Inspection Report

01 - 29 July 2022

Belfast Health and Social Care Trust

Mental Health & Learning Disability Hospital
Muckamore Abbey Hospital
1 Abbey Road
Antrim
BT41 4SH
Tel no: 028 9446 3333

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

<table>
<tr>
<td>Organisation/Registered Provider:
Belfast Health and Social Care Trust (BHSCT)</td>
<td>Responsible Individual:
Dr. Cathy Jack
Chief Executive, BHSCT</td>
</tr>
<tr>
<td>Person in charge at the time of inspection:
Natalie Magee, Co-Director, LD Services</td>
<td>Number of registered places:
There are five wards operating within Muckamore Abbey Hospital
<table>
<tr><th>Name of ward:</th><th>No of patient's accommodated:</th></tr>
<tr><td>Cranfield 1</td><td>Seven</td></tr>
<tr><td>Cranfield 2</td><td>Eight</td></tr>
<tr><td>Six Mile</td><td>Nine</td></tr>
<tr><td>Killead</td><td>Seven</td></tr>
<tr><td>Donegore</td><td>Six</td></tr>
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<tr>
<td>Categories of care:
Acute Mental Health and Learning Disability</td>
<td>Number of beds occupied in the wards on the day of this inspection:
37</td>
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<tr>
<td colspan="2">Brief description of the accommodation/how the service operates:
Muckamore Abbey Hospital (MAH) is a Mental Health and Learning Disability (MHLD) Hospital managed by the Belfast Health and Social Care Trust (the Trust). The hospital provides inpatient care to adult's aged 18 years and over who have a learning disability and require assessment and treatment in an acute psychiatric care setting. MAH is a regional service and as such provides a service to people with a Learning Disability from across Northern Ireland. Patients are admitted either on a voluntary basis or detained in accordance with the Mental Health (Northern Ireland) Order 1986 (MHO). The Psychiatric Intensive Care Unit (PICU) has remained closed since 21 December 2018. Admission to any other ward within the hospital is significantly restricted, any decision to admit new patients is risk assessed on an individual patient basis and alternative options fully explored before an admission is facilitated.</td>
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2.0 Inspection summary

An unannounced inspection of MAH commenced on 01 July 2022 at 04:00am and concluded on 29 July 2022, with feedback to the Trust's Senior Leadership Team (SLT). All wards were inspected at least once during this period. The inspection team comprised of care inspectors, a senior inspector, assistant directors and a director.

The decision to undertake this inspection (following so soon after the inspection in March 2022) was based on intelligence detailed in Early Alerts received by RQIA in June 2022.

RQIA has a statutory responsibility under the Mental Health (Northern Ireland) Order 1986 and the Health and Social Care (Reform) Act (Northern Ireland) 2009 to make inquiry into any case of ill-treatment, deficiency in care and treatment, improper detention and/or loss or damage to property.

The inspection identified limited progress towards meeting the areas for improvement (AFI) identified during the inspection in March 2022. Additionally, RQIA found that staffing/workforce and adult safeguarding arrangements were inadequate and had impacted on the care and treatment of patients. RQIA escalated these concerns to the Trust's Chief Executive and SLT at the conclusion of the inspection. The Trust accepted RQIA's findings. RQIA has also escalated these concerns to the Department of Health and with the Strategic Performance and Planning Group. A number of AFI have been made.

MAH continues to experience a number of challenges to maintaining service delivery. The Public Inquiry into the historical abuse of patients in MAH is ongoing, the impact of which is felt by patients, families and staff. There are continued challenges with high levels of staff vacancies, a lack of skilled and experienced learning disability speciality staff, and the ongoing management of adult safeguarding incidents.

Following this inspection, RQIA met with the Trust's Chief Executive and SLT on 4 August 2022 to discuss our intention to issue two Improvement Notices relating to staffing/workforce and adult safeguarding. During this meeting RQIA received assurances as to the actions taken and planned by the Trust to address each of the areas of concern. RQIA will closely monitor the Trust's progress in this regard. Further information is detailed in sections 5.2.1 and 5.2.2 of this report.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect performance at the time of our inspection, highlighting both good practice and any AFI. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on eight key themes: staffing/workforce; adult safeguarding; governance and leadership; assessment and treatment/resettlement; patient experience; patient engagement; family engagement; and staff engagement.

During the inspection we observed patient care and treatment, and the lived experience of patients in the wards. We conducted unannounced visits at different times of day and night to ensure patient care was observed on every ward across the full 24 hour period. We observed staff practice and reviewed staffing arrangements in all wards, including the profile of staff. We engaged with the multi-disciplinary team (MDT) and Senior Leadership Team and reviewed relevant patient and governance documentation. Experiences and views were gathered from staff, patients and their families.

Evidence was gathered to supplement the intelligence already gained through the contemporaneous scrutiny of all safeguarding notifications involving staff, which RQIA has undertaken since July 2019.

4.0 What people told us about the service

Posters and easy read leaflets were placed throughout wards inviting staff and patients to speak with inspectors and feedback on their views and experiences.

We received two completed questionnaires from patients, both which reflected that they thought care was good and staff were kind, however, they stated the ward was not organised, nor did they feel safe. We shared this feedback with staff on duty. We spoke with a small group of patients on one ward and with four patients who requested to speak with inspectors. Some patients expressed concern about staffing while others expressed anxiety about the behaviours of other patients.

Opportunities to speak with relatives during the course of the inspection were limited as a result of the Covid-19 visiting restrictions; consequently, we were supported by ward staff to make direct telephone contact with patients' relatives. Twelve families availed of this opportunity and provided a range of views based on their experiences of visiting the wards and engaging with hospital staff. While some relatives expressed high levels of satisfaction with the standard of care provided, others advised of their concern about staffing levels, communication, safeguarding and availability of activities.

Several staff requested to speak with inspectors in private and other opportunities were taken to speak with staff during visits to each of the wards. Staff spoke openly about the concerns they had. We did not receive any completed staff questionnaires; however, staff did contact us following the inspection to discuss concerns they had in relation to the safety of patients and staff.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The previous inspection to MAH was undertaken on 02 – 31 March 2022. We assessed the progress made towards achieving compliance with the six AFI identified at the last inspection and identified that insufficient progress had been made to meet the Quality Standards. Our findings are as follows:

Areas for improvement from the last inspection to Muckamore Abbey Hospital 02 – 31 March 2022		
Action required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 5.1 Criteria: 5.3.3 **Stated**: Second time **To be completed by:** 30 June 2022	The Belfast Health and Social Care Trust should develop a specific training programme for agency staff that will develop knowledge and skills to support them to safely and effectively meet the specific needs of the patients within MAH.	**Not met**
	Action taken as confirmed during the inspection: An agency specific training programme had not been developed. Additional concerns were also identified in relation to the skills and competencies of agency staff. Further detail is provided in Section 5.2.1. This AFI has not been met and has been subsumed into a new AFI.	
Area for improvement 2 **Ref:** Standard 4.1 Criteria: 4.3 **Stated:** First time **To be completed by:** 30 June 2022	The Belfast Health and Social Care Trust should ensure and support a collaborative approach to nursing care, and promote working well together. Agency staff should be embedded within the staff teams and their skills effectively utilised in the delivery of patient care.	**Not met**
	Action taken as confirmed during the inspection: There was insufficient evidence that efforts had been made to embed agency staff within staff teams and further evidence indicated continued relationship difficulties amongst staff groups. Further detail is provided in Section 5.2.1. This AFI has not been met and has been subsumed into a new AFI	

Area for improvement 3 **Ref:** Standard 5.1 Criteria: 5.3.3 **Stated:** First time **To be completed by:** 30 June 2022	The Belfast Health and Social Care Trust should develop an effective mechanism to monitor staff compliance with relevant training requirements and take the necessary actions to address any identified deficits.	**Not met**
	Action taken as confirmed during the inspection: Issues were identified in relation to compliance with mandatory and service specific staff training. Effective mechanisms to monitor staffs' compliance with relevant training and take necessary actions to address deficits were not in place. This was concerning given the risks associated with the competence, skills and knowledge of staff. Further detail is provided in Sections 5.2.1 and 5.2.2. This AFI has not been met and has been subsumed into a new AFI.	
Area for improvement 4 **Ref:** Standard 4.1 Criteria: 4.3 **Stated:** First time **To be completed by:** 30 June 2022	The Belfast Health and Social Care Trust should review the role of the Nurse Development Leads (NDL) and consider the utilisation of this resource to strengthen leadership and management at ward level and support the development of nursing staff within each ward.	**Not met**
	Action taken as confirmed during the inspection: The NDL resource had reduced since the last inspection. As a result it was not possible to determine the impact the NDL role was having. This is discussed further in Section 5.2.8. This AFI has not been met and has been subsumed into a new AFI.	

Area for improvement 5 **Ref:** Standard 4.1 Criteria: 4.3 **Stated:** First time **To be completed by:** 30 June 2022	The Belfast Health and Social Care Trust Senior Management Team for MAH should seek opportunities to engage with staff to determine how best to support them. Consideration should be given to: 1. A schedule of leadership walk rounds with a report to evaluate the outcome of the visit. 2. ASM & ST having a visible presence across all wards to support staff and govern practice.	**Partially met**
	Action taken as confirmed during the inspection: The presence of the SLT on wards to support staff during incidents was noted. We identified gaps in provision of consistent and continuous support to staff at ward level from the middle management team which was having a direct impact on the effective delivery of care. This is discussed further in Section 5.2.8. This AFI has been partially met and has been subsumed into a new AFI.	
Area for improvement 6 **Ref:** Standard 5.1 Criteria: 5.3.1 **Stated:** First time **To be completed by:** 30 June 2022	The Belfast Health and Social Care Trust should ensure the Adult Safeguarding Regional Policy is adhered to by staff at all levels, including the SMT. Consideration should be given to: 1. A review of operational adult safeguarding processes and if required steps to address any identified gaps. 2. Prioritising team building sessions between operational and adult safeguarding team to promote a collective approach to patient safety and protection in line with the Adult Safeguarding Regional Policy.	**Not met**
	Action taken as confirmed during the inspection: Issues in relation to implementing effective and suitably protective adult safeguarding arrangements continue. This is discussed further in Section 5.2.2. This AFI has not been met and has been subsumed into a new AFI.	

5.2 Inspection findings

5.2.1 Staffing / Workforce / Staff Profile

The staffing arrangements at MAH were reviewed through the analysis of staffing rotas, discussions with staff, observation of staff on shift, and review of the staffing model. Staffing levels on the MAH site have been determined using the Telford model, which is a tool to assist staff in defining staffing levels based on patient acuity.

The safety and well-being of patients in MAH was directly affected by the current staffing arrangements. The staffing concerns were not, in the main, related to the numbers of staff on duty. MAH as a site, was operating continuously with 83% to 85% agency nursing and health care staff in addition to ad hoc shifts being covered by bank staff and staff from other areas, across all of the wards. This had an impact on the continuity of care for patients.

There were significant gaps in the level of competence, skills and knowledge required to support patients who have a learning disability, who require support with communication, and present with complex and distressing behaviours.

We noted that staffing levels, in line with the Telford model, was often not being achieved and that the rotas did not accurately reflect the actual staff on shift.
Staffing was not based on the assessed needs of the current patient population. Staffing levels had reached a critical point with difficulty in retaining and recruiting appropriately experienced staff, across all grades.

Staffing levels were not adequate to respond to temporary or unplanned variations in the assessed needs of patients and staff were frequently redeployed to provide cover in other wards when incidents occurred. Some planned visits and outings with family members had been cancelled at short notice due to staffing arrangements.

Robust arrangements were not in place to oversee and assure the supply and deployment of agency staff across the site. This directly impacts patients' safety and contributes to poor patient outcomes. There was evidence that agency and other staff were self-selecting shifts and not following the correct procedure for booking shifts leading to inadequate oversight of the staffing arrangements and in one instance significant safeguarding concerns. The Trust took immediate action to address this risk when highlighted.

Agency staff were working excessively long shifts, often consecutively and without any breaks or sufficient rest periods between shifts. We have taken separate actions to address these concerns with the registered providers of the relevant agencies. Such working patterns are known to impact adversely on both the health and wellbeing of the staff, and on the quality and safety of care provided to patients. We found that staff morale was poor and there was evidence of conflict amongst staff groups.

The current staffing arrangements were detrimentally affecting the resilience and wellbeing of staff and their ability to provide safe, effective and compassionate care, often in very challenging circumstances and therefore must be urgently taken into account in organising staffing at MAH.

Staff training records for Trust and agency staff identified deficits in a number of areas including; Adult Safeguarding Training, Positive Behaviour Support (prn) and Management of Actual or Potential Aggression (MAPA). There was no agency specific training programme to develop agency staff knowledge and skills to support them to safely and effectively meet the specific needs of the patients in MAH. There was limited evidence of an effective mechanism to monitor staff compliance with relevant training requirements or actions taken to address any identified deficits. Individual staff training records were not up to date and an accurate summary of staff training compliance was not available.

There was no evidence of the promotion of a PBS culture in wards. PBS is a person centred approach to supporting people with a learning disability; it is based on assessment of the social and physical environment in which the behaviour happens and includes the views of the individual. A PBS model if used effectively would contribute to a reduction in incidents. Bespoke PBS plans were available and documented in patient care records; however, staff had limited understanding of these and were reluctant to implement the PBS model. This increases the risk of a reliance on the use of restrictive practices to manage patients' behaviours.

Staff reflected feelings of fear and an inability to safely manage patients when they present with distressed or challenging behaviours. Staff were focused on managing and predicating the outcome of distressed or challenging behaviours rather than on proactive action to avoid escalation of behaviours

There was evidence, on occasions, of an over-reliance on the use of PRN medication (PRN medication is medication administered as needed, to support patients with regulating their behaviours) to manage the presentation of some patients and we were concerned to note that some administration times coincided with shifts where there were staffing deficits, and when staff on duty were not familiar with the patients' needs. The Trust committed to undertaking an urgent review of all patients' prescribed medications.

Effective post-incident debrief and support was lacking and as a result opportunities to reflect on and learn from incidents are missed. Some staff reported that their behaviour support staff colleagues did not visit the wards.

Staff providing front-line care displayed resilience and should be commended for their dedicated service to patients and patients' families.

On 8 August 2022 RQIA wrote to the Department of Health (DoH) under Article 4 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the Order), to inform the DoH of the significant concerns in relation to workforce and staffing arrangements, and submitted our views under Article 35 (1) (d), Article 35 (3) (d) and Article 35 (4).

We invited the Trust's SLT to a meeting on 4 August 2022 in which we discussed our intention to serve an Improvement Notice in relation to the staffing/workforce arrangements. This meeting was attended by the Trust's Chief Executive and members of the SLT.
At this meeting the Trust's Executive Management Team, presented a comprehensive action plan describing their plans to address the staffing/workforce concerns arising from the inspection. They informed us of the recent recruitment of nine new staff, five of which are newly qualified registrants, and gave an overview of further plans to recruit and retain staff at all levels.

Additional workforce resources have been secured from within the Trust including senior and middle management levels, a significant number of who will work within the adult safeguarding team. The Trust provided a clear commitment to enhance the leadership within MAH, assurance arrangements through the Executive Management Team, and up to Trust Board level, and also through the engagement of external expert support. As a result of the assurances provided and the comprehensive action plan, RQIA decided not to take enforcement action at that time and will monitor the delivery of the Action Plan outlined.

5.2.2 Adult Safeguarding

Adult safeguarding is the term used for activities which prevent harm from taking place and which protects adults at risk (where harm has occurred or likely to occur without intervention).

In some instances ward staff demonstrated a poor understanding and knowledge of adult safeguarding processes, including the threshold for making a referral to the adult safeguarding team. There was limited evidence regarding adult safeguarding training delivered to substantive staff members and we could not assess if agency staff had the necessary adult safeguarding training as training records for this group were not readily available.

There was limited assurance that incidents of a safeguarding nature were being responded to in a timely way. Delays in reporting incidents to the adult safeguarding team have resulted in delayed patient protection planning.

Staffing shortages within the adult safeguarding team have led to delays in the adult safeguarding process, with a large volume of adult safeguarding investigations not completed. A lack of Designated Adult Protection Officers (DAPOs) is leading to ineffective management of new adult safeguarding concerns, ongoing adult safeguarding concerns and any actions as a result of the ongoing historical safeguarding concerns.

Patients involved in adult safeguarding incidents were subject to a protection plan, however; there was no evidence that the protection plans were reviewed or updated regularly. Staff involved in adult safeguarding incidents were also subject to protection plans which we found in some cases to be unrealistic with poor oversight and management. Staff told us they feel at risk due to the level of scrutiny and are fearful for their professional registration.

There were fewer than expected occasions of debrief and robust incident management oversight resulting in insufficient learning and improvement post incident. There was limited evidence of the effectiveness of audit and analysis of incidents with opportunities to reduce risk and improve patient care missed.

As a result of our significant concerns we wrote to the Department of Health (DoH) under Article 4 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the Order), to advise the DoH of serious concerns we identified in relation to adult safeguarding, and submitted our views under Article 35 (1) (d), Article 35 (3) (d) and Article 35 (4).

We invited the Trust's SLT to a meeting on 4 August 2022 in which we discussed our intention to serve an Improvement Notice in relation to the adult safeguarding arrangements. This meeting was attended by the Trust's Chief Executive and members of the Trust's SLT. At this meeting the Trust presented a comprehensive action plan describing their plans to address the adult safeguarding concerns arising from the inspection. They advised additional adult safeguarding team resources that have been secured and additional managerial oversight was in place to enable outstanding adult safeguarding work to progress.

The Trust has provided a clear commitment to enhance the leadership within MAH, assurance arrangements through the Executive Management Team, and up to Trust Board level, and also through the engagement of external expert support. As a result of the assurances provided by the Trust, and the comprehensive action plan, RQIA decided not to take enforcement action at that time and will monitor the delivery of the Action Plan outlined.

5.2.3 Assessment and Treatment / Resettlement

Assessment and treatment for patients was assessed through the observation of patient care, discussions with patients, and their relatives, with ward staff and from the review of patients' care documentation.

There were 37 patients in MAH, a small number of whom are receiving active care and treatment. This is a reduction from 39 (-2) since January 2022.

A lack of suitable community placements with appropriately skilled staff are some of the contributing factors that have hindered discharge plans for several patients. Some patients, who were preparing for discharge, had in reach staff.
In reach staff are supplied from a prospective care provider, to support patient care on site to enable patients to have a smoother transition into the community when they are discharged.

Assessments for those patients in receipt of active care and treatment were of poor quality and had not been regularly reviewed; some assessments were incomplete. This has led to ineffective care and treatment planning. Care delivered was based on a medical model and MDT meetings were focused on describing incidents and lacked evidence of meaningful decision making about changes in care planning. This has impacted on the effectiveness of the MDT's input into patient care.

Restrictive practices were not being effectively reviewed and patients were subject to restrictions that impacted on their freedom of movement. Enhanced observations (used when staff have assessed that the risk of self-harm or risk to others is increased) were not being reviewed regularly and there was no evidence that consideration had been given to reduce observation levels in a timely manner.

5.2.4 Patient Experience

Patient experience was assessed by directly observing patients lived experiences on the wards and by speaking with patients, ward staff and patients' relatives. Observations were completed across a range of day and night time periods.

The focus on patients' human rights was limited. Care, at times, lacked dignity and respect, and there was little consideration for patients' right to a private and family life. Communal living alongside other patients with complex needs created difficulties for some patients, for which there were very limited options.

Ward environments were for the most part, noisy with limited quieter spaces available for patients to avail of. Some patients who were trying to rest or sleep were disturbed by others. Noise levels on some wards were noted to be high and persistent. This had the potential to cause other patients to not want to use communal spaces. Other noise impacts include the staff alarm system, the patient mix and environmental factors associated with communal living. This is not a therapeutic environment that supports patients' mental wellbeing and their enjoyment of private and family life.

Two patients stated they were concerned about staff safety, and about the impact of the behaviours of other patients on their own wellbeing.

All of the wards visited are locked wards; and patients rely on staff availability and cooperation to support any off ward activity. While some patients were noted to have regular access to the grounds, day care and outings, not all patients can avail of these. Staffing shortages were noted to impact on a planned outing, a family visit and on individualised work with patients.

Staffing arrangements impacted directly on patient activities as not all patients received the necessary support to structure their day, promote their independence, and develop skills enabling them to manage and self-regulate their emotional wellbeing.
Patient Activity Schedules were, for the most part, not implemented, with patients largely dependent on day care staff for activities. Staff demonstrated limited purposeful engagement with patients and tended to stand in groups with, or talk to other staff.

There was no structure to the patients' day or ward based activities resulting in boredom and an increase in incidents of challenging behaviour.

In line with some patients assessed needs and to support their individual care they have been allocated a pod area within the ward footprint. Pod areas are a suite of rooms allocated specifically for one patient, and closed off to other patients. The configuration of some pod areas creates a heavily reliance on staff availability and cooperation to support the patients to access required areas outside of their pod. Staffing shortages and patient acuity were impacting staff's ability to provide individualised care. This has the potential to impact patient dignity, their physical and mental health and their ability to retain their independence and personal care skills.

We observed meal time experiences for patients. Staff demonstrated limited interaction with patients and did not provide a dignified meal time experience for some. Staff stood beside seated patients whilst assisting them with their meal and spoke to other staff rather than the patient they were assisting.

We observed examples of compassionate care to individual patients. This included supporting patients to participate in activities of their choosing both on site and off site. Staff were also observed responding compassionately to patients who were experiencing distress, offering them comfort and reassurance.

5.2.5 Patient Engagement

We observed patients seeking out and engaging with some staff in a positive way. Some patients called for staff by name, whilst others smiled and looked happy to see staff who were familiar to them. We observed patients responding negatively to staff who were unfamiliar to them.

Four patients requested to meet with inspectors. One patient expressed concerns about the safety and wellbeing of ward staff and reported that staff had been assaulted by other patients. Three patients expressed anxiety relating to the behaviours of other patients and reported feeling bullied by other patients. A small group of patients on one ward expressed concerns about the inconsistency in staffing.

Two patients completed questionnaires; both reflected that care was good and staff were kind, however, they both stated the ward they were in was not organised, nor did they feel safe there.

5.2.6 Family Engagement

We sought contact with all families/carers of patients to establish their opinions about the care their relative received. Twelve families/carers gave their opinions. Common themes are detailed as follows:

Staffing
Families had mixed views on staffing. Several reported wards were short staffed and staff had poor understanding of patient needs, while others praised staff, stated they were doing the best they could under difficult circumstances and felt staff were not recognised enough for the good work they do. Several families praised individual staff and identified them by name.

Communication
Several families raised poor communication with staff at all levels as an issue. They raised concerns about site management and the lack of contact they had with them. Additionally, some families described good communication with ward staff and commended staff.

Adult Safeguarding
Several families spoke of their concerns in relation to adult safeguarding processes. They stated they were not provided with updates about ongoing investigations and had no confidence that they would be informed of any outcome from the investigations. Some families stated that it was positive that issues were being reported to the adult safeguarding team.

Food
A small number of families had concerns about food supplied to the patients. They did not think the food was of a good standard and some felt the need to provide take away food to supplement the meals provided.

Activities
The majority of families stated there were not enough activities for patients and had concerns about how patients spent their day. Some families correlated the lack of activities with incidents of challenging behaviours. Several families stated they would like increased use of the onsite swimming pool for the patients.

Visiting
Families expressed an understanding and appreciation of the restrictions in place during the Covid-19 pandemic; however, they raised issues not impacted by these restrictions. Some had negative experiences when attempting to visit including a pre-planned visit cancelled at short notice due to staffing shortages.

5.2.7 Staff Engagement

We met with a number of staff who spoke openly about the concerns they had.

Some staff stated morale was poor and they did not feel supported. They spoke about the high level of injuries sustained by staff during incidents that occurred during their shifts, the impact this had on them, and the lack of debrief and opportunity to discuss it.

Staff were confused and concerned about the future of the hospital and what this would mean for patients and themselves. They reported feeling traumatised, anxious and on edge in relation to the level of scrutiny the hospital was under and the negative portrayal of the hospital in the media.

Despite the issues described by some staff, the staff continue to work at the site and show commitment and dedication to the patients, many providing additional hours beyond their contracted hours and some working whilst retired.

5.2.8 Governance – Leadership and Management

Governance arrangements were assessed through a review of SLT meeting records, discussions with senior staff and observations of care delivery.

Leadership, management and overall governance arrangements need to be strengthened. We determined that poor patient outcomes in relation to patient safety, quality of life, and experience were attributed to a lack of leadership at a middle management level across the site, and suitable management arrangements on the wards. Some wards did not have a dedicated manager, and the 'nurse in charge' was responsible for overall management of the ward, in addition to fulfilling their duties as a member of the team on shift. Staff described disharmony amongst teams and lack of cohesion between substantive and agency staff. There was limited evidence of the effectiveness of the NDL role to support shortfalls in staff development and ward management.

The Trust's oversight of agency staff supply and deployment across the site was not robust, which resulted in discrepancies between staff on rota to work and the actual staffing on shift. The staffing records provided were not a reliable source of information to determine the activity and location of staff members on any given shift, day or night.

They did not clearly or accurately outline the deployment of staff, as observed and did not provide an overview of staff movement across the site during shifts. We evidenced that the fluidity of staffing across the site has impacted on the delivery of safe and effective care to patients.

There is one night coordinator on site, with access to senior management through on call arrangements. The Trust have clarified that the night co-ordinator resource is proportionate to the number of patients accommodated in the hospital.

Staff who were involved in, or who had witnessed incidents of challenging behaviour were not routinely in receipt of a post incident de-brief. This reduces the opportunities to learn from incidents, and to provide necessary emotional support to staff, some of whom have sustained significant injuries while at work.

The absence of appropriate oversight of the staffing arrangements has impacted on patient safety and on the quality of care patients received. We observed staffing levels on the wards to be focussed on the numbers of staff; the skills and experience of staff members was a secondary consideration.

The Trust presented a comprehensive action plan describing their plans to address the leadership and management concerns raised with them during the inspection feedback meeting. They gave an overview of plans to recruit and retain staff at all levels, and described additional workforce resources that have been secured from within the Trust, including senior and middle management levels.

The Trust must provide strong operational leadership to bring stability to the service. The wider Health and Social Care system could support the Trust in achieving stabilisation, which RQIA recommend should be driven by a clear and transparently communicated vision for the future of MAH, shared with all stakeholders, with a fixed period of transition to its achievement. A commitment to assisting with workforce needs during that transition should be secured from other HSC providers with access to appropriately skilled and experienced staff.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Mental Health Order (Northern Ireland) 1986 and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

	Regulations	Standards
	N/A	9

Areas for improvement and details of the Quality Improvement Plan were discussed with the SLT, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Mental Health Order (Northern Ireland) 1986 and The Quality Standards for Health and Social Care DHSSPSNI (March 2006).	
Area for improvement 1 **Ref:** Standard 5.1 Criteria: 5.3.3 **Stated**: Third time **To be completed by:** 31 October 2022	The Belfast Health and Social Care Trust must urgently undertake a review of the induction, training and ongoing development needs of all staff supplied to work in MAH, including those who are supplied at short notice. A training and development plan must be implemented that sets out the range of mandatory and other relevant training to be undertaken by staff. Training plans must be specific and records maintained of when training was provided, by whom and the date of any update or refresher.
	Response by registered person detailing the actions taken: A senior nurse has been authorised to lead on induction of all staff and the E-Roster is reviewed weekly by the Lead Nurse in line with patients' needs and locked down as "agreed". E-roster training and management for Lead Nurse, Ward Sisters and Charge Nurses has been completed to ensure effective roster management to meet the needs of the patients. The process for booking agency staff has been circulated to all registrants regarding the agreed process to book agency staff and the clear message no one is to be booked outside of this process. Work continues with BHSCT Nurse Bank to replace Agency staff who have moved. Consistent regular review of staffing resource is ongoing in line with patient needs. The daily staffing template is reviewed by the Assistant Service Managers.

	A presentation and a Question & Answer session was delivered to the newly appointed Band 6 and Acting Band 7 staff in relation to roles and responsibilities associated with Good Rostering Practice, Policy and clear Key Performance Indicators to reinforce training. Evidence of induction is signed off by Lead nurses prior to undertaking any "nurse in charge" role. Leadership training is being arranged with BHSCT & Leadership Centre. The Nurse Development Lead (NDL) is coordinating training schedules consisting of LD skills, relational security and Positive Behaviour Support (PBS), bespoke ASG with a combination of direct teaching and ward based coaching on engagement. PBS training is included as standard in the Safety Intervention Training as part of the induction and SI update. Training plan: • Introduction to LD and key concepts • Behavioural approaches in LD care • Communication styles • Ethical and legal considerations in LD care • Forensic Nursing in LD • ASD in adults with LD • Relational Security This will close gaps in PBS, relational security, safety intervention training. Training needs analysis for safety interventions is underway and will be completed in line with the action plana specific training and development plan will be put in place with Crisis management plans for each patient, and plan shared when complete. Safeguarding training assisted by Central Nursing Team and ASG Link Nurses have been identified per ward across site. ASG training level 3 provided for senior staff 4 in July and 4 in September 2022 This will increase confidence and prevent staff from "feeling unsafe" to deliver necessary interventions. Value based training is being rolled out as above and a Service plan being produced. As part of the contract with Direct HealthCare one of the essential components of the contract is that each individual staff member has completed level 2 AS training prior to commencement of working on the ward and production of evidence of a programme and training data.

	. Band 7 role authorised to manage all new starts, complete inductions and alert all staff to new starts (agency and trust-deployed staff) to allocated wards. This information is shared with the site coordinators to ensure they are aware of all new starts. Five newly qualified RNLD nurses have commenced preceptorship, induction and training on 19th September 2022 (commencing with Safety Intervention training). There is consistent support throughout their induction and preceptorship, including a Psychology led staff support group presently in place. A “Going Home” checklist is in place in each ward for staff and Occupational health referrals are made where appropriate. Band 6 Deputy Ward Sister/s due to commence Mid October 2022.

Area for improvement 2 **Ref:** Standard 4.1 Criteria: 4.3 **Stated:** First time **To be completed by:** 31 October 2022	The Belfast Health and Social Care Trust must urgently review the staffing arrangements to ensure there are at all times sufficient numbers of adequately skilled and experienced staff available to meet the needs of patients. The Trust must implement a staffing model to determine staffing levels which must be consistent with the changing needs of patients and the challenges associated with the use of agency staff.
	Response by registered person detailing the actions taken: Ongoing staff recruitment & induction of staff new staff supported by band 7 senior nurse an Nurse development lead. Five new registered RNLDs have taken up post, they will be supported in perceptership by lead nurses and our clinical tutor. these staff will have the opportunity to rotate in community teams to enhance skills for the future workforce community model . There are ongoing Listening sessions by Chief Executive, Director of Nursing and Director with Trade Union colleagues open to all staff. A "Going home" checklist is in place in each ward. Staff support groups are being rolled out on each ward. The Ward Sister/Charge Nurse or Deputy Ward Sister/Deputy Charge Nurse advertisements have yielded no appointments in the past however we have recently recruited 2 band 6 psots from our contracted agency. Lead nurses have been supported to deliver on agreed work plans due to the reduced number of senior ward based staff on site. The Lead nurses also deliver direct support to ward based staff. The Senior nurse managers are providing direct leadership, coaching and mentoring on site in line with Trust values and a focussing on patient safety. Leadership training being completed by all middle management staff and training in relation to roles and responsibilities associated with Good Rostering Practice, policy and KPIs delivered. Staffing pressures are identified and escalated to BHSCT and with the other HSCT through the workforce appeal process. There is consistent monitoring of staffing both daily and weekly. 4 Nurse Agency registrants commenced employment 8th August 2022. 4 additional Nurse Agency registrants are due to commence post in October 2022. At the Weekly review of overall staffing, staff are reminded of Staff care, Occupational Health and on site counselling with a tools guide or with support developed and shared. Additional staff will need time for induction and upskilling. Lead nurses and Senior site staff have reached out to all staff over the

	summer months. The Senior staff are visible on site, and there is a rota in place over 7 day period & on call senior manager with links to Clinical Director and Director on call Band 7 site coordinators are to be increased x 2 due to vacancies. it is important to note that student nurses on placement in the hospital consistently report an effective and well supported learning environment in routine educational audits. they are supported by the NDL and the practice education team and our clinical lecturer jointly appointed with QUB There is ongoing patient experience and patient safety thermometer audits completed and shared fortnightly with CLT and staff. Service plan to be produced and Site co-coordinators offer senior support to the wards out of hours. On Call rota, On Call rota/Daily Huddles are in place. Staff deployment Is managed in advance but review is carried out daily by site coordinator and further at site wide morning safety huddles for the site each day to cover unexpected gaps. Daily safety brief reviews and plan patient safety issues across site using Charles Vincent model for safety through the implementation of Daily Huddles/Staff planning/Daily Safety Briefs. The ward staff have been engaged in patient focused activity. The patient observation policy is under review in line with care and support themes. An increase in day care provision planned for onsite residents as currently day care is 40% below capacity due to staff sickness and vacancies and there is currently a sickness absence management process in place. Replacement posts have been offered and appointees took up posts September 2022. Protection plans are shared with night coordinators for patient safety reasons but respecting confidentiality. Site coordinators on site 7 nights per week and days at the weekend, current gaps due to vacant posts are filled with additional Hours/Bank staff. 2 site coordinator posts re-advertised in Oct 2022 with closing date 20 October 2022. Day and night shift safety briefs shared with all staff. The rationale for any staff movement across site/service is documented and reviewed on the staff shift allocation sheet daily and reviewed by lead nurse. There is currently a Daily staff monitoring spreadsheet. The Senior Nurse Managers took up post 19th September 2022 to providing direct leadership and support to all staff. Unfortunately the Ward sister/charge Nurse interview 12th September 22 was not successful and is being readvertised Oct

	2022. Recruitment & induction of Staff continues despite challenges. Review of staffing and structure takes place as resettlements progress. The Staffing report with deficits is sent to senior staff and CLT daily, reviewed and actions taken to maintain safety on site.
Area for improvement 3 **Ref:** Standard 4.1 Criteria: 4.3 **Stated:** First time **To be completed by:** 31 August 2022	The Belfast Health and Social Care Trust must put in place arrangements for the effective oversight of staff supply and deployment across the site. This will include the establishment and implementation of robust protocols relating to the supply of agency and new staff, their fitness and suitability to practice, and the management and oversight of records relating to staff supplied.
	Response by registered person detailing the actions taken: Roster management by 8A lead nurses in line with E-roster Policy. A Lead Nurse (8A) has been recruited for 6 months to specifically lead on patient safety and training matrix in a specific ward. Model of care for all individuals is under review in line with resettlement. Through the appointment of 2 Senior Nurse roles, additional support is being provided to staff through enhanced onsite visibility of management team. Process to strengthen Incident Management review and learning is to be implemented. A senior nurse has been allocated to lead on induction of all staff and the E-Roster is reviewed weekly by the Lead Nurse in line with patients' needs and locked down as "agreed". E-roster training and management for Lead Nurse, Ward Sisters and Charge Nurses has been completed to ensure effective roster management to meet the needs of the patients. Sickness absence management process in place Leadership training to be completed by all middle management staff. HR to facilitate Values based team development to be carried out. System settings re-configured to facilitate Ward management teams to assign block booked agency staff direct to the roster, Documentation and guidance in relation to this has been shared and communicated with ASM's for dissemination to ward teams.Safety Interventions Training: Training need analysis for safety interventions to be completed and a plan out in place with Crisis management plans for each patients and plan will be shared when complete. Management structure has been reviewed and shared with RQIA.

Area for improvement 4 **Ref:** Standard 5.3 Criteria: 5.3.1 **Stated:** First time **To be completed by:** 31 November 2022	The Belfast Health and Social Care Trust must urgently review the care and treatment plans of all patients to ensure that their assessed needs are adequately outlined and that a plan is in place to meet their needs. The Trust must ensure that appropriately skilled staff have oversight of each patient's plan, that the patient and their relatives are involved in its development, and that there are arrangements in place for plans to be reviewed regularly by the multi-disciplinary team.
	Response by registered person detailing the actions taken: All PBS plans are under review with the TSS team taking a lead in this with the MDT and in line with individual resettlement plans. PBS plans are discussed at weekly PIPa meetings and in nurse handovers. Patient Activity audit sheet developed and circulated. Model of care for all individuals is under review in line with resettlement. All assessments have been indexed and reviewed as part of accelerated resettlement plans. An increase in day care provision planned for onsite residents as currently day care is 40% below capacity due to staff sickness and vacancies. A project plan lead by divisional nurse and chair of Division which includes: • The Trust have commissioned a review of the use of PRN by consultant psychiatrist and lead nurse from outside the care delivery Unit commenced July 2022. Terms of reference have been shared. *The clinical lecturer and psychologist provides weekly reflective practice to allow staff the space to consider on PBS approaches.

Area for improvement 5 **Ref:** Standard 5.3 Criteria: 5.3.1 **Stated:** First time **To be completed by:** 30 November 2022	With the current focus on resettlement of patients from MAH resulting in a reduction in numbers of patients across each of the five wards, the Belfast Health and Social Care Trust must keep under review each patient's living areas to ensure that patients are receiving care and treatment in the most therapeutic environment. The review should take account of matters relating to excessive noise, restrictions in freedom of movement, or incompatibility with other patients and should be developed with the patient and where appropriate, their relatives.
	Response by registered person detailing the actions taken: There is review of staffing and structure as resettlements progress. Model of care for all individuals is under review in line with resettlement Review of staffing and structure as resettlements progress The senior nurse mangers meeting with the Lead nurses weekly to review environmental and governance issues moving patients as appropriate to make the best use of space to reduce incompatibility issues and restrictions.
Area for improvement 6 **Ref:** Standard 7.1 Criteria: 7.3 **Stated:** First time **To be completed by:** 31 October 2022	The Belfast Health and Social Care Trust must put in place arrangements to promote the wellbeing of all staff. A staff wellbeing plan must be developed which sets out the Trust's arrangements for staff to access and receive support and guidance.
	Response by registered person detailing the actions taken: Listening sessions by Chief Executive, Director of Nursing and Director with Trade Union colleagues open to all staff.Going home checklist in place in each ward. Staff support groups to be rolled out on each ward. Lead nurses have support provided to deliver on agreed work plans due to the reduced number of senior ward based staff on site Lead nurses are delivering direct support to ward based staff Senior nurse managers are providing direct leadership coaching and mentoring on site in line with Trust values and a focus on patient safety. Leadership training to be completed by all middle management staff. page tiger for self care and sign posting has been developed and shared Staff are reminded of Staff care, Occupational Health and on site counsellor with a tools guide or support developed and shared. Through the appointment of 2 Senior Nurse roles additional support is being provided to staff through enhanced onsite visibility of management team. Staff sessions with psychology have provided a safe space for staff. The staff induction role is led by one senior staff member, this is their main job role.

	A “Going Home” checklist is in place in each ward for staff and Occupational health referrals are made where appropriate.
Area for improvement 7 **Ref:** Standard 5.3 Criteria: 5.3.1 **Stated:** Second time	The Belfast Health and Social Care Trust must urgently undertake a review of the Adult Safeguarding Operational Procedures in Muckamore Abbey Hospital in line with Regional Policy. An action plan must be developed to address the deficits in the implementation of the regional Policy, the measures to be taken to address these, and the timescales for completion.
To be completed by: 30 September 2022	**Response by registered person detailing the actions taken:** The Belfast Health and Social Care Trust has put in an action plan, and has taken the following action: -Put in place a single point of referral for all adult safeguarding referrals in MAH, this ensures compliance with AS Policy, consistency of thresholds, proportionate alternative safeguarding responses and timely protection planning. -RQIA are invited to all strategy meetings -System in place for the ongoing review of protection plans -Audit systems in place to monitor timeliness of referrals -Plan for the management of 4 workstreams underway -Undertaken a piece of work to clarify thresholds and processes for managing alternative safeguarding responses. The Trust has reviewed its guidance to staff in relation to threshold, and has commenced training with all ward staff in relation thresholds and the use of PARIS. -Redeployment of DAPO's and recruitment of administrative staff has occurred -Adult Safeguarding Service Manager has been appointed -Full implementation of the use of APP1 PARIS forms under way -Updated datasets and monthly oversight meeting in place for the review of Adult Safeguarding Trends A programme of AS training is being rolled out as part of an action plan supported by central nursing and the CEC. Review process for all Form 2s in place with RQIA Inspector and ASG Service manager The Trust is still bound by regionally agreed criteria that requires a lower threshold for referral to AS Team for incidents involving staff in that all incidents involving staff must be reffered to the AS team and there is no discretion for the line manager to screen the refferal. once received by the AS team the regional policy applies. this results in occassions in refferals that in other settings may not reach the threshold for refferal to the team. the impact in staff feeling that the threshold is unfair. However, the AS Team have been working to bring a proportionate response to Adult Safeguarding referrals, with a view to increasing Alternative Safeguarding Responses.

Area for improvement 8 **Ref:** Standard 4.1 Criteria: 4.3 **Stated:** First time	The Belfast Health and Social Care Trust must put in place suitable arrangements for the effective delivery and oversight of adult safeguarding policy and procedures. These arrangements should include an ongoing evaluation of the effectiveness of the safeguarding arrangements on MAH site and the impact the adult safeguarding process has on patients, relatives and staff.
To be completed by: 30 September 2022	**Response by registered person detailing the actions taken:** Adult Safeguarding action plan in place for the strengthening of the Adult Safeguarding Team which includes: -Monthly oversight arrangements in place, to identify trends, risk and analysis of Adult Safeguarding with oversight arrangements by the EDSW And NED commencing -New data sets established for the purpose of analysing trends, informing actions and areas of focus - Mechanisms developed to collect patient and service user experience in relation to Adult Safeguarding -Live Governance arrangements in place for review of incidents for ASG and incidents moderate or above -A single point of referral for all adult safeguarding referrals in MAH, enables more contemporaneous identification of emerging themes and trends -Audit undertaken to identify those patients most at risk of Adult Safeguarding referrrals with ongoing development of a peer review system to enable second line assurance of efficacy of protection plans -Six monthly audit process in relation to Adult Safeguarding has been put in place -System in place for the ongoing review of protection plans -Audit systems in place to monitor timeliness of referrals -Redeployment of DAPO's and recruitment of administrative staff has occurred -Adult Safeguarding Service Manager has been appointed -Full implementation of the use of APP1 PARIS forms under way which assists in reporting and analysis

Area for improvement 9 **Ref:** Standard 4.1 Criteria: 4.3 **Stated:** First time **To be completed by:** 31 October 2022	The Belfast Health and Social Care Trust must urgently take steps to strengthen the leadership and governance arrangements in MAH taking account of the clinical leadership and middle management structures. The outcome of this process must be shared with RQIA and must set out clearly any revisions to the management structure, roles and responsibilities and accountability arrangements.
	Response by registered person detailing the actions taken: Lead nurses have support provided to deliver on agreed work plans due to the reduced number of senior ward based staff on site. Lead nurses are delivering direct support to ward based staff. Senior nurse managers are providing direct leadership, coaching and mentoring on site in line with Trust values with a focus on patient safety.Senior Nurse Mangers to took up post 19 September 2022 to provide direct leadership and support to all staff nurse structure revised and in place with additional leadership posts this has been shared with RQIA with the last action plan Clinical structure in place with Clinical director and Chair of Division

Please ensure this document is completed in full and returned via the Web Portal

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