

**Mental Health and Learning Disability Inpatient
Progress Report
26 January 2017**



Erne Ward 1 and Ward 2

**Continuing Care/ Resettlement Ward
Muckamore Abbey Hospital
1 Abbey Road
Antrim
BT41 4SH**

Tel No: 028 95042087

**Inspectors
Cairn Magill, Wendy McGregor
and Raymond Sayers**

It should be noted that this progress 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 previous inspections. 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

Erne Ward 1 is a seven bed continuing care and resettlement unit for male patients who have a learning disability. There are three patients who are accommodated in individual areas within the ward. On the day of inspection there were seven patients in Erne 1.

Erne Ward 2 is an 11 bedded mixed gender continuing care and resettlement unit for patients with a learning disability. On the day of the inspection there were 11 patients on Erne.

3.0 Trust Progress

RQIA inspectors including an estate inspector visited Erne Ward 1 and Ward 2 on 26 January 2017. The purpose of this visit was to review the progress the trust has made toward meeting the areas for improvement following the previous two inspections on 19 – 21 July 2016 and 21 December 2016. Inspectors observed the ward environment and met with the Senior Nurse Manager, both charge nurses and two deputy charge nurses.

RQIA acknowledge that the management structure of Erne Ward 1 and Ward 2 was changed on 23 December 2016. Mr Barry Mills, Senior Nurse Manager has assumed the responsibility of Erne Ward 1 and Ward 2. An experienced Charge Nurse has been redeployed to take up the vacant position in Erne Ward 1 on 1st January 2017, who will support the newly appointed temporary Charge Nurse in Erne Ward 2. In addition to this, two staff have been redeployed to take up Deputy Charge Nurse posts.

The senior nurse manager, charge and deputy nurses have reviewed the areas for improvement. RQIA note that progress has been made. There were areas for improvement which were not reviewed during the visit. These will be reviewed during the next full inspection.

Since taking responsibility for the resettlement/continuing care wards, areas requiring attention were prioritised. The Senior Nurse Manager has a plan in place to address these issues, however these issues were not the priority area to focus on initially.

RQIA were informed that four patients would be discharged in March 2017.

3.1 Staffing and Leadership

Findings from Previous Inspections

Inspectors noted that the ward operated below the required safe levels on two mornings of the week beginning 14 November 2016, five afternoons of this week and three nights of this week. Staff reported that the wards were frequently operating below optimum levels.

The responsible person must ensure staffing levels in Erne reflect the needs of the patients to include safe supervision, address the environmental design and ensure patients have access to planned activities.

Progress

The Senior Nurse Manager acknowledged that staffing levels for Erne Ward 1 and Erne Ward 2 required a review.

The trust assessment of optimum and safe levels was also reviewed taking cognisance of the patient's individual and group needs, supervision levels required and the ward environment.

Eleven health care assistants (HCA) have been recruited, with six due to start work in the Erne Wards on Monday 30 January 2017. The Senior Nurse Manager stated that there is an adequate number of band 5 nurses on each ward.

The Senior Nurse Manager acknowledged that ward leadership, skill mix and culture on both wards require review.

An interim experienced Charge Nurse has been redeployed to Erne Ward 1 and a newly appointed temporary charge nurse for Erne Ward 2. In addition to this, two staff have been redeployed to take up deputy charge nurse posts.

An agreement has been reached to ensure that there are two deputy ward managers in each ward.

Staff skill mix, roles and responsibilities, and patient and ward routine are currently being reviewed with all staff working on the ward, which includes patient and client service staff (PCSS) formerly known as domestic staff. Improvements have been noted and some changes to routine have had a positive effect on the day to day function of the ward, for example PCSS make patients beds during the morning when patients are out at day care. Care staff scheduled on the morning shift can now focus their attention on other responsibilities, for example care documentation.

Patients who are prescribed enhanced observations now have a range of staff allocated to support them and observations are now rotated amongst staff every day. This new approach has benefitted both patients and staff. More staff now receive the opportunity to develop their skills and experience and this also gives patients the opportunity to get to know different staff. This supports patients to build their ability to work with unfamiliar staff thus preparing patients for resettlement.

The Senior Nurse Manager acknowledged that there were problems with the e-rostering system. The e-rostering continues to be reviewed and may be subject to change as the needs of the ward change. The end focus is to provide safe staffing arrangements while improving patient experiences.

The Senior Nurse Manager informed inspectors that these measures have already decreased absenteeism due to sickness.

The Senior Nurse Manager also reported that there remains ongoing work to ensure staff are cohesive and feel supported, as there has been a number of changes in management over recent months.

3.2 Environment and Patient Privacy, Dignity and Comfort

Findings from Previous Inspection

Inspectors found that the day room at the entrance to Erne Ward 2 could not accommodate all five patients and staff who are providing them with support. Inspectors observed this area to be overcrowded and there was not enough space for patients to complete activities or mobilise safely and with ease.

Inspectors found that the hygiene, maintenance and tidiness of the ward was unsatisfactory and improvements were required to ensure that patient's privacy, dignity and comfort was maintained. Inspectors found that improvements were required in relation to the provision of appropriate, clothing, soft furnishings, window coverings, mattresses and garden shelter.

Progress

The Senior Nurse Manager acknowledged inspector's findings. Staff in Erne Ward 2 now monitor the numbers of patients and staff in the day room opposite the entrance. When the room has a maximum of three people patients are actively encouraged by staff to use other areas of the ward, including the activity/ dining room which also has a television. To date this approach is working well. The RQIA estate inspector confirmed the room floor area was 11.65 square metres and met the required standards as noted in nursing home standards, where it states that 2.5 square metres is required for each patient.

Inspectors undertook a walk around the wards during the visit on 26 January and noted both wards to be clean and tidy. The Senior Nurse Manager informed inspectors that they now complete a weekly walk around with PCSS to ensure cleanliness and hygiene standards are maintained. The Senior Nurse Manager stated that they will continue to monitor the ward environment every week. The Senior Nurse Manager also reported to inspectors that ongoing work is required to embed a new culture of shared responsibility to maintain hygiene and tidiness of the ward across all bandings of staff. To date the Senior Nurse Manager is not satisfied that this new culture is established and has committed to maintaining a focus on this matter.

Inspectors noted improvements in relation to the provision of appropriate clothing, soft furnishings, window coverings, mattresses and the garden shelter. Patients on the ward during the visit were dressed appropriately for the weather. Inspectors observed that the ward environment had improved and was now welcoming and inviting. Walls had been newly painted. Mattresses had been replaced. There has been progress made in relation to fitting and securing window coverings and curtains. Curtain fitters were on the ward at the time of the visit, as some patients continued to pull at curtains and blinds. Staff continue to divert patients from this behaviour. Alternative blinds and curtains are being explored for those windows where this is an issue and some have been ordered. One window was recently replaced and required frosting applied to protect the patient's dignity.

Inspectors noted an improvement in the presentation of some gardens.

3.3 Ligature Risk Assessment in Profiling Beds

Findings from Previous Inspection

It is recommended that the Trust reviews the use of metal framed beds. This review should also be reflected in the ward's ligature risk assessment.

Progress

There were two profiling beds observed to be in use for two patients who were assessed as requiring them. Inspectors did not review the ward's ligature risk assessment during this visit. This issue will be followed up on the next inspection.

3.4 Environmental Risk Assessments and Fire Safety

Findings from Previous Inspection

Inspectors noted that the fire risk assessment required urgent review and patient's personal emergency evacuation plans were not reviewed or up to date. Inspectors also observed that improvements were required in relation to staff awareness and response to individual patient needs in the event of a fire. Inspectors were concerned that staff who came to assist from other wards on the hospital site when the fire alarm was activated were not aware of their roles or responsibilities or directed and guided by a designated staff member. During the last inspection, emergency exits were obstructed by equipment and furniture.

The ward specific environmental assessment and action plan required to be reviewed to include a timeframe and responsible person for action.

Progress

During the walk around the ward inspectors observed all exits were free of obstruction. Inspectors also noted that there was an up-to-date Personal Emergency Evacuation Plan completed for all patients. Erne Ward 1 and Erne Ward 2 now operate a total evacuation plan and this was signed off on 20 January 2017 by the fire officer. The Senior Nurse Manager advised that all staff had their fire safety awareness training up to date and staff have liaised with the fire officer to arrange a live evacuation of the ward. The date for this has not been confirmed. Both wards have staff trained as fire wardens and rotas are scheduled to ensure that a fire warden is on each shift.

The estates inspector noted that an overhead tracked hoist was installed in Bedroom 75. The Senior Nurse Manager was asked to ensure that a Lifting Operations and Lifting Equipment Regulation 1998 (LOLER) statutory inspection regime is implemented on the ceiling hoist, or remove the hoist.

3.5 Patient Care Documentation, Management and Storage

Findings from Previous Inspection

Inspectors noted that patient assessments, care plans and risk assessments were not comprehensive, up-to-date, or reflected the changing needs of patients. Care plans were not evaluated, reviewed and recorded in a timely manner and in accordance with trust, regional policies and professional guidance. Progress notes were not accurate, completed and were not easily accessible to all staff delivering care. Patient records and files were not managed and stored in accordance with trust and data protection policies and procedures and staff had not adhered to the Nursing Midwifery Council Guidance on record keeping.

Inspectors also noted that patient financial transactions were not completed in accordance with trust policies and procedures.

Progress

The Senior Nurse Manager gave assurances that the trust policy and procedures in relation to financial transactions were now adhered to.

The Senior Nurse Manager acknowledged that patient care documentation requires improving and further progress is needed.

Training on the use of the Patient Electronic Recording Information System (PARIS) has been scheduled on the 8 and 9 February 2017 for staff. Both charge nurses and deputy charge nurses will maintain oversight of the training needs of staff in relation to the care documentation. The Senior Nurse Manager recognises that this piece of work will require ongoing education, monitoring and evaluation and will be subject to audit. The Senior Nurse Manager stated that the deputy charge nurses will audit the care documentation along with the hospital resource nurse.

The Senior Nurse Manager stated the priority now is to develop a “pen picture” profile for patients who are identified for discharge in March and April 2017. This exercise will gather information on a patient’s likes and dislikes, routines, preferences, morning day and night routines and all activities of daily living.

Health care assistants will now have access to the PARIS and all staff will have access to the hospital shared folder.

Administrative support has increased on Ward 1 and Ward 2 to one day a week for a period of six weeks.

3.6 Advocacy Services / Patient Experience Feedback

Findings from Previous Inspection

Inspectors noted that patients had limited access to advocacy services and the service did not consider the communication needs of patients on the ward. Patient forum meetings and any subsequent actions were not recorded.

Progress

The Senior Nurse Manager stated that staff have been informed how to make a referral to advocacy services. A carers advocate is now in place and is currently supporting relatives where required. Patients receive the support of an advocate for resettlement. A patient representative now attends the patient council advocacy meetings and plans are in place to commence patient forum meetings on the ward.

3.7 Patient Information

Findings from Previous Inspection

Inspectors found that there was limited information in a format that met the needs of patients in relation to orientation around the ward, staff on duty and what activities were available.

Progress

The Senior Nurse Manager stated that the Speech and Language Therapist (SALT) has monthly communication groups. Referrals have been made to SALT where required and patients have communication aids in place where appropriate. Activity schedules had improved. The names and photographs of staff that were on duty were displayed. Signage to help with orientation had improved.

3.8 Ward Performance Audits

Findings from Previous Inspection

Inspectors found that there was no evidence that the ward's performance was audited or any outcomes were displayed for patients' carers, relatives and staff.

Progress

Inspectors observed that some ward performance audits were now displayed.

3.9 Relative Involvement and Input for Patient Care and Discharge Planning Meetings

Findings from Previous Inspection

Inspectors were informed by relatives that they were not informed in advance of the purpose of their family members meetings.

Progress

Inspectors will speak to relatives and review this area for improvement during the next inspection.

4.0 Progress Report Summary

4.1 Progress Report Outcome

Overall progress has been made in relation to the areas for improvement and RQIA note that an action plan is in place. RQIA also note that there are plans in place for patients to discharge this year and were informed that the ward will subsequently close.

RQIA will continue to monitor the service. Areas for improvement will be assessed in full during the next inspections of Erne Ward 1 and Erne Ward 2.

Name of responsible person approving the progress report	Mairead Mitchell		
Signature of responsible person approving the progress report		Date approved	April 2017
Name of RQIA inspector assessing response	Wendy McGregor		
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