote to the Department of Health to share its concerns regarding the ward's environment.

Three recommendations made as a result of the previous inspection were reviewed. It was positive to note that these recommendations had been met. Inspectors' findings in relation to the previous recommendations are discussed in section 6.2.

Two priority three areas for improvement have also been identified. These areas relate to staffing levels within the ward's medical team and the patient information systems used by the MDT.

### **Patients Views:**

During the inspection inspectors met with five patients. Four of the patients completed a questionnaire. Each of the patients stated that they felt safe, were treated with dignity and respect and that they felt better since their admission. Patients reported that they felt staff listened to them. Staff were described by patients as being approachable, easy to talk to and supportive.

Patient and staff interactions observed by inspectors were noted to be supportive, patient centered and caring. Staff were witnessed asking patients for their consent prior to providing care and treatment interventions.

Throughout the inspection the atmosphere on the ward was calm, relaxed and welcoming. Despite the ward's inappropriate design and not purpose built (use of bay areas, second floor location and poor garden access) the staff team made the most of the surroundings and maintained the ward areas to a good standard.

### **Patients Said:**

"Staff are all very kind and helpful."

"They need more nurses...two more nurses...there isn't enough staff when one to one is required."

"Staff treat me well."

"Weekends can be long and boring."

"The care is excellent."

"Staff are good to me in here."

"Amazingly good care and treatment."

"Foods not bad."

"Can't say enough positive things about the doctors and nurses."

### **Relatives Views:**

During the inspection patients' relatives were invited to meet with an inspector. One relative met with an inspector. The relative was very complimentary regarding their experience of the ward. The relative stated that the staff team were approachable, helpful and easy to talk to. The relative described the care and treatment provided on the ward as being of high quality.

## Staff Views:

Inspectors met with ten members of the ward's MDT including the ward's peer advocate. Staff were positive about their role, the ward atmosphere and the quality of the care and treatment provided to patients. Staff stated that they felt the MDT worked well together and was supportive, inclusive and patient centred. Staff were complimentary about colleagues and the leadership provided within the ward. Staff informed inspectors the opinions of all staff were sought and valued during ward rounds and team assessment meetings.

Inspectors met with three nurses. Staff presented as motivated and enthusiastic about their role on the ward. Staff demonstrated appropriate knowledge, skills and understanding regarding the ethos of the ward and the presenting needs of patients. Staff discussed the presenting challenges related to the ward's environment. These included managing the ward's garden located on the level below the ward and the management of a number of blind spots on the ward.

Medical staff stated that ward processes were effective and the ward benefitted from good leadership and a supportive patient centred MDT. Working relationships within the MDT were described as excellent. Medical staff stated that relationships with nursing staff were very good. However, medical staff commented on the fact the ward did not have middle grade (ST3/SHO) doctors. Staff stated that this impacted on the support available to junior staff and on the ward's ability to provide psychiatric liaison to the general hospital located on the same site as Ward 27. This issue is discussed in the provider compliance plan at the end of this report

## Staff Said:

"There is warmness in the ward."

"You couldn't ask for better staff."

"The ward's physical environment is challenging."

"There's a good staff skill mix in the ward."

"New staff are settling in well."

"We have good links with the hospital security team."

"There are good effective relationships with the MDT."

"There are too many patient recording systems. We have three sets of patient records which are kept in three separate locations within the ward."

The findings of this report will provide the service with the necessary information to enhance practice and service user experience.

## 4.1 Inspection Outcome

<b>Total number of areas for improvement</b>	Two
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Findings of the inspection were discussed with senior ward representatives as part of the inspection process and can be found in the main body of the report.

Escalation action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to inspection we review a range of information relevant to the service. This included the following records:

- The operational policy or statement of purpose for the ward.
- Incidents and accidents.
- Safeguarding vulnerable adults.
- Complaints
- Health and safety assessments and associated action plans.
- Information in relation to governance, meetings, organisational management, structure and lines of accountability.
- Details of supervision and appraisal records.
- Policies and procedures.

During the inspection the inspector met with five service users, eleven members of staff and one patient relative.

The following records were examined during the inspection:

Care documentation in relation to four patients.

- Multi-disciplinary team records
- Policies and procedures
- Staff roster
- Staff supervision timetable
- Clinical room records
- The trust's PARIS electronic record system
- Complaints
- Incidents, accidents and serious adverse incident records
- Staff rota
- Training records.

During the inspection the inspector observed staff working practices and interactions with patients using a Quality of Interaction Schedule Tool (QUIS).

We reviewed the areas for improvements made at the last inspection. An assessment of compliance was recorded as met.

The preliminary findings of the inspection were discussed at feedback to the service at the conclusion of the inspection.

## 6.0 The Inspection

### 6.1 Review of Areas for Improvement from the last inspection dated 20/07/2015

The most recent inspection of Ward 27 was an unannounced inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the responsible inspector. This QIP was validated by the responsible inspector during this inspection.

### 6.2 Review of Areas for Improvement

Areas for Improvement Ward 27		Validation of Compliance
<p><b>Number 1</b></p> <p>Ref: Standard 5.3.3 (f)</p> <p>Stated: First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspectors reviewed the resuscitation trolley and the associated records. Records were noted to be up to date and to reflect continued daily review of resuscitation equipment.</p>	Met
<p><b>Number 2</b></p> <p>Ref: Standard 5.3.3 (f)</p> <p>Stated: First Time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspectors evidenced that all staff present on the ward had a personal alarm. Staff who met with inspectors reported no concerns regarding their ability to access alarms.</p>	Met
<p><b>Number 3</b></p> <p>Ref: Standard 5.3.3 (f)</p>	<p>It is recommended that the Trust ensures that patients have adequate and appropriate storage space.</p> <p><b>Action taken as confirmed during the</b></p>	Met

<b>Stated:</b> First Time	<b>inspection:</b> The ward's senior management team had introduced wardrobes which were located beside each patient's bed. Due to the limited space within the patient bay areas and the ligature risks in relation to wardrobe doors the wardrobes had to be removed. Concerns regarding the ward's environment are further discussed in the main body of the report.	
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**7.0 Review of Findings**

**7.1 Is Care Safe?**  
**Avoiding and preventing harm to patients and clients from the care, treatment and support that are intended to help them.**

**Areas of Good Practice**

Patients stated that they felt safe.

The ward enjoyed good support from the hospital security team.

Inspectors evidenced good relationships between the MDT.

The MDT was patient focussed and effective.

Care records evidenced patient involvement in care and treatment decisions.

The ward's environmental risk assessments were up to date.

Nursing staff had completed the required mandatory training and other MDT staff reported no concerns regarding their ability to access training.

Ward processes for safeguarding patients were robust.

**Areas for Improvement**

Patient care records were retained in three separate locations. This included a nursing record, medical records and the trust's Maxims electronic patient information system. This made the review of patient care and treatment difficult for staff as it was not easy to navigate and there was duplication of information.

<b>Number of areas for improvement</b>	One
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## Areas of Good Practice

### 7.2 Is Care Effective?

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

Inspectors evidenced that the MDT had a strong and effective relationship with the Trust's Home Treatment Team.

Care and treatment to patients was provided in accordance with Mental Health legislation.

The ward provided an appropriate range of evidenced based interventions.

Staff stated that they enjoyed working on the ward.

The need and use of restrictive practices was explained to patients, well managed and appropriately recorded.

Patient discharges plans commenced shortly after each patient's admission.

### Areas for Improvement

Inspectors were concerned that the ward presented a number of risk factors including its location on the second floor, shared bay areas, inappropriate garden area and limited storage and therapeutic interview spaces. This area for improvement was discussed directly with the Department of Health, The Trust has previously addressed this concern and they are not in a position to further progress this concern.

The ward's medical team did not have a middle grade staff member. This affected the medical team's ability to provide psychiatric liaison to the main hospital. It also impacted on the management regime for junior medical staff.

<b>Number of areas for improvement</b>	One
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### 7.3 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.**

#### Areas of Good Practice

Patients stated that they were treated with dignity and respect.

Patients were involved in planning their care and treatment.

Patients stated that their relationships with staff were good.

The ward was welcoming, warm and appropriately maintained.

Patients stated that they felt better since their admission.

Patients could access the range of health care professionals required to support their recovery.

Patients could meet with the ward's patient advocate(s) as required. The advocate(s) visited the ward on a regular basis.

#### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of areas for improvement</b>	Nil
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## 7.4 Is the Service Well Led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

### Areas of Good Practice

Staff stated they had no concerns regarding their role and responsibilities and their ability to make referrals in relation to incidents, safeguarding concerns or child protection.

Evidence reviewed by inspectors demonstrated that staff training, supervision and appraisals were up to date.

Procedures for the management of incidents occurring on the ward were appropriate.

Governance arrangements for the management of medication were appropriate.

Inspectors evidenced that the ward promoted a recovery ethos and worked towards supporting patients discharge in an appropriate and timely manner.

The senior management team had completed up to date fire, ligature and environmental safety assessments and audit reviews.

Staff who met with inspectors reported that relationships within the MDT were positive and supportive. Staff described the MDT as having a flat structure that was inclusive and patient centred.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of areas for improvement</b>	Nil
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## **8.0 Provider Compliance Plan**

Areas for improvement identified during this inspection are detailed in the provider compliance plan. Details of the provider compliance plan were discussed at feedback, as part of the inspection process. The timescales commence from the date of inspection. The responsible person should note that failure to comply with the findings of this inspection may lead to further /escalation action being taken.

## **8.1 Areas for Improvement**

This section outlines recommended actions, to address the areas for improvement identified, based quality care standards, MHO and relevant evidenced based practice.

## **8.2 Actions to be taken by the Service**

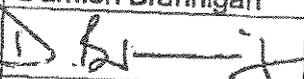
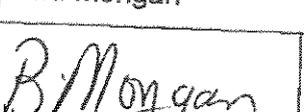
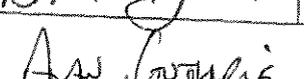
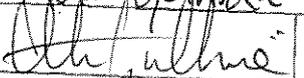
The provider compliance plan should be completed and detail the actions taken to meet the areas for improvement identified. The responsible person should confirm that these actions have been completed and return the completed provider compliance plan by 05 January 2017.

**Provider Compliance Plan  
Ward 27**

**The responsible person must ensure the following findings are addressed:**

**Priority 3**

<p><b>Area for Improvement No. 1</b></p> <p>Ref: (4.3.J)</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2017</p>	<p>A review of the ward's medical team to include assessment for the need of a middle grade doctor.</p> <p><b>Response by responsible person detailing the actions taken:</b></p> <p>The Trust acknowledges the advantage that a middle grade staff member would have in the areas noted by the inspection team. However, at present there are no funds available for such a post. The Trust has prepared and submitted a business case for a fully staffed liaison service to the commissioner.</p>
<p><b>Area for Improvement No. 2</b></p> <p>Ref (5.3.1a)</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2017</p>	<p>A review of the ward's patient information systems to include a reduction from three systems to two.</p> <p><b>Response by responsible person detailing the actions taken:</b></p> <p>The Trust recognises the difficulties associated with the number of systems currently in use and is making progress with our IT provider to achieve an increasingly paperless service, with documents held in a secure system and accessible to clinical staff both in and out of hours. Further training to develop this has been rolled out to Trust (including medical) staff and this is ongoing. The Trust anticipates delivery of a Version 2 MAXIMS in November 2017 – a significant upgrade to the current operating system which will provide greater flexibility, accessibility and usefulness.</p>

Name of person(s) completing the provider compliance plan	Damien Brannigan		
Signature of person(s) completing the provider compliance plan		Date completed	16/1/17
Name of responsible person approving the provider compliance plan	Bria Mongan		
Signature of responsible person approving the provider compliance plan		Date approved	18/1
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	24/1/17



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews