

Cranfield Women
Muckamore Abbey Hospital
Belfast Health and Social Care Trust
Unannounced Inspection Report
16 – 20 November 2015

Ward Address: Cranfield Women,
Muckamore Abbey Hospital,
1 Abbey Road,
Muckamore,
BT41 4SH

Ward Manager: Adrienne Creane

Telephone No: 028 94662299

E-mail: team.mentalhealth@rqia.org.uk

RQIA Inspector: Alan Guthrie, Dr Oscar Daly and Anne Simpson (lay assessor)

Telephone No: 028 9051 7500

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.

Contents

1.0	Introduction	4
2.0	Inspection outcomes	4
3.0	What happens on inspection	5
4.0	About the ward	5
5.0	Summary	5
6.0	Follow up on previous inspection recommendations	13
7.0	Other areas examined	13
8.0	Next Steps	13
9.0	Signature Page	14

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 Inspection Outcomes

This inspection focussed on the theme of

Person Centred Care

This means that patients are treated as individuals, with the care and treatment provided to them based around their specific needs and choices.

On this occasion Cranfield Women has achieved the following levels of compliance:

Is Care Safe?	Met
Is Care Effective?	Met
Is Care Compassionate?	Met

3.0 What happens on Inspection

What did the inspector do?

- reviewed information sent to RQIA before the inspection
- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- reviewed other documentation on the days of the inspection
- checked on what the ward had done to improve since the last inspection

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 the necessary improvements
- send regular update reports to RQIA for the inspector to review

4.0 About the Ward

Cranfield Women is a fifteen bedded female admission ward on the Muckamore Abbey Hospital site. The purpose of the ward is to provide assessment and treatment for female patients with a learning disability who need to be supported in an acute psychiatric care setting. At the time of the inspection the ward was providing care and treatment to patients from three health and social care trusts.

Patients within Cranfield Women have access to a multi-disciplinary team which incorporates psychiatry, nursing, psychology, occupational therapy, behavioural support, speech and language therapy, and social work professionals. Patient advocacy services were also available.

On the days of the inspection there were thirteen patients on the ward and one patient on leave. Of these there were six patients detained in accordance with the Mental Health (Northern Ireland) Order 1986. Inspectors were informed that seven patients whose discharge from the ward had been delayed due to a lack of suitable community resources.

5.0 Summary

5.1 What patients, carers and staff told inspectors

During the inspection the lay assessor and inspectors met with four patients. Patients informed the inspection team that their experience of the ward had been positive. Patients reported no concerns regarding their relationship with

staff reflecting that they felt safe on the ward and they had been involved in their care and treatment plan. Two patients reported that they felt better since their admission and they were looking forward to leaving the ward. One patient's discharge from the ward had been delayed. Patient comments included:

"I am a happy person";

"I know who to talk to if I am not happy";

"I feel well now...I am looking forward to going to see a new place to live";

"I like the staff";

"I want to go home...I don't want to stay here";

"The programme is working well";

"No problems here I can't think of anything bad about the ward";

"I have been in good form".

During the inspection one relative met with an inspector. The relative informed the inspector that they felt the patient had been "...well cared for". The relative reflected positively on their experience of the multi-disciplinary team stating that they felt staff were, "Great... ten out of ten". The relative also commented:

"Staff contact me as required";

"I am involved in decision making about my relative's care";

"I am involved in their resettlement plan".

Inspectors met with seventeen members of the ward's multi-disciplinary team. Inspectors spoke with the ward's social worker, the behavioural support practitioner, the occupational therapist, and day services staff, the hospitals safeguarding officer, medical staff and ward advocates. Staff commented positively on the relationships and communication between team members. Each member of staff reflected that they felt their opinion was listened to, valued and considered. Staff also told inspectors that they felt the ward's multi-disciplinary team (MDT) was effective and worked well together. Staff reported that they believed the MDT provided care and treatment to each patient in a caring and patient centred manner. All staff discussed the challenges of supporting those patients whose discharge from the ward had been delayed. It was positive to note that each member of staff felt that the MDT continued to actively pursue all community care options for each patient admitted to the ward.

Inspectors spoke with a number of nursing staff. Staff were familiar with the individual needs of each patient admitted to the ward. Nursing staff reported that they felt supported, listened to and respected by the ward manager, the multi-disciplinary team and the senior manager. Staff reflected that they enjoyed working with the patient population and they had no concerns regarding their ability to access training and supervision.

Each member of staff who met with the inspection team expressed their concerns and frustration regarding the limited resources and lack of appropriate community facilities for those patients whose discharge had been delayed. Whilst acknowledging the challenges for this group of patients all staff reported that they expressed the view that the ward's MDT continued to provide quality care to each patient in accordance to the patient's individually assessed needs.

Staff comments included:

"Excellent multi-disciplinary team";

"Great team to work in and to work with";

"Nursing opinion is listened to and valued";

"I am happy in my job and I enjoy working here";

"The team embraces positive behaviour support interventions";

"There is great support and supervision";

"The ward manager and operations manager are very supportive and proactive";

"Very good well-formed team";

"Effective team who follow adult safeguarding procedures by the book";

"Extra training is available";

"Community support services have developed and discharge planning meetings are held regularly".

5.2 What inspectors saw during the inspection

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)

Inspectors assessed the ward's physical environment using a ward observational tool and check list.

Summary

The wards easy to read patient information booklet contained up to date detail about the ward. This included information regarding the ward's routine, philosophy of care, staffing team and a description of the services provided. Inspectors noted that the ward's environment was clean, clutter free and well maintained. There was good natural lighting, appropriate ventilation and neutral odours. Ward furnishings were comfortable and appropriate to the needs of the patient group. Each patient had their own room. Inspectors noted the ward to be welcoming, relaxed and patients could move freely throughout the ward's communal areas.

Access to and from the ward was controlled by staff. This restriction was appropriate to the needs of the patient group and commensurate with the ward's ethos. However, seven patients admitted to the ward had been assessed as medically fit to be discharged. The discharge of each of these patients had been delayed. Each patient's respective health care trust could not (at the time of the inspection) provide the required community based services and or resources to meet each patient's needs. Subsequently, this group of patients remained admitted to the ward contrary to the ward's ethos and despite the fact that they had recovered from the acute illness which had resulted in their admission.

Patient care records reviewed by inspectors demonstrated that the ward's multi-disciplinary team (MDT) and patients' health and social care trusts continued to meet patient need and review patient progress. Records evidenced continuing work towards supporting patients to resettle within their respective communities. Staff who met with inspectors reflected continuing efforts by the MDT and trusts to address the resource needs of patients whose discharge had been delayed. Inspectors were satisfied that the ward had taken appropriate steps to attempt to facilitate discharge for each of the seven patients.

The use of restrictive practices had been individually assessed and any restrictive practices used had been agreed with the patient and their carer/relative. Records evidenced that the MDT continually reviewed the use of restrictive practices with each patient. However the team were unable to alter a number of the ward's necessary blanket restrictive practices (e.g. controlled access, locking the kitchen door) to meet individual patient needs. This issue was discussed at feedback and it was agreed that RQIA would contact the Health and Social Care Board (HSCB), to discuss the circumstances of those patients whose discharge from the ward had been delayed.

Inspectors noted no areas of overcrowding. There were appropriate spacious communal areas and a ward activities timetable. Inspectors observed a number of activities including beauty therapy, board games and group work. Inspectors noted that staff were continually present in the ward's communal areas and available throughout the ward. Staffing levels appeared adequate to support the assessed needs of the patients.

The ward provided up to date and relevant information which was displayed on the wards notice boards. This included information regarding the ward's performance and contact details for the advocacy services. Inspectors noted that a number of advocacy services were available to patients. This was because the ward provided care and treatment to patients from three different health care trusts and each trust provided its own advocacy service. Whilst it was acknowledged by staff that one advocacy service may be more pragmatic inspectors were satisfied that all patients admitted to the ward could access advocacy services.

Information on recreational and therapeutic activities was displayed on the patients' information board. A range of appropriate activities were noted. Each patient could also attend daily activities, Monday to Friday, provided by the hospitals day care services.

The detailed findings from the ward environment observation are included in Appendix 2.

Observation

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 the inspector remains 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.

Inspectors 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

Observations of interactions between staff and patients/visitors were completed throughout the days of the inspection. Three interactions were recorded in this time period. The outcomes of these interactions were as follows:

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

Inspectors observed interactions between staff and patients throughout the days of the inspection. Relationships between staff and patients were friendly, informal, and supportive. Inspectors noted staff to be attentive, caring and observant. Staff demonstrated a high level of skill and competence when interacting with patients. It was positive to note that patients presented as relaxed in the company of staff and sought staff out as required.

The findings from the observation session are included in Appendix 3.

5.3 Key outcomes

5.3.1 Is Care Safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Compliance Level	Met
-------------------------	------------

Please see findings in Appendix 4.

What the ward did well

- ✓ Patients and their relatives/carers were involved in care and treatment Planning;
- ✓ Patient care plans focussed on each patient's personal strengths;
- ✓ The ward provided appropriate staffing levels based on the presenting needs of patients;
- ✓ Positive behaviour change programmes and vulnerable adult processes

were being well managed;

- ✓ Patients' progress was being regularly reviewed;
- ✓ Patients were being supported by an effective, focussed and flexible multi-disciplinary team;
- ✓ Staff were receiving supervision and training in accordance with trust and professional standards.

Areas for improvement

Inspectors evidenced that areas requiring improvement were being addressed by the trust.

5.3.2 Is Care Effective?

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

Compliance Level	MetMet
-------------------------	---------------

Please see findings in Appendix 5.

What the ward did well

- ✓ Patients and their relative/carer were consulted regarding the patient's care and treatment on a regular basis;
- ✓ The ward provided effective clinical and social care interventions;
- ✓ Patients felt better;
- ✓ Patient care plans were individualised;
- ✓ The ward's environment was welcoming and well maintained;
- ✓ Staff demonstrated good awareness of restrictive practices and the impact on patients;
- ✓ Patients could meet with all staff involved in their care and treatment;
- ✓ Patients could access the range of professional services required to meet their

needs;

- ✓ The opinions and views of all staff were valued and considered.

Areas for improvement

Inspectors evidenced that areas requiring improvement were being addressed by the trust.

5.3.3 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

Compliance Level	Met
------------------	-----

Please see findings in Appendix 6.

What the ward did well

- ✓ Patients were involved in their care and treatment plans and staff continually sought patient consent;
- ✓ The ward and hospital provided a wide range of therapeutic activities;
- ✓ Relationships within the ward were positive;
- ✓ Staff listened to and considered patient views;
- ✓ The staff team was motivated and responsive to patient needs;
- ✓ Patients need for privacy was respected;
- ✓ Relatives and carers were involved in patient care planning;
- ✓ Patients were positive about their experience of the ward.

Areas for improvement

Inspectors evidenced that areas requiring improvement were being addressed by the trust.

6.0 Follow up on Previous Inspection Recommendations

Three recommendations were made following the last inspection on 6 July 2015. The inspector was pleased to note that all three recommendations had been implemented in full.

Please see findings in Appendix 1.

7.0 Other Areas Examined

No other areas were examined during the inspection.

8.0 Next steps

An improvement plan was not required as a result of the inspection. RQIA have arranged to meet with the Health and Social Care Board to discuss those patients whose discharge from the ward had been delayed.

Appendix 1 – Previous Recommendations

Appendix 2 – Ward Environmental Observation Tool

This document can be made available on request.

Appendix 3 – Quality of Interaction Schedule

This document can be made available on request.

Appendix 4 – Is Care Safe?

This document can be made available on request.

Appendix 5 - Is Care Effective?

This document can be made available on request.

Appendix 6 - Is Care Compassionate?

This document can be made available on request.



No requirements or recommendations resulted from the inspection of **Cranfield Women, Muckamore Abbey Hospital** which was undertaken on **16 - 20 November 2015** and I agree with the content of the report.

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

[]

NAME OF REGISTERED MANAGER COMPLETING	[Adrienne Creane]
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	[Martin Dillon]

Approved by:	Date
Alan Guthrie	23/12/2015

Appendix 1

Follow-up on recommendations made following the unannounced inspection on 6 July 2015

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
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	<p>Inspectors reviewed the hospitals Belfast Risk Audit and Assessment Tool (BRAAT) which included the Cranfield female ward and had been completed in July 2015. Inspectors also reviewed the wards most recent ligature review which had been completed in September 2015. Both tools evidenced the presenting environmental risks associated with the ward.</p> <p>Patient care records reviewed by inspectors evidenced that a comprehensive assessment, risk assessment, care plan and a restrictive practice care plan had been completed with each patient. Patient risk assessments and restrictive care plans evidenced the steps taken to manage each patients safety within the ward environment.</p>	Met
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	A ligature review completed in September 2015 evidenced that no alternations to the ward's environment were required. However, inspectors noted that the ligature review did not provide sufficient detail as to how ligature risks identified as a result of the review would be managed for example. The review identified that bedrooms 1 and 2 contained ligature points which included: a low entry bed, a hoist, support bars and a set of mixer taps (bedroom 2). Whilst this equipment was necessary to meet the needs of patients and was required to be retained on the ward, the accompanying action plan did not specify how the risks would be managed for each patient using the room and within the ward's environment in general. The plan did not specific if the risks would be locally managed by ward staff or weather the doors would be locked	Met

Appendix 1

				<p>when the room was not in use.</p> <p>Given that the Trust has completed a ligature risk review and an action plan to complete work was not assessed as necessary the recommendation will not be restated for a second time. The absence of sufficient detail as to how the identified ligature points would be managed was discussed with the ward manager and with the senior management team during feedback. Inspectors were satisfied that the ward's localised management of these risks was sufficiently robust. Inspectors were also informed that the ward's risk assessment action plan would be updated to reflect the ward's risk management methodology.</p>	
3	5.3.3 (b)	It is recommended that the ward manager ensures that staff record patient involvement in their care plans in the PARIS system.	1	Inspectors reviewed the PARIS system and examined four sets of patient care records. Records demonstrated that patients had been involved in their care plans. This was evidenced through the information available in patient care plans and by the weekly multi-disciplinary team meeting minutes and continuous care updates.	Met