



The **Regulation** and
Quality Improvement
Authority

RQIA

**Mental Health and Learning
Disability**

**Patient Experience
Interviews Report**

Cranfield Female Ward

Muckamore Abbey Hospital

**Belfast Health & Social Care
Trust**

11 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 patient experience interview visit 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 the inspectors. Discussions led by the patient, and semi-structured interviews were undertaken. The 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.

There are no recommendations made following the patient experience interview.

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

2.0 Ward profile

Trust/Name of Ward	Belfast Health & Social Care Trust, Cranfield Female ward
Name of hospital/facility	Muckamore Abbey Hospital
Address	1 Abbey Road Muckamore Co. Antrim BT41 4SH
Telephone number	028 950 42063
Person-in-charge on day of visit	Adrienne Creane
Email address	adrienne.creane@belfasttrust.hscni.net
Number of patients and occupancy level on days of visit	15 bedded unit (fully occupied)
Number of detained patients on day of inspection	8 patients
Number of patients who met with the inspector	4 patients
Date and type of last inspection	9 July 2014 Announced
Name of inspectors	Wendy McGregor & Audrey Woods

Cranfield Female ward is a fifteen bedded female admission ward on the Muckamore Abbey Hospital site. 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.

The ward is connected to the male acute admission ward and the intensive care unit in Muckamore Abbey Hospital – Cranfield Male ward and Cranfield Intensive Care Unit. Access to the ward can be gained via a corridor linking all three Cranfield wards.

Patients within Cranfield Female ward receive input from a multidisciplinary team which incorporates psychiatry; nursing; psychology; behavioural support; and social work professionals. One patient on the ward was receiving support and intervention from the forensic team.

On the day of the patient experience interviews there were eight patients who were detained under the Mental Health (Northern Ireland) Order 1986.

3.0 Outcomes of interviews

Number of patients interviewed

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

Specific issues raised by patients/representatives

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

One patient stated that it can be noisy at night on the ward. This was discussed with the ward manager who advised that this patient goes to bed early therefore other patients are still up so it can be noisy in the early part of the night.

One patient stated they would like more outings on the bus and unsupervised visits with their family. The inspectors discussed this with the ward manager and reviewed the patients care documentation. Inspectors noted the patient was still undergoing a period of assessment by the multi-disciplinary team including forensic services. The patient had recently commenced day care. Inspectors noted a clear rationale for the restrictions in relation to attending social outings and unsupervised visits with the patient's family and this had been discussed with the patient.

Ward environment

On the day of the visit, the ward environment was calm and welcoming. The ward appeared well maintained, clean and tidy. The ward was spacious and promoted independence as patients with mobility issues could move freely and safely around the ward.

There was clear signage on entry to the ward and there were written signs and pictorial signs / photographs 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 indicating staff on duty and what activities were available each day of the week.

Each patient had their own bedroom and en-suite which is designed to promote patient dignity and privacy. The ward manager reported bedroom doors are locked at patients' request, and patients are given a key to their bedrooms. Patients confirmed they were given the key to their bedrooms but indicated they would give this to staff for staff keeping.

Two patients requested to show the inspectors their bedrooms and around the ward. The bedrooms were clean, tidy and personalised. There was a photograph of each patient on their bedroom door for easy identification. 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 a bingo game in the main activity room. The atmosphere appeared relaxed and calm. One patient was waiting for their mother to arrive to take them out for the day and staff were observed reassuring the patient of the time of their mothers' arrival. It was good to note that staff actively encouraged patients to meet with inspectors.

Inspectors noted the positive rapport and relationship between patients and staff. Staff demonstrated their knowledge of the patients, indicating their likes and dislikes. On the day of the patients experience interviews staff were observed to be friendly, respectful, courteous and called patients by their first names. Staff were interacting with a patient who needed some assistance with maintaining a comfortable position. Staff explained to the patient what they were going to do, the patient agreed and staff assisted the patient to their bedroom to promote the patients privacy and dignity.

Inspectors spent time on the ward and spoke to the some patients informally about their care and treatment. One patient stated that they liked the food on the ward and reported the staff were very good to them.

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.

The four patients interviewed were detained in accordance with the Mental Health (Northern Ireland) Order 1986. Two of these patients were not aware of the role of the mental health tribunal. This was discussed with ward manager who stated that patient's right to apply to the Mental Health Tribunal had been explained to them both in writing and verbally. The inspectors reviewed care documentation in relation to this and noted care plans had been completed in relation to detention which included the date of when the patients had been informed of their rights to appeal to the Mental Health Tribunal. The ward manager agreed to revisit this with the patients. The ward manager also informed inspectors that they were in the process of developing easy read information in relation to the role of the mental health tribunal.

Responses to questions 2- 2c

Three patients of the four interviewed indicated they had been involved in their care and treatment and had the opportunity to involve their family members with their consent and where appropriate. All three patients stated that their named nurse discussed their care plans with them both before and after their review meetings.

Inspectors reviewed care documentation in relation to one patient who had stated they had not been involved in their care and treatment and that nobody had spoken to them about their illness. The care documentation evidenced that the patient's care plan had been explained to them and that they had met with the Consultant Psychiatrist on 5th and 6th June. There was also evidence that the patient's views were sought both before and after their Multi-Disciplinary Meetings. Inspectors noted care plans had been discussed, agreed and signed by the patient. The patient had also written into their care documentation.

Responses to questions 3 - 3a

All four patients interviewed knew what an independent advocate was and three patients stated they had used this service. Patients on the ward could access independent advocacy services through a referral system. Information in relation to advocacy services was displayed on the ward.

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 they had never been restrained on the ward.

Responses to questions 5 - 5c

One patient interviewed stated they had been put into a room on their own (seclusion) and the reason for this was explained to them. Three patients reported that they had never been put into a room on their own.

One patient interviewed stated they had a staff member stay with them all day and all night (enhanced observations) and the reasons for this was explained to them. Three patients interviewed stated they never had a staff member stay with them all day and night.

Responses to question 6

All four patients interviewed stated they felt safe on the ward. One patient stated they were “happy on the ward”.

Responses to questions 7-7b

Two 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. Two patients 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 five sessions each at day care which is on the hospital grounds outside of the ward. The ward manager stated that the patients take part in activities such as shopping trips, going to the cinema and trips to the forum. Some patients go out with relatives and on the day of the visit one patient was waiting on their mother to take them out for the day. All four patients stated they could 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, “the staff are good and supportive”, “staff are good to me, I talk to them about my problems. They help me when I’m feeling down” “it’s good in Muckamore I like the staff”.

Additional areas discussed during the visit

The ward manager stated that there were ten patients whose discharge was delayed, due to the delay on sourcing appropriate accommodation in the community. The ward manager reported that patients have indicated their frustration in relation to the length of time they have to wait however patients did not raise this with inspectors on the day of the visit.

4.0 Conclusions

Cranfield women's provides assessment and treatment to patients with a learning disability who require support in an acute psychiatric environment.

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

From the observations of the ward on the day of the Patient Experience Interviews, the inspectors' 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.

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

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 Female Ward, Muckamore Abbey Hospital** which was undertaken on **11 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	Adrienne Creane
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Martin Dillon acting CEO

Approved by:	Date
Wendy McGregor	11 July 2014

Appendix 1 –

Patient Experience Interview Questionnaire



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