



The **Regulation** and
Quality Improvement
Authority

Cranfield Women
Muckamore Abbey Hospital Hospital
Belfast Health and Social Care Trust
Unannounced Inspection Report
Date of inspection: 6 July 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 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 Women's is a fifteen bedded female admission ward. The purpose of the ward is to provide assessment and treatment to female patients with a learning disability who need to be supported in an acute psychiatric care environment.

Patients within Cranfield Women's have access to a multi-disciplinary team which includes a consultant psychiatrist, a doctor, a specialist registrar, nursing, psychology, occupational therapy, behavioural support, speech and language therapy, and social work professionals. Patient advocacy services are also available.

On the day of the inspection there were 14 patients on the ward; seven patients were detained in accordance with the Mental Health (Northern Ireland) Order 1986

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 2 and 3 February 2015 were assessed during this inspection. There were a total of six recommendations made following the last inspection.

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

The inspector was pleased to note that risk assessments and care plans had been discussed with patients and / or their carers where appropriate, care documentation was accurate, current, personalised and in keeping with relevant published professional guidance documents and patients had signed their risk assessments. When patients or family members were not involved in the assessment this was recorded, activities that were used as proactive strategies were implemented.

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 however this was not well maintained. An environmental ligature risk assessment had been completed with an action plan. However in the interim patients did not have an individual risk assessment/care plan in place to detail how environmental ligature risks were being managed on the ward to ensure patients' safety.

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 three patients who had agreed to meet with them to complete a patient experience questionnaire. All three patients made positive comments about how they had been treated on the ward.

4.1 Implementation of Recommendations

There were no recommendations made which related to the key question "**Is Care Safe?**" following the inspection undertaken on 2 and 3 February 2015

Four recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 2 and 3 February 2015

These recommendations concerned the completion of risk assessments and care plans, how staff were recording information in patients' care records and the absence of records that indicated patients' proactive strategies were implemented.

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

- Risk assessments and care plans had been discussed with patients and / or their carers where appropriate;
- Care documentation was accurate, current, personalised and in keeping with relevant published professional guidance documents;
- Patients had signed they had agreed with their risk assessments. When patients or family members were not involved in the assessment this was recorded;
- Activities that were used as proactive strategies, as documented in patients behaviour support plans, were implemented;

Two recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspection undertaken on 2 and 3 February 2015

These recommendations concerned the absence of individualised and group therapeutic and recreational activity timetables for patients who did not attend daycare. A recommendation was also made in relation to the availability of information which met the communication needs of all patients.

The inspector was pleased to note that these two recommendations had been fully implemented.

- Patients had a person centred timetable in place in a format which met their communication needs.
- A variety of information was displayed in an easy to read format throughout the ward.

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

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 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 Women information 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. The garden area was noted to be open and accessible throughout the inspection. However this area was not well maintained as it needed cleaned and the scubs/plants required trimming.

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.

The medical room was clean, tidy and well organised. The inspector reviewed the last ligature risk assessment and action plan which was completed in June 2015. 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. Staff were observed offering patients a choice of meals. 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.
- The garden area should be cleaned and scrubs/plants trimmed.
- All staff should wear their name badges.
- 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 detailed findings from the ward environment observation are included in Appendix 3

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 a direct observation 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 4

7.0 Patient Experience Interviews

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

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 three patients felt safe and knew who to speak to if they were unhappy.
- All three 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.
- Patients stated they had activities to do every day and were able to get time off the ward.
- Two patients stated they see their family and one patient stated that their family did not live local.
- Patients stated they could use the ward phone or their own mobile phone
- Patients were aware that the ward door was locked and expressed no concerns about this.

Patients made the following comments:

“I’ve got nice people to talk to here”

“All staff are good to me and look after me”

“I rang X so that I could come in here..... I knew I was unwell and needed to see a doctor”

“I love it here and I love my named nurse...she’s great”

“I don’t want to leave here”

The detailed findings are included in Appendix 2

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 behaviour support nurse. They provided the inspector with a summary of the work they undertake on the ward.

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 31 August 2015.

The lead inspector will review the QIP. When the lead 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 – Patient Experience Interview

This document can be made available on request

Appendix 3 – Ward Environment Observation

This document can be made available on request

Appendix 4 – QUIS

This document can be made available on request

Follow-up on recommendations made following the unannounced inspection on 2 and 3 February 2015

No.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	It is recommended that the ward sister ensures that risk assessments and care plans are discussed with the patient and / or their carers where appropriate. This should be evidenced within the care documentation.	2	<p>The inspector reviewed three sets of care records and there was evidence that risk assessments and care plans had been discussed with patients and / or their carers where appropriate. Patients' had signed their risk assessments and patients comments were detailed throughout their care plans. All care documentation has now transferred on to the PARIS system therefore patients are no longer able to sign their care documentation to indicate they agree with the care and treatment provided.</p> <p>A new recommendation will be made in relation to this.</p>	Fully met
2	It is recommended that the trust ensures that all care documentation is accurate, current, personalised and in keeping with relevant published professional guidance documents including NMC Record keeping guidance and DHSSPSNI 2010 Deprivation of Liberty Safeguards (DOLS) – Interim Guidance.	2	<p>The inspector reviewed three sets of care records and there was evidence that records were up to date. Care plans and assessments had been reviewed regularly.</p> <p>The inspector reviewed three sets of care documentation which contained a summary in relation to the deprivation of liberty in place for each patient. From this summary care plans had been developed which detailed the rationale for the level of restriction in terms of necessity and proportionality.</p> <p>Multi-disciplinary team meetings (MDT) were held weekly on the ward and MDT records detailed the discussions held with the outcome and planned action.</p> <p>Progress notes reviewed by the inspector were detailed and</p>	Fully met

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			gave a comprehensive account of each patient's progress on the ward.	
3	It is recommended that the ward sister ensures that a rationale is recorded where patients and or their representatives are not involved in their risk assessments. This rationale should reflect the patients' level of understanding and demonstrate that all reasonable adjustments have been made to support the patient to understand their care and treatment plans.	1	The inspector reviewed three sets of care records and there was evidence that risk assessments had been discussed with patients and / or their carers where appropriate. All three patients had signed they had agreed with their risk assessments. When patients or family members were not involved in the assessment this was recorded. In one risk assessment it stated "patient's mother did not want to be involved".	Fully met
4	It is recommended that the ward sister ensures that activities that are used as proactive strategies as documented in patients behaviour support plans are implemented.	1	In the two sets of care records reviewed there was evidence of positive behaviour schedules in place. There was evidence that patients were working towards goals which were person centred. These schedules were devised by the the behaviour support nurse and nursing staff. There was evidence that proactive strategies were reviewed regularly and updated in the patients' behaviour support plans.	Fully met
5	It is recommended that the ward sister ensures that patients who are not attending Moyola day care have access to a range of individualised and group	1	There were a number of patients on the ward who did not attend Moyola day care. The inspector reviewed three sets of care records and there was evidence that patients had access to a range of individualised and group therapeutic and recreational activities. Each patient had a person centred timetable in place in a format which met their	Fully met

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	therapeutic and recreational activities. A reason should be documented when these are unavailable or patients do not participate.		<p>communication needs.</p> <p>Patients who met with the lay assessor and the inspector all spoke about the activities they attend in the community and on the hospital site. None of the patients raised any concerns regarding the availability of activities on the ward. Throughout the day of the inspection the inspector observed patients leaving the ward with staff members to attend activities in the community.</p>	
6	It is recommended that the ward sister ensures that all information displayed in the ward meets the communication needs of all the patients. (Lay assessor recommendation)	1	<p>The inspector completed and observation of the ward and there was information displayed throughout the ward which met the communication needs of patient. Information was displayed in an easy to read format in relation to the patients' individual daily timetables and behavioural schedules. Information was also displayed in an easy to read format which informed patients of the day the Multi-disciplinary ward round and the name of the consultant for the ward. There was information on the day, month and date and the staff on duty. Easy read information was also available in the ward information booklet and on the Mental Health Northern Ireland Order, advocacy, human rights, The Mental Health Review Tribunal and complaints.</p>	Fully met



Quality Improvement Plan

Unannounced Inspection

Cranfield Women, Muckamore Abbey Hospital

6 July 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 ward manager, the service manager, the social worker, the safeguarding vulnerable adults officer and the resource nurse.

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 immediate 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 include in their environmental ligature risk assessment/action plan a timescale of when work will be completed to ensure the safety of patients on the ward.	1	31 August 2015	A detailed action plan of the risks identified through the environmental ligature risk assessment has been 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?					
3	5.3.3 (b)	It is recommended that the ward manager ensures that staff record	1	Immediate and	Staff are now recording patient involvement in their care plans and progress notes in the PARIS

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
		patient involvement in their care plans in the PARIS system.		ongoing	system
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	[Adrienne Creane]
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	21/9/15
B.	Further information requested from provider				