Unannounced Inspection Report
1 September 2016

Moylena

Type of service: Resettlement Ward
Address: Muckamore Abbey Hospital
1 Abbey Road
Muckamore
Antrim BT41 4SH
Tel No: 028 94 662231
Inspector: Audrey Murphy

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

Moylena is a resettlement ward that provides continuing care to patients with a learning disability who present with behaviours that challenge. At the time of the inspection there were five patients accommodated on the ward; one female and four male patients.

Patients on the ward have access to a range of multi-disciplinary professionals and a consultant psychiatrist oversees each patient's treatment and resettlement planning. The inspector was advised that there were resettlement plans in place for all of the patients and that the ward will close when all patients have been resettled.

3.0 Service details

Responsible person: Dr Michael McBride	**Position:** Chief Executive
Person in charge at the time of inspection: Staff nurse	

4.0 Inspection summary

An unannounced inspection took place on the morning of 1 September 2016 from 07:25 to 11:45.

The inspection was undertaken in response to some concerning information received by RQIA from an individual who described themselves as a 'whistleblower'. The concerns raised related to the following:

1. Staffing levels as the ward was described by the whistleblower as 'dangerously understaffed'.
2. Standards of hygiene in a particular area of the ward.

Evidence of good practice was found in relation to the commitment demonstrated by staff to ensure patients were receiving individualised care. Staff were observed interacting with patients in a manner that was caring and sensitive and upheld patients' privacy and dignity.

Two areas requiring improvement were identified. The first of these related to the arrangements in place to ensure that staffing allocations to patients are clearly documented. The second area for improvement relates to the ward's management arrangements.

The findings of this report will provide the ward with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

4.1 Inspection outcome

The inspector was introduced to all of the staff on duty and met with several staff individually and in private. The inspector visited all areas of the ward and met four of the patients. A range of records were examined including ward reports, duty rotas and ward allocation records.

The inspector met with three hospital senior managers during the inspection and provided feedback to a senior manager at the end of the inspection visit.

Staffing Levels
Staffing levels on the ward were discussed with nursing staff, nursing assistants and with senior managers.

The inspector noted that there had been some changes in the ward management arrangements including the unplanned absence of the ward manager. The inspector was advised by ward staff of the resignation and imminent departure of the deputy ward manager.

At the time of the inspection two patients required a staffing ratio of two staff to each patient. The inspector was advised that in accordance with a transition plan, one patient's staffing allocation had been supported by staff from another facility. It was not clear how staff were to be deployed to work with this patient during the night time period.

Some staff advised the inspector that staffing levels for this patient were to be maintained at night, even while the patient was sleeping, i.e. two staff to be available to meet the needs of the patient, should they require this. In contrast, the senior managers who met with the inspector advised that this patient required two staff only during waking hours only and would be subject to nightly 'general observations' when asleep.

While this patient's staffing needs had been reviewed in the days prior to the inspection, the outcome of this review was not clear to all staff, some of whom reported that they had been given advice from another facility regarding the ongoing staffing allocation to this patient.

The inspector discussed this matter with senior management during the inspection and suggested that any confusion around this patient's staffing allocation was perhaps compounded by references in the office notice board to "2:1 24/7 whilst awake". It was acknowledged that this guidance could be misleading and could have contributed to any confusion.

Staff members who spoke to the inspector indicated that the instability in ward management had contributed to the confusion and uncertainty regarding the staffing arrangements and the resettlement plans for patients.

The remaining three patients were described as being subject to 'general observations' and the ward allocation records outlined in detail which staff members were allocated to work with specific patients. Two staff who spoke with the inspector highlighted the challenges in meeting the specific needs of each patient, particularly when other patients' needs are taking priority.

The inspector was advised of the 'normal' staffing allocation on the ward and of the 'minimum' staffing required. It was not clear from this information if the staff supplied from another facility were included in the numbers.

On the day of the inspection it was noted there were only three staff scheduled to work night duty and the inspector brought this to the attention of ward staff who gave an undertaking to secure additional staffing.

Records indicated that night staffing levels varied and that some nights there were four or five staff on duty. It was also noted that staffing levels during the day varied in accordance with the needs of patients and when patients were spending time away from the ward.

Three staff who spoke with the inspector confirmed that several patients had needs that presented risks to the safety of staff and other patients. Incident reporting was discussed with ward staff and with senior management. The inspector was advised that there had been no significant increases in the numbers or types of incidents being reported. Incidents were described by staff as relating to patients' behaviours and included any occasions when physical interventions were used to support patients.

The inspector spoke with staff about the arrangements in place for raising concerns about poor practice or any other matters. Staff identified that this is presents a challenge in light of the absence of the ward manager and the departure of the deputy manager.

Standards of hygiene
The inspector was provided with a tour of the ward and this included some of the patient's bedrooms, bathrooms, dining room, living areas, office, staff facilities, hallways, stairs and entrance. There were no areas for improvement identified in relation to the standard of hygiene in any of these areas.

Areas for improvement

1. The staffing arrangements for each patient should be explicitly stated within their care records and any changes communicated clearly to all staff.
2. The Trust should ensure there are robust management, governance and leadership arrangements in the ward.

Total number of areas for improvement	2

7.1 Areas for improvement

This section outlines recommended actions, to address the areas for improvement identified. They promote current good practice and if adopted by the responsible person may enhance service, quality and delivery.

7.2 Actions to be taken by the service

The provider compliance plan should be completed and detail the actions taken to meet the areas for improvement identified. The responsible person should confirm that these actions have been completed and return the completed provider compliance plan to Team.MentalHealth@rqia.org.uk for assessment by the inspector.

Provider Compliance Plan Moylena	
Priority 1	
Area for Improvement No. 1 **Stated:** First time **To be completed by:** Immediate and ongoing	The responsible person must ensure that the staffing arrangements for each patient are explicitly stated within their care records and any changes communicated clearly to all staff.
	Response by responsible person detailing the actions taken: In response to this area of improvement, the ward Sister will ensure that the staffing arrangements for each patient are explicitly stated within the patients care plan and the ward allocation documentation and any changes are clearly communicated to all staff.
Area for Improvement No. 2 **Stated:** First time **To be completed by:** Immediate and ongoing	The responsible person must ensure there are robust management, governance and leadership arrangements in the ward.
	Response by responsible person detailing the actions taken: In response to this area of improvement, a band 7 Ward Sister and 2 band 6 Deputies are now in place to provide robust management, governance and leadership arrangements. This includes monthly staff meeting's, monthly monitoring reports completed by the ward Sister and overseen by the Senior nurse Manager, bi-monthly service meetings and a monthly MDT meeting.

Name of person completing the provider compliance plan	Rhona Brennan		
Signature of person completing the provider compliance plan	Rhona Brennan	**Date completed**	12th October 2016
Name of responsible person approving the provider compliance plan	Martin Dillon		
Signature of responsible person approving the provider compliance plan	Martin Dillon	**Date approved**	12th October 2016
Name of RQIA inspector assessing response	Audrey Murphy		
Signature of RQIA inspector assessing response	Audrey Murphy	**Date approved**	01/11/16

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