

## **Mental Health and Learning Disability Inpatient Inspection Report**



**Six Mile Ward**

**Muckamore Abbey Hospital**

**Belfast Health and Social Care Trust**

**Unannounced Inspection Report**

**Date of inspection: 31 January – 2 February 2017**

**Inspectors: Alan Guthrie and Dr Brian Fleming**

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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

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 15 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 ten patients were being cared for in the wards treatment unit. Patients on the ward were supported by a multi-disciplinary team (MDT) including; nursing staff, a consultant psychiatrist, a forensic psychologist, a social worker, day services staff, an occupational therapist and a behavioural therapist.

### 3.0 Service Details

**Responsible person:** Martin Dillon

**Ward manager:** Rhona Brennan

**Person in charge at the time of inspection:** Rhona Brennan

### 4.0 Inspection Summary

An unannounced inspection took place over three days from 31 January – 2 February 2017.

This inspection focused on the theme of Person Centred Care. This means that patients are treated as individuals, and the care and treatment provided to them is based around their specific needs and choices.

We assessed if Six Mile ward was delivering, safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the following:

- Patients and staff had positive relationships and patients felt staff listened to their concerns.
- The ward's management team had implemented an effective strategy to address temporary nursing staff shortages.
- The ward's multi-disciplinary team (MDT) was effective and staff reported that they felt the MDT worked well together.
- Staff stated they felt supported and that they enjoyed working on the ward.
- The ward's safeguarding procedures were comprehensive and consistently monitored.
- Patients could access the range of professionals required to support their recovery.
- The staff team, the previous ward manager, the ward manager and the operations manager had managed recent leadership change in a positive and proactive manner.

Two areas requiring improvement were identified. These areas are discussed in the provider compliance plan at the end of this report. There are a number of areas for improvement not discussed in the provider compliance plan. These include: the delayed discharge of a small number of patients from the ward to their community, the trust's electronic patient information system and changes relating to the ward's leadership.

Inspectors evidenced that the trust continued to proactively address these areas for improvement. The trust monitor patient discharges by ensuring patients whose discharge was

delayed are continually updated. The trust also ensured that the Health and Social Care Board remained informed regarding those patients whose discharge was delayed and the ward maintained close and continuous contact with relevant learning disability, community forensic teams and other stakeholders thus ensuring that each patient's circumstances remained under review.

Inspectors were concerned that patient records were retained in both electronic and hard copy format. However, it was good to note that the trust continued to take appropriate action to address this and to further develop its information systems. It is also important to note that the trust was continuing to develop its systems in accordance with the Northern Ireland Health and Social Care Regional Informatics steering group. This group is in the early stages of assessing current electronic information systems across the five trusts in Northern Ireland. This area for improvement continues to be addressed by the trust and is therefore not discussed in the provider compliance plan accompanying this report.

The ward's management team had undergone recent changes as a result of a reconfiguration of hospital services. A new ward manager had been appointed and the former ward manager had moved to another facility. This transition was reported to have been managed positively. Staff informed inspectors that both ward managers had been proactive and had ensured that the change in leadership minimised any disruption to patient care and treatment. Patients and staff were complimentary about the management of change and the effectiveness and ability of both ward managers and the operations manager.

It was also positive to note that all staff who spoke with inspectors understood the challenges within the ward and demonstrated that they were motivated to assist in making any changes required to help improve patient experience.

Inspectors were concerned to note that not all patient information was easy to access on the trust's PARIS electronic patient information system. Whilst, as discussed above, the trust was addressing this, an area for improvement in relation to the availability of patient summaries has been made.

RQIA will continue to monitor the trust's progress in these areas.

One recommendation was made as a result of the previous inspection. The ward's gardens had been renovated and presented as clean and appropriately maintained.

### **Patients Views:**

During the inspection inspectors met with ten patients. Six Patients completed a questionnaire. Patients were complimentary regarding ward staff and their relationships with the MDT were described as informal, helpful and patient focused. Patient staff interactions observed by inspectors evidenced staff to be supportive, friendly and caring. Patients presented as relaxed and at ease in their surroundings. It was positive to note that each patient stated that they had felt better since being admitted to the ward. There were no concerns expressed by patients regarding their ability to meet with any member of the MDT.

Two patients discussed their concerns in relation to their experience of change and their understanding of the ward. Both patients explained that the ward no longer facilitated continuous bus runs or an annual patient holiday. Patients stated that this had been their

previous experience of the ward. Inspectors noted that both patients had been in hospital for more than twenty years and their admission to hospital pre-dated the commissioning and opening of the Six Mile ward. It is important to note that the discharge of both patients had been delayed. Inspectors had no concerns regarding the ward's activity schedule or the use of hospital transport to support patients.

Patients reflected on recent changes within the ward staff team including the appointment of a number of new nursing staff and a new ward manager. These changes were seen as positive and it was good to note that patients who met with inspectors felt the changes had been well managed and the high quality of care provided in the ward had been maintained. Patients reported no concerns regarding the care and treatment they received in the ward. Patients also stated that when they had a concern or difficulty regarding their care they could discuss these with the MDT and or their advocate and informed inspectors that they knew who to talk to if they were not happy or had a concern. It was positive to note that patients understood their rights and a number of patients had previously attended Mental Health Review Tribunals.

Patients stated:

"The staff are good."

"There's plenty of room in the ward."

"I'm getting use to the new staff."

"The foods good there is good variety."

"The ward has a pool table and sky television".

"There's not so many bus runs any more".

"There are no holidays or breaks."

"Being in the ward has given me time to reflect."

"Staff are helpful and easy to talk to."

"They stopped the hospital gardening programme without telling us."

"My television cabinet is locked at night."

"I am treated well."

"The ward is helping me to feel better."

Inspectors reviewed the change in the hospital's gardening programme. Inspectors evidenced that the programme had changed due to a number of factors including a desire to evaluate and update the recreational and creative activity programme. Inspectors noted that patients had been consulted prior to the changes. It was also positive to note that staff had arranged further meetings with patients to discuss future programme developments.

Television cabinets were locked at night to ensure that wires and cables were not exposed. Cabinets were encased in appropriate screening which allowed patients to continue to use their televisions via a remote control.

### **Relatives Views:**

During the inspection no relatives were available to meet with an inspector. No questionnaires were returned post inspection.

### **Staff Views:**

Inspectors met with 13 members of the ward's MDT. Staff were positive about the ward and the MDT. Staff stated that they felt the MDT listened to the views of staff and considered staff opinions and ideas. The MDT was described by staff as being inclusive, supportive, and open to new ideas and patient centred. Staff evidenced knowledge regarding the ward's ethos, terms of reference and objectives. Staff stated they were confident in their role and position within the ward and that they understood the needs of the patient group. Staff stated that they felt the care and treatment planning for each patient was appropriate and comprehensively discussed and shared between all team members.

Staff reported no concerns regarding their ability to access training, supervision and appraisal. Staff were complimentary regarding the leadership within the ward and it was good to note that nursing staff felt well supported and confident. Nursing staff demonstrated good knowledge and understanding of patient care needs and ward processes. All of the staff who met with inspectors presented as motivated and enthusiastic about the ward and their role.

Staff discussed the challenges of ensuring the timely transfer of patients from the assessment side of the ward to the treatment side. Inspectors were informed that the transfer of patients was a carefully managed process requiring positive risk taking and appropriate contingencies particular if a patient required transfer back to the assessment side of the ward. Inspectors observed staff interacting with patients in a calm and polite manner which helped to maintain a relaxed and welcoming atmosphere. Staff were witnessed continually asking patients for consent prior to providing care and treatment interventions. Staff demonstrated a high level of skill and effective use of communication skills and de-escalation techniques.

Inspectors were informed that the MDT were continuing to develop patient care pathways to improve patient experience and enhance therapeutic effectiveness. This included ongoing evaluation of treatment and therapeutic interventions and associated outcomes for patients. The MDT had commenced a review of the ward's operational policy and the ward had also been measured against national standards for forensic inpatient services.

Staff highlighted concerns regarding the delayed discharge of a small number of patients. It was positive to note that the MDT continued to closely engage with community teams to ensure that all possibilities for the discharge of patients continued to be reviewed and discussed.

### **Staff Said:**

"The Ward Manager and Operations Manager are very supportive".

"It's a challenging ward and hard to get use to...but I am enjoying it".

“I can’t believe how much I’m learning”.

“I feel safe on the ward”.

“The staff are very helpful and I feel we work well together”.

“There have been huge changes on the ward. There is also more community focus and patients are moving quicker”.

“The MDT work well together and I feel part of the team”.

“This is a good staff team”.

“The fuzzy man assessment and support from psychology are really helpful”.

“Bank staff know the patients and have the necessary skills”.

“This ward is moving forward”.

“There is a lot to do and a lot has started”.

“It’s really important that staff continue to develop their forensic skills. We need to move training forward from the baseline new to forensics training course”.

“There has been greater structure in the last twelve months and peer review has been really helpful”.

“We have a skilled nursing team and in my experience patients are happy”.

“There’s good communication and staff are easy to work with”.

The findings of this report will provide the service with the necessary information to enhance practice and service user experience.

## 4.1 Inspection Outcome

|  |     |
|--|-----|
| <b>Total number of areas for improvement</b> | Two |
|--|-----|

Findings of the inspection were discussed with senior ward managers and staff as part of the inspection process and can be found in the main body of the report.

Escalation action did not result from the findings of this inspection.

## 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.

Prior to inspection we review a range of information relevant to the service. This included the following records:

- The operational policy or statement of purpose for the ward.
- Incidents and accidents.
- Safeguarding vulnerable adults.
- Complaints
- Health and safety assessments and associated action plans.
- Information in relation to governance, meetings, organisational management, structure and lines of accountability.
- Details of supervision and appraisal records.
- Policies and procedures.

During the inspection the inspector met with ten service users and 13 members of staff. No service users' visitors/representatives were available to meet with inspectors.

A lay assessor Anne Simpson was present during the inspection and their comments are included within this report.

The following records were examined during the inspection:

- Care documentation in relation to four patients.
- Multi-disciplinary team records.



- Policies and procedures.
- Staff roster.
- Staff supervision timetable.
- Clinical room records.
- The Trust's PARIS electronic record system.
- Complaints.

During the inspection the inspector observed staff working practices and interactions with patients using a Quality of Interaction Schedule Tool (QUIS).

We reviewed recommendations made at the last inspection. One recommendation had been made as a result of the previous inspection completed 17 June 2015. An assessment of compliance was recorded as met.

The preliminary findings of the inspection were discussed at feedback to the service at the conclusion of the inspection.

## 6.0 The Inspection

### 6.1 Review of Recommendations from the Most Recent Inspection dated 17/06/2015

The most recent inspection of Six Mile ward was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This completed QIP was validated by the responsible inspector during this inspection.

### 6.2 Review of Recommendations from Last Inspection dated 17/06/2015

| Recommendation  |  | Validation of Compliance |
|---|--|--------------------------|
| <b>Number 1</b><br><b>Ref:</b> 5.3.1 (f)<br><b>Stated:</b> First Time | It is recommended that the trust ensures that the plans for the ward gardens are implemented.                                  | Met                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Inspector confirmed that the trust had renovated the ward's garden. |                          |

## 7.0 Review of Findings

### 7.1 Is Care Safe?

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

#### Areas of Good Practice

Patients were involved in their risk assessments and the risk management process.

Patients could access the appropriate range of professional staff to support their recovery.

Risk assessments reviewed by inspectors were individualised, up to date and regularly reviewed.

The Trust had completed up to date assessments and review of the ward's environment.

Staff presented with a high level of skill, knowledge and motivation.

The ward had appropriate staffing levels on the days of the inspection.

Staff were observed as being proactive and to take positive risks when supporting patients.

The ward's reporting systems, including safeguarding and incident reporting, were appropriate and in accordance to regional and trust guidance.

The ward promoted a least restrictive practice environment.

Patients were being managed in accordance to legislation.

#### Areas for Improvement

1. The ward's ligature risk assessment did not include a timeframe within which alterations to ligature points would be completed.

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| <b>Number of areas for improvement</b> | One |
|--|-----|

## 7.2 Is Care Effective?

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

### Areas of Good Practice

Patients' needs were comprehensively assessed and care records were noted to be up to date.

The MDT worked well together and patients could access the necessary range of professional required to support recovery.

A range of care and treatment options were available.

The MDT continued to review the ethos and effectiveness of the ward. This included a review of the ward's purpose, admission criteria, treatment pathway, regional networking systems, specialist skills of the staff team and the ward's therapeutic model.

Care plans reviewed by inspectors were holistic, patient centred and continually reviewed.

Inspectors evidenced that the MDT completed ongoing audits of care and treatment practices.

The ward's management team encouraged staff to develop their knowledge and skill.

Ward rounds were held regularly and staff reported that the MDT was inclusive and considered the views of all staff.

The ward's environment was clean and well maintained.

Patients could access various therapeutic activities.

### Areas for Improvement

1. Medical staff should complete case summaries for each patient to ensure staff can access information succinctly and quickly.

|  |     |
|--|-----|
| <b>Number of areas for improvement</b> | One |
|--|-----|

### 7.3 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**

#### Areas of Good Practice

Patients stated that staff treated them with dignity and respect.

Patients stated that they felt better since being admitted to the ward.

Patients were involved in their care and treatment.

Patients could participate in a range of therapeutic and physical activities.

Patients stated that their views were listened to, considered and discussed.

Patients were positive about their relationships with staff.

Inspectors observed staff to be supportive, continually available and patient centred.

The use of a restrictive practice was explained to patients, proportionate and continually reviewed.

Care and treatment was individualised and based on the assessed needs of the patient.

#### Areas for Improvement

No areas for improvement were identified during the inspection.

|  |     |
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| <b>Number of areas for improvement</b> | Nil |
|--|-----|

#### **7.4 Is the Service Well Led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

##### **Areas of Good Practice**

Staff understood their role and responsibilities.

Staff enjoyed working on the ward and presented as motivated.

Staff were complimentary about the management support and leadership within the ward.

The MDT had established good systems to capture patient experience.

Staff stated that they had no concerns regarding their access to training, supervision and appraisal. Nursing staff mandatory training was closely monitored and updated as required.

There were appropriate governance arrangements in place.

The ward maintained good communication with the hospital's estate services and the fire officer.

Staff stated that their views were listened to and considered.

The ward's management and senior management teams continued to manage staffing levels effectively and in the best interests of patients.

##### **Areas for Improvement**

No areas for improvement were identified during the inspection.

|  |     |
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| <b>Number of areas for improvement</b> | Nil |
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## **8.0 Provider Compliance Plan**

Areas for improvement identified during this inspection are detailed in the provider compliance plan. Details of the provider compliance plan were discussed at feedback, as part of the inspection process. The timescales commence from the date of inspection

The responsible person should note that failure to comply with the findings of this inspection may lead to further /escalation action being taken. It is the responsibility of the responsible person to ensure that all areas identified for improvement within the provider compliance plan are addressed within the specified timescales.

### **8.1 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 by 30 March 2017.

| Provider Compliance Plan<br>Six Mile Ward   |  |
|---|--|
| Priority 1  |  |
| The responsible person must ensure the following findings are addressed:  |  |
| <b>Area for Improvement No. 1</b><br><br><b>Ref:</b> 5.3.3(a)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> 3 March 2017 | <p>Medical staff should complete case summaries for each patient to ensure staff can access information succinctly and quickly.</p> <p><b>Response by responsible person detailing the actions taken:</b><br/>In response to this recommendation the MDT are exploring options within Paris to ensure the case summary entry made by medical staff can be accessed succinctly and quickly.</p>       |
| Priority 2  |  |
| <b>Area for Improvement No. 2</b><br><br><b>Ref:</b> 5.3.1 (e)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> 1 May 2017  | <p>The ward's ligature risk assessment should include a timeframe within which alterations to ligature points would be completed.</p> <p><b>Response by responsible person detailing the actions taken:</b><br/>In response to this recommendation the wards ligature risk assessment has been updated and includes a timeframe within which alterations to ligature points should be completed.</p> |

|   |               |                       |              |
|---|---------------|-----------------------|--------------|
| <b>Name of person(s) completing the provider compliance plan</b>              | Rhona Brennan |                       |              |
| <b>Signature of person(s) completing the provider compliance plan</b>         |               | <b>Date completed</b> | March 2017   |
| <b>Name of responsible person approving the provider compliance plan</b>      | Martin Dillon |                       |              |
| <b>Signature of responsible person approving the provider compliance plan</b> |               | <b>Date approved</b>  | March 2017   |
| <b>Name of RQIA inspector assessing response</b>                              | Alan Guthrie  |                       |              |
| <b>Signature of RQIA inspector assessing response</b>                         |               | <b>Date approved</b>  | 3 April 2017 |



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