The Regulation and Quality Improvement Authority

MENTAL HEALTH AND LEARNING DISABILITY

ANNOUNCED INSPECTION

MOYLENA

MUCKAMORE ABBEY HOSPITAL

BELFAST HEALTH AND SOCIAL CARE TRUST

18 and 19 JUNE 2012

informing and improving health and social care
www.rqia.org.uk

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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 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 hospital staff, the ward advocate and patients' 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 14 and 15 November 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:

- The independent advocate had been to the ward and had met with ward staff. A group advocacy approach has been taken and there had been a quality service improvement meeting held on the ward involving the advocate.
- The routines on the ward had been modified to ensure individual access to the bathroom areas.
- Some new seating had been provided within the day areas.
- The specific night time needs of one patient had been reviewed by the multidisciplinary team and input had been sought by behaviour support services, speech and language therapy and occupational therapy.
- Patients' relatives were being provided with additional opportunities to express their views on the quality of care provided.

Inspectors will continue to monitor these areas of quality improvement and have been assured that these developments will be sustained.

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 94463333
Person in charge on day of inspection	Liam McCormick
Email address (Ward Manager)	adrienne.creane@belfasttrust.hscni.net
Nature of service - MH/LD	Learning Disability
Name of ward/s and category of care	Moylena
Number of patients and occupancy level on days of inspection	17 patients, ward has capacity for 18 patients
Number of detained patients on days of inspection	0
Date of last inspection	14 and 15 November 2011
Name of Inspectors	Audrey Murphy Janet McCusker

Moylena is a two-storey inpatient facility on the Muckamore Abbey Hospital site. The ward provides accommodation for 18 adult male patients, many of whom have been receiving inpatient care on the hospital site for up to 50 years.

One patient has been discharged from the ward since the last inspection. Inspectors were advised that the community integration project will be having input with the remainder of the Moylena patients commencing in 2013.

The sleeping accommodation is upstairs and can be accessed by two flights of stairs or by a lift. There are four single rooms available and the remainder of patients sleep in an open dormitory. There are two bathrooms upstairs also.

On the ground floor of the ward patients have access to one of three day rooms, a dining room and a toilet area. Each of the day areas has access to the ward's enclosed outdoor area, some of which has a soft surface.

All of the patients have access to five sessions of day care per week provided on the hospital site.

Medical cover is provided by a consultant psychiatrist and a senior house officer.

Patients have input from hospital based physiotherapy, podiatry, dental and dietetics services. Patients can also access speech and language therapy and inspectors were advised that patients could be referred to community based occupational therapy services.

Staffing on the ward is provided by a ward manager, band 5 nursing staff and a number of band 2 and band 3 staff. A student nurse was on placement on the ward at the time of the inspection.

3.0 Inspection Summary

The announced inspection was undertaken on 18 and 19 June 2012 and included Audrey Murphy and Janet McCusker.

The inspection was facilitated by Liam McCormick (staff nurse) and inspectors had access to all areas of the ward and to a range 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 17 patients present on the ward at the time of the inspection. Patients were observed using the day areas and were all reported to have attended day care for a daily session.

The ward maintains a range of policies and procedures in relation to safeguarding vulnerable adults and has developed guidelines for staff. 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.

A range of safeguarding documentation in relation to specific concerns was examined and 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 identified concerns.

Staff were noted to have received training in many of the mandatory area. However, it was recommended that all staff undertake training in safeguarding vulnerable adults, infection control, patients' finances and child protection.

The patients' care records contained detailed needs assessments and care plans which had been reviewed on a regular basis. Recommendations were made in relation to the completion of comprehensive risk assessments and daily recording of patients' progress.

The ward maintains records of incidents occurring on the ward. Patients' relatives advised inspectors that they were informed of any incident or accident. Relatives who participated in the inspection also indicated they knew how to make a complaint or raise a concern. It was recommended that patients and their representatives are advised of the arrangements for accessing information held by the ward in relation to them.

There were a number of restrictive practices being implemented by ward staff in response to assessed needs of patients. The patients' care records reflected risk assessments and care plans in relation to restrictions. However, as patients were receiving care in groups, there was evidence of some patients experiencing restrictions due to the needs of their peers.

There were records of physical interventions used on the ward and evidence of these being audited. Physical intervention records also highlighted the use of restraint for a patient who required support to provide a blood sample. The patient's rights were discussed at length with ward staff and a recommendation was made in relation to safeguarding the rights of patients who lack capacity to consent to interventions.

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

In the course of this inspection a number of concerns were noted and outlined within the report. These relate to: the quality of the ward environment; care practices; activities; nursing documentation; leadership; quality of life and learning and development. These issues were discussed at a feedback meeting at the end of the inspection with senior hospital staff.

The inspectors would like to thank the patients, hospital staff and relatives who participated in the inspection.

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	**17**	**0**
Carers/Relatives	**17**	**4**
Visiting Professional	**5**	**1**
Staff	**10**	**6**

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

Additional discussions during inspection	Number
Patients	**0**
Carers/Relatives	**3**
Visiting Professionals	**1**
Staff	**5**
Advocates	**1**

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

Patients
Inspectors did not interview patients individually, however, observed patients in the day spaces on the ward. The patients appeared relaxed and at ease. Some were noted to be sleeping when inspectors visited the patients' day areas. Staff were present within the day spaces and were engaging with patients in a friendly manner.

Carers/ Relatives
Inspectors met with three patients' relatives during the inspection and received written feedback from four relatives. All of the relatives who participated in the inspection provided positive feedback and spoke highly of the ward staff. Relatives also indicated that they knew how to raise concerns if they had any, and that the ward sister would be their first point of contact. Suggestions for quality improvement made by relatives included: more outings for patients; more access for relatives to patients' living / sleeping areas; and more information about the community integration project and how it will impact on patients in Moylena.

Some comments made by patients' relatives included:

- "Overall I am very happy with Muckamore and I think the staff are mostly excellent".
- "Staff are friendly and helpful at all times".

Visiting professionals

One visiting professional contributed in writing to the inspection and indicated that they visit the ward monthly. Feedback received by the visiting professional was positive and reflected no areas of concern or suggestions for quality improvement.

Staff

Inspectors met with five staff during the inspection and received written feedback from six staff. All staff who participated in the inspection indicated that they had received mandatory training and were aware of how to raise concerns.

Suggestions for quality improvement included more recreation activities for patients, more of a cosy, homely feeling in the day rooms,

- "I believe that the level of care in this ward is very good and the patients are very happy here".
- The care provided is of a high standard."
- "Excellent care from a dedicated team."

5.0 Additional Concerns Noted by Inspectors

There were a number of serious concerns raised during the previous inspection and with the Trust's chief executive and senior management following the inspection. These related to the ward environment, care practices and activities for patients. Trust staff provided RQIA with verbal and written assurances that these areas for quality improvement would be addressed in a timely manner.

The following is an assessment of progress towards compliance.

5.1 Quality of the Ward Environment

Inspectors toured the upstairs of the ward with senior hospital staff. This contains the dormitory area, four single bedrooms and two bathroom areas. Inspectors were advised that patients do not have access to the upstairs areas of the ward during the day.

It was noted that these areas of the ward were warm and clean and there was some painting in progress. Ward staff had reported a leaking toilet to the trust estates department. There was evidence that in spite of cleaning, the leak had caused staining to the floor area.

Inspectors were shown both bathroom areas, one of which contained a bath and a shower. The other bathroom currently contains a shower and has been identified as requiring refurbishment, including the provision of a bath. Ward staff advised inspectors that the provision of an additional bath on the ward will provide patients with more choice.

The single rooms contained only a bed and a wardrobe. Two rooms had some of the patients' family photos wall mounted. One of the single rooms had been vacated by a patient who had been resettled and was being used for storage while the ward was being painted.

The large dormitory contains 13 beds, seven of which are on one side with the remainder separated by and accessible through a central nurses' station. This was noted to contain a variety of seating, some of which was damaged.

Inspectors were advised that some patients would use the nurses' station to wait their turn for the bathroom. It was noted that with the exception of the seating in the nurses' area, there were no other chairs for patients' use in the dormitory.

Each patient's bed space consisted of only a bed and a wardrobe nearby. All of the wardrobes were locked and patients did not have ready access to their property. Patients do not have drawer space or a bedside locker or anywhere to store or set personal items.

The bed linen in use throughout the ward was noted to be very similar for each patient and there were no soft furnishings at the bed spaces.

There were no patient identifiable objects or personal belongings in sight within the dormitory, nor were there any pictures of patients, their family or of their interests. Inspectors were advised that all of the patients' personal property was contained in their locked wardrobes, which they were allowed to look in in the mornings. On inspection it was noted that wardrobes contained only clothing.

Inspectors noted few mirrors in the dormitory and there were no fixed or portable screens between or in the area of the bed spaces. Lighting in the dormitory was overhead strip lighting. Patients have no control of this, not individual lights within their bed space areas.

It was evident that little progress had been made in relation to the provision of privacy measures within the dormitory area. There were no screens or curtains for patients' use between or around the individual bed spaces. Recommendations in relation to the window coverings had not been taken forward. Patients continue to have no privacy when using this area.

An update on the Trust's progress towards improving the ward environment was sought. Inspectors were advised that a company had been approached in relation to providing some quotes for the supply and installation of some partitions in the dormitory area. This work had not progressed, however, and funding had not been sought for the work.

While assurances were given verbally and in writing that these concerns would be addressed in a timely manner, it would appear that patients in Moylena continue to have their rights to privacy and dignity overlooked. It would not be routinely acceptable for patients or service users in any other healthcare setting to have their right to privacy and dignity denied. RQIA remain very concerned that the human rights of these patients have not been safeguarded and that the patients' experience could be perceived as degrading.

5.2 Care Practices

Inspectors were advised of a recent revision in the morning and evening routines of the patients, and of the emphasis on individual use of the bathroom areas. Written guidance had been developed by the ward manager in June 2012 and reflects the arrangements for three groups of patients to have access to the bathroom areas individually.

While these arrangements provide for individual access to the bathroom, they also reflect the patients' experience of lengthy periods of time waiting for other patients to vacate the bathroom. Patients are nursed in groups and have little autonomy in relation to deciding which area of the ward to spend their time.

The specific circumstances of one patient who was noted to be choosing to sleep on his single bedroom floor during the previous inspection were reviewed. Inspectors met with the patient's relatives, his consultant psychiatrist and named nurse and examined a range of documentation within the patient's care records. It was established that following the concerns raised at the previous inspection, the patient's needs had been reviewed. Multidisciplinary input had been sought from occupational therapy, speech and language therapy and behaviour support services. The outcome of this review was not evident, however, as some assessments were pending.

It was noted that the patient continued to choose to sleep on his bedroom floor and his nursing care plan contained a detailed description of this preference. The patient's relatives were satisfied that a review of the patient's needs had been undertaken and that their right to continue to choose to sleep on the floor had been upheld and respected.

Inspectors will continue to monitor this patient's care and treatment on the ward and to seek assurances that the patient has been provided with every opportunity to avail of the same comforts afforded to other patients, in accordance with his preferences.

In the process of reviewing this patient's sleeping needs, it was identified that the patient had experienced physical restraint as a planned intervention in order to complete venepuncture. The physical interventions records outlined the roles of four members of staff involved in restraining the patient, two of whom had responsibility for the patient's head and legs while two used restraint techniques to control the patient's arms. The intervention was noted to last three minutes.

The patient was assessed as lacking capacity to consent to or decline venepuncture. It was reported by their consultant psychiatrist that the patient would not cooperate with having their bloods taken. This would appear to be a stressful event for the patient. Inspectors were very concerned to learn that four staff were engaged in the full control of the patient's movement in order to proceed with this intrusive and perhaps painful intervention.

Inspectors were very concerned to note that the patient's care plan did not outline needs in this area and that there was no care plan to support this level of intervention. An inspector enquired of the patient's relatives if they were aware of any instances of physical restraint being used with their relative and reported that they were not aware of any.

From discussion with the patient's consultant psychiatrist and examination of the care records, it appeared that the blood sample required was for the purposes of anti-psychotic monitoring and that this would be undertaken twice annually. It was established that this patient had required this level of intervention for some time and with a degree of frequency and predictability.

The patient's capacity to consent to venepuncture was discussed. An inspector was advised that the patient lacked capacity to make decisions about this and would be uncooperative with the required procedures. The inspector identified that the patient is not formally detained on the ward under the Mental Health (Northern Ireland) Order 1986 and as such was not obliged to accept this intervention.

The inspector was concerned to note that no formal best interests discussions or decisions had been taken in respect of this aspect of the patient's care and treatment. The principles of proportionality and necessity did not appear to have been explored. There was no evidence within the care records of less restrictive measures being considered or of the alternatives to venepuncture.

The patient's family did not appear to be aware of any physical interventions within the patient's care and treatment. The patient had not been referred to the independent advocacy service.

There were no apparent safeguards for this patient in relation to their rights and in the absence of such safeguards, this aspect of their care and treatment was significantly compromising the patient's dignity.

5.3 Activities

Concerns raised during the previous inspection in relation to activities were discussed during this inspection and, with the exception of the recent input from a student nurse on placement, the patient's activity assessments and care plans had not been reviewed.

Patients were noted to be spending the majority of their time in three specific group rooms, each of which contained soft seating, a television and access to the outdoor area. One of the group rooms was noted to be secure and was being used by five patients who were unable to leave the room. As stated previously, all of the patients were nursed in groups and as such did not have any choices in relation to which area of the ward they could spend their time.

Patients were observed relaxing in the group rooms and appeared comfortable. Staff were present in each of the group rooms, however there was no evidence of the provision of activities for patients or of any meaningful engagement between staff and patients. There was an absence of any personal items or of any items or objects that might provide occupation or stimulation to patients.

The ward had developed some information for patients in relation to routines and mealtimes. This had been produced in a format which was not suitable to the needs of all patients. The information on display was noted to be in small print and not immediately available to patients in all areas of the ward.

Inspectors were advised that the hospital had secured funding for the refurbishment of the outdoor soft play area.

Inspectors were advised of the arrangements for providing activities for patients. Each patient has been allocated a daily session at the hospital's day care service at Moylena. Each session lasts around 2 – 3 hours and patients are accompanied to the day service by staff. All patients are present on the ward at meal times.

The ward has recently been given exclusive access to the Portview building on the far side of the hospital site. Inspectors were advised that this would be used to provide additional day care, and would also be used in the evenings and at weekends. Ward staff informed inspectors that some refurbishment work was required within Portview prior to it being available to these patients. A timescale for this work was not indicated.

A student nurse had developed provisional activity programmes for individual patients, which reflected their anticipated usage of the Portview facility.

Several current activity programmes for patients were noted to be inaccurate and did not reflect their attendance at Moylena. In addition, ward staff were not maintaining records of ward based activities offered to or undertaken by patients.

5.4 Nursing Documentation

Inspectors examined a range of documentation including assessments and nursing care plans. It was recommended during the previous inspection that nursing interventions are recorded in full on a daily basis.

Inspectors were advised of the development and implementation of a standard for recording the patients' progress. A senior nurse manager informed inspectors that this had been developed in conjunction with the hospital's governance department and directs nursing staff to make a written evaluation of the patients' progress no less that twice per week.

Inspectors had been provided with an abundance of information and reports in relation to the needs of the patients in Moylena and of the challenges involved in providing safe and effective nursing care. The dependency and vulnerability of this patient group necessitates regular nursing input. Staff were able to describe a range of interventions used to safeguard the patients and to promote positive outcomes for them. Indeed, inspectors were advised that many of the patients required high levels of supervision during the day and at night.

Inspectors were of the view that given the nature, frequency and duration of these interventions, records should be maintained to reflect the interventions undertaken and the outcome of these.
Inspectors noted on several progress records that entries had not been made for up to five days. One patient's records had no entry made in relation to their progress for a 10 day period.

5.5 Leadership

All of the areas outlined in the previous inspection and those identified during this inspection were discussed at length with senior hospital staff.
It was disappointing to note that senior staff had not invested efforts in ensuring that all of the issues pertaining to patients' privacy and dignity on the ward had been addressed.

The tour of the ward was facilitated by the head of hospital services and a senior nurse manager.

Inspectors enquired if it would be possible for patients to be facilitated or encouraged to have access to their belongings or to have pictures of familiar and meaningful people or objects in their bed space area. Hospital staff were ambivalent about this prospect and did not commit to considering this.

Inspectors discussed the staffing arrangements within the ward at night and were advised that five staff would be on duty until 11pm, then two staff on duty overnight. Both staff would be based in the upstairs nurses' station in the middle of the dormitory.

Inspectors enquired about the risks involved in patients not being observed at all times during the night – in the event of partitions or curtains being available to them to maintain privacy. Inspectors were advised that some patients have epilepsy and would need to be observed throughout the night. Inspectors were also advised of behavioural issues that could occur – assaults by patients on other patients for example – if patients were not observable during the night.

The patients' tolerance of partitions was discussed. Hospital staff advised inspectors that due to observation levels, patients could not have partitions or other privacy measures, as this would make it difficult for patients to be observed by staff when in bed. Inspectors were very concerned about the patients' right to privacy and enquired if all patients required this level of observation. They were advised that they did.

Inspectors advised ward staff of the initiatives taken by Southern Health and Social Care Trust staff in the provision of enhanced privacy measures for patients with similar needs. The provision of fixed partitions between bed spaces had been reported by Southern Trust staff as effective and well tolerated by patients. Inspectors who visited the ward subsequent to the

provision of partitions noted a significant improvement in the amount of privacy the partitions provided patients.

Inspectors enquired about the arrangements for maintaining patients' privacy in the event of the dormitory curtains being removed or pulled down by patients. Inspectors were advised nursing staff re-hung the curtains as soon as possible. Hospital staff indicated that the previous recommendation in relation to window coverings was unnecessary as they considered that the current provision of curtains was adequate. While there were adequate curtains in place on the ward, there was a concern raised by inspectors that patients' privacy would be compromised during the time taken to re-hang curtains. There was discussion in relation to staff having time to re-hang curtains, particularly at night or during the morning / evening peak times. It was acknowledged that re-hanging curtains frequently was time consuming as the windows were high and step ladders, which were stored in a nearby store, were required. It was agreed that some privacy glass or opaque film on the lower half of the windows would allow light into the ward and preserve the patients' privacy.

The patients' access to and acquisition of personal items was discussed with senior hospital staff as inspectors had concerns about the austerity of the environment and the lack of personal identity for individual patients. Senior nursing staff were unable to provide any assurances that these concerns, having been raised for a second time by inspectors, would be addressed. This was very concerning.

RQIA refers to a range of best practice guidance when assessing the quality of services. Inspectors have considered the Royal College of Nursing's guidance on Dignity in Health Care for People with Learning Disabilities and based several recommendations on an assessment of the trust's arrangements for promoting dignity.

Lack of privacy for patients, barren environment, lack of personal identity and few personal possessions and lack of choice are highlighted as a significant indicators of an undignified experience of healthcare for individuals with learning disability.

5.6 Quality of Life

A number of quality of life indicators were considered in relation to the experiences of the patients in Moylena. These included the promotion of their individuality, privacy, dignity and independence and autonomy.

It was disappointing to note that the patients were not experiencing care which would enhance their quality of life. They were subject to the routines of the ward and were generally receiving care in groups, rather than individually.

In spite of having individual needs assessments and care plans, patients were experiencing the same degree of restriction and had insufficient opportunities for social interaction, stimulation or recreation. Patients were noted to not have access to any private time away from the other patients – except when escorted to the bathroom by staff. Only a few patients were described as being able to independently access the toilet without direct staff supervision.

A number of patients' care records reflected patients' needs in relation to their sexual expression. The care records also described patients engaging in masturbation in inappropriate places. Unfortunately none of these patients have access to appropriate places for time alone and do not experience any real privacy at any time of the day or night.

Many of the patients have contact with their family and receive visits from family members. Visitors to the ward generally do not have access to the patients' living areas or to the upstairs of the ward.
Some patients have very infrequent or no contact with family and thus do not receive any visitors. Access to independent advocacy services is limited and at the time of inspection, no patients had individual contact with an advocate.

5.7 Learning and Practice Development

Having considered the quality of the environment, some of the care practices and the patients' experiences on Moylena, inspectors were not assured that this ward would represent best practice in relation to the provision of nursing care to a group of long stay patients.

Concerns highlighted during the previous inspection had not been fully addressed and inspectors were not provided with a convincing action plan that the critical issues in relation to patients' privacy, dignity and individuality would be remedied.

The allocation of student nurses to the ward, while providing the student with experience of the long stay patient group, would not provide exposure to best practice or indeed to satisfactory care practices in some instances.

Update – 1 October 2012

Following the announced inspection, a summary of findings was shared with senior hospital staff. Assurances were sought by RQIA in relation to the areas of concern identified during the inspection.

RQIA has been assured that actions have been taken to promote patients' privacy and dignity and correspondence has been received from the ward's consultant psychiatrist in relation to specific concerns raised.

RQIA will continue to monitor the ward's progress towards compliance with the recommendations made in the quality improvement plan attached to this report.

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

MOYLENA, MUCKAMORE ABBEY HOSPITAL

18 and 19 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 a Staff Nurse, Consultant Psychiatrist, Senior Nurse Manager and Student Nurse.

1.0 RECOMMENDATIONS MADE FOLLOWING PREVIOUS INSPECTION

RECOMMENDATIONS RESTATED FROM PREVIOUS INSPECTIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TO BE TAKEN	TIMESCALE
Ward Environment It is recommended that the arrangements for promoting patients' privacy are reviewed and that all patients are provided with curtains / screens, as appropriate, in their bed space areas. It is recommended that patients' privacy in the dormitory area is maximised and that dormitory windows are adequately covered. It is recommended that all damaged furniture is repaired or replaced as appropriate. It is recommended that patients' have access to personal items and objects on the ward, as appropriate to their individual preferences and needs.	Twice	Privacy screens are in place. Privacy film is on windows Damaged furniture has been condemned and replaced Dormitory areas are personalised. Individual assessments are being carried out with patients regarding preferences and activities. Personal items are available in Portview Daycare (a dedicated daycare facility for Moylena patients) and in the dormitory.	**Immediate and ongoing** **Immediate and ongoing** **Immediate and ongoing** **Immediate and ongoing**
Activities	Twice	Individual assessments are	

It is recommended that activity assessments are undertaken with all patients and that patients are provided with a range of individual and group activities on the ward in accordance with their needs and preferences.		being carried out with all patients regarding preferences and activities. An activity timetable has been drawn up, detailing activities that are available and when they are available. Patients participation is recorded in the patients care plan. Patients also have access to daycare in Portveiw,	**Immediate and ongoing**
Advocacy It is recommended that the arrangements for patients to have access to independent advocacy services are reviewed and that advocacy services are developed within the ward.	Twice	A meeting has taken place with advocates to confirm their role and responsibility, once these have been defined this information will be available to all staff and patients. Advocacy input is recorded in the patients care plan.	**Immediate and ongoing**
Patients' Rights It is recommended that all patients and their relatives / representatives are informed of their rights on the ward and that these rights are promoted.	Twice	Discussions are ongoing with Speech and Language Therapy re easy read leaflets to inform patients and their relatives of their rights on the ward.	**Immediate and ongoing**
Complaints It is recommended that patients and their relatives are provided	Twice	Staff are aware of the Policy and	**Immediate and ongoing**

with opportunities to raise any concerns or to complain about services provided.		Procedure for the Management of Complaints & Compliments. Leaflets in relation to complaints are on display and available in the office. There are posters on display. The process following a complaint is on display in the office for staff and forms are readily available for completion	

2.0 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.	The policy pertaining to safeguarding Vulnerable adults has been reviewed and is awaiting approval before reissue	**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.	The induction booklet has been revised and includes guidance on the safeguarding of vulnerable adults and child protection. This is awaiting final approval before reissue	**30 November 2012**
It is recommended that all staff undertake mandatory training in the areas of safeguarding vulnerable adults, infection control, handling patients property and finances and child protection.	Safeguarding vulnerable adults training is up to date. All but 3 staff have undertaken Child protection training, these 3 will complete training as soon as a course is made available.	**30 November 2012**

	Handling patients property and finances are addressed in the induction booklet. A Nurse Development lead (NDL) has been appointed, he is taking responsibility for all training needs and analysis.	
2. Awareness and implementation of procedures for the protection of vulnerable adults.		
It is recommended that existing ward protocols are developed to ensure that staff consider implementation of the safeguarding vulnerable adults procedures in the event of a patient sustaining or presenting with unexplained marks, bruises etc.	Staff follow all policies , procedures and guidance pertaining to safeguarding vulnerable adults	**30 November 2012**
3. Incident reporting and risk management.		
It is recommended that risk screening tools are signed on completion.	These have been signed	**Immediate and ongoing**
It is recommended that comprehensive risk assessments are completed for patients where significant risks have been identified.	The risk screening tool is discussed on completion by the MDT and a decision made and recorded on the need for a comprehensive risk assessment, at present no patients in the ward require a comprehensive	**Immediate and ongoing**

	risk assessment	
It is recommended that patients' progress is evaluated and recorded on a daily basis.	Nursing staff record daily in the patients care plan.	**Immediate and on an ongoing basis**
4. Comments, concerns and complaints.		
It was recommended that representatives of patients are provided with regular opportunities to comment on the care and treatment available to patients in the ward and that the ward is more accessible to patients' visitors.	Relatives / NOK are invited to Formulation meetings on the ward, where they can comment on and discuss patient care. If they are unable to attend this meeting, a letter is sent informing them that the meeting has taken place and inviting them to contact the ward to comment and discuss outcomes Moylena operate an open visiting policy, relatives and visitors are encouraged to visit, however are asked to respect times when specific treatment routines are being carried out and at mealtimes. A visitors room is provided to facilitate visits. Relatives can visit patient	**30 November 2012**

	areas.	
It is recommended that referrals to the hospital advocacy service should be considered for those patients who are involved in incidents on the ward.	A meeting has taken place with advocates to confirm their role and responsibility, once these have been defined this information will be available to all staff and patients. Input from advocates is recorded in the patients care plan.	**Immediate and on an ongoing basis**
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.	All individuals have a right of access to personal information held about them by the Belfast Health & Social Care Trust, this is in accordance with principle 6 of the Data Protection Act. Staff are aware of the guidelines for processing requests for access to patient/client and personal records. Discussions are on-going with Speech and Language Therapy re easy read leaflets to inform patients and their relatives of their right to	**30 November 2012**

	access information held about them. Leaflets are available in the ward about patient's rights to confidentiality	
It is recommended that the Code of Behaviour is developed and reflects the specific arrangements for Moylena staff, patients and visitors.	All professional staff groups have their own Code of Behaviour. All staff have a contract which includes a code of behaviour. Customer Care Standards are available in the ward. EQC monitors a number of standards in relation to behaviour. The Safeguarding Vulnerable Adults, A Shared Responsibility - Standards and Guidance for Good Practice in Safeguarding Vulnerable Adults January 2011 document is available in the ward.	**30 November 2012**
It is recommended that all restrictive practices in use on the ward are evaluated in relation to their impact on all patients and that individual patients' rights are not compromised by the needs of other patients.	All patients are individually assessed. All restrictive practices are discussed by the MDT and written up in the	**30 November 2012**

	patients care plan. (Sections below locked so actions are detailed here) :- Consent to interventions - All patients are individually assessed. All capacity and patients ability to consent to interventions are discussed by the MDT and written up in the patients care plan. A meeting has taken place with advocates to confirm their role and responsibility, once these have been defined this information will be available to all staff and patients. Input from advocates is recorded in the patients care plan. Where Interventions are required in a planned procedure this will be individually assessed. If there is an identified risk of the person injuring themselves or others in carrying out the planned	

	procedure a safe care scenario will be implemented. This intervention will be MDT agreed and relevant documentation completed. Safe care scenarios are reviewed and evaluated as individually indicated. There is a group developing guidance in relation to safe care scenarios, this will be issued to all staff Interventions are included in the patients care plan and evaluated as individually indicated	
It is recommended that patients' capacity to consent to specific interventions is assessed regularly and documented.		**31 October 2012**
It is recommended that patients who cannot consent to interventions are provided with independent advocacy services and that best interests decisions are multi-disciplinary and in accordance with the principles of necessity and proportionality.		**31 October 2012**
It is recommended that all interventions are included in the patients' care plan and that this is evaluated on a regular basis.		**Immediate and on an ongoing basis**
6. Patients' money and property.		
It is recommended that patients representatives are involved in decisions pertaining to patients' expenditure – particularly when choosing retailers and price ranges.	Staff follow the guidance detailed in the document	**31 October 2012**

	Patient's/Client's Private Property – Written procedures for Long Stay Patients/Clients. This is currently being updated to reflect issues raised by both RQIA and internal audit.	
It is recommended that all withdrawals from the Patient's Property Account are entered on the patients' ledger and administered by ward staff in accordance with the Trust's procedures.	Staff follow the guidance detailed in the document Patient's/Client's Private Property – Written procedures for Long Stay Patients/Clients. This is currently being updated to reflect issues raised by both RQIA and internal audit.	**Immediate and on an on-going basis**
6. Child Protection.		
It is recommended that all staff undertake training in child protection as appropriate to their role and responsibility.	All but 3 staff have undertaken Child protection training, these 3 will complete training as soon as a course is made available	**31 December 2012**
7. Additional Recommendations.		
NA		

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: