

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

**21 December 2016**



**Erne 1 & 2  
Continuing Care/ Resettlement Ward  
Muckamore Abbey Hospital  
1 Abbey Road  
Muckamore  
BT41 4SH**

**Tel No: 028 95042087**

**Inspectors: Cairn Magill and Audrey McLellan**

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

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

RQIA received notification in November 2016 that Erne Ward was operationally restructured into two separate wards now known as Erne 1 and Erne 2 which are based in Muckamore Abbey Hospital site. At the time of restructuring three patients transferred to Erne 1 from another ward which is now closed.

Erne 1 is a seven bed continuing care/resettlement unit for male patients with a learning disability. Erne 1 has three patients who are accommodated in individual areas within the ward. On the day of inspection there were seven patients in Erne 1.

Erne 2 is an 11 bedded mixed gender continuing care/resettlement unit for patients with a learning disability. On the day of the inspection there were 11 patients on Erne 2.

The multi-disciplinary team consisted mainly of nursing and psychiatry. At the time of the inspection social work, speech and language, physiotherapy, occupational therapy, behaviour support, advocacy and psychology services were available on a referral basis.

### 3.0 Service Details

|                                                                         |                                     |
|-------------------------------------------------------------------------|-------------------------------------|
| <b>Responsible person:</b><br>Michael McBride                           | <b>Position:</b><br>Chief Executive |
| <b>Person in charge at the time of inspection Erne 1: Nikki Tacey</b>   |                                     |
| <b>Person in charge at the time of inspection Erne 2: Lyndsey Brown</b> |                                     |

### 4.0 Inspection Summary

An unannounced inspection took place on the 21 December 2016 from 3.30pm to 7pm.

The inspection was undertaken in response to concerns received by RQIA from an anonymous caller. The concerns expressed related to:

1. Issues of overcrowding in relation to the size of the day room.
2. The lack of opportunity for staff to complete activities with patients in the day room.
3. Staff shortages

The inspection used the following process:

- Discussion with staff.
- Examination of records including staff duty rota.
- Observation of the ward environment
- Feedback was provided to a senior manager within the trust via a phone call at the end of the inspection

Any other information received by RQIA about this service and the service delivery was also considered by inspectors in preparation for this inspection.

Inspectors met with the nurses in charge of Erne 1 and Erne 2 on the day of inspection. The inspectors completed an observation of each ward environment and identified that the concerns raised were related to Erne 2. Therefore the main part of the inspection focused on Erne 2.

The inspectors observed that Erne 2 was split into two separate sections. One section at the entrance to the ward accommodated three female patients and two male patients. The other section of the ward accommodated six male patients. Inspectors had concerns about the overcrowding of the ward was in relation to the day room at the entrance of the ward

The Trust assessed the optimum staffing levels for Erne 2 to be as follows;

- Eight staff on duty from 8:00am,
- Eight staff on duty during the afternoon /evening shift,
- Two staff on duty from 18:00 -23:00 hours and
- Four staff on night shift.

The Trust assessed safe staffing levels as follows;

- Seven staff from 8:00am,
- Seven staff on duty during the afternoon /evening shift,
- One staff on 18:00-23.00
- Four staff on night shift.

Escalation action was taken following this inspection. A serious concerns letter was issued requesting the Trust to forward a response and an urgent action plan to address the issues highlighted by 6 January 2017 and this was received within the timeframe.

The findings of this report will provide Erne Ward with the necessary information to assist them to fulfil their responsibilities, enhance practice and improve patient experience.

#### **4.1 Inspection Outcome**

Inspectors examined each of the concerns raised by the anonymous caller. The inspector's findings are detailed below.

##### **Concerns 1 & 2 : Issues of overcrowding in relation to the size of the day room and the lack of opportunity for staff to complete activities with patients in this room.**

This concern was substantiated in Erne 2. Inspectors observed that there were four patients and two nursing staff in this room. One nursing staff member was standing as there were not enough seats. Inspectors noted that there was limited space for patients to engage in meaningful activities in this room.

##### **Concern 3: Staff shortages**

Inspectors spoke to staff in Erne 1 and Erne 2 who confirmed that they could not recall a day when they had optimum staffing levels. Inspectors randomly selected one week to review the staff duty rota in Erne 2; week beginning 14 November 2016 up to and including 20 November 2016. Inspectors confirmed that Erne 2 did not have optimum cover on any days of that week. Inspectors noted that the ward operated below the assessed safe levels on two mornings of the week, five afternoons of the week and three nights of the week.

On the day of the inspection the nurse in charge of Erne 1 was actively trying to ensure appropriate cover by seeking bank staff for the following day. Erne 2 operated with six staff in the morning shift as a member of staff reported sick that morning and Erne 2 maintained safe levels in the afternoon when one staff member agreed to work beyond their allocated shift.

##### **Other Findings observed during the inspection**

- Inspectors noted a nail jutting out on wall at shoulder height on the front corridor. Inspectors reported this to the nurse in charge and asked that this is removed immediately as it created a health and safety risk for patients.

Findings of the inspection were discussed via a telephone call at the end of the inspection with the Senior Nurse Manager who was the duty manager on call.

Escalation action resulted from the findings of this inspection.

The escalation policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

## **5.0 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 with the on call duty manager at the end of the inspection, as part of the inspection process. The timescales commence from the date of the inspection as detailed in the Provider Compliance Plan.

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.

## **5.1 Areas for Improvement**

This section outlines recommended actions, to address the areas for improvement identified, based on research, recognised sources and best practice standards. They promote current good practice and if adopted by the responsible person may enhance service quality and delivery.

## **5.2 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 for assessment by the inspector.

## Provider Compliance Plan

### Erne Ward

|                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>Area for Improvement No.1</b></p> <p><b>Ref:</b> Quality Standards 5.3.1 (f) &amp; 5.3.3 (d)</p> <p><b>Stated:</b> Second Time</p> <p><b>To be completed by:</b> 21 February 2017</p> | <p>Inspectors noted that the ward operated below the assessed safe levels on two mornings of the week, five afternoons of the week and three nights of the week. Staff reported that the wards were frequently operating below optimum levels.</p> <p><b>Response by Responsible Person Detailing the Actions Taken:</b></p> <p>In response to this area for improvement, if staffing is not available to meet the assessed minimum staffing levels following all required actions taken to fill shift gaps on the roster via nurse bank, overtime and agency, this is escalated through line management and a datix incident form is completed at the end of each week.</p> <p>The hospital management team are continuing to address the nursing workforce shortfall and there are a number of recruitment processes ongoing. 10 HCSW workers have taken up post within the hospital since the last inspection. A further job advertisement for healthcare support workers has closed with approximately 80 applicants shortlisted for the remaining 26 vacancies. Staff nurse interviews will be held March 2017.</p> <p>Permanent sister / charge nurse posts have been shortlisted and interviews are scheduled for 21<sup>st</sup> February 2017.</p> <p>Staffing levels and patient numbers and patient activity are monitored on a shift by shift basis</p> <p>The ward schedule and patient activity are reviewed in the event of staffing falling below minimum numbers.</p> |
| <p><b>Area for Improvement No.2</b></p> <p><b>Ref:</b> Quality Standard 6.3.1 (c)</p> <p><b>Stated:</b> First Time</p> <p><b>To be completed by:</b> 21 January 2017</p>                    | <p>The day room at the entrance to Erne 2 cannot accommodate all five patients and staff who are providing them with support. Inspectors observed this area to be overcrowded and there was not enough space for patients to complete activities.</p> <p><b>Response by Responsible Person Detailing the Actions Taken:</b></p> <p>In response to this area for improvement, the seating arrangements in this area has been reviewed. The room now has seating for 2 patients and their supervising staff. Other patients are encouraged to use seating</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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|  | in other areas of the ward. |  |
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|-------------------------------------------------------------------------------|---------------------------------|-----------------------|---------------|
| <b>Name of person completing the provider compliance plan</b>                 | Dessie McAuley. Richard O'Neill |                       |               |
| <b>Signature of person completing the provider compliance plan</b>            |                                 | <b>Date completed</b> | January 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>  | February 2017 |
| <b>Name of RQIA inspector assessing response</b>                              | Cairn Magill                    |                       |               |
| <b>Signature of RQIA inspector assessing response</b>                         |                                 | <b>Date approved</b>  | February 2017 |



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