

# Mental Health and Learning Disability Inpatient Inspection Report



**Cranfield Male Ward 1**

**Muckamore Abbey Hospital**

**Belfast Health and Social Care Trust**

**Unannounced Inspection Report**

**Date of inspection: 16 May – 18 May 2017**

**Inspectors: Alan Guthrie and Dr John Simpson**

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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 days of the inspection there were 17 patients listed as being on the ward. One patient was sleeping out in another ward and two patients were on home leave. Five patients were detained under the Mental Health (Northern Ireland) Order 1986. There were eleven 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

**Responsible person:** Martin Dillon

**Ward manager:** Aislinn Duffy

**Person in charge at the time of inspection:** Aislinn Duffy

### 4.0 Inspection Summary

An unannounced inspection took place over three days from 16 – 18 May 2017.

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 Cranfield Male Ward 1 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:

- The ward's management team had implemented an appropriate strategy to address nursing staff shortages.
- Staff stated they felt supported and that they enjoyed working on the ward.
- Inspectors evidenced the ward's ethos to be patient centred and recovery focussed.
- Patients could access the range of professionals required to support their recovery.
- Patients were involved in designing their care and treatment interventions.

Inspectors evidenced significant concerns in relation to the function of the ward and the challenges faced by 11 patients whose discharge from the ward was delayed. Patients, staff and care records evidenced that the reasons for patients' discharge being delayed were beyond the control of the ward's multi-disciplinary team and the hospital. Patients were unable to leave the ward due to a lack of suitable community placements.

Inspectors evidenced that care and treatment was being provided to patients in accordance to the required standards. The ward's atmosphere was positive and patients stated that they felt supported and the care provided to them was good. The MDT was unable to adhere to the ward's identified function as an assessment and treatment facility. Subsequently, patients whose discharge was delayed were receiving care in an environment which was contrary to their assessed needs. These patients no longer required hospital treatment and it was concerning to note that the MDT was having to manage two distinct patient groups, those

patients newly admitted who were acutely unwell and those patients who had recovered and were awaiting discharge.

Inspectors evidenced that the trust continued to proactively address the reasons resulting in the delay in patients being discharged from the ward. The trust monitored patient progress by ensuring patients whose discharge was delayed remained under continued assessment and that their care records were continually updated. The trust ensured that the Health and Social Care Board remained informed regarding those patients whose discharge was delayed. The ward also maintained close and continuous contact with relevant learning disability and community teams to help ensure that each patient's circumstances remained under review.

### **Areas requiring improvement:**

Two areas requiring improvement were identified Which are discussed in the provider compliance plan at the end of this report. Areas for improvement relevant to those patients whose discharge from the ward was delayed are not reflected in the provider compliance plan. Inspectors evidenced that the reasons for the delay in discharging patients related to the lack in provision of appropriate community placements and not as a result of ward or hospital practices.

#### **Area one: Provision of on-site pharmacy services**

Inspectors were informed that pharmacy services and support were not available on the hospital site. The ward's pharmacy support is based in Belfast. Subsequently, deliveries and returns are subject to delays due to travel. Furthermore given the complexity of patient medication regimes inspectors were concerned that ward staff could not access on site pharmacy support.

#### **Area two: Patient access to a ward based occupational therapist**

Inspectors were informed that patients could not access the occupational therapist (OT) as the OT provided services to a number of wards. Inspectors evidenced that the hospital was supported by two OTs with a third due to commence work in August 2017. Inspectors also noted that the OT supporting patients in Cranfield Male Ward 1 had been on a temporary contact during the previous 18 months (approx.).

RQIA will continue to monitor the Trust's progress in these areas.

Two recommendations were made as a result of the previous inspection. It was positive to note that both recommendations had been met. Inspectors' findings regarding the Trust's progress in addressing these recommendations are discussed in section 6.1 of this report.

### **Patients Views:**

During the inspection inspectors met with seven patients who each completed a questionnaire. Patients were positive about their relationships with staff and the care they received. All of the patients described the ward as being clean and tidy and it was positive to note that each patient felt that being in hospital was helping them. Two patients stated that there were not always enough activities to keep them busy at nights and at weekends. Patient staff interactions observed by inspectors were positive. Patients remained relaxed and at ease throughout the inspection. Inspectors note staff to be supportive, friendly and caring. There were no concerns expressed by patients regarding their ability to meet with any member of the MDT.

Three patients discussed their concerns and frustrations in relation to their discharge from the ward being delayed. Each patient explained that they understood why their discharge had been delayed and the reasons for this. Staff who met with inspectors were also frustrated regarding the difficulties faced by patients awaiting discharge. It was good to note that patients were continually updated regarding their discharge plans. It was also positive to note that ward's staff continued to prepare patients for discharge and to engage with community teams.

Patients stated that when they had a concern or difficulty regarding their care they could discuss this with their named nurse. Patients told inspectors that they knew who was involved in their care and who to talk to if they were not happy or they were upset. Inspector observations evidenced that patients actively engaged with staff. Patient care records detailed the involvement of all professionals within the MDT.

Patients stated:

“Very caring and very good staff.”

“Staff have been excellent with me.”

“There are not a lot of activities at nights.”

“I feel happy to be here.”

“Ten out of ten.”

“It's sometimes noisy.”

“I feel very safe.”

Inspectors discussed the ward's noise levels with patients, staff and the ward's senior management team. Inspectors were satisfied that staff continued to take appropriate steps to manage noise levels whilst supporting all patients. Inspectors were informed that some patients experienced difficulties when noise levels were raised. It is important to note that the ward provided care and treatment to newly admitted patients who presented as very unwell. At the same time the ward also continued to care for patients who no longer required treatment.

### **Relatives Views:**

During the inspection no relatives were available to meet with an inspector. No questionnaires were returned post inspection.

### **Staff Views:**

Inspectors met with ten members of the ward's MDT. Staff were positive about their experiences and the quality of care and treatment provided to patients. Staff stated that they felt the MDT listened to and considered the views of all staff. The MDT was described by staff as being inclusive, supportive, and patient centred. Staff who met with inspectors evidenced knowledge regarding the ward's ethos and objectives. Staff stated that they felt the ward was effective for newly admitted patients. However, staff reflected on the challenges for those

patients whose discharge from the ward was delayed as well as recent progress for five of the 11 patients whose discharge was delayed. This included the pending discharge of three of these patients. Staff presented as confident in their role within the ward and they demonstrated a high level of understanding of the needs of the patient group. Staff were positive about the level of leadership demonstrated by the ward's senior staff. Inspectors noted the enthusiasm, energy and motivation of staff; both support and clinical staff evidenced a high level of leadership skill throughout the ward staff team.

Staff reported no concerns regarding their ability to access training, supervision and appraisal. Nursing staff demonstrated good knowledge and understanding of patient care needs and ward processes. This included the ward's safeguarding and incident management procedures. Staff discussed the challenges of ensuring appropriate levels of nursing staff were available for each shift. Inspectors were informed that staff pressures throughout the hospital and the need to provide five patients with continuous supervision resulted in each shift requiring up to ten nursing staff. The number of staff required changed in accordance to the supervision needs of patients. Inspectors reviewed the ward's duty roster and spoke with nursing and senior ward managers. It was positive to note that staffing levels were continually monitored and reviewed. In circumstances where a shift was short staffed this was appropriately recorded as an incident and more bank staff brought in.

Inspectors observed staff interacting with patients in a considerate and polite manner which helped to maintain a relaxed and welcoming atmosphere. Staff were witnessed continually asking patients for consent prior to providing care and treatment interventions. Staff demonstrated a high level of skill and effective use of communication skills and de-escalation techniques. Inspectors noted that the ward remained calm throughout the days of the inspection.

#### **Staff Said:**

“Good MDT and core staff group.”

“I love the ward”.

“We have a good relationship with in reach staff”.

“Positive relationships with community teams”.

“Everyone has their say”.

“The ward is very patient centred”.

“This is a very positive ward with lots of good practice”.

“Ward staff are very good at implementing MDT recommendations”.

“The ward has great working relationships between staff members”.

“Very busy and demanding ward”.

“MDT members are easy to contact”.

“We have good nurse managers”.

“It’s frustrating for those guys whose discharge is delayed”.

“It can be difficult to get a doctor on call”.

“There is no pharmacy on site”.

“There are staffing pressures”.

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 managers and staff 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

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.

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 seven service users and ten members of staff. No service users' visitors/representatives were available to meet with inspectors.

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.

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

We reviewed recommendations made at the last inspection. Two recommendations had been made as a result of the previous inspection completed 16 June 2015. An assessment of compliance recorded that both recommendations have been 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 Recommendations from the Most Recent Inspection dated 16 June 2015**

The most recent inspection of Cranfield Male Ward 1 was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This completed QIP was validated by the responsible inspector during this inspection.

**6.2 Review of Recommendations from Last Inspection dated 16 June 2015**

Areas for Improvement		Validation of Compliance
<b>Number/Area 1</b> <b>Ref:</b> Standard 5.3.1 (a) <b>Stated:</b> First Time	<p>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.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Patient care records reviewed by inspectors evidenced that each patient's circumstances had been comprehensively reviewed. This included individual risk assessments and the management of potential environmental concerns.</p>	<b>Met</b>
<b>Number/Area 2</b> <b>Ref:</b> Standard 5.3.1 (a)	<p>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</p>	

<b>Stated:</b> First Time	patients on the ward.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspectors reviewed the ward's most recent ligature review report completed in September 2015. The action plan detailed no recommendations for changes had been made. Subsequently a timeframe was not identified or required.	

**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 is intended to help them**

**Areas of Good Practice**

Patients were involved in their risk assessments and the risk management process.

The ward's facilities were continually reviewed and appropriately maintained.

Patient risk management plans were individualised, appropriate, regularly reviewed and used to inform patient care plans.

The Trust had completed up to date assessments and review of the ward's environment.

Staff presented as being confident within their role and as having the required level of skills, knowledge and motivation.

The ward had appropriate staffing levels on the days of the inspection.

Staff were observed as being patient centred, caring and accessible to patients.

The ward's reporting systems, including safeguarding and incident reporting, were appropriate and in accordance to regional and trust guidance.

Patients were being managed in accordance to legislation.

## Areas for Improvement

Inspectors noted a number of areas requiring improvement. These included the discharge of patients no longer requiring treatment, the management of the ward's main toilet and removal of used furniture from the ward. It was positive to note that the ward's senior management team, the MDT and the ward manager had taken appropriate steps to address these concerns. Whilst these concerns remained inspectors were assured that all necessary action had been taken to improve these areas. Subsequently, inspectors assessed that these concerns will not be discussed in the provider compliance plan accompanying this report.

<b>Number of areas for improvement</b>	Nil
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### 7.2 Is Care Effective?

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

#### Areas of Good Practice

Patients' needs were being comprehensively assessed.

The MDT was effective and staff worked well together.

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

A range of care and treatment options were available.

The MDT continued to implement patient discharge plans and closely monitor the circumstances of those patients whose discharge was delayed.

The MDT maintained close working relationships with each Trust's community staff responsible for securing community placements for patients.

Care plans reviewed by inspectors were holistic, patient centred and continually reviewed.

The ward's management team were accessible and supportive.

Ward rounds were held regularly and staff reported that the MDT was inclusive and considered the views of all staff.

The ward's environment was clean and appropriately maintained.

Patients could access various therapeutic activities including day-care opportunities.

## Areas for Improvement

Inspectors were concerned that 11 patients were subject to a delay in their discharge from the ward. Inspectors evidenced that the ward staff and the hospital had taken appropriate action in trying to address this concern. Given the action already taken by the Trust this concern will be subject to further review by RQIA and is not discussed in the ward's Provider Compliance Plan.

- Inspectors were concerned that patients and the ward's MDT could not access pharmacy services on the hospital site. Pharmacy returns and deliveries had to be accessed from Belfast.

<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 staff treated them with dignity and respect.

Patients stated that they felt better since being admitted to the ward.

Patients were involved in their care and treatment.

Patients could participate in a range of therapeutic and physical activities.

Patients stated that their views were listened to, considered and discussed.

Patients were positive about their relationships with staff.

Inspectors observed staff to be supportive, continually available and patient centred.

Care and treatment was individualised and based on the assessed needs of the patient.

## Areas for Improvement

Inspectors were concerned that 11 patients were subject to a delay in their discharge from the ward. The delay in discharging patients was having a detrimental effect on those patients who no longer required treatment and those patients newly admitted to the ward who were acutely unwell. Inspectors evidenced that the ward staff and the hospital had taken appropriate action in trying to address this concern. Given the action already taken by the Trust this concern will be subject to further review by RQIA and is not discussed in the ward's Provider Compliance Plan.

<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 understood their role and responsibilities and were confident in the ward's processes.

Staff enjoyed working on the ward and presented as motivated.

Staff informed inspectors that the ward management team was supportive and accessible.

Staff stated that they had no concerns regarding their access to training, supervision and appraisal.

Nursing staff mandatory training was closely monitored and updated as required.

There were appropriate governance arrangements in place.

The ward maintained good communication with community teams.

Staff stated that their views were listened to and considered.

The ward's management and senior management teams continued to manage staffing levels effectively and in the best interests of patients.

##### Areas for Improvement

- Inspectors were concerned that there were only two occupational therapists available to support patients within nine wards across the hospital site.

<b>Number of areas for improvement</b>	One
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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. It is the responsibility of the responsible person to ensure that all areas identified for improvement within the provider compliance plan are addressed within the specified timescales.

## **8.1 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 by 13 July 2017.

<b>Provider Compliance Plan Cranfield Male Ward 1</b>	
<b>Priority 1</b>	
<b>The responsible person must ensure the following findings are addressed:</b>	
<b>Area for Improvement</b>	No priority one recommendations were made as a result of this inspection.
<b>Priority 2</b>	
<b>Area for Improvement</b>	No priority two recommendations were made as a result of this inspection.
<b>Priority 3</b>	
<b>Area for Improvement No. 1</b>	The Trust should ensure that patients and staff can access pharmacy services based within the hospital site.
<b>Ref:5.3.1 (e)</b>  <b>Stated:</b> First time  <b>To be completed by:</b> 15 December 2017 2017	<b>Response by responsible person detailing the actions taken:</b> The Trust has access to pharmacy services through the trust pharmacy and has access to a pharmacist when required. regular monitoring of adherence to medicine code is completed by pharmacy quarterly and discussed at governance meetings. The trust has not been commissioned for pharmacy for the Muckamore site.
<b>Area for Improvement No. 2</b>	The Trust should ensure that patents in Cranfield Male Ward 1 can access a ward based occupational therapist at least two and a half days per week.
<b>Ref:5.3.1 (e)</b>  <b>Stated:</b> First time  <b>To be completed by:</b> 15 December 2017	<b>Response by responsible person detailing the actions taken:</b> The Trust utilises structured day services resources on site to coordinate activities / assessments with the available occupational therapy input. The overall resource for each patient is up to 5 sessions of daycare plus access to occupational therapy. The trust has employed occupational therapy for hospital site at financial risk, as not a commissioned service.

<b>Name of person(s) completing the provider compliance plan</b>	Aislinn Duffy		
<b>Signature of person(s) completing the provider compliance plan</b>		<b>Date completed</b>	July 2017
<b>Name of responsible person approving the provider compliance plan</b>	Mairead Mitchell		

<b>Signature of responsible person approving the provider compliance plan</b>		<b>Date approved</b>	July 2017
<b>Name of RQIA inspector assessing response</b>	Alan Guthrie		
<b>Signature of RQIA inspector assessing response</b>		<b>Date approved</b>	24 July 2017





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