

Unannounced Follow Up Inspection Report 5 - 6 February 2018



**Cranfield ICU
Muckamore Abbey Hospital
1 Abbey Road
Muckamore
Co. Antrim**

Tel No: 02895042066

Inspector: Wendy McGregor

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

Cranfield ICU is a six bedded mixed gender ward. The purpose of the ward is to provide assessment and treatment to patients with a learning disability who need support in an intensive psychiatric care (PICU) environment. On the days of the inspection six patients on the ward were detained in accordance with the Mental Health (Northern Ireland) Order 1986. There were four patients whose discharge from hospital was delayed.

Patients receive input from a multidisciplinary team (MDT) which includes a consultant psychiatrist, medical staff, nursing staff, a behaviour nurse therapist and a social worker. Patients can access occupational therapy (OT), speech and language therapy and a clinical psychologist through a referral system. Patients and carers have access to an advocacy service.

3.0 Service details

Responsible person: Martin Dillon	Ward Manager: Sean Murray
Category of care: Psychiatric Intensive Care (PICU)	Number of beds: 6
Person in charge at the time of inspection: Sean Murray	

4.0 Inspection summary

An unannounced follow-up inspection took place over two days on 5 – 6 February 2018.

The inspection sought to assess progress with findings for improvement raised from the last unannounced inspection 6 – 8 December 2016.

The inspector noted that the ward had made improvements since the last inspection. Five out of the seven areas for improvement were assessed as met.

- Each patient reviewed had up to date care plans completed that addressed their assessed needs.
- Malnutrition Universal Screening Tool (MUST) assessments were reviewed in accordance with Trust policy. (MUST is a screening tool used to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese).
- The date when a patient was admitted to Cranfield ICU was recorded on their assessment. Staff can also obtain a report from the patient electronic recording system (PARIS) of each patient's admission and discharge date from PICU.

- The minutes of the ward manager's meetings evidenced that all issues pertaining to the ward had been discussed and reviewed. The minutes were noted to be comprehensive.
- Minutes from patient forum meetings evidenced individual comments and suggestions from each patient.
- Patients had access to a clinical psychologist by referral. A behaviour nurse therapist was allocated to Cranfield ICU and attended the ward every day from Monday to Friday. The behaviour nurse therapist was involved with every patient on the ward.

Staff duty rotas reviews evidenced that the required staffing levels were achieved on most days.

Two areas for improvement were assessed as partially met.

- 1:1 therapeutic interventions were not recorded every week in the correct section on the PARIS system.
- Patient forum meetings were not held regularly and the date of the next forum meeting was not displayed.

Two new areas for improvement were identified. Not every patient on the ward had a primary nurse and ward managers meetings were not held regularly.

The inspector spoke to one patient, one relative and observed care and practice on the ward. The patient was positive about their care and treatment and did not raise any concerns. They said the staff were good to them and they liked being on the ward. The relative said they were currently happy with the care and treatment their family member was receiving. The inspector observed that there were times during the inspection that patients were unsettled and presenting with behaviours that were distressing. Staff were observed to remain calm and support patients during these times of distress. Staff engaged with patients using good therapeutic communication skills and were warm and friendly in their approach toward patients. The inspector observed staff and patients taking part in activities together. During the inspection there was enough staff on the ward to meet the needs of the patients.

The inspector spoke to four staff members of the multidisciplinary team. Staff said care was safe, effective and compassionate. Staff said they were well supported by the ward manager and senior management. Staff knew triggers for patient's distress and how to best support the patient. Staff were also very knowledgeable on the needs of the patients and spoke about each patient in a positive and compassionate way.

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

Total number of areas for improvement	3
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The total number of areas for improvement comprises:

- 2 restated for a second time
- 1 new area for improvement

These are detailed in the Quality Improvement Plan (QIP).

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:

- Psychology and behaviour support service.
- Care Documentation in relation to three patients.
- Ward environment.
- Minutes from staff meetings.
- Minutes from patient forum meetings.
- Staff duty rotas.

We 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 6 – 8 December 2016

The most recent inspection of Cranfield ICU was an unannounced inspection. The completed QIP was returned and approved by the responsible inspector. This QIP was validated by inspectors during this inspection.

Areas for Improvement		Validation of Compliance
Number/Area 1 Ref: Standard 5.3.1 (a) Stated: First Time	In two sets of care records there were a number of care plans that had not been completed when there had been an identified need.	Met
	Action taken as confirmed during the inspection:	
	The inspector reviewed three sets of care records stored on the patient electronic recording system	

	(PARIS). The inspector reviewed both the assessment and care plans for each patient. A care plan was in place for every identified need. Assessments and care plan were reviewed regularly and were up to date.	
Number/Area 2 Ref: Standard 5.3.1 (a) Stated: First time	Malnutrition Universal Screening Tool (MUST) assessments were completed for patients and when they were assessed as low risk it stated in the care records that they should be reviewed monthly as per trust policy but these were not reviewed on a monthly basis. Action taken as confirmed during the inspection: The inspector reviewed the (MUST) assessments for three patients. Each patient was assessed as a low risk. Each MUST assessment was reviewed every month in accordance with trust policy.	Met
Number/Area 3 Ref: Standard 5.3.1 (f) Stated: First Time	There was a section on the PARIS system to record weekly 1:1 therapeutic intervention by nursing staff. However, a number of staff had recorded this intervention in the progress records. Therefore it was difficult to track the patients' progress. Action taken as confirmed during the inspection: The inspector reviewed the section on the PARIS system to record the weekly 1:1 therapeutic intervention by nursing staff. The following was noted: Patient A – 1:1 therapeutic interventions were recorded up until 15 November 2017 Patient B – 1:1 therapeutic interventions were recorded up until 11 November 2017 Patient C – 1:1 therapeutic intervention were recorded up until 11 January 2018 This area for improvement has been assessed as partially met and restated a second time.	Partially Met
Number/Area 4 Ref: Standard 5.3.1	It was difficult to ascertain on the PARIS system the date when patients were admitted onto Cranfield ICU the ward.	Met

(f) Stated: First Time	Action taken as confirmed during the inspection: In the three records reviewed the date of admission to PICU was recorded in the each patient's assessment. Staff can also obtain a report from the PARIS system of the patient's admission and discharge dates from PICU.	
Number/Area 5 Ref: Standard 4.3 (a) Stated: First Time	The minutes of the ward manager's meetings did not evidence that all issues pertaining to the ward had been discussed and reviewed as the minutes were very limited in content. Action taken as confirmed during the inspection: The inspector reviewed the minutes of four ward managers meetings. The minutes were noted to be comprehensive. Issues pertaining to the ward such as the use of CCTV, Trust policy's, supervision of patients and day to day running of the ward were discussed. The minutes were available for staff. The inspector noted the meetings were not held regularly. Dates of meetings were as follows: 27 February 2017 19 May 2017 10 August 2017 15 November 2017 A new area for improvement has been made in relation to this.	Met
Number/Area 6 Ref: Standard 8.3 (a) Stated: First Time	Patient forum meetings were not held on a regular basis on the ward, the minutes of these meetings were not recorded in an easy to ready format and information was not displayed regarding the next patient forum meeting. Action taken as confirmed during the inspection: The inspector reviewed the minutes from the patient forum meetings. The minutes reviewed evidenced that the meetings were person centred and each patients view / suggestions were recorded. Minutes were recorded in an easy to read format.	Partially Met

	However the meetings were not held regularly. There were only three meetings held in 2017. The last meeting to be held was in August 2017. The date of the next meeting was not displayed on the ward. This area for improvement has been assessed as partially met and will be restated a second time.	
Number/Area 7 Ref: Standard 4.3 (j) Stated: First Time	There was no clinical psychologist attached to the ward to form part of the MDT. Action taken as confirmed during the inspection: The inspector was informed by the ward manager that patients can access a clinical psychologist via referral. The behaviour support service is managed by the clinical psychologist and comes under the remit of the psychology service. The behaviour support service is allocated to the ward and attends the ward Monday – Friday. The inspector observed the behaviour support service attend the ward during the two days of the inspection. There was evidence that the behaviour support service was involved with every patient admitted to Cranfield ICU.	Met

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 web portal by [21 March 2018](#).

Quality Improvement Plan

The responsible person must ensure the following findings are addressed:

Area for Improvement No. 1 Ref: Quality Standard 5.3.1 (f) Stated: Second time To be completed by: 6 March 2018	There was a section on the PARIS system to record weekly 1:1 therapeutic intervention by nursing staff. However, a number of staff had recorded this intervention in the progress records. Therefore it was difficult to track the patients' progress Response by responsible individual detailing the actions taken: In response to this area of improvement, this area of improvement was actioned immediately; all staff are recording a weekly 1:1 with each patient in the appropriate section of PARIS.
Area for Improvement No. 2 Ref: Quality Standard 8.3 (a) Stated: Second time To be completed by: 6 March 2018	Patient forum meetings were not held on a regular basis on the ward, the minutes of these meetings were not recorded in an easy to ready format and information was not displayed regarding the next patient forum meeting. Response by responsible individual detailing the actions taken: In response to this area of improvement, dates have been set for patient forum meetings on a monthly basis, the date of the next meeting is displayed on the notice board and minutes are recorded in an easy read format.
Area for Improvement No. 3 Ref: Quality Standard 4.3 (a) Stated: First time To be completed by: 6 March 2018	Ward managers meetings were not held regularly Response by responsible individual detailing the actions taken: In response to this area of improvement, ward manager meetings have been scheduled to take place on the 1st of each month.

Name of person (s) completing the QIP	Sean Murray		
Signature of person (s) completing the QIP	Sean Murray	Date completed	05/03/2018
Name of responsible person approving the QIP	Martin Dillon		
Signature of responsible person approving the QIP	Martin Dillon	Date approved	08/03/2018
Name of RQIA inspector assessing response	Wendy McGregor		
Signature of RQIA inspector assessing response	Wendy McGregor	Date approved	21 March 2018

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