

## Unannounced Follow Up Inspection Report 17 and 18 May 2017



### Donegore

**Muckamore Abbey Hospital  
1 Abbey Road,  
Muckamore  
Antrim  
BT41 4SH  
Tel No: 02895 042074**

**Inspectors: Wendy McGregor and Dr John Simpson**

[www.rqia.org.uk](http://www.rqia.org.uk)

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

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. Four patients had been detained appropriately in accordance with the Mental Health (Northern Ireland) Order 1986.

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

## 3.0 Service details

<b>Responsible person:</b>	<b>Ward Manager: Adrienne Creane</b>
<b>Category of care: LD</b>	<b>Number of beds: 9</b>
<b>Person in charge at the time of inspection:</b>	<b>Day 1 Elaine Wilson Day 2 Rhonda Bolton</b>
<b>The ward manager was also available during the inspection.</b>	

## 4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 17 and 18 May 2017.

The inspection sought to assess progress with the findings for improvement raised from the most recent and previous unannounced inspection on 28 – 30 June 2016.

It was good to note that two patients had been discharged and resettled into the community since the last inspection in June 2016 and two patients were in the process of resettlement during this inspection.

Inspectors noted that the four areas for improvement raised at the last inspection had been met.

Records were being completed by the medical team and evidenced that patients' clinical needs had been reviewed every week.

Inspectors noted that the consultant psychiatrist for the ward was on extended leave and although this post was filled by another consultant psychiatrist in the interim they were also now on a period of extended leave. Patients on the ward had access to an associate specialist and duty doctors. The clinical director confirmed they were available if required. Patients can also access an out of hours GP every evening and at weekends for physical health concerns. Inspectors noted that prescribing and monitoring of medication in relation to polypharmacy had improved. A review of medication for all patients was completed in July 2016, and prescriptions were changed to reflect the review. It was noted there was no polypharmacy with regard to anti-psychotic medication.

Inspectors noted that up until 10 April 2017 a multi-disciplinary team meeting had been held every week. However from 10 April 2017 until 15 May 2017 there had been no multi-disciplinary team meetings. This was due to reduced medical cover. However the associate specialist had recommenced on the ward on 15 May 2017 and a multi-disciplinary team meeting was held on the same day. Medical cover remains reduced as two consultant psychiatrists are on extended leave. The clinical director stated they were considering three options for cover:

- Locum consultant psychiatrist cover - although this has been difficult to date as the locum agency have been unable to provide cover.
- Move a consultant psychiatrist from another ward.
- The trust had secured funding for two years for a resettlement consultant psychiatrist; the closing date for this post is 19 May 2017. The clinical director stated that they would consider the option to use the resettlement consultant psychiatrist to provide cover for the ward until the consultant psychiatrist returns from leave.

It was agreed at the inspection feedback that the trust will provide RQIA with an update by 16 June 2017 in relation to consultant psychiatrist cover. The clinical director confirmed that the associate specialist has the authority to make consultant level clinical decisions on the ward and could also refer to the clinical director as required for further advice.

The ward environment was clean and tidy during the inspection and staff were available in the communal areas. Staff were observed to encourage patients to participate in ward based activities. During the inspection patients were out walking with staff around the grounds, at the coffee shop and at day care. Inspectors observed staff supporting patients who were anxious and distressed, this interaction was observed as considerate to the patients presenting needs, and staff were patient, kind and respectful. It was good to note that schedules were in place for patients and staff actively encouraged

them to follow their schedule. Staff were observed to respond promptly to patients who required support. Inspectors noted that patients appeared comfortable in their surroundings and approached staff without hesitation.

Patients who met with the inspector all confirmed that they were satisfied with their care and felt safe on the ward. Patients also said that staff were caring and they had adequate time with their primary nurse.

Staff said it has been difficult at times due to the previously inconsistent medical input to the ward, however stated this issue should now be resolved due to the recommencement of the associate specialist to the ward.

The findings of this report will provide the Trust with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

#### 4.1 Inspection outcome

<b>Total number of areas for improvement</b>	0
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There are no areas for improvement.

#### 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.

#### 6.0 The inspection

The following areas were examined during the inspection:

- Patient care records on the patient electronic recording system (PARIS).
- Email correspondence in relation to reduced medical cover.
- Medication prescription records.
- Audits of care documentation.
- Outcome of the medication review completed July 2016.

Inspectors spoke with four nursing staff, the associate specialist, the medical director, the nurse governance lead and a hospital senior manager as well as interviewing four patients.

We reviewed the areas for improvements made at the previous inspections and an assessment of compliance was recorded as met, partially met, not met or not assessed.

**6.1 Review of areas for improvement from the last unannounced inspection of 28 – 30 June 2016.**

The most recent inspection of Donegore Ward was an unannounced inspection. The completed Provider Compliance Plan (PCP) was returned and approved by the responsible inspector. This PCP was validated by inspectors during this inspection.

<b>Areas for Improvement from last inspection</b>		<b>Validation of Compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Quality Standard 5.3.1 a</p> <p><b>Stated: First time</b></p>	<p>There was limited evidence of records being completed by the medical team to evidence that patients' clinical needs had been reviewed on a sufficiently regular basis.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>An audit of care documentation in relation to medical entries was completed in November 2016 and April 2017 by the nurse governance lead. The findings of the audit were available and reviewed by the inspector. The nurse governance lead stated they submitted the findings to the hospital senior management.</p> <p>The inspector reviewed two sets of care records from the patient electronic system (PARIS) from 2 January 2017 to the 17 May 2017.</p> <p>Of note, locating medical entries was difficult as they were recorded in the nursing entry section. This meant that</p>	<p><b>Met</b></p>

	<p>the inspector had to review every daily entry from 2 January 2017 to obtain information in relation to medical input. The date when patients were reviewed by a doctor is also dependent on nursing staff remembering the actual date when the patient was last seen by medical staff.</p> <p>Medical entries in this section were recorded by the consultant psychiatrist, duty doctor, out of hours GP, associate specialist or locum doctor. The senior manager who was present at feedback stated they were aware of this issue and stated that this was an issue for the hospital site and ongoing work continues to improve this with the information technology team.</p> <p>In the records reviewed by the inspector improvement was noted as all entries relating to medical input were recorded by the doctor reviewing the patient.</p>	
<p><b>Area for improvement 2</b></p> <p>Ref: Quality Standard 5.3.3d</p> <p>Stated: First time</p>	<p>There was a lack of managerial and clinical input on the ward from senior medical staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspectors were informed that cover was provided by two consultant psychiatrists up until 10 April 2017. This was also evident in the patient care records that were reviewed and confirmed by nursing staff. However, due to extended leave the ward has not had consultant psychiatry cover since that date.</p> <p>Inspectors noted that medical cover has been provided by duty doctors and out of hours GP when required.</p> <p>The clinical director confirmed that there has been a difficulty getting consultant cover as two consultants are currently on a period of extended leave.</p>	<p><b>Met</b></p>

	<p>The associate specialist has returned to the ward on 15 May 2017. The clinical director stated that the associate specialist doctor has the authority to make consultant level clinical decisions on the ward. Of note staff confirmed that the associate specialist is familiar with the patients in Donegore and has worked in Muckamore Abbey Hospital for 20 years. The clinical director stated that they are available to the associate specialist doctor when required.</p> <p>Inspectors were informed that the issue has now been resolved.</p> <p>The clinical director stated that they were considering three options to provide consultant psychiatrist cover in the interim:</p> <ul style="list-style-type: none"><li>• Locum consultant psychiatrist cover – although this has been difficult to date as the locum agency have been unable to provide a consultant psychiatrist.</li><li>• Moving a consultant psychiatrist from another ward.</li><li>• The trust has secured funding for two years for a consultant psychiatrist who will have responsibility for the resettlement of patients an expression of interest has been advertised with a closing date 19 May 2017. The clinical director stated that they would consider using this post in the interim to provide cover until the consultant psychiatrist returns from leave.</li></ul> <p>The trust will provide RQIA with an update by 16 June 2017 in relation to consultant psychiatry cover for Donegore.</p>	
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<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Quality standard 5.3.1f</p> <p><b>Stated: First time</b></p>	<p>Concerns were raised in relation to the monitoring of medication which included the use of polypharmacy being sufficiently robust.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The clinical medical lead for patient safety and governance and the clinical pharmacist reviewed all medication prescriptions in relation to the use of polypharmacy within Donegore ward on 27 July 2016. Outcomes from the review were emailed to the clinical director and senior management.</p> <p>Inspectors reviewed the outcomes from the medication review and noted that each patient’s prescription was reviewed by the clinical medical lead and the clinical pharmacist. The review was documented in each patient’s care record. Inspectors reviewed each patient’s care record and noted the suggested amendments in relation to the prescription had been recorded. Inspectors cross referenced the entry in each of the care records with the patient’s medication prescription record and noted that all prescriptions were amended with a clear clinical rationale recorded.</p> <p>The RQIA sessional medical inspector also reviewed each patient’s medication prescription and noted that there was no evidence of poly pharmacy.</p> <p>Of note there was evidence that this review was beneficial to patients due to the reduction in poly pharmacy and other changes to patient’s prescriptions.</p> <p>The senior manager who attended feedback confirmed that this review of medication will take place on at least an annual basis.</p>	<p><b>Met</b></p>
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	<p>Staff confirmed that the pharmacist can be consulted on an individual patient basis, but do not visit the ward regularly.</p> <p>The hospital senior management confirmed that an increase in clinical pharmacy is required given the complex physical and mental needs of the patients.</p> <p>Inspectors were informed that the modernisation plan for hospital will include additional input from clinical pharmacology.</p>	
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<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Quality standard 5.3.1f</p> <p><b>Stated: First time</b></p>	<p>Medical staff were not always available and due to this a number of the MDT meeting had been cancelled (out of 26 weeks nine meetings had been cancelled).</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records reviewed evidenced that Multi-disciplinary Team (MDT) meetings had occurred every week and were attended by MDT up until 10 April 2017 with the exception of 13 February and 27 February 2017.</p> <p>From 2 January 2017 eight out of thirteen meetings were attended by a consultant psychiatrist. Five meetings were attended by specialist registrar or Senior House Officer (SHO). Two meetings were attended by a locum SHO.</p> <p>There was no MDT meetings from 10 April 2017 until 15 May 2017 as the consultant psychiatrist was on extended leave and the associate specialist had also been on leave.</p> <p>However this issue has now been resolved as the associate specialist had returned to the ward on 15 May 2017 and a MDT meeting was held on the day of their return. Dates for future weekly meetings will be displayed on the ward.</p>		

## 7.0 Actions to be taken by the service

The responsible person should review the report for factual accuracy and contact the mental health team if required otherwise return the report signed by the ward manager and the responsible person to Team.MentalHealth@rqia.org.uk by 30 June 2017.

<b>Name of Ward manager</b>	Adrienne Creane		
<b>Signature of Ward manager</b>	Adrienne Creane	<b>Date completed</b>	June 17
<b>Name of responsible person approving the report</b>	Martin Dillon		
<b>Signature of responsible person approving the report</b>	Martin Dillon	<b>Date approved</b>	June 17
<b>Name of RQIA inspector</b>	Wendy McGregor		
<b>Signature of RQIA inspector</b>	Wendy McGregor	<b>Date approved</b>	7 July 2017

***\*Please ensure this document is completed in full and returned to MHL.DutyRota@RQIA.org.uk from the authorised email address\****



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