



The **Regulation** and
Quality Improvement
Authority

Cranfield Men
Muckamore Abbey Hospital
Belfast Health and Social Care Trust
Unannounced Inspection Report
Date of inspection: 16 June 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 review the ward's progress in relation to recommendations made following a serious adverse incident.

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

Cranfield male is a fourteen bedded ward on the Muckamore Abbey Hospital site. The purpose of the ward is to provide assessment and treatment to male patients with a learning disability who need to be supported in an acute psychiatric care environment. On the day of the inspection there were 12 patients on the ward, six of whom were detained under the Mental Health (Northern Ireland) Order 1986. There were seven patients on the ward whose discharge from hospital was delayed.

Patients within Cranfield men receive input from a multidisciplinary team which incorporates psychiatry; nursing; psychology, behavioural support and social work professionals. Patients can also access occupational therapy, speech and language; dietetics and day care by referral. A patient advocacy service is also available.

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

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 12 and 13 January 2015 were assessed during this inspection. There were a total of seven recommendations made following the last inspection.

It was good to note that all seven recommendations had been implemented in full.

The inspector was pleased to note that risk screening tools and comprehensive risk assessments had been completed in accordance with guidance. There was evidence that care plans, nursing assessments and positive behaviour support plans had been completed which were comprehensive and directed the care on the ward. Progress notes reviewed by the inspector were detailed and gave a comprehensive account of each patient's progress. There was evidence that patients' capacity to consent to care and treatment was reviewed regularly by staff and documented. It was good to note that the Trust had commenced a Quality Network Review of Learning Disability Services. The Trust reviewed the number of behaviour support nurses available to patients in all of the wards on the Muckamore Hospital site and are planning to recruit a further two behaviour support nurses.

The inspector assessed the ward's physical environment using a ward observational tool and check list. The environment appeared relaxed, comfortable, clean and clutter free. There was ample natural lighting; good ventilation and the ward furnishings were well maintained. All patients had their own private bedroom with ensuite. There were rooms available for patients to have quiet time on their own and there were areas in the main part of the ward for patients to spend time in the company of others. The ward had access to a garden area which was available for patients to access freely throughout the day.

During the inspection the inspector completed a direct observation using the Quality of Interaction Schedule (QUIS) tool. This assessment rated the quality of the interactions and communications that took place on the ward between patients, nursing staff and ward professionals. Overall the quality of interactions between staff and patients were positive.

During the inspection the inspector and lay assessor spoke to four patients who had agreed to meet with them to complete a patient experience questionnaire. This recorded their experience in relation to the care and treatment they had received on the ward. All four patients made positive comments about how they had been treated on the ward.

4.1 Implementation of Recommendations

One recommendation which related to the key question "**Is Care Safe?**" was made following the inspection undertaken on 12 and 13 January 2015.

This recommendation concerned the completion of risk screening tools and comprehensive risk assessments.

The inspector was pleased to note that this recommendation had been fully implemented.

- The ward had completed risk screenings tools and comprehensive risk assessments in accordance with Promoting Quality Care Good Practice Guidance.

Six recommendations which relate to the key question “**Is Care Effective?**” were made following the inspection undertaken on 12 and 13 January 2015.

A recommendation was made in relation to staff gaining consent from patients prior to carrying out care and treatment as this was not evidenced in the care records. The quality of assessments and care plans completed was noted as a concern as they were not comprehensive and did not direct the care on the ward. A recommendation was made in relation to the absence of care plans in relation to the deprivation of liberty patients were experiencing on the ward. Concerns were also raised with regard to the availability of clinical specialists to patients on the ward.

The inspector was pleased to note that all six recommendations had been fully implemented.

- There was evidence that patients’ capacity to consent to care and treatment was reviewed regularly by staff and documented.
- Assessments and care plans were comprehensively completed.
- Positive behaviour support plans were in place which linked to patients’ care plans to direct the care on the ward.
- Care plans were in place in relation to restrictive practices and recorded a clear rationale for each restriction.
- Care plans were individualised and directed the care on the ward
- The Trust were completing a Quality Network Review of Learning Disability Services. If gaps in the current service are highlighted the Trust plan to make a funding proposal to the commissioners regarding this.

There were no recommendations which related to the key question “**Is Care Compassionate?**” made following the inspection undertaken on 12 and 13 January 2015.

The detailed findings from the follow up of previous recommendations are included in Appendix 1.

4.2 Serious Adverse Incident Investigation

A serious adverse incident (SAI) occurred in this ward on 9 November 2014. There were no recommendations made following the Trust’s investigation of the SAI.

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 inspector noted that there was information provided in the welcome to Cranfield Men welcome pack; this was also available in an easy to read format. There was no information displayed in relation to the ward performance.

The inspector reviewed the staffing rota for the ward; no concerns were identified. Staffing levels appeared adequate to support 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.

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

The ward environment promoted patients' privacy and dignity. Patients had their own individual ensuite bedrooms. Additional bathroom and toilet facilities were accessible. Patients could lock bathroom doors and a call system was available. There was a private room off the main ward area for patients to meet with their visitors. The entrance doors to the ward were locked at all times. A cordless phone was available for patient access and patients could use their mobile phones unless assessments indicated otherwise.

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 at all times in the communal areas and available at patients' request. A garden area was noted to be open and accessible throughout the inspection.

Confidential records were stored appropriately and patient details were not displayed. Signage was available throughout the ward, this included makaton signage.

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. Information was also available in easy read format. Information in relation to deprivation of liberty was displayed in patient communal areas.

The medical room was clean, tidy and well organised. Emergency equipment was centrally stored between all Cranfield wards. The inspector reviewed the last ligature risk assessment and action plan which was completed on 26th June 2014. Ligature points were identified in this assessment however there was no timescale set for when this work would be completed. There was evidence that care plans/risk assessments were in place in relation to patients using profiling/metal frame beds. However risk assessments were not in place to detail how environmental risks were being managed on the ward for each individual patient. Staff assured the inspector that there were no patients on the ward who had suicidal ideation. A recommendation has been made in relation to this.

Patient activities and day care schedules were displayed in patients' bedrooms and also on a notice board on the ward. A number of patients did not want their timetable displayed and this was respected. The day and date was communicated on the notice board.

Patients were observed during lunch time in a clean and comfortable dining area which was incorporated within the main ward sitting area. A choice of meals was available and staff were observed offering patients choice. Meals appeared appetising.

The inspector identified areas which should be reviewed by the ward manager to improve standards on the ward in accordance with good practice guidance. These include:

- Displaying information about the ward's performance e.g. information in relation to incidents, compliments and complaints.
- Details of the ward round, ward doctor and other members of the multi-disciplinary team should be displayed on the notice boards
- The name of the patients' named nurse should be displayed as well as the name of the staff member who has been allocated the time to provide one to one support

The above information should be displayed in a format that meets patients' communication needs.

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

The formal session involved observations of interactions between staff and patients/visitors. Five interactions were noted in this time period. The outcome of these interactions were as follows:

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

Overall the quality of interactions between staff and patients were positive. Patients and nursing staff were observed sitting together in the communal area. The atmosphere was relaxed for most of the day and all patients 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 3.

7.0 Patient Experience Interviews

Four patients agreed to meet and complete a questionnaire regarding their care, treatment and experience as a patient with the lay assessor and

inspector. None of these patients had been detained in accordance with the Mental Health (Northern Ireland) Order 1986.

The Lay assessor used an easy to read questionnaire to interview the patients.

Responses to the questions asked were all positive:

- All four patients felt safe and knew who to speak to if they were unhappy.
- All four patients stated they were involved in their care treatment plans, attended their meetings, saw their doctor every week and had a good relationship with their primary nurse.
- All patients stated they were well cared for and that being in hospital was helping them to get better. All four patients stated they had activities to do every day and were able to get time off the ward.
- All four patients stated they see their family and could use a phone in private. Two patients stated they had their own mobile phone
- Patients were aware that the ward door was locked and expressed no concerns about this. One patient stated that they had asked to be admitted to the ward as they were very unwell

Patients made the following comments:

"I love it here the staff are great, my named nurse is great"

"I've been in here before and I asked to come back in..... I was feeling really unwell, I'm safe in here"

"I talk to staff when I am unhappy, they are very helpful"

"The doctor is a very nice man"

"I can go for a walk at any time"

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	1
Other ward professionals	1
Advocates	0

Wards staff

The inspector met with one member of nursing staff on the day of inspection. This staff member advised that they enjoyed working on the ward and felt well supported by the ward manager and colleagues. They did not express any concerns regarding the ward or patients' care and treatment

Other ward professionals

The inspector and the lay assessor met with the safeguarding officer for Muckamore Hospital. They provided the inspector with a summary of the work they undertake on the hospital site. They did not express any concerns regarding the ward or patients' care and treatment.

The advocate

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

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 August 2015

The inspector will review the QIP. When the 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 12 and 13 January 2015

No.	Reference.	Recommendations	No if times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	5.3.3 (b)	It is recommended that the charge nurse ensures that all staff record when they have sought consent before supporting or providing any care to patients.	1	The inspector reviewed four sets of care documentation and there was evidence that patients' capacity to consent to care and treatment was reviewed regularly by staff and documented in the patients' progress notes.	Fully met
2	5.3.3 (f)	It is recommended that the charge nurse ensures that patient assessments and associated care plans are comprehensively completed and any associated plans are individualised, evidence based and developed in line with NICE guidance.	1	In the four sets of care documentation reviewed by the inspector there was evidence that patients' assessments and associated care plans were comprehensively completed. Care plans were completed from assessed need were individualised and person centred.	Fully met
3	5.3.3 (f)	It is recommended that the Trust ensures that positive behaviour support strategies used on the ward to address behaviours that challenge are clearly documented to guide care practices and promote the development of alternative functional social appropriate behaviours.	1	<p>In the four sets of care documentation reviewed there was evidence that positive behaviour support (PBS) plans had been devised for two patients from their assessed need. These plans included strategies used on the ward to address behaviours that challenge. They detailed the following information:</p> <ul style="list-style-type: none"> • The patient's background and their current presentation. Each plan identified were the information was sourced from to complete the PBS plan i.e. functional assessments, speech and language therapy reports, MDT discussions, medical records, psychology records and through observations. 	Fully met

Appendix 1

				<ul style="list-style-type: none"> • There was a record in each PBS plan of the behaviours each patient can display which can be challenging and the triggers to these behaviours being displayed. The cycle of behaviour was detailed with the early warning signs. The function of the behaviour was also detailed. <p>The traffic light system had been implemented and support strategies were in place around this system. Behaviours were recorded with specific support strategies to stop the situation from escalating further and to assist the patient in returning to the proactive stage as soon as possible. The positive behaviour support plans reviewed gave a clear direction to guide care practices and promoted the development of alternative behaviours. PBS plans were linked to each patient's care plans. There was evidence in the patients' progress notes that patients' progress in relation to these plans was monitored and reviewed on a regular basis to record patients' progress</p>	
4	6.3.2 (b)	It is recommended that the charge nurse ensures that comprehensive risk screening tools and assessments are completed and reviewed in accordance with Promoting Quality Care Good Practice Guidance on the Assessment and Management of Risk in Mental Health and	1	In the four sets of care documentation reviewed there was evidence that risk screening tools and comprehensive assessments had been completed and reviewed in accordance with Promoting Quality Care Good Practice Guidance.	Fully met

Appendix 1

		Learning Disability Services May 2010.			
5	5.3.1. (a)	It is recommended that the charge nurse ensures that all care plans in place in relation to restrictive practices have a clear rationale for the restriction in place in terms of necessity and proportionality.	1	In the four sets of care documentation reviewed by the inspector there was evidence that care plans were in place in relation to restrictive practices. These care plans detailed a clear rationale for the restriction in place in terms of necessity and proportionality.	Fully met
6	5.3.3	It is recommended that the charge nurse ensures that care plans are developed so that they clearly guide all care interventions related to that assessed need to direct day to day care delivery on the ward and promote consistency of approach to patient care.	1	In the four sets of care documentation reviewed there was evidence that care plans had been developed from patients assessed need. Care plans were used to inform and guide care and treatment interventions on the ward and were linked to positive behaviour support plans. There was evidence that care plans were reviewed on a regular basis.	Fully met
7	5.3.3 (d)	It is recommended that the Trust reviews the availability of clinical specialisms to patients on the ward. The views of clinicians working in the multidisciplinary team and evidence based practice should be incorporated into this review.	1	The Trust is involved in completing a Quality Network Review of Learning Disability Services. An application was made in March 2015 and it is planned that it will be completed by December 2015. Once the review is finalised and if gaps in the current service are highlighted the Trust will make a funding proposal to the commissioners regarding this. The Trust have reviewed the availability of behaviour support nurses and are recruited a further two nurses to the hospital site.	Fully met

Follow up on the implementation of any recommendations made following the investigation of a Serious Adverse Incident

No.	SAI No	Recommendations	Action Taken (confirmed during this inspection)
1	BHSCT/SAI/14/162	This incident occurred on 09/11/2014. The final investigation report stated that no recommendations have been made	Not applicable



Quality Improvement Plan

Unannounced Inspection

Cranfield Men, Muckamore Abbey Hospital

16 June 2015

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 and senior trust representatives 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	5.3.1 (a)	It is recommended that the Trust ensures that a risk assessment /care plan is completed for each individual patient detailing how environmental risks are going to be managed and reviewed to ensure patient safety.	1	Immediate and ongoing	Environmental risks as highlighted in the ligature risk assessment are managed and reviewed individually for all patients. Any patient who presents with suicidal ideation will have an assessment and plan of care which will include the specific environmental risks to ensure patient safety.
2	5.3.1 (a)	It is recommended that the Trust complete a detailed action plan from the environmental ligature risk assessment of the ward. This action plan should detail the actual timescales agree for this work to be completed to ensure the safety of patients on the ward.	1	24 July 2015	A detailed action plan of the risks identified through the environmental ligature risk assessment is being developed specifically for the ward. The action plan will include timescales for agreed work to be completed to ensure the safety of patients on the ward and how these identified risks will be managed in the interim.
Is Care Effective?					
		No recommendations			

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 Compassionate?					
		No recommendations			

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	[Bert Lewis]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Martin Dillon]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Audrey McLellan	11/8/15
B.	Further information requested from provider				