



The **Regulation** and  
**Quality Improvement**  
Authority

**Erne Ward**  
**Muckamore Abbey Hospital**  
**Belfast Health and Social Care Trust**  
**Unannounced Inspection Report**  
**Date of inspection: 23 June 2015**



informing and improving health and social care  
[www.rqia.org.uk](http://www.rqia.org.uk)

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# Our Vision, Purpose and Values

## Vision

To be a driving force for improvement in the quality of health and social care in Northern Ireland

## Purpose

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

## Values

RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

- **Independence** - upholding our independence as a regulator
- **Inclusiveness** - promoting public involvement and building effective partnerships - internally and externally
- **Integrity** - being honest, open, fair and transparent in all our dealings with our stakeholders
- **Accountability** - being accountable and taking responsibility for our actions
- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally
- **Effectiveness** - being an effective and progressive regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

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## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

RQIA's programmes of inspection, review and monitoring of mental health legislation focus on three specific and important questions:

### Is Care Safe?

- Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

### Is Care Effective?

- The right care, at the right time in the right place with the best outcome

### Is Care Compassionate?

- Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

## 2.0 Purpose and Aim of this Inspection

To review the ward's progress in relation to recommendations made following previous inspections.

To meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable, safe and predictable environment.

To evaluate the type and quality of communication, interaction and care practice during a direct observation using a Quality of interaction Schedule (QUIS).

## 2.1 What happens on inspection

### What did the inspector do:

- reviewed the quality improvement plan sent to RQIA by the Trust following the last inspection(s)

- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- looked at different types of documentation

**At the end of the inspection the inspector:**

- discussed the inspection findings with staff
- agreed any improvements that are required

**After the inspection the ward staff will:**

- send an improvement plan to RQIA to describe the actions they will take to make any necessary improvements

### 3.0 About the ward

Erne ward is a 15 bedded mixed gender continuing care/resettlement ward providing care and treatment to patients with a learning disability and mental illness. The ward is located on the Muckamore Abbey Hospital site. There are patients from four Trust areas on the ward (Belfast, Northern, South Eastern and Western Trust). Resettlement meetings take place on a monthly basis for every patient. There is also a separate monthly multi-disciplinary meeting regarding each patient's progress.

Patients within Erne receive input from a multi-disciplinary team which incorporates psychiatry; nursing; psychology; behavioural support and social work professionals. Patient and relative/carer advocacy services are also available.

At the time of the inspection one patient had been admitted to the ward in accordance to the Mental Health (Northern Ireland) Order 1986.

### 4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 9 and 10 December 2014 were assessed during this inspection. There were a total of nine recommendations made following the last inspection.

It was good to note that eight recommendations had been implemented in full.

One recommendation had been partially met. This recommendation will be restated for a second time following this inspection.

On the days of the inspection the ward was noted to be relaxed and appropriately staffed. Patients presented as being at ease in their surroundings and staff were witnessed as being attentive and responsive to patient needs. The ward had introduced a number of changes in relation to

the use of restrictive practices. It was positive to note that an interconnecting door within the ward was no longer locked.

The ward's management team had also introduced individualised patient care plans in relation to the use of restrictive interventions. Records examined by the inspector demonstrated that the use of restrictive practices was regularly reviewed and completed in accordance to Trust and regional guidance.

Staff who met with the inspector reflected that they felt the ward had implemented a number of significant changes since the previous inspection in December 2014. The changes included the reduction in the number of beds available on the ward and the introduction of new patient restrictive practice care plans. Staff informed the inspector that the ward continued to experience significant changes. These included the discharge of a number of patients and the phased resettlement of a small number of patients. Staff who spoke with the inspector demonstrated good understanding of the ward's ethos.

Patient care documentation including: initial assessments, care plans and patient progress notes were recorded in hard copy. Records reviewed by the inspector were noted to be individualised to each patient, comprehensive and up to date. Patient signatures, or an explanation for the absence of a signature, were recorded as required. The inspector evidenced that care records were well maintained and easy to follow. It was good to note that the ward manager had ensured that patient care records were audited on a regular basis. However, the inspector noted the ward had four computers which were centrally located to the ward's main offices. This made it difficult for some staff to access a computer. A recommendation has been made.

The environmental assessment evidenced that the ward retained eight metal framed beds for patient use. A recommendation that the Trust review the use of metal framed beds has been made. The inspector also noted that the ward's gardens required maintenance. This included the pruning of a number of trees, weeding and tidying. A recommendation has been made.

#### 4.1 Implementation of Recommendations

Three recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 9 and 10 December 2014.

These recommendations concerned clinical records and nursing staff training. The inspector was pleased to note that two recommendations had been fully implemented. A clinical summary of each patient's psychiatric and medical conditions had been completed. Patients notes reviewed by the inspector evidenced that patient information was properly secured.

However, despite assurances from the Trust, one recommendation had not been fully implemented. The inspector noted that eleven nursing staff had not completed up to date infection control training.

Five recommendations which relate to the key question “**Is Care Effective?**” were made following the inspection undertaken on 9 and 10 December 2014.

These recommendations concerned care planning, care records, file audits, the availability of psychology services and the patient/relatives information pack.

The inspector was pleased to note that all of the recommendations had been fully implemented. The ward had ensured that patient care plans were reviewed in accordance to Trust standards, patient and staff signatures were available when required and the ward manager was ensuring that audits of patient files were completed on a regular basis. The Trust had ensured that patients could access psychology services as required and the ward manager had updated the patient/relative information pack to reflect the ward’s current circumstances.

One recommendation which related to the key question “**Is Care Compassionate?**” was made following the inspection undertaken on the 9 and 10 December 2015.

The recommendation concerned the use of restrictive practices on the ward.

The inspector was pleased to note that the recommendation had been fully implemented. The ward’s nursing staff team and the multi-disciplinary team had completed a review of all restrictive practices used within the ward and introduced a number of changes.

## 5.0 Ward Environment

“A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings.” Do the right thing: How to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

The inspector assessed the ward’s physical environment using a ward observational tool and check list.

### Summary

The ward’s reception area was well presented and included notice boards that displayed information detailing the ward’s philosophy and patients’ charter and rights. There was also a wide range of information available which was relevant to patient/relatives. This included a general information folder which was presented in easy to read format. The inspector noted that pictures of the ward’s advocates and the hospital’s safeguarding officer were available.



There was information displayed in easy read format on the ward's main notice board in relation to the advocacy service, the Trust's complaints procedure, local support groups and the adult safeguarding procedures. It was positive to note that the ward had a large amount of easy read information available for patients. This included information in relation to Human Rights, the Mental Health (Northern Ireland) Order 1986, The Mental Health Review Tribunal and information regarding the hospital's patient/client council.

The ward's environment presented as clean, clutter free and well maintained. There was good ventilation, large lounge areas and neutral odours. Ward furnishings were well maintained and comfortable. The inspector evidenced that the ward retained eight metal framed beds for patient use. A recommendation asking the Trust to review the use of metal framed beds in the context of potential ligature risk has been made.

The ward comprised of two large buildings which had previously been two wards. Subsequently, the ward had a large number of rooms and annexes which were located off two large corridors. Patients' had their own rooms. Two patients were being cared for in separate apartment areas. Patients who met with the inspector reported no concerns regarding their accommodation. It was good to note that patient could access to their bedrooms and outside spaces as required.

The inspector observed that pictorial signage to help orientate patients to the wards environment was available. Patients were noted to be orientated to the ward and as being comfortable in their surroundings. The ward's outside areas required maintenance. Although ward staff had commenced a pot planting programme the gardens required weeding and a number of trees needed to be pruned. A recommendation has been made.

Three patients were receiving enhanced observations. Staff members providing this level of support, were observed positively engaging with patients and treating them with respect and dignity throughout the day.

The detailed findings from the ward environment observation are included in Appendix 3.

## **6.0 Observation Session**

Effective and therapeutic communication and behaviour is a vitally important component of dignified care. The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions whilst remaining a non- participant. It aims to help evaluate the type of communication and the quality of communication that takes place on the ward between patients, staff, and visitors.

The inspector completed direct observations using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral, or negative.

Positive social (PS) - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

Basic Care (BC) – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

Neutral – brief indifferent interactions

Negative – communication which is disregarding the patient’s dignity and respect.

### Summary

Observations of interactions between staff and patients/visitors were completed throughout the day of the inspection. Three interactions were recorded in this time period. The outcome of these interactions were as follows:

Positive	Basic	Neutral	Negative
% 100	% 0	% 0	% 0

The inspector observed interactions between staff and patients throughout the day of the inspection. The inspector noted that interactions between staff and patients were positive and respectful. Staff were observed positively engaging with patients and providing person centred care. The inspector also witnessed staff to be respectful, reassuring and supportive towards patients.

Patients receiving enhanced observations appeared relaxed and at ease with staff members. Staff appeared to have a good level of understanding in relation to each patient’s individual needs. During the inspection the inspector evidenced that staff were attentive and responded to patient requests promptly. It was good to note that patients appeared to be continually at ease whilst being supported by staff.

The findings from the observation session are included in Appendix 4.

## 7.0 Patient Experience Interviews

Two patients agreed to meet with the inspector to talk about their care, treatment and experience as a patient. Both patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

Each patient reflected that they felt safe and secure on the ward. Patients reported that they felt staff listened to them and that they were involved in decisions regarding their care and treatment. One patient reflected that they felt that, at times, some staff were not as sensitive as they could be. The patient detailed no concerns regarding how they were treated and that they felt staff were generally helpful and supportive.

Patients reported no concerns in relation to their ability to access activities and time off the ward. Patient comments included:

*“Staff are alright”;*

*“Nightstaff are nice”;*

*“I love the ward”;*

*“I can go to the shops”.*

The detailed findings are included in Appendix 2.

## 8.0 Other areas examined

**During the course of the inspection the inspector met with:**

<b>Ward Staff</b>	<b>5</b>
<b>Other ward professionals</b>	<b>0</b>
<b>Advocates</b>	<b>0</b>

Ward staff who met with the inspector reflected that the ward had undergone significant changes during the previous twelve months. Staff highlighted that the ward continued to experience change. Some staff expressed concern that patients moving towards resettlement in the community may not receive the level and quality of care they require.

Staff detailed an understanding of the context of the changes and their desire to ensure patients received care and treatment appropriate to their individual needs.

Staff who met with the inspector reported no concerns regarding their ability to access training and supervision. Nursing staff reported that they felt the staffing levels were appropriate although it could be challenging to ensure that twelve staff were continually available to cover the morning and afternoon shifts. The inspector discussed this with the ward manager and was assured that adequate staffing was available. The staff rota evidenced that the ward had approximately 65 staff available.

## 9.0 Next Steps

A Quality Improvement Plan (QIP) which details the areas identified for improvement has been sent to the ward. The Trust, in conjunction with ward staff, must complete the QIP detailing the actions to be taken to address the areas identified and return the QIP to RQIA by 18 August 2015.

The lead inspector will review the QIP. When the lead inspector is satisfied with actions detailed in the QIP it will be published alongside the inspection report on the RQIA website.

The progress made by the ward in implementing the agreed actions will be evaluated at a future inspection.

### **Appendix 1 – Follow up on Previous Recommendations**

#### **Appendix 2 – Patient Experience Interview**

This document can be made available on request

#### **Appendix 3 – Ward Environment Observation**

This document can be made available on request

#### **Appendix 4 – QUIS**

This document can be made available on request

## Follow-up on recommendations made following the unannounced inspection on 9 and 10 December 2014

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Criteria 6.3.2 (a)	It is recommended that the Trust review all practices in the ward that could be considered restrictive, including the locking of internal doors, to ensure that all practices are the least restrictive most effective option to promote patient safety and wellbeing. Consideration of the impact on patient's human rights should be included as part of this review.	2	<p>The ward's nursing staff team and the multi-disciplinary team had completed a review of all restrictive practices used within the ward and introduced a number of changes.</p> <p>Patient care plans reviewed by the inspector included a restrictive practice assessment specific to the individual needs of the patient. The inspector noted that restrictions implemented with patients were appropriate to the patient's assessed needs. A clear rationale as to why the restriction was necessary was also available.</p> <p>The use of restrictions was reviewed daily by nursing staff and weekly by the ward manager and consultant psychiatrist. The ward's multi-disciplinary team reviewed the use of restrictive practices as required and on a monthly basis. Consideration of the impact of restrictive practices on each patient's human rights was recorded at each review.</p>	Fully met
2	Criteria 5.3.1 (a)	It is recommended that the ward manager ensures that patient care plans are reviewed in accordance to Trust standards and that care plan reviews are completed within the identified timescales.	1	<p>The inspector reviewed three sets of patient care plans. Care plans were up to date, easy to follow and addressed the assessed needs of the patient.</p> <p>Care plan reviews recorded the patient's progress and included appropriate changes to reflect the patient's circumstances. The inspector noted that each of the care plans examined had been reviewed in</p>	Fully met

Appendix 1

		Outcomes from a patient's care plan review should be clearly documented and record patient progress and any change in the patient's circumstances.		accordance to Trust standards.	
3	Criteria 5.3.1 (f)	It is recommended that the ward manager ensures that patient and staff signatures are available where required. If a patient is unable to sign their care documentation this should be recorded.	1	Care records reviewed by the inspector evidenced that patient and staff signatures were available when required. If a patient was unable to sign their care records a staff member had completed an entry explaining why the patient had been unable to sign.	Fully met
4	Criteria 5.3.1 (f)	It is recommended that the ward manager ensures that patient care records are audited on a regular basis. Records of the audits, including the outcomes and any action taken, should be retained by the ward manager and shared with nursing staff.	1	The inspector reviewed patient care record audits completed from January 2015. Audit records evidenced that reviews of patient care documentation had taken place on a regular basis. The inspector noted that the audit tool was appropriately detailed and included a record of the outcomes and the action taken.	Fully met
5	Criteria 5.3.1 (a)	It is recommended that the consultant psychiatrist ensures that a clinical summary of each patient's psychiatric and medical conditions is made available in patient's medical records.	1	The inspector met with the ward manager and the ward's consultant psychiatrist. A detailed and up to date clinical summary of each patient's psychiatric and medical conditions had been completed. The summary was available on the Trust's electronic patient information system PARIS. The inspector was informed that the PARIS system was accessible to all clinical ward staff working with the patient.	Fully met

Appendix 1

6	Criteria 5.3.1 (f)	The ward manager should ensure that patient information is properly secured within the patient's care records.	1	The inspector reviewed three sets of patient care records. The inspector noted that records were properly secured.	Fully met
7	Criteria 5.3.1 (a)	It is recommended that the Trust reviews the availability of psychology services to patients within the Erne ward and that the Trusts psychology services are made available to patients as required.	1	<p>The Trust had reviewed the availability of psychology services to patients admitted to the Erne ward. The inspector was informed by the ward manager and the senior management team that a psychologist had been appointed.</p> <p>The inspector was informed that patients could also access the Trust's behavioural services team. It was also positive to note that discharge planning for each patient was being managed in partnership with the patient's responsible Trust. Subsequently, should a patient require psychology intervention as part of their discharge plan this would be arranged with the patient's Trust.</p>	Fully met
8	Criteria 6.3.2 (b)	It is recommended that the Trust updates the ward's patient /relatives information pack to reflect the ward's current position and future plans.	1	The ward's patient/relatives information pack had been updated to reflect the ward's current position and future plans. Information regarding the ward's ethos and aims and objectives had been reviewed and updated in January 2015 and May 2015.	Fully met
9	Criteria 5.3.3 (d)	It is recommended that the ward manager ensures that nursing staff receive infection control training in accordance to Trust standards and a record of the training is maintained	1	<p>The inspector reviewed the ward's nursing staff training records. It was good to note that the training record had been updated and it provided a clear overview of staff mandatory training requirements.</p> <p>Infection control training had been arranged for each of the ward's 65 nursing staff. Records indicated that 45</p>	Partially met

Appendix 1

				<p>staff had completed up to date training.</p> <p>Five staff were on long term leave. This left 11 staff who had not completed training. Each of these staff had been offered training however; the training was subsequently cancelled by the Trust due to staffing issues.</p> <p>It was positive to note that alternative training dates had been arranged for September and October 2015.</p>	
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## **Quality Improvement Plan**

### **Unannounced Inspection**

#### **Erne Ward, Muckamore Abbey Hospital**

**23 June 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the charge nurse, the operations manager, the nurse manager, the quality and information manager and ward staff on the day of the inspection visit.

It is the responsibility of the Trust to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

**Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.**

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
<b>Is Care Safe?</b>					
1	Section 5.3.3(d)	It is recommended that the ward manager ensures that nursing staff receive infection control training in accordance to Trust standards and a record of training his maintained	2	Immediate and ongoing	All 11 staff at the time of inspection had the training re booked following cancellation by the Trust and will have this completed by the end of October as stated at the inspection. The Trust will endeavour to ensure that mandatory training sessions are not cancelled.
2	Section 5.3.1 (e)	It is recommended that the Trust reviews the use of mental framed beds. This review should also be reflected in the ward's ligature risk assessment.	1	31 August 2015	8 metal framed beds were identified in this inspection - these will be replaced with Divan beds - these have been ordered through e-procurement and this will be completed by the end of September 2015
<b>Is Care Effective?</b>					
		No recommendations made			

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
<b>Is Care Compassionate?</b>					
3.	Section 5.3.1 (f)	It is recommended that the ward gardens are properly maintained to include regular weeding, pruning and tidying.	1	Immediate and ongoing	Maintenance of general hospital grounds has now been taken over by a third party contractor thus allowing more time for the hospital's groundsmen to complete maintenance on ward gardens - weeding, pruning and tidying has now been completed in Erne Ward.

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

<b>NAME OF WARD MANAGER COMPLETING QIP</b>	[ Helen Burke ]
<b>NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	[ Martin Dillon ]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Alan Guthrie	<b>7 August 2015</b>
B.	Further information requested from provider				