Unannounced Follow Up Inspection Report
4 and 5 September 2017

Erne Ward 2

Resettlement Ward
Muckamore Abbey Hospital
1 Abbey Road
Antrim
BT41 4SH

Tel No: 028 95042087

Inspector
Wendy McGregor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Erne Ward 2 is a six bedded resettlement unit for male and female patients who have a learning disability. On the days of inspection there were six patients on the ward.
All patients on the ward were assessed as ready for resettlement. There were no patients on the ward detained in accordance with the Mental Health (Northern Ireland) Order 1986.
Care was provided by a multi-disciplinary team that included nursing, medical, psychiatry, speech and language and occupational therapy. Patients had access to advocacy services.

3.0 Service details

Responsible person: **Martin Dillon**	**Ward Manager:** **Frances Maguire**
Category of care: Resettlement	**Number of beds: 6**
Person in charge at the time of inspection: Frances Maguire	

4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 4 and 5 September 2017.

The inspection sought to assess progress with findings for improvement raised from the unannounced inspection on 19 – 21 July 2016.

It was good to note that all of the areas for improvement identified on the last inspection in July 2016 had been met. Trust staff are to be commended for the significant improvements observed in relation to the ward environment, health and safety issues and for improving patient comfort. The environment was observed as person centred and welcoming. There was evidence that staff had made significant efforts to improve the care documentation and there was evidence that staff were working on making further improvements. Staff and relatives who were interviewed all confirmed that that the care on the ward and the ward environment had improved. Staff stated they felt supported. A “buddy” system was in place for new staff to pair up with a staff member who is familiar with the needs of each patient, the ward environment and to provide support. This provides staff with a point of contact to share information, and highlight any concerns.
Staff interviewed during the inspection had a good understanding of the needs of each patient. Relatives said that communication between relatives and staff had improved. Relatives also said that they were happy with the care their family member received on the ward and commented that care was compassionate and person centred.

It was good to note that four patients had been discharged and resettled into the community since the last inspection in July 2016. There were resettlement plans in place for the six remaining patients. Community placements had been identified for three patients and work was ongoing to source appropriate placements for the three remaining patients.

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

Total number of areas for improvement	0

There were no areas identified 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.

The following areas were examined during the inspection:

- Fire safety assessments.
- Patient forum meetings.
- Staff duty rota.
- Duty allocation sheets.
- Care documentation in relation to three patients.
- Ward environment.
- Advocacy service.
- Activity schedule.
- Staff meetings.
- Environmental assessments.
- Emergency equipment checks.
- Safety briefing records.
- Patient finance records.
- The management and storage of confidential records.
- Ward performance records and audits.
- Feedback from five relatives.
- Feedback from six staff.
- Observations of staff practice and engagement with patients

6.1 Review of areas for improvement from the last unannounced inspection 19 – 21 July 2016

The most recent inspection of Erne Ward 2 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.

Areas for Improvement		Validation of Compliance
Number/Area 1 **Ref**: Standard 5.3.1 (e) **Stated:** First Time	**The responsible person must ensure that:** All urgent actions identified in the fire risk assessment are addressed. Patient's personal emergency evacuation plans are updated and regularly reviewed. Staff are aware of and can respond appropriately to each patient's individual needs in the event of a fire. Staff that come to assist in the event of a fire are given clear guidance and direction. Emergency exits are free from obstruction.	**Met**
	Action taken as confirmed during the inspection: The inspector reviewed all documentation in relation to fire safety and noted the following. The urgent actions identified in the fire risk assessment during the last inspection in July 2017 had been addressed. Evacuation procedures had been reviewed and had been changed from horizontal evacuation to full evacuation. Patients' personal emergency evacuation plans had been reviewed and were up to date. Measures had been put in place to ensure that staff can respond to each patient's individual needs in the event of a fire. Fire safety and evacuation was discussed at the monthly staff meeting. Following the staff meeting staff went on a walk around the ward and were	

	reminded of the evacuation routes. Emergency exits were observed to be free from obstruction on the days of the inspection. Staff were allocated on a daily basis to check the environment for any fire safety issues. Escape routes, fire detectors, emergency exits and emergency fastening devices were routinely checked every week. Fire extinguishers, fire doors and closing devices were routinely checked every month. All staff had received up to date fire training. The fire evacuation records since July 2016 evidenced that there were three full evacuations and three and walk / talk through evacuations. The trust fire officer visited the ward in August 2017 and complimented the staff on their knowledge of the environment and the action required in the event of a fire. The evacuation policy had been read and signed by all staff working on the ward and included housekeeping staff.	
Number/Area 2 **Ref**: Standard 5.3.1 (f) **Stated:** First Time	**The responsible person must ensure that**: The resuscitation trolley and other emergency equipment is checked in accordance with the Trust's policy. **Action taken as confirmed during the inspection**: The inspector reviewed the check lists in relation to the resuscitation equipment. There was evidence that the equipment had been checked in accordance with trust policy.	**Met**
Number/Area 3 **Ref**: Standard 5.3.1 (f) **Stated:** First Time	**The responsible person must ensure that:** The hygiene, maintenance and tidiness of the ward are improved and maintained to a satisfactory level. Patient's privacy, dignity and comfort are upheld and enhanced by the provision of appropriate clothing, soft furnishings, window coverings, mattresses and garden shelter.	**Met**

	Action taken as confirmed during the inspection: The inspector observed the ward environment and noted it had significantly improved. The ward had been painted and maintained. The ward was clean, tidy and clutter free. New soft furnishings were in place. Window coverings were in place and all beds had a properly fitted mattress with appropriate and comfortable bedding. Patients were noted to be suitably dressed to suit the weather conditions and the temperature of the ward. The garden area had been cleaned and maintained.	
Number/Area 4 **Ref**: Standard 5.3.3 (d) **Stated:** First Time	**The responsible person must ensure that:** Staffing levels in Erne Ward reflect the needs of the patients, to include safe supervision, address the environmental design and ensure patients have access to planned activities.	**Met**
	Action taken as confirmed during the inspection: On the days of the inspection there were six patients on the ward. Each patient required assistance with their daily living needs and required different levels of supervision. Levels of supervision on the ward ranged from general observations to within eye sight at all times. The inspector reviewed the duty rota over a three month period and noted that staffing levels fluctuated between 5 and 6 staff. The ward manager stated that there had been occasions when the staffing levels had reduced to four. This was because staff were required to meet the shortfall in staffing levels on other wards on the Muckamore site. An incident form was completed on DATIX on these occasions. This was monitored and reviewed by trust senior management. There was no evidence that hospital appointments were cancelled due to staff shortages. There was a minor impact on planned community activities, as the inspector noted that these were rarely cancelled. Ward based activities continued and patients continued to attend day care every day. To ensure patient safety the ward manager	

	ensured that all areas used by patients on the ward were adequately supervised and individual supervision needs were met. The ward manager stated that they ensured that the ward had sufficient staff to support and maintain the safety of patients particularly during meal times. This meant that staff were requested to return to the ward from the other wards during those times. Duties were allocated on a daily basis to ensure that the needs of the patients were met and patients were supervised. A safety briefing was also completed every day and there was evidence that housekeeping were informed of any risks on the ward.	
Number/Area 5 **Ref**: Standard 5.3.1 (a) **Stated:** First Time	**The responsible person must ensure that:** Assessments, care plans and risk assessments are thorough, up-to-date, reflect changing needs and specialist assessments; Care plans are evaluated, reviewed and recorded in a timely manner in accordance to trust, regional policies and professional guidance; Progress notes are accurate, complete and are easily accessible to all staff delivering care.	**Met**
	Action taken as confirmed during the inspection: The inspector reviewed care documentation in relation to three patients. Assessments, care plans and risk assessments were recorded on the patient electronic recording system (PARIS). Assessments had been reviewed and were noted to be up to date. Care plans were reviewed, up to date and reflected the assessed needs of the patients. Each patient had a completed risk screening tool in place. These were noted to be completed in accordance with Promoting Quality Care – Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services May 2010. Any risks identified were recorded and managed through the patient's care plan. Specialist assessments were in place for patients who required additional support with needs such as eating and drinking, skin care and mobility. Care	

	plans were also in place to address any specialist needs identified. The deputy ward manager had completed a monthly care documentation audit and there was evidence that any deficiencies identified were addressed with the patients' named nurse. It was good to note that staff were working towards ensuring that care plans were evidenced based. Case notes reviewed, were detailed and included an update on patients' care plans. Case notes were noted to be person centred.	
Number/Area 6 **Ref**: Standard 5.3.1 (c) **Stated:** First Time	**The responsible person must ensure that**: Patient financial transactions are in accordance with trust policies and procedures.	**Met**
	Action taken as confirmed during the inspection: The inspector reviewed financial transactions in relation to two patients. There was evidence that financial transactions and the storage of patients money was completed in accordance with trust policy and procedure. Patients' monies that were held on the ward were checked by two staff every morning and evening. Financial records were audited by the ward manager every week and by the senior nurse manager every three months.	
Number/Area 7 **Ref**: Standard 6.3.2 (a) **Stated:** First Time	**The responsible person must ensure that:** Patients have; • Access to advocacy on the ward. Advocates should take into consideration the communication support needs of the patients • Patient representative forum meetings which are recorded and ensure all actions identified are followed up	**Met**
	Action taken as confirmed during the inspection: Information in relation to advocacy was displayed on the ward. Each patient had access to an	

	advocate. The advocate attended each patient's resettlement meeting. Patients' forum meetings were held every month. Outcomes from the patient forum meeting were displayed on the ward, in a format that considered the communication needs of the patients. There was evidence that actions identified were followed up by staff.	
Number/Area 8 **Ref**: Standard 6.3.2 (a,b & c) **Stated:** First Time	**The responsible person must ensure that:** Patients have information in a format that meets the communication needs of patients to; • assist in orientation around the ward • know who is on duty and; • what activities are on offer	**Met**
	Action taken as confirmed during the inspection: The inspector observed that signage around the ward had improved and assisted with orientation. Details of the multi-disciplinary team and who was on duty was displayed. This was in the form of photographs of staff. Activities on offer were also displayed as pictures. This was noted to be creative and colourful and staff informed the inspector that patients had shown an interest in the display. Staff were commended on the improvement in this area.	
Number/Area 9 **Ref**: Standard 5.3.1 (f) **Stated:** First Time	**The responsible person must ensure that:** Patient records and files are managed and stored in accordance with trust and data protection policies and procedures and Nursing Midwifery Council guidance on record keeping.	**Met**
	Action taken as confirmed during the inspection: The inspector noted that all patients' records and files were securely locked in the nursing office and were stored in accordance with trust and data protection policies and procedures and Nursing Midwifery Council (NMC) guidance on record	

	keeping.	
Number/Area 10 **Ref**: Standard 5.3.1 (f) **Stated:** First Time	**The responsible person must ensure that**: The ward's performance is audited and outcomes are displayed for patients' carers, relatives and staff.	**Met**
	Action taken as confirmed during the inspection: The inspector observed that that information in relation to the ward's performance was displayed for patients, carers, relatives and staff. This included complaints, compliments, falls, vulnerable adults, patient forum meetings and the outcome from patient satisfaction surveys. Patient satisfaction scores were displayed in relation to patient centred care, safe and effective care, privacy, dignity, capacity and consent.	
Number/Area 11 **Ref**: Standard 6.3.2 (b) **Stated:** First Time	**The responsible person must ensure that** : Relatives are informed in advance of the purpose of meetings.	**Met**
	Action taken as confirmed during the inspection: The inspector spoke with four relatives. Relatives stated that communication had improved and that they were now informed in advance of the purpose of meetings. Relatives were complimentary about staff and the sharing of information. Relatives said they were involved in decisions in relation to the care of their family member. Relatives said that staff were always available and were approachable.	
Number/Area 12 **Ref**: Standard 5.3.1 (e) **Stated:** Second	**The responsible person must ensure that** : There is a ward specific environmental assessment completed and an action plan is completed which should include a timeframe / responsible person for action.	**Met**

Time	**Action taken as confirmed during the inspection**: The inspector noted that an environmental assessment was completed and was up to date. All actions had been addressed. An environmental check was completed every day by allocated staff. Any areas identified were recorded and addressed promptly. There was evidence that senior management attended the ward every week to review the environment.	

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 16 October 2017.

Name of Ward manager	Frances Maguire		
Signature of Ward manager	Frances Maguire	**Date completed**	16th October 2017
Name of responsible person approving the report	Mairead Mitchell		
Signature of responsible person approving the report	Mairead Mitchell	**Date approved**	16th October 2017
Name of RQIA inspector	Wendy McGregor		
Signature of RQIA inspector	Wendy McGregor	**Date approved**	16 October 2017

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews