

RQIA

**Mental Health and Learning
Disability**

**Patient Experience
Interviews Report**

Moylena Ward

Muckamore Abbey

**Belfast Health and Social
Care Trust**

20 May 2014

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Appendix 1: Patient Experience Interview Questionnaire.

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 inspection 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 patients had limited ability to verbally communicate and participate in the patient experience interview. The inspector completed a direct observation of the ward and day care facility (Portview) using guidance from the Quality of Interaction Schedule (QUIS).

2.0 Ward profile

Trust/Name of Ward	Belfast Health & Social Care Trust, Moylena Ward
Name of hospital/facility	Muckamore Abbey
Address	1 Abbey Road Muckamore BT41 4SH
Telephone number	02895 042120
Person-in-charge on day of visit	Mr Pat Heaney
Email address	Pat.heaney@belfasttrust.hscni.net
Number of patients and occupancy level on days of visit	No of beds – 18 No of patients - 9
Number of detained patients on day of inspection	None
Number of patients who met with the inspector	None
Date and type of last inspection	20 November 2014 Patient Experience Interviews
Name of inspector	Wendy McGregor

Moylena is an eighteen bedded ward situated on the Muckamore Abbey Hospital site. The ward provides continuing care and support to male patients who present with behaviours that challenge. Patients on the ward have been assessed for resettlement and are currently waiting alternative accommodation in the community.

On day of the Patient Experience Interviews (PEI) there were no patients detained under the Mental Health (Northern Ireland) Order 1986.

Patients within Moylena receive input from a multidisciplinary team which incorporates psychiatry; nursing and social work. Occupational therapy and speech and language therapy are available by referral. Patients also access aromatherapy sessions by the hospital aromatherapist. A patient advocacy service is also available.

3.0 Outcomes of direct observation and staff and patient interactions

Ward environment

On the day of the visit, the inspector noted the ward was welcoming. The ward was well lit, clean and fresh smelling. The ward environment was noted to be spacious, which gave patients independence to transfer safely and freely around the ward. There were several day spaces for patients to access.

The sleeping areas were personalised with individualised bedding and pictures. Partition walls were in place around patient beds in the sleeping area to promote privacy and dignity. Bathrooms were clean and clutter free. Patients had access to the garden.

There was a separate room for patients to meet with their visitors in private.

Information in relation to how to make a complaint and advocacy services was displayed and available in an easy read version. A ward information booklet detailing information about Moylena award in an easy read version was available for patients.

Patients from Moylena ward have sole access to day activities in Portview in addition to accessing hospital day care in Moylena. Patients are supported to attend daycare activities by Moylena staff. The inspector observed the environment in Portview to be clean and tidy. There was a range of table top and board game activities available for patients.

The inspector noted all patients on the ward during the visit were clean and dressed appropriate to age, gender and weather conditions.

Staff and patient interactions

On the day of the visit the inspector observed patient and staff interactions both on the ward and in Portview. Patients were noted to have limited verbal communication. Staff were observed actively engaging with the patients using communication which was appropriate to each patients individual communication needs. Staff addressed patients by their name and were familiar with the patient's needs, likes and dislikes.

Staff were observed actively engaging and supporting patients with activities. On the ward the inspector observed a patient receiving a foot spa; staff were supporting the patient and informed the inspector the patient particularly enjoyed this activity. The patient appeared very comfortable.

Staff in Moyola daycare supported patients to bake buns, with the patients enjoying the outcome of this activity. Patients chose activities they wished to do, as the room containing all the table top activities was open and patients were able to go in and out of the room to collect the activity of their choice.

The inspector observed the interaction between one patient who had used the bathroom independently, and observed the staff member redirect the patient back into the bathroom to adjust their clothing and reminded the patient to wash their hands.

It was good to note that staff on the ward had developed a “communication dictionary” for one patient. The “communication dictionary” detailed how staff interpreted some of the patients’ behaviours and body language into what the patient was communicating. The inspector was informed by the ward manager the “communication dictionary” was being added to by staff and will support the patient when they move to their placement in the community. The inspector suggested this would be a useful tool to develop for all the patients in Moylena.

The inspector observed one patient receiving an aromatherapy treatment by the hospital aromatherapist. The patient was receiving the treatment in a quiet area away from the other patients. The patient was also supported by a staff member. The interaction between both staff and the patient was therapeutic whilst the staff were cognisant of the patients’ needs and behaviours. The staff took their time, went at the patient’s own pace, knew when to withdraw, whilst encouraging the patient to continue with the treatment.

During the patient experience interview staff were observed to be friendly, and caring toward the patients.

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4.0 Conclusions

Moylena Ward provides continuing care and support to adults with a learning disability and who have behaviours that challenge.

Patient experience interviews were not completed due to the patient's limited ability to verbally communicate and participate in the questionnaire. A direct observation was used during the visit. The inspector observed interactions in both the ward environment and the day care facility.

There are no recommendations made from the direct observation of the ward.

From the observations of the ward on the day of the Patient Experience Interviews, the inspector's 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 and staff for their cooperation throughout the interview processes.

Appendix 1 –

Patient Experience Interview Questionnaire



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PatientExperienceQu



No requirements or recommendations resulted from the Patient Experience Interviews of **Moylena Ward, Muckamore Abbey Hospital** which was undertaken on **20 May 2014** and I agree with the content of the report.

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

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NAME OF REGISTERED MANAGER COMPLETING	Mr P Heaney
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Colin donaghy

Approved by:	Date
Wendy McGregor	26 June 2014