

## Unannounced Follow Up Inspection Report 31 May 2017 – 1 June 2017



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

**Tel No: 028 90553220**

**Inspector: Cairn Magill**

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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 admission 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 days of inspection there were 25 patients on the ward, 13 females and 12 males. One male patient was on leave.

On the days of inspection three patients were receiving one to one observations.

Fourteen patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

There were no delayed discharges at the time of the inspection.

## 3.0 Service details

<b>Responsible person:</b> Hugh McCaughey	<b>Ward Manager:</b> Catherine Gilmore
<b>Category of care:</b> Acute Mental Health Inpatient	<b>Number of beds:</b> 24
<b>Person in charge at the time of inspection:</b> Catherine Gilmore	

## 4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 31 May 2017 – 1 June 2017.

The inspection sought to assess progress with findings for improvement raised from the most recent previous unannounced inspection 7-10 November 2016.

Evidence of good practice was found in relation to good working relationships amongst the multi-disciplinary team (MDT); the development of a weekly discharge planning meeting which is facilitated by the peer advocate and the ward manager. The discharge planning meeting promotes recovery techniques and advice from the recovery college. The ward had also introduced Cognitive Behaviour Therapy (CBT) to assist with patient recovery and has invested in CBT training for nursing staff.

Evidence of good practice was also found in relation to the introduction of Dialect Behaviour Therapy (DBT). Training has been provided and the Trust has a system in place to ensure staff receive regular clinical supervision.

It was good to note the ward manager had taken on board issues raised by the patients in relation to the food. The ward manager now attends a nutritional steering group to help improve the quality and range of food offered to patients. It was noted during the inspection that there is good facilitation by the dietetics department and kitchen catering staff who readily accommodate patients' food preferences.

During the inspection the inspector observed a therapy horse on the ward. The ward manager informed the inspector that the use of therapy pets has shown to reduce the need for PRN medication, reduce anxiety and has helped patients remain calm and become engaged in social interaction. This was evidenced in an audit completed by the ward.

Areas requiring improvement were in relation to the access and provision of occupational therapy activities which included evenings and weekends. One of the occupational therapists allocated to Ward 27 is on long term leave for one year. There has been no back-fill for this vacancy which has had a direct impact on the occupational therapy service. Patients on Ward 27 have no access to transport to enable off the ward outings that will facilitate rehabilitation and encourage social engagement and arrange trips to shopping centres, the beach, cinema etc.

Ward 27 does not have access to an on-site clinical psychology service. Referral to clinical psychology services can be made by the MDT when it is identified that the patient could benefit from this service. However, when a patient is referred to this service their name is placed on a waiting list and they could wait a number of weeks post discharge before accessing this service.

Ward 27 continues to encounter challenges with patients who choose to smoke. Staff continue to advise patients of the Trust's no smoking policy in the building, however a small number of patients smoke on the stairwell on the way to the outside garden. Staff continue to offer nicotine replacement therapy, smoking cessation support amongst other initiatives like half hourly checks and ensuring smoking cessation signs are positioned around the ward. The latter continues to be removed by patients. The stairwell has close circuit television for the purposes of monitoring patients in this area. Despite all of these efforts the challenge in smoking cessation remains. Staff continue to record smoking on the prescribed incident forms and escalate to directors of the Trust. The ward has outlined the mitigating steps to reduce the risks in the General Risk Assessment 2 form and have an up-to-date fire risk assessment. RQIA are aware that there is a judicial review underway in relation to the no smoking ban as set by the Minister of Health for inpatients on mental health wards. RQIA will continue to monitor the situation along with the Trust as it evolves.

The physical environment continues to present challenges to staff and patients alike. RQIA inspectors have previously identified concerns in relation to the ward. These include its location on the second floor, shared bay areas, inappropriate garden area and limited storage, therapeutic and interview spaces. RQIA acknowledge that the Trust has previously attempted to address this concern with the Department of Health. The senior trust manager advised that the Trust is now in the process of re-writing the business bid for a new build for inpatient mental health service as the previous bid has now expired. The Trust is also seeking to provide an

alternative interim plan until such time as a new build is established. RQIA respectfully asked that the Trust inform and update RQIA on their developments.

The Trust's response to accommodate an emergency admission warranted much discussion during the feedback session. RQIA have asked the Trust to keep them updated on the number of patients admitted to the ward that warrants over occupancy. To accommodate the additional female patient the family room was converted into a bedroom. The ward manager and senior managers of the Trust had accommodated a transfer of a patient who had just turned 18 years of age from a Child and Adolescent Mental Health (CAMHs) inpatient facility. Managers made this decision after they assessed the needs of inpatients and patients on the waiting list for admission to CAMHS. The transfer was considered necessary to ensure emergency treatment for another young patient who required urgent care in the CAMHs unit. The inspector spoke to the patient using the family room and whilst the patient had no objections to being accommodated in the room, this did have an impact for other patients who may have needed the family room to receive visits in private.

## **Patients**

The inspector met with six patients, five of whom were detained in accordance with the Mental Health (Northern Ireland) Order 1986. Five patients completed the patient questionnaire. Patients were generally happy with the care and treatment provided to them and stated they were involved in all aspects of their care.

Patients said;

"The staff can't do anymore they are fantastic!"

"X and the rest of the staff are amazing."

"There are not enough activities, we get bored very often. X taught me how to crochet on a 1:1 basis."

"I feel I have been here too long."

"Weekends are an absolute nightmare. There is nothing for you to do unless you are into drawing and that is not my cup of tea. "

"Playing cards at night is my only respite where I don't get to think about being in here."

"When you are in here a long time the food is boring. It's grand but very repetitive."

"I am disabled and I can't get out to the garden. Though staff do take me down the front and outside."

"We don't get out much. Would love to get to the shops more and sit outside more."

"It would be lovely to have a bus and a driver to take us out."

"The food is a bit repetitive once you are in here for a while. It's good and edible but repetitive."

“I couldn’t say a bad word about anything.”

Regarding activities one patient said;

“They do their best. The OT’s could have a larger room. It’s very, very boring here at weekends. This week isn’t as bad as Britain’s Got Talent is on and I like it. “

“The OT room needs equipment. They haven’t got games. I am lucky. My friends and family bring me in stuff to do like crafts.”

## **Relatives**

Four relatives completed the relatives’ questionnaire during the inspection. All four relatives agreed that the care delivered on the ward was safe, effective, compassionate and well led. Relatives knew who was involved in patients’ care and agreed that the care and treatment of the patients was helping them to get better. Relatives also acknowledged that patients’ privacy and dignity was respected.

Relatives said;

“The staff go above and beyond the call of duty.”

“Visitors should be allowed tea or coffee when visiting if it is tea break.”

## **Staff**

The inspector spoke to six members of staff including the consultant psychiatrist, nursing staff and nursing assistants. Three staff completed a questionnaire. All staff stated that there were excellent working relationships among the multi-disciplinary team and noted that all staff had an equal opportunity to contribute to care plans and the delivery of care to patients. All staff stated that they believed the care delivered to patients was safe, effective, compassionate and well led. All staff acknowledged the challenges the environment presented including the risks. In particular the risks arising from it being positioned on a first floor level and how this impacts on patients’ experience.

Staff said;

“Our ward here, which I am quite proud of, pre-empt things. We de-escalate and use distraction techniques. The last resort for us is to use hands on approach.”

“The ward manager is brilliant. She is very empowering.”

“Patients know us. The therapeutic relationships here are good. I like to see people well.”

“It’s all about team work.”

“Staff are all approachable.”

“Patients should have more activities. There is not much for them to do at weekends and bank holidays this makes it harder for patients to feel motivated.”

“We support each other a lot. We are all approachable.”

The findings of this report will provide the Trust with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

#### 4.1 Inspection outcome

<b>Total number of areas for improvement</b>	Four
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Out of the two areas for improvement one has been met and one has been partially met and three new areas for improvement have been made. This has been included in the Provider Compliance Plan (PCP).

#### 5.0 How we inspect

The inspection was underpinned by:

- The Mental Health (Northern Ireland) Order 1986.
- The Quality Standards for Health & Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.
- The Human Rights Act 1998.
- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- Optional Protocol to the Convention Against Torture (OPCAT) 2002.

The following areas were examined during the inspection:

- Ward environment.
- Activity schedule.
- Correspondence from the Chief Executive.

We reviewed the areas for improvements made at the previous inspections and an assessment of compliance was recorded as met/partially met and not met.

**6.0 The inspection**

**6.1 Review of areas for improvement from the last unannounced inspection 7-10 November 2016**

The most recent inspection of Ward 27 was an unannounced inspection. The completed PCP was returned and approved by the responsible inspector. This PCP was validated by inspectors during this inspection.

Areas for Improvement from last inspection		Validation of Compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.3(j)</p> <p><b>Stated:</b> First Time</p>	<p>A review of the ward’s medical team to include assessment for the need of a middle grade doctor.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The medical cover for Ward 27 is currently undergoing a process of restructuring. The two full time consultant psychiatrists; have each reduced their days from 5 days a week to four and another consultant psychiatrist has been employed to ensure cover is provided on those days. There are two consultants psychiatrists who have responsibility for patients over 65 years of age, and they continue to have input to the patients on the ward who are under their care in the community.</p> <p>In addition plans are underway to ensure two community consultant psychiatrists, will have input into the ward. The Trust’s plan is to ensure continuity of care for all patients. Therefore consultant psychiatrists will follow patients throughout their journey from the community through to inpatient facility and back to the community. All consultants will have input into the home treatment team and the ward. Each patient’s consultant will be aligned to a GP catchment area/ practice.</p> <p>During the inspection there were two additional</p>	

	<p>staff grade medical officers on the ward.</p> <p>The Trust state that the restructuring will provide better liaison between the acute hospital setting and psychiatry.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.3.1(a)</p> <p><b>Stated:</b> First Time</p>	<p>A review of the ward’s patient information systems to include a reduction from three systems to two.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Patient care records continue to operate over three systems.          (One electronic recording system (MAXIMS and two paper files). Therefore the approach to record keeping was not consistent and it was difficult to review how each patient’s care and treatment was planned by the MDT from their assessed need.          The inspectors noted that this could lead to challenges for new staff.</p> <p>Efforts are ongoing to upgrade and modify the electronic information system, Maxims. The newest version is anticipated to go live in January 2018. The Trust has a member of management sitting on the IMS working group to ensure the newest version of Maxims is fit for purpose. Failings of the current system have been identified and are being remedied. In light of the ongoing regional wide issues/ failings of electronic information systems RQIA acknowledge that efforts are ongoing to address the issues identified.</p> <p>As this area of improvement has been partially met it will be reworded and restated.</p>	<p><b>Partially met</b></p>

## 7.0 Provider Compliance Plan

Areas for improvement identified during this inspection are detailed in the provider compliance plan (PCP). Details of the PCP were discussed with senior trust representatives, members of the multi-disciplinary team, ward manager, and ward staff as part of the inspection process. The timescales commence from the date of inspection.

The responsible person must ensure that all areas for improvement identified within the PCP are addressed within the specified timescales. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken.

## 7.1 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 to RQIA for assessment by the inspector by 19 July 2017.

## Ward 27 Provider Compliance Plan

<b>The responsible person must ensure the following findings are addressed:</b>	
<p><b>Area for Improvement No. 1</b></p> <p><b>Ref:</b> Standard 6.3.1 (c &amp; d) <b>Stated:</b> First Time</p> <p><b>To be completed by:</b> 25 August 2017</p>	<p>One of the occupational therapists allocated to Ward 27 is on long term leave for one year. There has been no back-fill for this vacancy which has had a direct impact on the occupational therapy service.</p> <p><b>Response by responsible individual detailing the actions taken:</b> [Two Band Five Occupational Therapists have NOW been appointed to provide appropriate occupational therapy cover for the individual who is on long term leave.]</p>
<p><b>Area for Improvement No. 2</b></p> <p><b>Ref:</b> Standard 6.3.1 (a) <b>Stated:</b> First Time</p> <p><b>To be completed by:</b> 29 June 2017</p>	<p>There was a lack of activities for patients. The selection of board games was poor and some were incomplete. Patients reported a lack of activities in the evenings, weekends and bank holidays.</p> <p><b>Response by responsible individual detailing the actions taken:</b> [The Ulster Hospital Ladies Committee have committed to providing the ward with a selection of replacement board games. The range of activities available to patients has been extended. For example, the new occupational therapy staff have procured vouchers for groups of patients to attend Ards Leisure Centre for activities. The ward has received passes for group outings to the Ark Farm, located in Newtownards. The ward are arranging local Cinema Trips in conjunction with the ward peer advocates who are willing to provide transport to facilitate attendance]</p>
<p><b>Area for Improvement No. 3</b></p> <p><b>Ref:</b> Standard 5.3.3 (d) <b>Stated:</b> First Time</p> <p><b>To be completed by:</b> 30 November 2017</p>	<p>There is no clinical psychology input to the ward.</p> <p><b>Response by responsible individual detailing the actions taken:</b> [The Trust acknowledges the benefit that the provision of dedicated clinical psychology would bring, as noted by the inspection team. However, at present there is no immediate funding available for such a post. The Trust has prepared a business case to seek funding for clinical psychology and accordingly submitted a bid to the Commissioner.]</p>
<p><b>Area for Improvement No. 4</b></p>	<p>Patient care records continue to operate over three systems. (one electronic recording system (MAXIMS and two paper files).</p>

<b>Ref:</b> Standard 5.3.1(a)  <b>Stated:</b> Second Time  <b>To be completed by:</b> April 2018	<b>Response by responsible individual detailing the actions taken:</b> 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. The Trust anticipates delivery of a Version 2 MAXIMS in January 2018 – a significant upgrade to the current operating system which will provide greater flexibility, accessibility and usefulness.
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<b>Name of person (s) completing the PCP</b>	Catherine Gilmore		
<b>Signature of person (s) completing the PCP</b>		<b>Date completed</b>	25/07/17
<b>Name of responsible person approving the PCP</b>	Bria Mongan		
<b>Signature of responsible person approving the PCP</b>		<b>Date approved</b>	25/07/17
<b>Name of RQIA inspector assessing response</b>	Cairn Magill		
<b>Signature of RQIA inspector assessing response</b>		<b>Date approved</b>	27/07/2017

*\*Please ensure this document is completed in full and returned to MHL.DutyRota@RQIA.org.uk from the authorised email address\**



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