



The **Regulation** and
Quality Improvement
Authority

Six Mile Ward
Muckamore Abbey Hospital
Belfast Health and Social Care Trust
Unannounced Inspection Report
Date of inspection: 17 June 2015



informing and improving health and social care
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

Six Mile ward is the regional low secure unit providing care and treatment to male patients with a learning disability who have mental health difficulties and have had previous contact with forensic services. At the time of the inspection the ward was providing care and treatment to 20 patients. Ten of the patients had been admitted to the ward in accordance to the Mental Health (Northern Ireland) Order 1986.

The ward was separated into two units. Five patients were receiving treatment and care in the ward's assessment unit and 15 patients were being cared for in the wards treatment unit. Patients on the ward were supported by a multi-disciplinary team including; nursing staff, a consultant psychiatrist, a psychologist, a social worker, the assistant day services manager, an occupational therapist and a behavioural therapist.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 14 and 15 January 2015 were assessed during this inspection. There were a total of three recommendations made following the last inspection.

It was good to note that two recommendations had been implemented in full. One recommendation was no longer relevant as the Trust had transferred patient care plans onto electronic format.

The ward was noted to be welcoming, clean, clutter free and well maintained. Information was available for patients in relation to Human Rights; the Mental Health (Northern Ireland) Order 1986; how to make a complaint and advocacy services. Patients who met with the inspector demonstrated appropriate understanding of the ward's ethos and processes.

Patients on the ward presented as relaxed and at ease in their surroundings. The inspector met with fourteen patients. Thirteen patients spoke positively about their care and treatment and stated they found staff supportive, helpful and easy to talk to. One patient reflected that their experience of the ward was poor. The inspector noted that the patient's concerns were being managed in accordance to Trust policy and procedures.

The ward environment was observed to be clean, well maintained and spacious. Patients had their own bedrooms with en-suite facilities. Patients could access on site day care facilities and the ward's therapeutic and activity programme. Six patients recorded that they felt the ward did not provide enough activities in the evenings and at weekends.

4.1 Implementation of Recommendations

One recommendation which related to the key question "**Is Care Safe?**" was made following the inspection undertaken on 14 and 15 January 2015.

This recommendation concerned the review of the ward's procedures in relation to the implementation of the braden and malnutrition universal screening tool (MUST) screening tool.

The inspector was pleased to note that the Trust had reviewed the ward's use of both tools and protocols regarding their implementation had been agreed. The inspector informed the ward's senior management team that RQIA would continue to monitor the ward's use of the tools to ensure they were implemented as required.

No recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 14 and 15 January 2015.

Two recommendations which relate to the key question "**Is Care Compassionate?**" were made following the inspection undertaken on 14 and 15 January 2015.

These recommendations concerned patients signing their care plans and the maintenance of the ward's garden areas. The recommendation to ensure that patients sign their care plan was no longer relevant. The Trust had transferred patient care plans onto electronic format. Evidence of patient involvement in care planning was available in patient progress records. Also, each of the fourteen patients who met with the inspector reported that they had been involved in planning and agreeing their care plan.

The second recommendation related to the maintenance of the ward's garden. It was good to note that the Trust had completed planning to upgrade the ward's garden areas. However, due to unforeseen circumstances the agreed plans had not been progressed. A new recommendation to ensure that the plans for the garden are implemented has been made.

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 patient information booklet contained up to date information about the ward. This included information on the ward's mission statement, philosophy of care and a description of the service provided. The environment was clean and clutter free. There was ample natural lighting, good ventilation and neutral odours. Ward furnishings were comfortable and well maintained. The inspector noted the ward to be welcoming and relaxed.

The ward environment promoted patients' privacy and dignity. Patients had their own bedrooms and a number of patients retained their own bedroom key. Private rooms were available for patients to meet with their visitors and to make phone calls. The ward's main entrance and exit door was locked. A key swipe was used to open the door. None of the patients could leave the ward without staff opening the door for them. This included the ten patients who were admitted to the ward on a voluntary basis.

Each of the patients admitted to the ward on a voluntary basis had signed a care plan and a corresponding deprivation of liberty standards (DOLS) care plan agreeing to the restrictions applied within the ward. Patient care records reviewed by the inspector demonstrated that patient care plans were individualised. The use of restrictive practices had also been individually assessed and any restrictive practices used had been agreed with the patient. Each of the voluntary patients had consented to the restrictions being used. Restrictive practices were subject to ongoing review by the multi-disciplinary team.

There were no areas of overcrowding. There was appropriate spacious communal areas on both sides of the ward and the furniture was arranged in a way that encouraged social interaction. The inspector observed that staff were present in the communal areas and available at patient's request.

Staffing levels appeared adequate to support the assessed needs of the patients. Staff were observed to be attentive and assisted patients promptly when required.

The ward provided up to date and relevant information which was displayed on the wards notice board. This included information on the Human Rights Act, the Mental Health (Northern Ireland) Order 1986, the advocacy service and the right to make a complaint. The ward also provided a broad range of information in easy to read format.

Information on recreational and therapeutic activities was displayed. A range of appropriate activities was noted by the inspector and included day care services, football, swimming sessions, bus trips, walks and pool competitions.

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

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The quality of interactions, observed by the inspector, between staff and patients were positive. Staff on both the treatment and assessment sides of the ward were noted to be caring towards patients and attended to patient needs promptly. The inspector noted that staff appeared to know the patients very well and actively sought engagement with patients.

Patients on the assessment side of the ward were observed moving freely throughout the ward. The atmosphere was relaxed and patients could access the garden as required. Nursing and support staff on the assessment side engaged with patients appropriately and maintained a constant presence in the main ward areas.

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

7.0 Patient Experience Interviews

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

Thirteen of the patients who met with the inspector reflected that their overall experience of the ward had been positive. Six patients recorded that they felt the ward did not provide enough activities at night and at the weekends. The inspector noted that ward staff provided a range of activities although the provision of these was dependent upon the needs of all patients on the ward. In circumstances where patients required enhanced observations; nursing care and treatment duties were prioritised over activities.

Four patients reported that they felt staff did not always listen although each of these patients stated that they felt staff treated them with dignity and respect. Eleven patients stated that they felt safe on the ward and thirteen patients reflected that they were involved in decisions regarding their treatment and care. One patient reported that his experience on the ward had been almost completely negative. The inspector reviewed the patient's circumstances and noted ongoing issues concerning the patient's views of his care and treatment progress. The patient's care records recorded that the ward's multi-disciplinary team (MDT) continued to review the patient's progress. MDT records, the patient's care plan, risk assessment and progress notes evidenced that the patient's care and treatment was being managed in accordance to Trust policy and procedure.

Thirteen patients stated that they had been informed of their rights upon admission. Information in relation to the Trust's complaints procedure, the advocacy service and the next patient forum meeting was displayed on the

ward's notice board. There was also easy read information available on the ward in relation to patients' Human Rights, the Mental Health (Northern Ireland) Order 1986, The Mental Health Review Tribunal and patients' right to access information held about them.

Patient's comments included:

"Everything is good about the ward";

"I enjoy it I have friends here";

The detailed findings are included in Appendix 2

8.0 Other areas examined

During the course of the inspection the inspector met with :

Ward Staff	4
Other ward professionals	1
Advocates	0

Ward staff informed the inspector that they felt they received appropriate support from colleagues and managers. Staff reported no concerns regarding their ability to access training and supervisory support. Staff reflected that providing care and treatment to patients admitted to the assessment side of the ward could be challenging. Staff stated that they felt the ward's multi-disciplinary team was supportive and understood the challenges.

The other ward professional who met with the inspector was complementary regarding the care and treatment received by patients. They stated that they felt the ward had a cohesive and motivated nursing team supported by a proactive multi-disciplinary team.

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 12 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 14 and 15 January 2015.

No.	Reference.	Recommendations	No. of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	Section 5.3.3(a)	It is recommended that the ward manager ensures that patients sign their care plan. Should a patient be unable to sign this should be recorded.	1	<p>Patient care plans were retained on the Trust's PARIS electronic patient information system. Patients were unable to sign their electronic record. Thirteen of the fourteen patients who met with the inspector reported that they had been involved in their care and treatment plan.</p> <p>Patient PARIS records reviewed by the inspector evidenced that patients had been involved in their assessments and care plans. Patient progress records evidenced that staff continued to engage with patients regarding their care and treatment. This recommendation is no longer appropriate as the Trust's record storage system has changed.</p>	No longer applicable
2	Section 5.3.1.(a)	It is recommended that the Trust reviews the ward's procedure in relation to the implementation of the ulcer risk assessment (braden scale) and the Malnutrition Universal Screening Tool (MUST).	1	<p>The inspector was informed by the ward's senior management team that the Braden and MUST assessment scales had been reviewed by the Trust. The inspector was informed that the assessment scales would be implemented in accordance to guidance.</p> <p>The inspector relayed to the managers that RQIA would continue to review the tools through its inspection activity to ensure they were applied in accordance to the required standard.</p>	Fully met
3	Section 5.3.1(f)	It is recommended that the Trust ensures that the garden areas on the ward	1	The ward's garden areas had remained unchanged since the last inspection. Records reviewed by the inspector evidenced that the Trust's senior management team had	Fully met

		are appropriately maintained.		<p>progressed plans to ensure that the ward's gardens were reconfigured and redesigned to meet the needs of the patient group.</p> <p>The Trust's plans had not been implemented due to unforeseen circumstances. This recommendation has been implemented by the Trust although the gardens have not received the required maintenance. A new recommendation in relation to the completion of the Trust's plans for the ward's gardens will be stated in the quality improvement plan accompanying this report.</p>	
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Quality Improvement Plan

Unannounced Inspection

Six Mile Ward, Muckamore Abbey Hospital

17 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
Is Care Safe?					
		No recommendations made			
Is Care Effective?					
		No recommendations made			
Is Care Compassionate?					
1.		It is recommended that the Trust ensures that the plans for the ward gardens are implemented.	1	30 September 2015	Extensive work has been undertaken by Estates staff to make the garden area more accessible to patients. Preliminary garden layouts/design have been agreed with an external landscape architect - the funding source has been agreed for the upgrade of the gardens project with completion estimated by March 2016. Completion date will be subject to construction access and weather conditions.

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

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

NAME OF WARD MANAGER COMPLETING QIP	[Dessie McAuley]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[Martin Dillon]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Alan Guthrie	27 July 2015
B.	Further information requested from provider				