The Regulation and Quality Improvement Authority

MENTAL HEALTH AND LEARNING DISABILITY

ANNOUNCED INSPECTION

FINGLASS, MUCKAMORE ABBEY HOSPITAL

BELFAST HEALTH AND SOCIAL CARE TRUST

25 and 26 JUNE 2012

informing and improving health and social care
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1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of Northern Ireland's health and social care services. RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services.

On 21 October 2011 RQIA informed the Belfast Health and Social Care Trust of the inspection date and forwarded the associated inspection documentation. RQIA adopted the approach of self-assessment, which allowed the ward the opportunity to demonstrate its ability to deliver a service against best practice indicators. This included the assessment of the trust's performance against an RQIA compliance scale, as outlined in section 6.

The inspection process included an analysis of the ward's self-assessment, other associated information, discussions with ward staff, patients and relatives. A range of multidisciplinary records, policies and procedures were also examined as part of the inspection.

The recommendations made during the previous inspection on 22 and 23 September 2011 were also assessed during this inspection to determine the trust's progress towards compliance. The inspector found evidence of quality improvement in the following areas:

- advocacy – all patients have been referred to independent advocacy service in relation to their resettlement needs. Many patients have had contact with the advocate and have an Individual Advocacy Plan in place. The advocate attends the weekly community integration project meetings on the ward and are represented on the stakeholder meetings.
- rights Information – Now included in welcome pack
- activities – Patients were observed participating in a range of activities and outings. Patients had activity programmes – however, these were not always followed.
- progress Notes – Improvement noted regarding the frequency of entries made – mainly at least once daily.
- screens – available to patients throughout the ward and bathroom areas.
- individual treats and toiletries – were available for patients and stored in clearly marked baskets.
- transport – pooling of patients' money to lease a vehicle has ceased. Patients were reported to have unrestricted access to hospital transport at no charge to the patient.

In spite of assurances from the trust, several recommendations remained outstanding from the previous inspection. Any previously stated recommendations that were outstanding were added to the quality improvement plan for action (reference Appendix 1).

An overall summary of the ward's performance against the human rights theme of protection is in section 3 and full details of the inspection findings are outlined in Appendix 2.

2.0 Ward Profile

Trust	Belfast Health and Social Care Trust
Name of hospital/facility	Muckamore Abbey Hospital
Address	1 Abbey Road Antrim BT41 4SH
Telephone number	028 94 463333
Person in charge on day of inspection	Sister Margaret O'Boyle
Nature of service - MH/LD	Learning Disability
Name of ward/s and category of care	Finglass, male, long stay
Number of patients and occupancy level on days of inspection	16 patients on the ward during inspection period. The ward has capacity for 18 patients
Number of detained patients on days of inspection	1
Date of last inspection	22 and 23 September 2011
Name of Inspector	Audrey Murphy Patrick Convery

Finglass is an 18 bed male ward situated on the Muckamore Abbey Hospital site. The ward provides single storey accommodation to adult patients with a learning disability, some of whom also present with challenging behaviours and secondary diagnosis of mental illness.

The ward building is one of the old villas on the site. It had been a ward that had been closed in the past and reopened to accommodate patients from other wards that have since closed.

Patients range in age from their 30s to late 60s and most patients have been receiving in patient care on the hospital site for several years, some for decades.

Patients currently in Finglass ward are from areas within the South Eastern Health and Social Care Trust, Northern Health and Social Care Trust and Belfast Health and Social Care Trust and all patients were planning for discharge from hospital in accordance with the Health and Social Care Board's Community Integration Project. Inspectors were advised that the ward would be closing in September 2012.

Staffing on the ward is provided by the ward manager, a number of band 5 nursing staff, nursing assistants and ancillary staff. Staffing on the ward has been compromised in recent months by staff sickness, including work related injuries.

All but one of the patients have access to day care provided on the hospital site.

3.0 Inspection Summary

The announced inspection was undertaken on 25 and 26 June 2012 by Audrey Murphy and Patrick Convery.

The inspection was facilitated by ward sister Margaret O'Boyle. Inspectors had access to all areas of the ward and to a range of policies, procedures, care records and other documentation maintained by the ward.

The purpose of this inspection was to assess the ward's arrangements and procedures for safeguarding vulnerable adults.

The following is a summary of the inspection findings in relation to the arrangements for safeguarding vulnerable adults on the ward.

There were 16 patients on the ward at the time of the inspection, all of whom had been receiving inpatient care in the hospital for several years.
There was a relaxed and friendly atmosphere on the ward. Patients were observed moving freely around the ward areas and accessing day spaces, dormitory and bathrooms areas in an unrestricted manner.

Patients' sleeping accommodation is provided in two dormitory areas. Patients were noted to have access to a range of furniture and personal belongings within their bed space in accordance with their preferences. Patients also had access to lockable wardrobes and to portable screens within the dormitories.

Inspectors spent time in the company of staff and patients and observed care practices. Inspectors noted that staff were engaging with patients in a friendly and supportive manner and were responding to the needs of patients proactively.

The ward maintains a range of policies and procedures in relation to safeguarding vulnerable adults. A number of staff have received training in this area and there was evidence of staff's understanding of adult protection concerns.

It was recommended that a number of trust policies are reviewed, in accordance with the trust schedule for policy review.

Most staff were noted to have received training in many of the mandatory areas. However, it was recommended that all staff undertake training in safeguarding vulnerable adults, fire safety, child protection, patients' finances and medication.

A range of safeguarding documentation in relation to specific concerns was examined. Inspectors noted detailed and timely recording and reporting of

concerns. There was also evidence of risk assessments and care plans being reviewed in light of these identified concerns.

The patients' care records contained detailed needs assessments and care plans, which had been reviewed on a regular basis.

The ward maintains records of incidents occurring on the ward. Patients' relatives indicated that they were informed of any incident or accident. Relatives who contributed to the inspection also indicated they knew how to make a complaint or raise a concern.

It was noted that there had been a range of concerns reported to the ward and to RQIA by patients and their relatives. However, the ward's complaints records did not reflect this; a recommendation was made in relation to this. It was also recommended that patients and their representatives are advised of the arrangements for accessing information held by the ward in relation to patients.

There were few restrictions for patients on the ward and evidence of patients having choices in relation to their care, treatment and daily activities. Patients who required levels of observation or physical interventions had records of needs assessments, risk assessment and corresponding care plans in place. It was recommended that all patients with identified risks, particularly to other vulnerable patients, have a comprehensive risk assessment undertaken and a robust risk management plan implemented.

All patients on the ward were noted to require significant support to manage their finances and the ward maintains procedures for safeguarding patients' money and property. It was recommended that all staff receive training in this area.

There were a number of concerns raised by patients with inspectors in relation to the planned closure of the ward and the risks posed by a patient who had assaulted a number of patients on the ward. These are outlined on Page 11 of the report.

Inspectors would like to thank the patients, staff, relatives and visiting professionals for their cooperation throughout the inspection process.

4.0 Stakeholder Engagement

Questionnaires were issued to staff, patients, relatives/ carers and visiting professionals in advance of the inspection. The responses from the questionnaires were used to inform the inspection process.

Questionnaires issued to	Number issued	Number returned
Patients	**18**	**3**
Carers/Relatives	**18**	**5**
Visiting Professional	**5**	**0**
Staff	**10**	**0**

During the inspection the inspectors had the opportunity to meet with staff, patients, relatives/ carers and visiting professionals or advocates. Below are the details of the number of discussions held during the inspection.

Additional discussions during inspection	Number
Patients	**9**
Carers/Relatives	**1**
Visiting Professionals	**1**
Staff	**5**
Advocates	**0**

The following information is a summary of feedback received from those who returned a questionnaire or met with an inspector during the inspection.

Patients:

Patients who returned a questionnaire had been assisted by staff to complete their return and indicated that they were planning for discharge from the ward. Patients were very keen to meet with inspectors and outlined a range of concerns including anxiety in relation to reports of plans for the ward closing in September 2012. Several patients spoke positively of their care and treatment on the ward and highlighted a number of nursing staff of who they were particularly fond.

Patients described a range of activities available to them and reported on their access to hospital facilities including the swimming pool, Cosy Corner café and day care. Patients also advised inspectors of the arrangements for accessing transport and several patients expressed frustration in relation to the ward no longer having exclusive access to a vehicle.
A number of patients reported they were fearful of one particular patient on the ward and several advised inspectors that they had been assaulted by this patient. These concerns were brought to the attention of ward staff by inspectors and further commented on within the report.

Suggestions for quality improvement made by patients included more activities and outings and more information about the ward's closure.

Carers/ Relatives:
Five of the patients' relatives provided feedback in a questionnaire. Feedback from relatives was generally positive and reflected satisfaction with the care and treatment received by patients.

Suggestions for quality improvement made by relatives included more activities and outings and more privacy. One relative made the following comment:
"I know of nowhere else in which he would receive such good care."

Staff:
Inspectors observed the practice of a number of staff and interviewed a range of nursing and auxiliary staff. Ward staff reported that they had received training in the protection of vulnerable adults and outlined their understanding of the procedures. Staff spoke positively of their working relationships with patients and there was strong evidence of their knowledge and patient centred approach.
Ward staff expressed concern in relation to the pace of resettlement plans for the patients and several had been involved in preparing patients for their discharge. Staff also expressed some frustration in relation to their ability to provide reassurances to anxious patients in the absence of any information in relation to their resettlement. The absence of a clear plan for the resettlement of patients was reported as a concern by staff.

5.0 Additional concerns noted by Inspectors

5.1 Community Integration

Inspectors were advised by hospital management of plans to close Finglass ward in September 2012 and of work undertaken with patients and their relatives in preparation for this.

There was evidence of multidisciplinary involvement in care planning for discharge and of input from a range of community learning disability staff and providers of community based services.

Patients who spoke with inspectors expressed excitement and enthusiasm in relation to their plans for discharge. However, none of the patients who met with inspectors could provide a date for their discharge or a definite discharge location or address.

6.0 RQIA Compliance Scale Guidance

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable	Compliance with this criterion does not apply to this ward.	A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant	Compliance will not be demonstrated by the date of the inspection.	A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a recommendation, being made within the Inspection Report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

7.0 Summary of Compliance – RQIA Assessment

No.	Question	Compliant	Substantially Compliant	Moving Towards Compliance	Not Compliant	Unlikely to become compliant	Not Applicable
1	How do you ensure that everyone involved with the ward is aware of and understands the safeguarding vulnerable adult policy?		✓				
2	List the additional procedures and guidelines that you use to support the safeguarding vulnerable adult policy.		✓				
3	List the additional procedures and guidelines, aimed at promoting safe and healthy working practices, which you use to support the safeguarding vulnerable adult policy.		✓				
4	Outline how the ward is involved in the review of the Trust's safeguarding vulnerable adult policy, the code of behaviour and the other associated procedures and guidelines.				✓		
5	Outline how new staff are appropriately inducted into the ward.			✓			
6	Describe how staff training needs, appropriate to the post/ role, are identified.			✓			
7	Outline the arrangements in place for: (i) the support and supervision of all staff (ii) the annual appraisal of staff and the review of volunteers			✓			
8	Describe the arrangements in place for maintaining written records of: training completed; support and supervision; and annual appraisals and reviews.		✓				
9	Describe how the ward ensures staff and volunteers comply with the Safeguarding Vulnerable Adults Standard 4.		✓				
10	Outline the steps the ward has taken to ensure that staff and volunteers are competent to recognise signs of abuse.		✓				

11	Describe how the ward identifies and manages risks for individual patients.				✓		
12	Outline the mechanisms used by the ward to ensure that vulnerable adults have the right to take risks in relation to their care.		✓				
13	Describe how the reporting, recording and reviewing accidents, incidents and near misses informs and influences ward practice and the risk assessment and management procedures.		✓				
14	Describe how the ward promotes and communicates the Trust's 'ethos of inclusion, transparency and openness' to vulnerable adults, carers, advocates, family members, staff and volunteers.			✓			
15	Describe the procedures in place for carers, advocates and vulnerable adults to share concerns they may have or to make complaints about the organisation.				✓		
16	Outline the steps the ward has taken to encourage carers, advocates and vulnerable adults to raise concerns or make a complaint following an incident.		✓				
17	Outline how the ward ensures that staff know and comply with the records management policy.		✓				
18	Outline the mechanisms the trust has in place to inform vulnerable adults about their right to access to information held about them.				✓		
19	Describe how the ward ensures that staff, volunteers and visitors know about and adhere to the Code of Behaviour.				✓		
20	outline how the ward safeguards patients' rights in relation to the use of: (i) restrictions on the ward (ii) isolation/ seclusion (iii) close observation (iv) restraint			✓			
21	Outline the mechanisms for the handling of vulnerable adults' money.		✓				
22	Outline how the ward ensures the safety of patients' property while on the ward.	✓					

23	Describe what arrangements the ward has in place for children visiting the ward.				✓		
24	Outline the safeguarding arrangements the ward has in place for the admission of an under 18 year old.						✓

Appendix 1 – Quality Improvement Plan

QUALITY IMPROVEMENT PLAN

ANNOUNCED INSPECTION

FINGLASS, MUCKAMORE ABBEY HOSPITAL

25 and 26 June 2012

The issues identified during this inspection are detailed in the Quality Improvement Plan.

The details of the Quality Improvement Plan were discussed with the Ward Sister, a staff nurse and the Hospital Services Manager

1.0 RECOMMENDATIONS MADE FOLLOWING PREVIOUS INSPECTION

RECOMMENDATIONS RESTATED FROM PREVIOUS INSPECTIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TO BE TAKEN	TIMESCALE
Patients are informed and familiarised with the ward environment and routines in an on-going patient focused manner. It is recommended that information relating to ward routines and daily menus is produced and displayed in a manner suitable to the needs of individual patients.	Two		**Immediate and on-going**

2. RECOMMENDATIONS MADE FOLLOWING INSPECTION OF SAFEGUARDING VULNERABLE ADULTS AND CHILDREN – HUMAN RIGHTS THEME OF PROTECTION

RECOMMENDATIONS	DETAILS OF ACTION TO BE TAKEN	TIMESCALE
1. Staff induction, training, supervision and appraisal.		
It is recommended that all polices and procedures pertaining to safeguarding vulnerable adults are reviewed in accordance with Trust timescales.		**30 November 2012**
It is recommended that the ward's induction procedures are reviewed and that guidance on the safeguarding of vulnerable adults and child protection is included.		**30 November 2012**
It is recommended that all staff undertake mandatory training in the areas of safeguarding vulnerable adults, fire safety, medication, child protection and handling patient's finances and property.		**30 November 2012**
It is recommended that all staff receive supervision in accordance with the guidance for frequency of supervision as outlined in the Trust's supervision policy.		**30 November 2012**
3. Incident reporting and risk management.		
It is recommended that risk screening tools are signed on completion.		**Immediate and on-going**
It is recommended that comprehensive risk assessments are completed for patients where significant risks have been identified.		**Immediate and on-going**
4. Comments, concerns and complaints.		
It was recommended that ward staff provide patients and their relatives / representatives with opportunities to share concerns or to make a complaint and that records are maintained of any matters arising and actions taken. (Restated		**Immediate and on-going**

from previous inspection)		
5. Patients' rights.		
It is recommended that patients and or their carers are advised of their rights in relation to accessing information held by the ward about them.		**30 November 2012**
6. Child Protection.		
It is recommended that the ward's visitor's policy outlines the arrangements for safeguarding children visiting the ward.		**30 November 2012**
It is recommended that all staff undertake training in child protection as appropriate to their role and responsibility.		**30 November 2012**

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: _____

SIGNED: _____

NAME: _____