

**RQIA**

**Mental Health and Learning  
Disability**

**Patient Experience  
Interviews Report**

**Erne**

**Muckamore Abbey Hospital**

**Belfast Health and Social  
Care Trust**

**11 June 2014**

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## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Northern Ireland's health and social care services. RQIA was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services. The work undertaken by the Mental Health and Learning Disability team (MHLD) is fundamentally underpinned by a human rights framework and the Human Rights Act (1998). Additionally, RQIA is designated as one of the four Northern Ireland bodies that form part of the UK's National Preventive Mechanism (NPM). RQIA undertake a programme of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment, upholding the organisation's commitment to the United Nations Optional Protocol to the Convention Against Torture (OPCAT).

## **1.1 Purpose of the visit**

Patient Experience Interviews (PEIs) form an integral component of the RQIA inspection programme.

### **Aims**

- To monitor the care and treatment of individuals detained under the Mental Health (Northern Ireland) Order 1986, taking specific cognisance of the individual's perception of their care;
- To monitor the care and treatment of any individual inpatients in MHLD facilities, taking specific cognisance of the individual's perception of their care;
- To make relevant recommendations where required to improve the patient experience with line with the standards detailed in The Quality Standards for Health and Social Care (DHSSPSNI, 2006).

### **Objectives**

- To engage and consult with patients and their advocates;
- To ensure that patients are afforded due respect for individual human rights;
- To monitor the context and environment within which care is provided;
- To monitor the quality and availability of care;
- To make appropriate recommendations for improvement and to highlight any issues of concern in line with the escalation policy;

- To provide feedback on concerns/issues raised
- To inform the annual inspection processes.

## **1.2 Methods/Process**

Prior to the patient experience interview visit RQIA forwarded notification of the visit to the Trust; this allowed the patients and the ward an opportunity to prepare for the interviews.

On the day of the visit inspectors met with any patient (or in specific cases, their representative) who had indicated that they wished to meet with the inspectors. Discussions led by the patient, and semi-structured interviews were undertaken. The inspectors also completed a direct observation of the ward using guidance from Quality of Interaction Schedule (QUIS). Verbal feedback was provided to the ward manager at the conclusion of the visit.

There are no recommendations made following the patient experience interviews.

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

## 2.0 Ward profile

Trust/Name of Ward	Belfast Health and Social Care Trust, Erne Ward
Name of hospital/facility	Muckamore Abbey Hospital
Address	1 Abbey Road Muckamore BT41 4SH
Telephone number	028 950 42087
Person-in-charge on day of visit	Helen Burke
Email address	<a href="mailto:helen.burke@belfasttrust.hscni.net">helen.burke@belfasttrust.hscni.net</a>
Number of patients and occupancy level on days of visit	13 beds (fully occupied)
Number of detained patients on day of inspection	Two patients
Number of patients who met with the inspector	One patient
Date and type of last inspection	20 January 2014 Unannounced Inspection
Name of inspector	Wendy McGregor and Audrey Woods

Erne is a 13 bedded mixed gender, continuing care/resettlement ward on the Muckamore Abbey Hospital site. All patients in Erne were considered to be medically fit for discharge and are awaiting resettlement into community based services.

Erne ward serves the Belfast, Northern and South Eastern Trusts. Resettlement meetings take place on a monthly basis for every patient. There is also a separate monthly multidisciplinary meeting regarding each patient on the ward.

Patients within Erne receive input from a multidisciplinary team which incorporates psychiatry; nursing; psychology; behavioural support; and social work professionals. A patient advocacy service is also available.

### **3.0 Outcomes of interviews and direct observation of the ward**

#### **Number of patients interviewed**

One patient chose to meet with the inspectors on the day of the visit. This patient was not detained in accordance with the Mental Health (Northern Ireland) Order 1986. One patient representative chose to speak with the inspectors on the telephone after the visit on behalf of their relative.

#### **Specific issues raised by patients/representatives**

No patients wished to discuss any particular aspect or concerns about their care and treatment.

One patient's representative wished to discuss concerns about the care and treatment of their relative. This patient's representative requested to speak on the telephone the following day after the patient experience interview. The representative raised specific issues in relation to the care and support of their relative. They advised that they had already spoken to members of staff regarding these issues but nothing had changed. The inspectors advised the representative of the complaints process available within the Trust if they felt that they could not resolve these issues at a local level. Inspectors contacted the ward to inform the manager of the concerns raised by the patient's representative. The ward manager agreed to share information relating to the complaints process with this relative.

### **Direct Observation**

#### **Ward environment**

Erne ward was noted to be clean and tidy. Inspectors viewed some individual rooms which were homely and personalised.

Most patients had their own bedroom. Some patients shared a two bedded bay area, inspectors noted screens were available to promote the privacy and dignity of the patients. There were a number of day spaces available to the patients. Male and female patient areas were segregated.

The ward appeared calm and patients all appeared relaxed and comfortable.

Inspectors noted one of the garden areas to be overgrown and in need of maintenance. This was discussed with the ward manager who stated that one of the garden areas had been cleaned but the estates department had not returned to clean the other garden. The ward manager agreed to follow this up.

Staff observed two patients who had been provided with their own separate self-contained accommodation within the ward. Both patients had been assessed as needing their own living space and were provided with enhanced levels of observation. The patients had their own bedrooms, activity/TV room,

toilet kitchen area and outside space. One patient had their own garden area which they maintain with the support of staff. The second patient had a large enclosed garden area with a swing. Both patients accessed day care and individual facilities in the community with support from staff. Both patients had an individual activity schedule in place which was developed in response to their individual needs.

### **Staff and patient interactions**

One the day of the patient experience interview staff were observed interacting with the patients. Interactions were noted to be positive. Staff were available to the patients and supervised the patients in a way that promoted patient privacy and dignity.

Staff were aware of the patients' likes and dislikes. Staff were observed using this information to communicate with the patients.

Staff were noted to be caring and compassionate, addressing patients by their names and supporting patients with their needs on the day of the patient experience interviews.

Inspectors observed staff supporting patients to attend day care and going out for walks around the grounds.

### **Patient Experience Interviews**

Inspectors spoke informally to one patient who was on the ward. The patient talked about going out with their family and eating out whilst on these trips. The patient appeared happy and content in their surroundings laughing and joking with staff and inspectors. The patient indicated they knew who their named nurse was. It was good to note staff assisting with the communication needs of this patient to enhance this informal discussion.

Inspectors met with one patient in private. The patient had limited verbal communication but was willing to engage with the inspectors and answer some of the questions from the semi structured questionnaire.

### **Responses to questions 1 - 1d**

The patient did not answer the questions.

### **Responses to questions 2 - 2c**

The patient was able to confirm that their family had been involved in their care. They did not answer the remaining questions.

### **Responses to questions 3 - 3a**

The patient reported that they knew what an advocate was and they stated they never had to use this service.

**Responses to questions 4 - 4b**

The patient did not answer the questions.

**Responses to questions 5 - 5c**

The patient did not answer the questions.

**Responses to question 6**

The patient did not answer the questions.

**Responses to questions 7 - 7b**

The patient did not answer the questions.

**Responses to questions 8 - 8a**

The patient reported that they were allowed time off the ward and that they could access outside whenever they wanted.

**Responses to questions 9 - 9b**

The patient confirmed that if they felt something was wrong and making them unhappy they would know who to contact. They did not answer the remaining questions.

**Responses to questions 10**

Patient reported that they were happy with their care and stated that “the staff are good” and “I like it here”.

**Additional areas discussed during the visit**

All patients have access to an advocate. All patients will be referred to a ‘quality of life survey’ which will be completed one year after they have resettled into the community.

There were no additional issues discussed.



## 4.0 Conclusions

Erne provides continuing care and is considered a resettlement ward on the Muckamore Abbey Hospital site. All of the patients in Erne were considered to be medically fit for discharge and are awaiting resettlement into community based services.

The inspectors met with one patient who was on the Erne ward. The patient was not detained in accordance with the Mental Health Order (NI) 1986. Although the patient was willing to engage with the inspectors they appeared to have limited understanding in relation to some of the questions asked.

It was good to note that resettlement meetings were held for each patient on a monthly basis and are attended by staff from the patient's own Trust and where appropriate their advocate.

There are no recommendations made from the direct observation and discussions with the patients.

From the observations of the ward on the day of the Patient Experience Interviews, the inspectors' impression of the overall treatment and care on the ward was found to be in keeping with the five standards of respect, attitude, behaviour, communication privacy and dignity as referenced in the Department of health, Social Services and Public Safety; Improving the Patients & Client Experience, November 2008. Staff demonstrated respect in all contacts with patients. Staff demonstrated positive attitudes towards patients. Staff demonstrated professional and considerate behaviour towards patients. Staff communicated in a way that was sensitive to the needs and preferences of patients. Staff protected the privacy and dignity of patients.

**The inspector would like to thank the patients, staff, and relatives for their cooperation throughout the interview processes.**



No requirements or recommendations resulted from the Patient Experience Interviews of **Erne Ward, Muckamore Abbey Hospital** which was undertaken on **11 June 2014** and I agree with the content of the report.

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

[ ]

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	[ Helen burke ]
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	[ Martin Dillon acting CEO ]

<b>Approved by:</b>	<b>Date</b>
Wendy McGregor	23 July 2014

## Appendix 1 –

### Patient Experience Interview Questionnaire



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