



The **Regulation** and
Quality Improvement
Authority

RQIA

**Mental Health and Learning
Disability**

**Patient Experience
Interviews Report**

Cranfield Male

Muckamore Abbey Hospital

**Belfast Health & Social Care
Trust**

3 June 2014



informing and improving health and social care
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1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Northern Ireland's health and social care services. RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services. The work undertaken by the Mental Health and Learning Disability team (MHLDD) is fundamentally underpinned by a human rights framework and the Human Rights Act (1998). Additionally, RQIA is designated as one of the four Northern Ireland bodies that form part of the UK's National Preventive Mechanism (NPM). RQIA undertake a programme of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment, upholding the organisation's commitment to the United Nations Optional Protocol to the Convention Against Torture (OPCAT).

1.1 Purpose of the visit

Patient Experience Interviews (PEIs) form an integral component of the RQIA inspection programme.

Aims

- To monitor the care and treatment of individuals detained under the Mental Health (Northern Ireland) Order 1986, taking specific cognisance of the individual's perception of their care;
- To monitor the care and treatment of any individual inpatients in MHLDD facilities, taking specific cognisance of the individual's perception of their care;
- To make relevant recommendations where required to improve the patient experience with line with the standards detailed in The Quality Standards for Health and Social Care (DHSSPSNI, 2006).

Objectives-

- To engage and consult with patients and their advocates;
- To ensure that patients are afforded due respect for individual human rights;
- To monitor the context and environment within which care is provided;
- To monitor the quality and availability of care;
- To make appropriate recommendations for improvement and to highlight any issues of concern in line with the escalation policy;

- To provide feedback on concerns/issues raised
- To inform the annual inspection processes.

1.2 Methods/Process

Prior to the inspection RQIA forwarded notification of the visit to the Trust; this allowed the patients and the ward an opportunity to prepare for the interviews.

On the day of the visit inspectors met with any patient (or in specific cases, their representative) who had indicated that they wished to meet with them. Discussions led by the patient, and semi-structured interviews were undertaken. Inspectors also completed a direct observation of the ward using guidance from Quality of Interaction Schedule (QUIS). Verbal feedback was provided to the ward manager at the conclusion of the visit.

Where required, relevant recommendations are made in a Quality Improvement Plan. Recommendations are made according to standards set out in the Department of Health, Social, Services and Public Safety; The Quality Standards for Health and Social Care; Supporting Good Governance and Best practice in the HPSS March 2006

There were no recommendations made following the patient experience interviews.

A copy of the interview questions is included at Appendix 1.

2.0 Ward profile

Trust/Name of Ward	Belfast Health & Social Care Trust, Cranfield Male
Name of hospital/facility	Muckamore Abbey Hospital
Address	1 Abbey Road Antrim BT41 4SH
Telephone number	028 9446 3333
Person-in-charge on day of visit	Bert Lewis
Email address	Bert.lewis@belfasttrust.hscni.net
Number of patients and occupancy level on days of visit	Number of beds 14 Number of patients 14
Number of detained patients on day of inspection	Seven
Number of patients who met with the inspector	Four
Date and type of last inspection	18 November 2013, Announced
Name of inspectors	Wendy McGregor Audrey Woods

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 patient experience interviews there were seven patients who were detained under the Mental Health (Northern Ireland) Order 1986. There were five patients on the ward whose discharge from hospital was delayed.

Patients within Cranfield male receive input from a multidisciplinary team which incorporates psychiatry; nursing; psychology, behavioural support and social work professionals. Patients can also access Occupational Therapy and Day Care by referral. A patient advocacy service is also available.

3.0 Outcomes of interviews

Number of patients interviewed

Four patients chose to meet with the inspectors on the day of the visit. Three of these patients had been detained in accordance with the Mental Health Order (Northern Ireland) 1986.

Specific issues raised by patients/representatives

Patients and/or their representatives were asked if they wished to discuss any particular aspect or concerns about their care and treatment.

One patient stated that they had some items of clothing missing and they had asked the staff about this but had not received these items. The inspectors discussed this with the ward manager who advised that the items were in the laundry room and were subsequently returned to the patient during the visit.

One patient stated that there should be more activities available on the ward. This patient requested a cookery programme as they were unable to cook. This was discussed with the ward manager who stated that the patients in the ward are able to avail of a basic cooking programme however the day centre would run a more substantial cookery programme. The patient concerned had just commenced day care where they would be able to avail of this programme.

One patient stated that they were unaware of what they would be doing each day when they did not attend their day care placement and they stated that they would like a more structured programme in place. The inspectors discussed this with the ward manager who stated that some patients have a structured programme in place and some do not, it depends on the individual circumstances. Documentation was reviewed on this patient and it was evidenced that staff had discussed this with the patient and they had decided against a structured programme each day.

Patients spoke very positively about staff on the ward and all were happy with the overall care and treatment they were receiving. One patient stated they were not in a hurry to leave the ward as it is the best hospital they had ever been in.

Outcomes of Direct Observation

Ward Environment

On the day of the visit the ward environment was calm and welcoming. The ward appeared well maintained, clean and tidy. There was clear signage on entry to the ward and there were written signs and pictures on the internal doors indicating the purpose of each room. Information leaflets were displayed on the notice board which included information on how to make a complaint. Information was also displayed on who was on duty and what activities were available on each day of the week. There was also information

displayed in easy read format which detailed various options available to meet the patient's spiritual needs.

Each patient had their own bedroom and en-suite which was designed to promote patient dignity and privacy. Inspectors visited two bedrooms which were clean, tidy and clutter free. Bedrooms were noted to be personalised. There was a photograph of each patient on their bedroom door for improved way finding. There was an area for visitors to meet with patients in private and visitors also had the option of meeting their relatives in their own room if they choose. The entry and exit door to the ward was locked.

Staff and patient interactions

On the day of the visit the inspectors observed positive interactions between staff and patients. Some patients were in the TV room with a staff member and other patients were taking part in activities in the main activity room. Music was on in the main room and the atmosphere appeared relaxed and calm. Some patients were taking part in art with staff in the main communal room.

It was good to note that staff actively encouraged patients to meet with inspectors.

One patient had indicated they wished to take part in the interview with the inspectors. The inspectors were cognisant of the patient's presentation on the day of the visit and it was good to note that staff made efforts to accommodate the patient's request. Interaction between the staff member and the patient was observed to be positive and inspectors observed the staff use appropriate communicate skills. Although the staff member actively encouraged the patient, they also became aware when it was clear the patient did not wish to engage with the interview, the staff member was observed escorting the patient out of the room appropriately, with dignity and respect.

Responses to questions 1-1d

The four patients interviewed stated they knew why they were in hospital and they were aware of what they were allowed and not allowed to do on the ward. One patient stated that the ward manager had explained this to them when they were admitted to Cranfield male ward.

Three patients interviewed were detained in accordance with the Mental Health Order (NI) 1986. One patient did not know what the mental health tribunal was. This was discussed with ward manager and the patients care documentation was reviewed. There was evidence in the care documentation that the patient's right to apply to the mental health tribunal had been explained to them both in writing and verbally. The ward manager agreed to explain this to the patient again.

Responses to questions 2- 2c

Three of the four patients interviewed indicated they had been involved in their care and support and also had the opportunity to involve their family members if appropriate. All three patients stated that their named nurse discussed their care plans with them prior to and post review meetings.

Inspectors reviewed care documentation in relation to one patient who had stated they had not been involved in their care and treatment. The care documentation evidenced that the patient's care plan had been explained to them. There was also evidence that the patient's views were sought prior to multi-disciplinary meetings and after the meetings. There was evidence that the care plan had been agreed and signed by the patient. There was also evidence of family involvement.

One of the patient's interviewed stated no-one had spoken to them about their medication. Inspectors reviewed care documentation in relation to this patient and there was evidence that this patient had attended their 'post admission' meeting on the morning of the patient experience interviews and that this patient had discussed their medication with medical staff. The ward manager agreed to revisit this with the patient again.

Responses to questions 3 & 3a

Two of the four patients interviewed knew what an independent advocate was and one patient had used this service and stated they felt it was a very helpful service. Two patients did not know what an independent advocate was. When this service was explained both patients felt they did not need this service at this time.

The ward has access to independent advocacy services through a referral system and a patient on the ward is a member of the TILII Advocacy service. Information in relation to advocacy services was displayed on the ward and included in the ward information leaflet.

Responses to questions 4 -4b

Three of the four patients interviewed had been subject to physical intervention. All three patients stated the reasons had been explained to them and that they had not been hurt during the physical intervention. One patient stated the reason why they were subject to physical intervention was "to protect them and me". The patient stated that they had been "very cross". Another patient stated they had been subjected to physical intervention because they had been fighting with another patient. This patient stated that afterwards staff explained the reasons why this had been used.

Responses to questions 5-5c

Two of the four patients interviewed stated they had been forced into a room on their own (seclusion). Both patients advised that the reason for this was explained to them.

Three patients interviewed stated they did have staff stay with them all day and all night (enhanced observations). One patient stated they were on enhanced observations when they were initially admitted to the ward and this was explained to them. The patient stated “they were protecting me”.

One patient interviewed was on enhanced observations on the day of the Patient Experience Interview. This patient was aware of the reasons for the enhanced observations.

One patient stated that they had been on enhanced observations when they were initially admitted to the ward 4 years ago but the reason for this was not explained to them. The Inspectors reviewed care documentation in relation to care practices around enhanced observations and noted there was evidence that an explanation had been given to the patient. This was recorded on the ‘Guidance on Restrictive Practice Review’ form.

Responses to question 6

Three of the four patients interviewed stated they felt safe on the ward.

One patient stated they “sometimes feel scared of other patients on the ward”. The patient had not witnessed any incidents on the ward, however this was their first admission and the patient indicated they were becoming familiar with the needs of the other patients and the dynamics of the ward. The patient stated they spent most of their time in their room when they felt “scared”. This was discussed with the ward manager who stated they were aware of this issue and confirmed that this patient had been offered 1:1 support to discuss their concerns, this was also evidenced in the care documentation reviewed by inspectors.

Responses to questions 7-7b

Three of the four patients interviewed stated they had items removed from them on admission. The patients stated the reason for this was explained to them and they could get these items when they requested.

One patient interviewed stated they did not have any items removed from them.

Responses to questions 8 & 8a

All four patients interviewed stated they were allowed time off the ward. Patients were given the opportunity to attend day care which is on the hospital grounds outside of the ward. Patients stated they also take part in activities off the hospital site accompanied by staff such as going for walks, going to the cinema and going into the local town. One patient stated “mummy takes me out every Saturday”, “On Friday I go to the cinema with my sister”. All four patients stated that they can access the garden area.

Responses to questions 9 -9b

All four patients interviewed knew who to speak to if they were unhappy or something was wrong. Three patients had spoken to the staff when they felt something was wrong and were happy with the outcome. One patient stated they had never had a reason to speak to anyone about concerns.

Responses to question 10

All four patients interviewed stated they were happy with the quality of care they received on the ward. Some comments made about the quality of care and treatment include, “Very happy with my care in the hospital”; “not so bad staff are ok”; “staff are all ok”; “Best hospital I have ever been in”; “cleaner is great she changes your bed every week it’s really clean and tidy”.

Additional areas discussed during the visit

Patients complimented the environment stating it was a “very clean and tidy, a great place” and it was “a good standard”. One patient stated that the ward can be noisy sometimes but on these occasions they can use their room as they have their own key.

Patient forum meetings are being held monthly and an advocate is invited to these meetings.

One patient stated that a discharge plan had been put in place which will provide them with much more support in the community than they previously had. This patient was pleased with this as they felt there had been no support provided prior to their admission.

In relation to patients delayed discharge one patient stated that “a suitable placement is not ready yet” and they were “happy to stay until there is somewhere found for me”. Three of the four patients’ interviewed were delayed in their discharge from hospital. This was discussed with the ward manager who advised that these patients were waiting on suitable accommodation in the community.

4.0 Conclusions

Cranfield male is an assessment and treatment ward. On the day of the interviews there were five patients whose discharge from hospital was delayed.

Four patients agreed to complete the Patient Experience Interviews. Patients were complimentary of the staff, their overall care and treatment and the ward environment.

There are no recommendations made from the interviews with the patients and the direct observation.

From the observations of the ward on the day of the Patient Experience Interviews, the inspector's impression of the overall treatment and care on the ward was found to be in keeping with the five standards of respect, attitude, behaviour, communication privacy and dignity as referenced in the Department of health, Social Services and Public Safety; Improving the Patients & Client Experience, November 2008. Staff demonstrated respect in all contacts with patients. Staff demonstrated positive attitudes towards patients. Staff demonstrated professional and considerate behaviour towards patients. Staff communicated in a way that was sensitive to the needs and preferences of patients. Staff protected the privacy and dignity of patients.

The inspector would like to thank the patients and staff for their cooperation throughout the interview processes.



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No requirements or recommendations resulted from the Patient Experience Interviews of **Cranfield Male, Muckamore Abbey Hospital** which was undertaken on **3 June 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

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NAME OF REGISTERED MANAGER COMPLETING	Bert Lewis
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Colm Donaghy

Approved by:	Date
Siobhan Rogan	30/06/2014