



The **Regulation** and  
**Quality Improvement**  
Authority

**Donegore**

**Muckamore Abbey Hospital**

**Belfast Health & Social Care Trust**

**Unannounced Patient Experience  
Inspection Report**

**Date of inspection: 8 May 2015**



informing and improving health and social care  
[www.rqia.org.uk](http://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.

## **Contents**

1.0 Introduction	5
2.0 Purpose and aim of inspection	5
3.0 About the ward	6
4.0 Ward environment	6
5.0 Observation Session	8
6.0 Patient Experience Interviews	10
7.0 Next Steps	11
Signature Page	12

## 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 meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward 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:

- talked to patients and staff
- observed and recorded staff and patient interactions and care practice on the day 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

## **3.0 About the ward**

Donegore is a nine bedded ward situated on the Muckamore Abbey Hospital site. The purpose of the ward is to provide care and treatment to female patients with a learning disability who present with behaviours that challenge.

On the day of the inspection there were nine patients on the ward; six patients had been detained in accordance with the Mental Health (Northern Ireland) Order 1986.

Patients in Donegore have access to a multi-disciplinary team. This incorporates: psychiatry; nursing; occupational therapy; psychology; and behavioural support. Patients have access to onsite day care services. Independent advocacy services are also available.

The person in charge on the day of the inspection was the ward manager Rhona Brennan.

## **4.0 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 and lay assessor assessed the ward’s physical environment using a ward observational tool and check list.

### **Summary**

The ward environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were comfortable and well maintained. Signage was clear and supported patients with orientation around the ward.

The ward environment promoted patients’ privacy and dignity. Patients had their own bedroom and ensuite facility, and held a key to their bedroom. Patients could lock bathroom doors, and staff could open from the outside in case of emergency. A call system was available in the bathrooms and bedrooms. There was a private room for patients to meet with their visitors and make a phone call.

The ward door was locked. Information in relation to deprivation of liberty was displayed and available in the ward welcome pack for patients. Each patient had an up to date deprivation of liberty care plan completed. Patients were able to leave the ward when they wanted to and staff supported them to do so.

There were no areas of overcrowding observed on the day of the inspection; the day rooms 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 in the communal areas and available at patients request. Patients were observed accessing a well maintained garden area.

There were seven staff members on duty on the day of the inspection. Three patients were in receipt of enhanced observations and one patient required intermittent support with daily activities of living. Staffing levels appeared adequate in supporting 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.

Enhanced observations were observed to be carried out discreetly and with consideration to patients' privacy and dignity.

There was one profiling bed on the ward on the day of the inspection. The bed had been clinically risk assessed as necessary for the patient who temporarily required it due to a change in their health status. A ward risk assessment had been completed and a management plan was in place.

Confidential records were stored appropriately and patient details were not displayed.

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. Information in relation to patient forum meetings convened every month was displayed.

All patients had information available in their bedrooms on; advocacy services, the name and photograph of the ward manager, the safe guarding vulnerable adults officer and their weekly schedule. Where appropriate patients had their communication system or behaviour support plan available in their bedroom.

Information on recreational and therapeutic activities was displayed. The ward had a dedicated activity co-ordinator. The inspector noted that activities were available seven days per week and included every evening. A range of

appropriate activities was noted by the inspector and included, arts and crafts, health promotion, beauty therapy, movie evenings etc. It was positive to note the ward had introduced a walking group for both patient and staff participation with the introduction of pedometers. Each patient had a copy of their individualised activity schedule.

It was positive to note that staff were attentive to patients personal preferences and had supported patients with dyeing and styling their hair. Staff were also observed promoting choice of what patients wanted to wear. Patients were also supported to attend the beauticians and hairdressers.

Patients were observed during lunch time in a clean and comfortable dining area. Meal times were protected and patients were given time to eat. A choice of meals was available and staff were observed offering patients a choice. Meals appeared appetising. Patients had access to fresh water. Staff were observed during the inspection intermittently offering patients a choice of tea, coffee or juice

The inspector noted that staff were warm, friendly and respectful of patients. Patients appeared at ease and comfortable. The inspector noted that patients were very keen to share their positive experiences of Donegore and that staff actively encouraged patients speak to the inspector and lay assessor.

## 5.0 Observation Session

Therapeutic and effective 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 20 minute direct observation using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive social , basic care , neutral, or negative.

**Positive social-** care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

**Basic care** – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

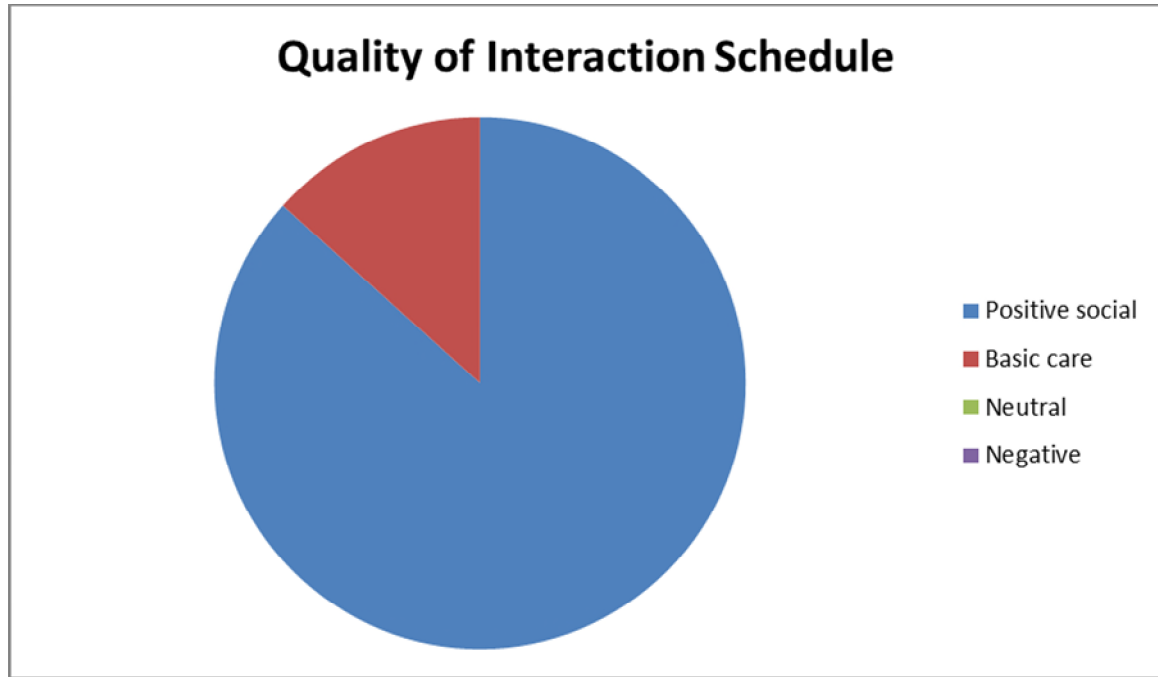
**Neutral** – brief indifferent interactions

**Negative** – communication which is disregarding the patient's dignity and respect.



## Summary

The formal session involved a 20 minute observation of interactions between staff and patients/visitors during lunch time and medication administration. 15 interactions were noted in this time period. The outcome of these interactions were as follows:



Positive	Basic	Neutral	Negative
87%	13%	0%	0%

Overall the quality of interactions between staff and patients were positive. Staff were noted to be caring and attentive and used effective therapeutic communication skills. Staff attended to patient's needs without delay. Staff were observed actively engaging with patients, offered choices and explanations. The inspector noted that the staff knew the patients very well and actively sought engagement by asking patients about their family members or how their day has been. Staff were noted to appropriately communicate with a patient who was presenting with a behaviour that challenged.

There were two basic interactions observed during administration of medication when staff communicated only what was necessary to carry out the task. This was discussed with the ward manager who informed the inspector that in order for medication to be administered safely, interactions should be kept to a minimum during that time period. However, the ward manager agreed to address the manner of how staff communicated the task with the patients.

During the observation the inspector noted staff pull a vacuum through the dining area and proceed to vacuum down a corridor. This noise was heard in the dining room. The inspector addressed this with the ward manager. The inspector was satisfied that this was promptly addressed with staff and staff were reminded that meal times should be undisturbed. The task of vacuuming could have waited till after the patients had finished their lunch.

The detailed findings from the observation session are included in Appendix 1.

## 6.0 Patient Experience Interviews

Five patients agreed to meet and complete a questionnaire regarding their care, treatment and experience as a patient with the lay assessor and inspector. Two 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 five patients felt safe and knew who to speak to if they were unhappy.
- All five patients 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. All five patients stated they had activities to do every day both in day care and on the ward.
- All five patients stated it was easy for them to see their friends and family and could use a phone in private.
- Patients informed the lay assessor that they were able to have a mobile phone also.
- Patients were aware that the ward door was locked and were able to explain the reason for this.
- All patients stated they felt “ok” or it was “fine” that the door was locked as they could leave anytime they wanted with staff support.

Patients made the following comments:

*“The ward is good, the staff keep me busy. Staff and fellow patients are very nice”*

*“I’d rather be out and about in a place in the community and move to my home town. Staff are caring. Staff listen. Staff are there for you”*

*“The ward is not too bad”*

*“I like the staff”*

*“Very good staff. Good to be in the ward”*

The detailed findings are included in Appendix 2

## **7.0 Next Steps**

This report will be published on the RQIA website. An easy to read version of the report is also available.

RQIA will visit this ward again as part of the planned programme of inspections.

### **Appendix 1 – QUIS**

### **Appendix 2 – Patient Experience Interview questionnaire (easy to read) findings**

No requirements or recommendations resulted from the unannounced inspection of **Donegore, Muckamore Abbey Hospital** which was undertaken on **8 May 2015** and I agree with the content of the report.

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

[ ]

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	[ Rhona Brennan ]
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	[ Martin Dillon ]

<b>Approved by:</b>	<b>Date</b>
Wendy McGregor	24 June 2015

<b>Observer Name: Wendy McGregor</b>				
<b>Ward No/Name: Donegore</b>				
<b>Date: 8 May 2015</b>				
<b>Start Time: 1215hrs</b>		<b>End Time: 1235hrs</b>		
<b>Number of Observations observed:</b>	<b>Positive: (PS)</b> 13	<b>Basic (BC)</b> 2	<b>Neutral: (N)</b> 0	<b>Negative:</b> 0

Rating scales: Positive social (PS) Basic Care: (BC) Neutral (N) Negative (N)

Time	Interaction Description	Code	Verbal / Non-Verbal	Between	Event
1215	Nursing staff told a patient how well they looked today. Quote “you got your hair done this morning, its lovely”	PS	V	Nursing staff and patient	
1216	Patient made a query to nursing staff, nursing staff immediately responded. Nursing staff sat down beside the patient, face to face and answered the query. Patient was happy with the response.	PS	V / NV	Nursing staff and patient	
1218	Nursing staff explained what desserts were on the menu to a patient and offered them a choice. Addressed patient by their preferred name, were warm and friendly.	PS	V	Nursing staff and patient	

Time	Interaction Description	Code	Verbal / Non-Verbal	Between	Event
1219	Nursing staff handed a patient their medication and said “here is your medication” Patient took medication.	BC	V / NV	Nursing staff and patient	
1220	Patient used foul language. Nursing staff did not draw attention, did not react to the language but using a light tone of voice explained to the patient that “it was not nice to use bad language” Patient accepted this.	PS	V	Nursing staff and patient	

### Quality of Interaction Schedule (QUIS): Rating Prompts

### Appendix 1

Time	Interaction Description	Code	Verbal / Non-Verbal	Between	Event
1220	Staff asked patient if they had met the inspector before. Patient said they had.	PS	V	Nursing staff and patient	
1220	Staff greeted a patient on return from day care. Staff asked patient did they have a nice time?	PS	V	Nursing staff and patient	Vacuum cleaner was pulled through the dining area by housekeeping. Vacuuming commenced down the corridor but heard in the dining area.
1220	Patient finished their meal and asked staff if they could have their smoke. Staff replied "I will get it now" and immediately returned with the patients cigarettes.	PS	V	Nursing staff and patient	



**Quality of Interaction Schedule (QUIS): Rating Prompts**

**Appendix 1**

<b>Time</b>	<b>Interaction Description</b>	<b>Code</b>	<b>Verbal / Non-Verbal</b>	<b>Between</b>	<b>Event</b>
<b>1220</b>	<b>Nursing staff handed patient their medication and said “there you go”.</b>	BC	V / NV	<b>Nursing staff and patient</b>	
<b>1221</b>	<b>Staff called patient by their first name and asked patient to come over to the server and choose what they wanted for their lunch.</b>	PS	V / NV	<b>Nursing staff and patient</b>	
<b>1225</b>	<b>Nursing staff asked all patients in the dining area “has everyone had a nice morning”</b>	PS	V	<b>Nursing staff and patients</b>	

### Quality of Interaction Schedule (QUIS): Rating Prompts

### Appendix 1

Time	Interaction Description	Code	Verbal / Non-Verbal	Between	Event
1230	Staff explained to a patient who had just returned from day care who I was.	P	V / NV	Nursing staff and patient	
1233	Staff asked patient “well, tell me what you have been doing” patient responded and told staff her “mummy came” Staff responded and told patient that was great.	P	V / NV	Nursing staff and patient	
1234	Staff assisted patient to mobilise their wheelchair from garden after taking the patient out for a smoke. Staff were friendly and engaging with the patient, asking them if they were ok.	P	V	Nursing staff and patient	
1234	Staff asked a patient about their family visit and how their family were keeping	P	V	Nursing staff and patient	

## Findings from patient experience easy to read questionnaires

Donegore, Muckamore Abbey Hospital

8 May 2015

Total number of patients interviewed - 5

Total number who were detained - 2

Question	Yes	No
<b>Is care safe?</b>		
Do you feel safe?	✓	
Do you know what to do if you are unhappy?	✓	
<b>Is care effective?</b>		
Do you know who your doctor is?	✓	
Do you know who your nurse is?	✓	
Are you being well cared for?	✓	
Is being in hospital helping you?	✓	
Can you go to meetings about you?	✓	
Are there things to do to keep you busy?	✓	
Do you feel like you are getting better?	✓	
<b>Is care compassionate?</b>		
Do staff have time to talk to you about how you are being cared for?	✓	
Do you get time off the ward?	✓	
Is it easy for you to see your friends and family?	✓	
Can you use a phone on the ward?	✓	
Are there any doors on the ward that are locked?	✓	
	<b>Mostly positive</b>	<b>Mostly negative</b>
How do you feel about this?	✓	