The Regulation and Quality Improvement Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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ANNOUNCED INSPECTION REPORT

Name of Facility/Ward:	**Cranfield Female, Muckamore Abbey Hospital**
Date of Inspection:	**13 and 14 December 2010**
Lead Inspector:	**Audrey Murphy**

1.0 General Information

Name of hospital/facility	Muckamore Abbey Hospital
Address	1 Abbey Road Antrim BT41 4SH
Telephone number	028 94463333
Person in charge on day of inspection	Elizabeth Drain
Email address	
Trust	Belfast Health and Social Care Trust
Chief Executive	Mr Colm Donaghy
Director of Mental Health and Learning Disability service	Ms Bernie McNally
Email address	
Nature of service - MH/LD	Learning Disability
Name of ward/s and category of care	Cranfield Female Admissions
Number of patients and occupancy level	11 patients on the ward 2 patients on leave 2 vacant beds
Number of detained patients	7
Details of last inspection	Patient Experience Review 31 August 2010 1 September 2010
INSPECTION DETAILS	
Type of current inspection	Announced
List of inspectors	Audrey Murphy Margaret Cullen
Date and time of inspection	13 December 2010 09:30 - 16:30 14 December 2010 09:30 - 16:00

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is a non departmental public body responsible for monitoring and inspecting the quality, safety and availability of health and social care services across Northern Ireland. It also has the responsibility of encouraging improvements in those services.

From the 1 April 2009 RQIA also assumed responsibility for the range of functions under the Mental Health (Northern Ireland) Order 1986, this includes making an inquiry into a case where it appears that there may be ill-treatment, deficiency in care or treatment, or improper detention in hospital or reception into guardianship of any patient, or where the property of any patient may, by reason of his mental disorder, be exposed to loss or damage.

The agreement for the transfer stressed the importance of applying a Human Rights Based approach and made reference to the principles agreed in the conclusion of the Bamford Review, of justice, benefit, least harm and autonomy.

In line with the duties under legislation and Human Rights approach, RQIA developed a programme of patient experience reviews in 2009. RQIA have used the findings of the patient experience reviews in 2009 and 2010 to aid the development of this inspection methodology.

RQIA, with the support of a range of experts has taken the current legal obligations recognised by DHSSPS, such as the Mental Health (Northern Ireland) Order 1986 and the Patient Client Experience Standards (DHSSPS, 2008) to create a range of expectation statements in the areas of:

- fairness
- respect
- autonomy
- dignity
- equality
- protection

It is anticipated that these expectation statements and their assessment will ensure the momentum towards the fulfilment of the Bamford principles and the achievement of the RQIA core activities[1] of:

- improving care
- informing the population
- safeguarding rights and
- influencing policy

The focus for this inspection is Fairness. RQIA looked at 13 expectation statements and assessed the ward's level of achievement in relation to each statement.

[1] RQIA Corporate Strategy 2009-2012

The expectation statements were assessed against an achievement scale set out in table 1 of this report.

Where achievement is assessed as fully achieved and identified as an exemplar of best practice, permission will be sought to share the initiative(s) across other provider organisations.

Where compliance is assessed as partially or substantially achieved and is envisaged as being fulfilled within the year, relevant recommendations relating to the improvement areas will be made as part of the trust's report of the inspection.

Where achievement levels are found not to have been achieved at the time of inspection or unlikely to be achieved, RQIA will issue a Quality Improvement Plan (QIP) outlining the recommendations being made. The trust should complete this QIP (by indicating the proposed actions to be taken and timescales involved) and return to RQIA within 20 working days.

METHODS / PROCESS

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the expectation statements.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the inspection visit by the Inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the Ward Manager and staff
- Examination of records
- Consultation with stakeholders
- Evaluation and feedback

Any other information received by RQIA about this facility has also been considered by the Inspector in preparing for this inspection.

CONSULTATION PROCESS

During the course of the inspection, the Inspectors spoke to the following users of the service, carers/relatives, health and social care professionals and staff:

Patients	**5**
Staff	**5**
Carers/Relatives	**0**
Visiting Professionals	**2**
Advocates	**1**

Questionnaires were provided, prior to the inspection, for patients, carers/relatives, health and social care professionals and staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the Inspector in the course of this inspection. Some of the information was not returned prior to the inspection.

Issued To	Number issued	Number returned
Staff	5	4
Carers/Relatives	15	5
Visiting Professional	5	3
Patients	15	7

The definitions for Levels of Achievement are below:

TABLE 1: LEVELS OF ACHIEVEMENT

Level of Achievement	Definition
Not applicable	The criterion is not applicable to this service setting. (A reason must be clearly stated in the service response.)
Unlikely to be Achieved	The criterion is unlikely to ever be achieved. (A reason must be stated clearly in the service response).
Not Achieved	The criterion is unlikely to be achieved in full before end of March 2011. For example, the service has only started to develop a policy and implementation will not take place until after March 2011.
Partially Achieved	Work has been progressing satisfactorily and the service is likely to have achieved the criterion prior to end of March 2011. For example, the service has developed a policy and will have completed implementation by end of March 2011.
Substantially Achieved	A significant proportion of action has been completed to ensure the service performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
Fully Achieved	Action has been completed that ensures the service performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

3.0 PROFILE OF SERVICE

Cranfield female admissions ward is a recently constructed purpose built facility on the Muckamore Abbey Hospital site.
The ward shares it's spacious entrance and reception area with the neighbouring male admissions ward. The ward provides single en suite accommodation for up to fifteen patients and there are a variety of day rooms, a small fitness room, bathrooms, a clinical room, visitors' room and a large dining / lounge area for the use of patients. All of the accommodation is accessible to wheelchair users and one of the bedrooms provides additional space for patients with mobility needs.

Patients have input from a variety of multi-disciplinary professionals including medical, nursing, social work, psychology, speech and language therapy, dentistry and dietetics.

The ward provides assessment and treatment to adults with a learning disability, the majority of whom are from the Belfast, Northern and South Eastern Trust areas. There were six 'delayed discharge' patients on the ward at the time of the inspection.

4.0 SUMMARY

The inspection process began with the Ward Manager completing a self assessment document on the standard of fairness. This was followed by a two day inspection to the ward during which inspectors had access to all ward areas, patients and staff. Inspectors spoke with a number of patients, staff and visiting professionals during the inspection and received written responses to questionnaires which had been distributed prior to the inspection. The inspection began with a tour of the ward which was noted to be clean, well lit, warm and welcoming.
A number of patients left the ward to attend day time activities and those who remained were observed to be settled and appeared content and at ease on the ward. Staff were observed interacting with patients in a professional and person centred manner and there were a number of activities ongoing.

The arrangements for patient advocacy were examined and staff, patients and an advocate contributed to this. The equity of advocacy services was discussed and it was recommended that all patients receive a similar, proactive independent advocacy service.

The rights of patients were noted to be well understood by staff, who were observed promoting these. Patients interviewed could demonstrate an understanding of their rights and confirmed that staff had made considerable efforts to ensure that this information is given on admission and on an ongoing basis.
The rights of detained patients were also examined and those detained patients who were interviewed confirmed they had received information regarding the rights and powers of detained patients under the Mental Health (NI) Order 1986.

Patients and their relatives indicated their knowledge of the complaints procedures and the ward maintains a complaints log. It was recommended that any learning from complaints from within the site or from other service settings is shared with ward staff.

A number of patients' care records were examined and these were generally up to date and comprehensive. Two exceptions to this were noted, one of which was updated to reflect the patient's current circumstances by the second inspection day. . Recommendations were made with regard to admission documentation and to needs assessments and care planning.

Inspectors verified that patients are reviewed regularly and that a weekly ward round takes place and is attended by a variety of multi-disciplinary team members. A recommendation was made regarding the proactive engagement with all patients prior to this meeting and to ensure that patients' records contain confirmation that all patients are advised of the outcome of the meeting. Inspectors noted the flexible, regular arrangements for multi-disciplinary meetings in addition to the weekly ward round and that post-admission, progress and pre-discharge meetings are held also.

Patients' contact with the consultant was noted to be weekly and feedback from patients and their relatives indicated this was very satisfactory.

Patients are allocated a primary nurse and have additional support from associate nurses. The nursing notes were patient centred and comprehensive. It was recommended that nursing staff proactively seek one to one engagement with patients on a daily basis and that this is recorded. One to one engagement with the primary nurse prior to the multi-disciplinary meeting was also recommended.

A variety of multi-disciplinary professionals provide support to patients on the ward. It was recommended that those patients who receive input from psychology services have documentation outlining the nature of the input and any progress made.

A number of patients on the ward were planning for discharge and one reported they had been to visit a community placement recently. Several other patients had completed their treatment and were awaiting discharge; these patients were described as 'delayed discharges'. All patients have a discharge section within their care plan and this is updated and individualised.

A feedback session was held at the end of the second day of inspection and the following staff attended:

- Deputy Ward Manger
- Hospital Services Manager
- Clinical Services Manager
- Clinical Services Manager

The inspectors would like to thank the Ward Manager, Deputy Ward Manager, her staff, the patients and relatives and professionals who participated in the inspection process.

5.0 ISSUES FROM PREVIOUS INSPECTION

Patient experience reviews were carried out on the ward on 31 August and 1 September 2010. The following recommendations were made:

- It was recommended that patients are advised of their rights on admission and on an ongoing basis. Patients should receive this information in a format and at a time appropriate to their needs and level of understanding. The ward's compliance with this recommendation was assessed during the inspection and this is referenced within the report.

- It was recommended that patients are given the opportunity to receive feedback from the multi-disciplinary meeting as soon as is practical. The ward's compliance with this recommendation continues to be an area for improvement.

- It was recommended that the ward develop a policy on the facilitation of mobile phone usage for individual patients where appropriate and seek to provide individual patients and their representatives with an explanation regarding any restrictions placed on them accessing and or using their mobile phone. Such restrictions should be reviewed throughout the patient's admission. During the current inspection, Inspectors noted that a draft policy had been developed and this makes appropriate reference to individual risk assessment and the rights of patients.

- It was recommended that patients are encouraged to make more use of the ward's facilities for making and receiving phone calls in their bedrooms. During this inspection Inspectors noted that one patient was making regular use of the telephone system in their bedroom.

6.0

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 1: Advocacy services are available to all patients.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Cranfield Women is a 15 bed Admission Assessment Unit. All patients are informed of the Advocacy Service within Muckamore Abbey Hospital, and information relating to same is displayed throughout the ward. Each patient is supported by their Named Nurse if they wish to avail of this service. In the absence of an independent advocate, nursing staff assume this responsibility, role and function. All patients are made aware of the date and time of Multidisciplinary Team Meetings (every Tuesday morning, 10 00 am). Each Monday patients have the opportunity to raise any issues/concerns they wish to have addressed at the Multidisciplinary Meetings and nursing staff will feed back to individual following same. Staff within the unit facilitate meetings with advocates and provide a room to meet that is conducive to privacy. There have been requests from Advocacy Services to attend a patient meeting which has been facilitated. Advocates have in the past attended Post Admission/Pre-Discharge Meetings. Patients' families advocate on behalf of the patient when appropriate and/or in the absence of an independent advocate. T.I.L.I.I (Tell It Like It Is) Self Advocacy Group which is supported by the ARC Organisation meets regularly within the hospital to address any issues/topic other patients would like discussed. Staff training is ongoing for T.I.L.I.I. Evaluating Quality Care audits advocacy annually.	Fully achieved

Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
There was a variety of advocacy information available to patients and their relatives on the ward and this included posters, leaflets and the admission booklet. Advocacy services are provided by a number of external agencies including Bryson House, Mencap and Disability Action. A patient who had been recently admitted confirmed their knowledge of the advocacy arrangements on the ward and another patient advised inspectors that they had significant contact with an advocate. Discussion with an advocate and ward staff outlined the arrangements for the provision of the service and a 'drop in' facility is available within the ward twice weekly. The ward advocate confirmed they had accompanied a number of patients to their multi-disciplinary meetings. Two ward advocates receive notification of all newly admitted patients and make contact with the patient as soon as it is appropriate. The issue of equity arose when discussing the advocacy service as it appeared that patients who are admitted from the Southern, South Eastern or Western Trust areas may not have equal access to the advocacy service as the relevant patient advocate does not routinely visit the ward. It was recommended that a more proactive service is provided to patients on admission and on an ongoing basis.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 2: All patients have been advised of their rights, and what they can expect in terms of care and treatment, in a manner appropriate to their understanding.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Patients Statement of Rights are read and explained upon admission and thereafter when detention forms are updated/continued. Also all relevant information to same are within the Welcome Pack which each patient receives upon admission. On admission the ward philosophy and aims and objectives are explained. Information in relation to R.Q.I.A. has been explained to the patient and also included in the Patients Forum. Each patient has given their consent to R.Q.I.A. Inspectors accessing all information in relation to their care and treatment. Carers/family/N.O.K. have been advised and information/questionnaires forwarded to same. Posters/information relating to R.Q.I.A. is displayed throughout the unit.	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Ward staff have developed a 'welcome pack' and this includes information about the aims and objectives of the ward, patients' rights, advocacy, RQIA, consent, complaints and the treatments and interventions available to patients. A recently admitted patient confirmed that staff had explained the contents of welcome pack to them. A patient who had been on the ward for a number of months advised inspectors that staff had provided information on an ongoing basis about their rights. Other patients also indicated that their rights were explained to them and respected. Staff who were interviewed during the inspection outlined their understanding of patients' rights on the ward and were observed promoting rights throughout the inspection. Staff highlighted their role in maintaining the privacy and dignity of patients, particularly those patients who were unable to maintain this for themselves.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 3: Each patient who is detained is informed of the process and the implications for them.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Detention process explained to the patient by the appropriate professional completing the appropriate form. Your rights under the Mental Health NI Order 1986. Available on the ward and can be accessed by patients at any time. The responsible Medical Officer will explain his role to the patient, on admission or as soon as possible afterwards. Information relating to MHRT is explained to patient on admission or as soon as possible depending on patients mental state on admission also included in Welcome Pack. Any delays to MHRT would be explained to the patient immediately. Each patient has access to the legal system including Legal Aid and can choose their own representative. Form 6: Responsibility of nurse signing same to explain to patient directly (Form 6 Nurses Holding). Evaluating Quality Care Audits detention process – annually.	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
A number of detained patients were interviewed during the inspection and care records were examined. The ward maintains an information pack 'Your Rights Under the Mental Health (NI) Order 1986' and this contains pictures, signs and symbols explaining the rights of patients detained under the Mental Health Order. The ward's admission documentation reflected that detained patients' rights are explained on admission and this included information about advocacy and the right to appeal to the Mental Health Review Tribunal (MHRT). The patients' care records contained confirmation that information about detention had been given in writing and verbally and a patient confirmed their understanding of the MHRT and stated they had made an application to the Tribunal.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 4: Patients are informed and familiarised with the comments and complaints process. *For associated indicators please refer to Appendix 1.*	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Named Nurses advise patients of their rights to complain during interview on admission, family are also informed of same at this time. Complaints/Comments information and procedures are displayed in all areas throughout the Unit and are part of the Welcome Pack. Issues of concerns from patients are usually raised at patient forum and are actioned by appropriate person. In Cranfield Women there is a complaints register available on the ward, also in front reception there is a comments card system available for those who prefer not to put their name to complaint/comment. Evaluating Quality Care audit complaints/comments – annually.	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The ward's 'welcome pack' contains information about the complaints procedures and this is presented in a variety of accessible formats. The ward also maintains a Trust complaints procedure. The minutes of patients' forum meetings were examined and contained several references to expressions of dissatisfaction from patients on the ward. Discussion with staff and patients highlighted the usefulness of these meetings in changing practices and routines on the ward for the benefit of patients. All of the questionnaires returned by relatives indicated that they had all received information about the ward's complaints procedures. Staff who were interviewed during the inspection outlined their understanding of the complaints procedures and stated they would seek local resolution in the first instance.	Substantially Achieved

Patients who were interviewed stated they would approach a member of staff if they wished to make a complaint and one patient requested a copy of the ward's complaints procedures. The ward's complaints records contained one complaint from a patient who had been supported by their advocate to make the complaint and to meet with ward staff to resolve it. There was discussion following the inspection with ward and hospital staff regarding the arrangements for learning from complaints as the ward did not appear to be receiving any information about learning from complaints made in other wards or service settings. It is recommended that this information is collated and shared with ward staff. The ward's consultant advised inspectors that the ward is developing tools to measure patient satisfaction and that these will be part of the discharge process.	

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 5: Patients are informed and familiarised with the ward environment and routines in an ongoing patient focused manner.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
For Planned Admissions visits are arranged during which a physical tour of the unit is given and professionals responsible for care and treatment are available to meet and greet individuals if possible Admission protocol list is adhered to. Notice board is relevant with current and up-to-date patient information displayed. **A welcome pack is given to every new admission which includes:-** Ward philosophy, aims and objectives of the ward. Muckamore Abbey and the Law. Complaints Procedure. Information RE: MHRT. Identified Named Nurse. Identified Multidisciplinary Team Members. Patient Forums – utilising same. Information on available treatment Information on Advocacy Service Good Thinking Skills Unit Guidelines Evaluating Quality Care audits through admission annually.	Fully achieved

Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The ward's welcome pack was examined and was noted to be comprehensive and included the information referred to in the self assessment. Ward staff explained that the admission process would include a tour of the ward and an explanation of the contents of the welcome pack. The admission checklist also provided confirmation that this is undertaken with newly admitted patients. Patients' photographs were on display on their individual bedroom door. A recently admitted patient advised inspectors that they had received a tour of the ward and that a member of staff had gone through the contents of the pack with them. There were a number of patients' notice boards in the day rooms on the ward and staff reported that a works request had been submitted to reinstall an additional large notice board at the entrance to the ward. Staff reported that this would provide patients with additional daily information about the ward routines. It was recommended that a number of additional policies are included in the patients' welcome pack and these include information about the use of mobile phones and the Trust's Zero Tolerance policy.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 6: All patients are informed of and involved in a person centred assessment and care planning process.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Person Centred Care Plan is discussed with each patient and agreed with the patient. The patient then signs to that fact and comments on the Care Plan if she so wishes. The Named Nurse will ensure that the Care Plan remains effective and is reviewed on a regular and timely manner. Also the Multidisciplinary Team will partake in the overall review of the Care Plan and will discuss each patient at the Multidisciplinary Meeting each Tuesday. Any change to the Care plan will be discussed with the patient and an explanation given for same. Each individual will be discussed by the Multidisciplinary Team to determine capacity to consent. Evaluating Quality Care audits care planning annually	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
A number of assessments and care plans were examined during the inspection and these were generally noted to be comprehensive, detailed and up to date. A recently admitted patient's records were examined and hadn't been updated to include admission information, a current needs assessment or care plan. The patient's previous records were available however these dated back to an admission some ten months prior to the current admission. A patient's specific needs assessment and care plan were noted to be incomplete and following discussion with ward staff on the first day of the inspection these were updated to reflect the patient's current circumstances by the second inspection day. The patient's initial needs assessment had been signed by the patient however there was no documented evidence to suggest the patient had been involved in the care plan on an ongoing basis.	Partially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 7: There will be a weekly multidisciplinary team review with patient involvement and appropriate representation from advocates and other relevant agencies involved in the patient's care. *For associated indicators please refer to Appendix 1.*	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
All disciplines meet on a weekly basis to discuss patient's care and where appropriate other relevant agencies involved in the patient's care are invited to attend via Ward Social Worker. The Nursing Staff prepare written individual weekly updates for each patient on the Monday evening and each patient has the opportunity to have any issues/concerns raised on their behalf at the MDTM. Also the opportunity is given to any of the patients wishing to speak with responsible professionals following same. Patients are also seen at Consultant Ward Clinic each Friday morning. Nursing staff will update patients on issues relevant to them following meeting, families are also updated per phone (with patients consent). Record of meeting recorded in Patient Individual Care Plan and Clinical File. Evaluating Quality Care audits annually.	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Inspectors were able to verify that the weekly ward meeting is held on a Tuesday and attended by a variety of professionals. Nursing staff demonstrated the systems in place to highlight the progress of individual patients on the ward and inspectors examined the ward round book. Staff explained that patients do not attend the weekly meeting and that there are other weekly opportunities for patients to meet with the consultant and the multi-disciplinary team.	Substantially Achieved

The patients interviewed were aware of the weekly ward meeting and several confirmed that they were able to have their views noted in advance of the meeting. Inspectors observed some patients discussing progress with nursing staff prior to the meeting and one patient was keen to have a specific issue raised on their behalf. While the records examined provided detailed accounts of the patients' views, they did not however provide consistent evidence that patients' views are proactively sought in advance of the ward meeting and that feedback is provided to all patients following the meeting. The ward advocate confirmed that they attend some of the weekly ward meetings and other multi-disciplinary meetings with patients. The records of post admission, progress meetings and pre-discharge meetings were very detailed and reflected the attendance of multi-disciplinary team members.	

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 8: Patients have the opportunity to meet and discuss their care and treatment in private with their consultant.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Nursing staff will arrange meetings with Consultant on behalf of the patient by phoning Consultant's Secretary and arranging a suitable time. Also each Monday evening patients can request to meet with their Consultant included in their weekly progress report presented to the MDT on Tuesday morning. The Consultant will record all such meetings within the Patients Medical File. The Consultant will also happily accommodate meetings with families/N.O.K/carers in respect of individual patients with the patient's consent. Patients can also request to meet with Consultant at his Friday AM Ward Clinic. If required, Speech and Language Services are available to assist those patients who have communication difficulties achieve a satisfying interview with their Consultant. Medical staff visit ward daily 9 00 am – 5 00 pm. Weekend cover by Duty Consultant if required for advice.	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Inspectors met with the ward consultant and spoke with patients and staff in relation to consultant contact with the ward. The arrangements for patients to meet and discuss care and treatment in private were as described in the self assessment. Patients' notes provided evidence that meetings had taken place between the consultant and patients and the patients and staff spoken with during the inspection provided positive comments in relation to the accessibility of the consultant.	Fully Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 9: Patients will be given the opportunity to discuss in private any issues with their primary nurse, associated nurse or in their absence an allocated nurse, on a daily basis.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Each patient has the opportunity to meet with their Named Nurse on a 1:1 basis weekly with the chance to raise concern/issues. Same will be actioned if appropriate and recorded in Care Plan. Also when Care Plans are being reviewed patient's have the opportunity to discuss same on a 1:1 basis and again take the opportunity to raise any issue/concern. Should the patients Named Nurse be on annual leave, either the Deputy Sister or Ward Sister will take over this role and update the Named Nurse on her return to duty. Nursing staff on behalf of the patient will put forward requests issues/concerns patients may have to the MDTM each Tuesday morning. Nursing staff will also ensure that those patients wishing to speak with their Social Worker do so. Social Worker available every Monday from 4 00 pm or at any other time if the patient requests a meeting Named Nurse will arrange same. Each patient gets the opportunity to partake in the formulation of Risk Assessments and Management Plans with Named Nurse. Rooms are available throughout unit to allow for privacy and promote confidence. Evaluating Quality Care audit annually.	Fully Achieved

Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The primary nurse system was evident in the ward and all of the patients who were interviewed were aware of their primary nurse. Patients are also allocated an associate nurse who supports the patient in the absence of the primary nurse. Staff who provided feedback in questionnaires indicated that daily meetings between the primary / associate nurse would be facilitated if requested, however these are not always initiated by staff due to time constraints. Staff who were interviewed stated they meet with their patients regularly. The care records examined were detailed and patient centred and staff were observed engaging with patients in a user friendly manner. There was no consistent evidence however that nursing staff engage with patients proactively on a daily basis or in advance of the multi-disciplinary team meeting.	Partially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 10: Patients have the opportunity to meet and discuss in private their care and treatment, with any health or social care professional involved in their care.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Weekly 1:1 meeting with Named Nurse – to include D.R.A.M.S. if appropriate. Weekly 1:1 meeting with Ward Social Worker. 1:1 with Psychologist. Request for meeting with Consultant put forward at the Multi-disciplinary meeting on a Tuesday and arrangements for same made then for Friday morning Ward Clinic. Any other request by patients to meet with any other professional as and when required will be addressed by nursing staff as soon as possible. Advocacy Service – Drop in service – weekly – Cranfield or by arrangement by Nursing staff if requested. Opportunity on a daily basis to speak with individuals in relation to Day Care Services – also Day Care Service review same alongside patient 3 monthly. Evaluating Quality Care audit annually.	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Discussion with staff and patients and feedback from professionals' questionnaires provided satisfactory evidence to support the indicators within this expectation statement. One patient's notes made reference to the patient receiving regular input from a psychologist however the records did not contain any information in relation to this. Ward staff indicated that they were not aware of the purpose or outcome of the patient's contact with the psychologist and that this hadn't been shared with the multi-disciplinary team. Inspectors expressed concern that the absence of this information could adversely affect the patient and that the patient's consultant and other relevant staff should be provided with updates, as appropriate.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 11: The discharge plan should be initiated at the earliest opportunity following admission.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
On Admission after the first Multi-Disciplinary Team Meeting a Post Admission Meeting will be arranged by the Ward Social Worker at this meeting a Pre-Discharge Meeting will be arranged involving all relevant professionals and identifying their responsibilities. Individual Risk Assessment and Management Plans are completed as required. Phased discharge is also facilitated for patients who require extra time once an appropriate community place is made available. Staff from the proposed community setting are invited to meet the patient, work along with ward staff to familiarise themselves with the patient before discharge. Date of discharge will be discussed at Pre-discharge Meeting. If detained, patient may be discharged Leave-On-Trial for a period with weekly updates received on a Monday afternoon to be discussed at weekly Multi-Disciplinary Meeting Tuesday morning. Discharge Plan included in Patient Care Plan. Evaluating Quality Care audit discharge process annually.	Fully achieved

Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The ward's consultant advised inspectors that the average length of stay on the ward is around twelve weeks. A multi-disciplinary post admission meeting is held after the first fourteen days and this involves community staff, the patient and their relatives / representatives. An expected date of discharge is not noted in the patients' care records on admission as it is often uncertain how long the patient is likely to remain in hospital. All of the patients' care plans contain a section on discharge. Ward staff advised inspectors that there are several patients awaiting discharge to suitable community placements and that due to financial constraints, their discharges are delayed. The status of each patient is discussed weekly at the ward round. A small number of patients were noted to be actively involved in discharge planning and their care records contained detailed multi-disciplinary discussions around the discharge plan. One patient confirmed they had visited the community facility to which they were being discharged. A recently admitted patient reported that they were happy to remain on the ward and that community staff would be involved in their discharge plan, when appropriate. Another patient stated they were keen for discharge and would be attending a pre-discharge planning meeting along with community staff on the second day of the inspection.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 12: The discharge interview with the patient should review the discharge plan, progress to date and include confirmation of the indicators in Appendix 1, Expectation Statement 12.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Discharge check list completed for each individual to include: o adequate supply of all medications o medications issued with clear directions o return of personal possessions o clarification of any financial arrangements o notification to N.O.K. o notification to all relevant personnel/healthcare professionals All Trust Guidelines, Policies and Procedures are adhered to.	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
There were no patients being discharged from the ward during the inspection days however discussion with staff and examination of the procedures provided satisfactory evidence that the indicators for this expectation statement would be met.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 13: Clear documented systems are in place for the management and filing of records in accordance with professional and legislative requirements.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Admin support are responsible for all ward documentation and storage of same. Cranfield women have on site support Monday – Friday 9 00 am – 5 00 pm. Patients current and closed files are retained in Unit for the length of admission these to include all risk assessments and management plans. Social Work - files available on request. Day Care - files available on request. Psychologist - files available on request. All personal possessions are accounted for and a record available of same. Patient Prescription Card reviewed regularly and rewritten as required (following 3rd review). Evaluating Quality Care audit annually.	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The care records examined were up to date, legible, patient centred and signed. Staff who were interviewed confirmed their awareness of the most up to date Nursing and Midwifery Council (NMC) Guidance and qualified staff reported that it was their responsibility to ensure that assessments and care plans were up to date. Staff also reported they had been involved in the Evaluating Quality Care (EQC) audit of records on the ward.	Substantially Achieved

7.0 ADDITIONAL INFORMATION

7.1 Environment
The ward provides bright, spacious accommodation and was noted to be clean and decorated appropriately for Christmas. The ward was welcoming and patients' bedrooms were noted to be personalised.
A number of areas for improvement of the ward environment were discussed with staff and are as follows:

- Paintwork and plastering in a number of bedroom areas was noted to be in need of attention.
- The showers in patients' en suite bathrooms were reported to be not adjustable making it difficult for staff to provide assistance to patients without getting wet.

7.2 Stakeholder Participation
Questionnaires were issued to staff, patients, relatives / carers and visiting professionals in advance of the two day inspection. In addition to this, inspectors met with patients, some visiting professionals and a number of medical, nursing and ancillary staff over the two days.

The following is a summary of feedback from each:

Patients: A number of patients completed questionnaires with assistance from staff. Patients were also spoken with during the inspection and the following comments were made:

- 'I am happy with the staff and patients in this ward.'
- 'Staff are good to me.'
- 'I love the ward.'

Suggestions for improvements included:

- 'Going out places.'
- 'Sometimes the ward is noisy, I would like it to be quieter.'
- 'More games, dancing, computers.'

Staff: The staff who returned questionnaires all provided positive comments on the quality of care received by the patients on the ward.

- 'The ward is managed well with a good team working together. This in turn ensures the patients are receiving a very high standard of care.'
- 'Quality of care by staff is excellent.'
-

A suggestion for improvement made by a staff member was more recreational activities for patients.

Relatives: Feedback from patient's relatives was very positive and included the following comments:

- 'We are impressed with the conduct and professionalism of all the staff.'
- 'The staff are always friendly and helpful when approached which gives the carer confidence that the patient is receiving the best care from the staff.'
- 'It is very noticeable that each patient is treated as an individual and that the staff take a personal interest in each of the patients.'

Suggestions for improvement included more outings / bus trips and more regular meetings with carers, the primary nurse and day care staff to discuss the patients' care plan.

Visiting professionals: A variety of multi-disciplinary team members provided information before, during and after the two day inspection and all commented positively on the quality of care received by patients on the ward. There were no suggestions made for improvements.

8.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Ward Manager, as part of the inspection process.

Comments on any proposed actions as a result of recommendations should be recorded on Quality Improvement Plan with an indicative timescale.

Indicative timescales commence from last day of inspection.

Enquiries relating to this report should be addressed to:

Audrey Murphy
Mental Health and Learning Disability Team
The Regulation and Quality Improvement Authority
9th Floor Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

AUDREY MURPHY
Lead Inspector

DATE

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

ANNOUNCED INSPECTION

Cranfield Female, Muckamore Abbey Hospital

13 and 14 December 2010

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan.

The details of the Quality Improvement Plan were discussed with the Deputy Ward Manager, Hospital Services Manager and Clinical Services Manager.

RECOMMENDATIONS

Recommendations when implemented may enhance service, quality and delivery.

NO.	EXPECTATION STATEMENT	RECOMMENDATIONS	NUMBER OF TIMES PREVIOUSLY STATED	DETAILS OF ACTION TO BE TAKEN	INDICATIVE TIMESCALES
1	Advocacy services are available to all patients.	It is recommended that all patients have equal access to patient advocacy and that advocates proactively seek the views of patients on admission and on an ongoing basis.		Cranfield based advocates inform advocates for patients for other trusts or their admission	Completed
2	Patients are informed and familiarised with the comments and complaints process.	It is recommended that learning from complaints across the hospital setting is shared with Cranfield ward staff.		Learning is shared through Clinical & Social Governance group	Completed
3	Patients are informed and familiarised with the ward environment and routines in an ongoing patient focused manner.	It is recommended that the ward's welcome pack is developed to include ward policies on the use of mobile phones and the Trust's Zero Tolerance policy.		Use of mobile phone policy is in draft and will be included in the welcome pack The Trusts Zero Tolerance Policy has been included	To be reviewed in 3 months Completed
4	All patients are informed of and involved in a person centred assessment and care planning process.	It is recommended that newly admitted patient's admission documentation, needs assessments and care plans are completed in a timely manner. It is recommended that needs identified in the assessment are highlighted in the care plan.		Discussed with Named Nurses, and to be on agenda for next ward meeting Discussed with Named Nurses, and to be on agenda for next ward meeting	March 2011 March 2011

RECOMMENDATIONS

Recommendations when implemented may enhance service, quality and delivery.

NO.	EXPECTATION STATEMENT	RECOMMENDATIONS	NUMBER OF TIMES PREVIOUSLY STATED	DETAILS OF ACTION TO BE TAKEN	INDICATIVE TIMESCALES
		It is recommended that patients' involvement in the assessment and care planning process is consistently documented.		Patients are involved in the review process and will sign care plan reviews as they occur	Ongoing
5	There will be weekly multi-disciplinary team review with patient involvement and appropriate representation from advocates and other relevant agencies involved in the patient's care.	It is recommended that all patients' views are sought proactively in advance of the weekly multi-disciplinary meeting and that these are documented. It is recommended that patients' records contain consistent evidence that patients have been informed of the outcome of the multi-disciplinary meeting.		Patients views prior to the meeting will be recorded in the care plan, following the MDT meeting	Ongoing
6	Patients will be given the opportunity to meet and discuss in private any issues with their primary nurse or in their absence an allocated nurse on a daily basis.	It is recommended that primary / associate nursing staff proactively engage with patients on a daily basis and that the patients' records reflect this.		All significant engagement with patients is recorded in the care plan on a daily basis. Named Nurses continue to meet with patients on a weekly basis and more often if requested	Ongoing

RECOMMENDATIONS

Recommendations when implemented may enhance service, quality and delivery.

NO.	EXPECTATION STATEMENT	RECOMMENDATIONS	NUMBER OF TIMES PREVIOUSLY STATED	DETAILS OF ACTION TO BE TAKEN	INDICATIVE TIMESCALES
7	Patients have the opportunity to meet and discuss in private their care and treatment, with any health or social care professional involved in their care.	It is recommended that the notes of patients receiving input from psychology services provide information in relation to this and that this is available to the multi-disciplinary team.		There has been a review of psychology services, resulting in a named psychologist being available in Cranfield, this person will provide reports and attend MDT meetings	Completed

ADDITIONAL RECOMMENDATIONS:

AREA OF CONCERN/ ISSUES	RECOMMENDATIONS	NUMBER OF TIMES PREVIOUSLY STATED	DETAILS OF ACTION TO BE TAKEN	INDICATIVE TIMESCALES
Painting and plaster work in several bedroom areas requires attention	**It is recommended that the areas requiring painting or plastering receive immediate attention.**		Those areas identified within Cranfield Female Ward for plastering and painting now form part of a backlog maintenance programme for which funding is agreed and secured.	**End of March 2011**
Patients' showers cannot be adjusted by staff	**It is recommended that the showers in patient en suite areas are fitted with adjustable heads.**		A programme to refurbish all ensuites in the new units will commence in April 2011, this will include the replacement of all shower heads/fittings which will allow patients flexibility in positioning of shower head.	**6 months**

The Quality Improvement Plan is to be signed by the Chief Executive and returned to:

Mental Health and Learning Disability Team
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: _____

NAME: _____

DATE: _____

FOR OFFICE USE ONLY:

QIP viewed by inspector on:

DATE: 24th February 2011

SIGNED:

NAME: Lindsay Murdoch

REGULATION & QUALITY IMPROVEMENT AUTHORITY

25 FEB 2011

MHLDT