

## Unannounced Follow up Inspection Report



**Cranfield Male Ward 1**

**Muckamore Abbey Hospital**

**Belfast Health and Social Care Trust**

**Unannounced Inspection Report**

**Date of inspection: 13 July 2017**

**Inspector: Alan Guthrie**

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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

Cranfield Male Ward 1 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 17 patients listed as being on the ward. One patient was sleeping out in another ward and three patients were on home leave. Five patients 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 the ward receive support from a multidisciplinary team (MDT) which includes: psychiatry; nursing; clinical psychology, behavioural support and social work professionals. Patients can also access occupational therapy, speech and language therapy; dietetics and day care by referral. A patient advocacy service is also available.

## 3.0 Service Details

<b>Responsible person:</b> Martin Dillon	<b>Ward Manager:</b> Aislinn Duffy
<b>Category of care:</b> Learning disability	<b>Number of beds:</b> 14
<b>Person in charge at the time of inspection:</b> Aislinn Duffy	

## 4.0 Inspection Summary

An unannounced inspection took place on the Cranfield Male Ward 1 on the 13 July 2017. The purpose of this inspection was to follow up intelligence received by RQIA including a call from an anonymous caller. The caller relayed concerns regarding patient care and the ward environment.

RQIA were also concerned that the completion of statutory functions, in accordance to the Mental Health (Northern Ireland) Order 1986, for one patient had not been appropriately managed. This concern was not reviewed during the inspection as the Trust was in the process of completing an internal review of the incident.

Specific methods/processes used in this inspection included the following:

- Discussions with nursing staff and managers.
- Discussions with patients.
- Examination of patient care records.

- Observation of the ward environment.
- Observation of interactions between staff and patients.
- Review of the ward's temperature control systems.
- Review of the ward's laundry.

Any other information received by RQIA about this service and the service delivery was also considered by the inspector in preparing for this inspection.

Inspectors met with four patients, three nursing staff, the ward manager, the ward's Consultant Psychiatrist and the ward's senior management team.

On arrival to the ward the inspectors met with the ward manager to inform them of the nature of the inspection and the concerns which had been forwarded to RQIA.

The aim of the inspection was to gather evidence and determine if the concerns were substantiated or unsubstantiated. The findings from the inspection are detailed within the report and measured against current legislation, minimum standards and best practice guidance.

The findings recorded within this report reflect the position in the ward on the day of inspection.

Patients presented as content and relaxed and were noted to be positively interacting with staff. The inspector spoke with and observed patients throughout the ward on a casual and informal basis. Patients who spoke to the inspector reported no concerns in relation to their care and treatment. Interactions between patients and staff were observed to be positive.

The inspector's findings in relation to the concerns reported are detailed below.

## 4.1 Inspection Outcome

### Concerns and Inspection findings

The inspector examined the ward's situation in relation to each of the concerns identified including the allegations made by the anonymous caller. The nature of the concerns and allegations and the inspectors findings are detailed below. The findings reflect the ward's circumstances on the day of the inspection.

#### Concern 1 – Patients unable to access Allied Health Professionals (AHP)

On the day of the inspection the inspector spoke with four patients and five members of staff and reviewed three sets of patient care records. Patients told the inspector they had no concerns regarding their ability to access services including podiatry, speech and language services, social work, a dentist or an optician. Patient care records evidenced that patient needs were comprehensively assessed and a corresponding care and treatment plan had been agreed. The inspector found no evidence that patients had been unable to access any professional that might be required to support their care and treatment.

Staff who met with the inspector demonstrated understanding of AHP within the hospital. This included referral pathways to AHP's. The inspector reviewed the referral pathways with the

ward manager and discussed contingency planning in circumstances where there might be a delay, for example in accessing a podiatrist or an optician. The ward manager assured the inspector that the hospital podiatrist was available as required and each patient was referred to the services on admission. The ward also explained that should a patient require an optician this would be arranged quickly.

The inspector found no evidence to support the concern that patients could not access paramedical services.

### **Concern 2 – Patient care and treatment not being appropriately monitored**

The Cranfield Male Ward 1 provides care and treatment to patients who have a learning disability and are experiencing an acute mental health problem. Unfortunately there are also seven patients on the ward whose discharge has been delayed due to the unavailability of appropriate community resources. Subsequently, these patients no longer require hospital based care and treatment. Given that 50% of the patients admitted to the ward no longer require hospital admission staff have to balance the needs of these patients with the needs of patients who are acutely unwell. The inspector reviewed three sets of patient care records. Two sets of records related to patients whose discharge had been delayed and one record related to a patient who remained acutely unwell.

Care records reviewed by the inspector evidenced that the ward's multi-disciplinary team continued to provide contemporaneous records of each patient's progress. Patient care plans, risk assessments, physical health care assessments were up to date. Nursing continuing care records evidenced that patients were closely monitored and their care and treatment was being reviewed regularly. Care records were noted to be appropriately detailed and patient centred. The inspector found no evidence that patient care and treatment was not being appropriately monitored.

The inspector found no evidence to support the concern that patient care and treatment not being appropriately monitored.

### **Concern 3 – Temperature control within the ward**

The inspector reviewed the ward's equipment and the Trust's procedures for controlling the ward's temperature. The ward's automated heating and cooling system was being monitored by the Trust's estate services. Staff reported that the system can take time to adjust to temperature changes and this in turn can be complicated by rising and falling temperatures outside. Staff who met with the inspector had no concerns regarding their ability to access estates services as required. Staff stated that they could open windows and internal doors as required and patients and staff could access water as required. Despite the challenges to ensuring that the ward remained at a constant appropriate temperature, the inspector was satisfied that the Trust had taken appropriate steps to ensure the ward's temperature was continually monitored.

The inspector found no evidence to support the concern in relation to temperature control on the ward.

<b>Total number of areas for improvement</b>	Nil
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## 5.0 Areas for Improvement

Areas for improvement were not identified as a result during this inspection. Subsequently, a provider compliance plan has not been completed.

Name of person (s) completing the PCP	<u>NA</u>		
Signature of person (s) completing the PCP	<u>NA</u>	Date completed	
Name of responsible person approving the PCP	<u>Mairead Mitchell</u>		
Signature of responsible person approving the PCP	<u>Mairead Mitchell</u>	Date approved	<u>August 2017</u>
Name of RQIA inspector assessing response	<u>Alan Guthrie</u>		
Signature of RQIA inspector assessing response	<u>Alan Guthrie</u>	Date approved	<u>14 August 2017</u>

***\*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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