

## Unannounced Follow Up Inspection Report 20 -21 February 2018



**Six Mile Ward  
Muckamore Abbey Hospital  
1 Abbey Road  
Muckamore  
Co. Antrim  
BT41 4SH**

**Tel No: 028 95042146**

**Inspector: Cairn Magill**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 17 patients. Fourteen of the patients had been admitted to the ward in accordance to the Mental Health (Northern Ireland) Order 1986.

The ward is separated into two units. Six patients were receiving treatment and care in the ward's assessment unit and 11 patients were being cared for in the ward's treatment unit. Patients on the ward are supported by a multi-disciplinary team (MDT) including; nursing staff, a consultant psychiatrist, a forensic psychologist, a social worker, day services staff, a specialist forensic nurse practitioner and a behavioural therapist. Access to occupational therapy services is via a referral.

## 3.0 Service details

<b>Responsible person:</b> Martin Dillon; Chief Executive	<b>Ward Manager:</b> Dessie McAuley
<b>Category of care:</b> Low secure assessment and treatment learning disability.	<b>Number of beds:</b> 19
<b>Person in charge at the time of inspection:</b> Dessie McAuley	

## 4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 20 - 21 February 2018.

The inspection sought to assess progress with findings for improvement identified from the most recent unannounced inspection 31 January – 2 February 2017.

There were two areas of improvement identified at the previous inspection. One area for improvement was assessed as being met and one was not. The area for improvement not met related to medical staff completing a case summary for each patient. This area for improvement will be restated for the second time. The area for improvement assessed as being met related to the dates action items were completed on the ward's ligature risk assessment. There were no new areas for improvement identified during this inspection.

### Other Findings

The inspector was advised that there was one patient who did not require a forensic bed. This patient (patient B) was admitted to Six Mile ward from another ward in Muckamore Abbey hospital to accommodate a new admission (patient A). Patient B was transferred to Six Mile to create a bed for patient A, who was admitted to an acute ward. On the second day of inspection patient B was transferred to another ward before being discharged home. The

inspector had no concerns regarding this arrangement as it was in accordance with the regional bed management protocol.

The inspector was also informed that one patient who presented with complex needs and behaviours that were challenging to manage requested to be secluded from other patients in the ward. The facilitation of self-requested seclusion was documented on every occasion. The inspector reviewed the patient's care documentation. The inspector was satisfied that the MDT was mindful of and considered the patient's human rights and the implications in relation the deprivation of the patient's liberty. On each occasion the patient was supervised on a 1:1 basis by a member of staff in accordance with good practice guidelines.

### Staffing Levels

The inspector discussed staffing levels with the ward manager and senior trust staff. The inspector also reviewed the nursing staff duty rota from the end of November 2017 to the end of February 2018.

The inspector reviewed the daily staffing levels for the ward. The inspector was informed that the optimum staff levels for a morning shift were nine and the safe levels to support patients on the ward are eight in the morning. Night shift optimum staffing levels are five with safe levels being four. Within these numbers staff provide, additional supervision levels to two patients who require additional support such as 1:1 observations as well as escort patient's to appointments and /or on ground leave. The ward use bank staff to ensure cover is provided. Bank staff are ward staff that are willing to cover extra shifts or retired staff that have opted to cover some shifts. The inspector was informed that a large portion of the ward manager and deputy manager's time is taken up to ensure cover is provided on the ward. Nurses and health care assistants were reported to be extremely flexible and accommodating whenever possible to cover shifts. It was acknowledged that without this commitment from staff the ward would struggle even more to ensure safe staffing levels. The inspector is satisfied that safe staffing levels have been maintained on the ward.

Over the course of four months there were 21 times when the specialist forensic practitioner was required to work on the ward to maintain safe levels (outside of their specialist role to work as a mental health nurse), the ward manager was required on the floor seven times to maintain safe levels. There were 21 occasions when the ward required relief staff (brought in from other wards) to maintain safe numbers during the day and 16 occasions when relief staff were required to maintain safe numbers during the night. There is a protocol in place to alert the duty manager of staffing shortages so that they can arrange for relief cover from other wards as and when is necessary.

RQIA have been aware of the staffing shortage within Muckamore Abbey Hospital site and of the Trust's efforts to recruit new staff. The Belfast Trust has a rolling advertisement for nurses and has recently completed a local recruitment drive in an effort to address the staffing shortage. RQIA are satisfied that the Trust is doing all it can to address the staffing shortages. In addition, senior Trust staff reported that they are reviewing the optimum and safe level allocations for Six Mile to reflect the changing need of the patient population and the number of patients requiring escort and additional supervision levels.

Patients said:

The inspector met with eight patients. Four were from the assessment side of the ward and four were from the treatment side. Patients referenced how low staffing numbers had an impact on whether or not they had opportunities to go on escorted ground leave or attend community outings.

Patients were asked to rate their response to a range of questions designed to capture patient experience. Patients were asked if they believe the care they receive is safe, effective, and compassionate and if the ward is well- led. Patients rated their experience from 1 (very unsatisfied) to 5 (very satisfied).

The responses to the questions were as follows;

Questions asked of patients	No. of patients who responded on the scale from 1 (very unsatisfied) to 5 (very satisfied)					Total Number of patients
	1	2	3	4	5	
Is care safe?	2	3	0	1	2	8
Is care compassionate?	0	0	4	1	3	8
Is care effective?	1	2	0	3	2	8
Is care well-led?	1	1	1	2	3	8

Patients who rated feeling safe on the ward as 1 or 2 explained that they sometimes did not feel safe due to the behaviour of other patients or as a result of their own mental health. They also stated that they were concerned about the safety of staff particularly female staff when other patients were presenting with behaviours that challenge.

Patients made the following statements;

“There is not enough staff sometimes.”

“I wish there was more staff all the time. When we have nine staff they take staff off us and then we can’t go on outings.” (This is to ensure safe levels of staff on other wards)

“If you’re looking to go to the shop I have to go with staff and if there is not enough they say come back in half an hour.”

Most patients reported being happy with the compassionate care they received.

“Staff go out of their way to help patients.”

“If I am annoyed, they’ll (staff) calm me down a bit.”

“XX is the best one. He really cares 100%.”

Three patients reported to be unsatisfied with the effectiveness of their treatment. One patient did not believe he was making progress (the patient’s relative reported that the patient has improved since he was admitted but was experiencing a relapse at the time of the inspection). One patient was just admitted a week before the inspection and was still in the process of assessment and one patient did not elaborate why he thought his treatment was not effective.

Five patients were satisfied that their care and treatment was effective;

“I am happy enough. I am getting better.”

“Any care I get is brilliant”

“You are always informed. They’d even sit down with you and have 1:1. They would tell me if there is a change in tablets. They are very good at that.”

Patients who were unsatisfied about the ward being well-led referred to a lack of staff which impacted on activities/outings being cancelled or postponed.

“Sometimes there is not enough staff this side (assessment side). This does my head in. I can’t go up and play pool.”

“Sometimes there is not enough staff. Sometimes supper is late.

Relatives said:

The inspector met with one relative during the inspection. The relative stated they were happy with the care their family member received on Six Mile ward. They stated that they felt the care provided in the ward was safe, compassionate, effective and well-led.

Staff said:

The inspector spoke with twelve members of ward staff including the ward manager, deputy ward managers, nursing staff and nursing assistants and the forensic specialist nurse practitioner. The inspector also spoke with the locum consultant psychiatrist and staff grade psychiatrist, social worker, and day care worker who were all part of the multi-disciplinary team. Seven members of staff completed the staff questionnaire.

Questions asked of staff	No. of staff who responded on the scale from 1 (very unsatisfied) to 5 (very satisfied)					
	1	2	3	4	5	Total Number of staff
Is care safe?	0	0	0	2	5	7
Is care compassionate?	0	0	0	0	7	7
Is care effective?	0		0	2	5	7
Is care well-led?	0	0	0	0	7	7

The locum consultant psychiatrist commenced their post a week prior to the commencement of the inspection. The locum assured the inspector that they had received a thorough comprehensive two day hand-over from the previous consultant psychiatrist. They stated that they have had supervision scheduled once a week with the medical director who was reported as being very supportive and approachable and available as required. The locum had completed all mandatory training.

All staff who completed the questionnaire reported that they were very satisfied the care on the ward was safe, compassionate, effective and well-led. Comments made by staff in relation to safe care related to their concern that the ward was operating with low nursing staffing numbers at times. This was investigated and the inspector was satisfied with the interim management plan to ensure adequate staffing levels while at the same time the Trust was in the process of recruiting more staff.

Comments made in relation to effective care referred to the fact that some patients who did not have a forensic history were accommodated in a forensic ward at times due to bed management issues. Staff stated that they believed a forensic ward was not the most appropriate ward for patients who do not have a need to be in a forensic ward. This concern was acknowledged by the inspector who was assured by the Trust that patients who do not require a forensic bed are only accommodated in a forensic ward as a last resort for the least possible time in line with the regional bed management protocol.

Staff stated:

“Staffing numbers are consistently too low on the unit and at times are unsafe both for patients and staff.”

The inspector had investigated the staffing issues and was satisfied that appropriate measures were in place.

“I feel part of the team even though I am bank staff. Management are very approachable and will listen. I still enjoy coming in and I don’t have to be here. I still enjoy listening to patients talk.”

“I...really enjoy working in Six Mile. I started banking here in July 2016.... I find the ward staff and managers caring professionals who provide an excellent service. By coming back to bank in Six Mile I have been reminded as to why I got into nursing all those years ago.”

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

#### 4.1 Inspection outcome

<b>Total number of areas for improvement</b>	One
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One area for improvement in relation to medical staff needing to complete a case summary has been restated for a second time. There were no new areas for improvement identified during 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.

The following areas were examined during the inspection:

- Care Documentation in relation to all patients.
- Staff duty rota.
- Ward environmental ligature risk assessment.
- Datix /Incident records.

The inspector reviewed the areas for improvements made at the previous inspections and an assessment of compliance was recorded as met/partially met and not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last unannounced inspection 31 January – 02 February 2017

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

Areas for Improvement from last inspection		Validation of Compliance
<b>Number/Area 1</b>  <b>Ref: Standard</b> 5.3.3(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2018	Medical staff should complete case summaries for each patient to ensure staff can access information succinctly and quickly.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed the hardcopy medical notes and the PARIS records of four patients. There were no case summaries completed by medical staff. The inspector noted Nursing Pen Pictures which were completed for each individual patient. The pen picture contained the following information;	



	<p>The patient's name – usually accompanied by a photograph, their date of birth, date of admission, their status their clinical type, reason for admission, level of supervision required, synopsis of physical, mental health and behaviours, family contact and any other relevant information.</p> <p>Given that medical case summaries were not available this area for improvement will be restated for a second time in the QIP accompanying this report.</p>	
<p><b>Number/Area 2</b></p> <p><b>Ref: Standard 5.3.1 (f)</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by: 1 May 2018</b></p>	<p>The ward's ligature risk assessment should include a timeframe within which alterations to ligature points would be completed.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the ward ligature risk assessment completed in August 2016. All recorded actions to be taken had been addressed with the exception of the removal of support bars in the disabled bathrooms. It was agreed at feedback that removing these bars would be inappropriate for patients presenting with limited or poor mobility.</p> <p>The ward ligature risk assessment was reviewed with the Trust's Health and Safety Manager on 22 February 2018 and forwarded to RQIA on this date. The disabled bedroom/bathroom door is locked when not in use. If a patient is using these rooms the risks are locally managed under supervision from staff. This area for improvement has therefore been assessed as met.</p>	<p><b>Met</b></p>

## 7.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with senior trust representatives, members of the multi-disciplinary team, ward manager, and ward staff as part of the inspection process. The timescales commence from the date of inspection.

The responsible person must ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken.

## 7.1 Actions to be taken by the service

The quality improvement 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 quality improvement plan via the portal for assessment by the inspector by 13 April 2018.

<b>Quality Improvement Plan</b>	
<b>The responsible person must ensure the following findings are addressed:</b>	
<b>Number/Area 1</b>  <b>Ref: Standard 5.3.3(a)</b>  <b>Stated: Second time</b>  <b>To be completed by:</b> 21 March 2018	Medical staff should complete case summaries for each patient to ensure staff can access information succinctly and quickly.
	<b>Response by responsible individual detailing the actions taken:</b> In response to this area of improvement and following further consultation with RQIA, it has been agreed that the current 'patient pen picture' available in the ward will be developed and provide a multidisciplinary summary allowing information to be accessed succinctly and quickly.

<b>Name of person (s) completing the QIP</b>	Dessie McAuley		
<b>Signature of person (s) completing the QIP</b>	Dessie McAuley	<b>Date completed</b>	April 18
<b>Name of responsible person approving the QIP</b>	Martin Dillon		
<b>Signature of responsible person approving the QIP</b>	Martin Dillon	<b>Date approved</b>	April 18
<b>Name of RQIA inspector assessing response</b>	Cairn Magill		
<b>Signature of RQIA inspector assessing response</b>	Cairn Magill	<b>Date approved</b>	13/04/2018

*\*Please ensure this document is completed in full and returned via the Web Portal to RQIA\**



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