THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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ANNOUNCED INSPECTION REPORT

Name of Facility/Ward:	**Cranfield Male, Muckamore Abbey Hospital**
Date of Inspection:	**15 February 2011 and 8 March 2011**
Lead Inspector:	**Carolyn Maxwell**

1.0 General Information

Name of hospital/facility	Muckamore Abbey Hospital, Cranfield Male
Address	1 Abbey Road Antrim BT41 4SH
Telephone number	02894463333
Person in charge on day of inspection	Mr Bert Lewis
Email address	Bert.lewis@belfasttrust.hscni.net
Trust	Belfast Trust
Chief Executive	Mr Colm Donaghy
Director of Mental Health and Learning Disability service	Ms Bernie McNally
Email address	Bernie.mcnally@belfasttrust.hscni.net
Nature of service - MH/LD	Learning Disability
Name of ward/s and category of care	Cranfield Male admissions
Number of patients and occupancy level	14 Full occupancy
Number of detained patients	10
Details of last inspection	Patient Experience Review 27 August 2010 1 September 2010

INSPECTION DETAILS	
Type of current inspection	Announced
List of inspectors	Mrs Carolyn Maxwell Mrs Margaret Cullen
Date and time of inspection	15 February 2011 9.30am - 5.15pm 8 March 2011 9.30am - 3.00pm

2.0 INTRODUCTION

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

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

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

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

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

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

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

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

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

[1] RQIA Corporate Strategy 2009-2012

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

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

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

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

METHODS / PROCESS

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

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

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

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

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

CONSULTATION PROCESS

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

Patients	**2**
Staff	**6**
Carers/Relatives	**0**
Visiting Professionals	**2**
Advocates	**1**

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

Issued To	Number issued	Number returned
Staff	**5**	**1**
Carers/Relatives	**14**	**4**
Visiting Professional	**5**	**4**
Patients	**14**	**10**

The definitions for Levels of Achievement are below:

TABLE 1: LEVELS OF ACHIEVEMENT

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

Profile of Service

Cranfield Male Admission ward is a recently constructed purpose built facility on the Muckamore Abbey Hospital site.

The ward shares a bright and spacious entrance and reception area with the neighbouring female admission ward. A number of interesting professional and patient generated artworks were displayed throughout the unit. The entrance door is locked, however there is a full time receptionist/clerk located at the reception desk.

The ward provides single en suite accommodation for up to fourteen patients. Safety features include integral venetian blinds, internally controlled window ventilation systems and external access to room utility control panels.

There are a variety of day rooms, incorporating quiet space, television rooms and an activity room with a Nintendo games console. There is also a small fitness room, a room with a pool table, bathrooms, a clinical room, and a large dining / lounge area for the use of patients. All of the accommodation is accessible to wheelchair users and one of the bedrooms provides additional space for patients with mobility needs. There is a shared service corridor which includes staff changing area, staff rest room, and laundry and kitchen facilities. Shared accommodation including a group work room, three consulting rooms, a waiting area, and an interview room with observation panel is situated off the main reception area.

Patients can access an enclosed garden area with seating and a shelter from the main day space. The garden and sitting areas are segregated by gender whilst the main dining/ lounge areas are communal, although generally male and female patients do not sit together.

The ward provides two visitors rooms one of which has en suite facilities and can be used for overnight stays. Visitors can access patient's bedrooms. There are no children allowed on the main ward area.

Patients have input from a variety of multi-disciplinary professionals including medical, nursing, social work, psychology, speech and language therapy, dentistry and dietetics. There is no provision for occupational therapy. The ward is a teaching venue for student nurses.

The ward provides assessment and treatment to adults with a learning disability, the majority of who are from the Belfast, Northern and South Eastern Trust areas. The inspection was split over two days due to infection control measures put in place as a precaution due to a number of patients experiencing gastrointestinal illness. On the second day the inspection there were 10 patients on the ward who were detained under the Mental Health (Northern Ireland) Order 1986. There were four 'delayed discharge' patients on the ward at the time of the inspection.

4.0 SUMMARY

An inspection of Cranfield Male Admissions Unit, Muckamore Abbey Hospital was undertaken by Carolyn Maxwell, Lead Inspector and Margaret Cullen, Inspector on 15 February and 8 March 2011. The inspection focused on the human rights theme of Fairness. RQIA looked at 13 expectation statements and assessed the ward's level of achievement in relation to each statement. The inspection was held on two non consecutive days due to infection control measures. On the first day inspectors met with staff, and visiting professionals and reviewed case notes. On the second day they met with patients, examined the ward environment and remaining policy documents.

The recommendations made as a result of the patient experience review and previous inspections were also examined and the outcomes of the action taken can be viewed in the section following this summary.

The inspection process began with the Ward Manager completing the self assessment document prior to the inspection.

A number of questionnaires were sent out in advance of the inspection to patients, staff, carers/relatives and visiting professionals. The returned questionnaires indicated a high level of satisfaction with the standard of care provided in relation to the expectation statements. Patients were assisted by staff to complete questionnaires. Patients commented on the lack of activities on the ward. This was discussed with staff who commented positively on day care opportunities and ward based activities. It was explained by staff that questionnaires were completed at the time when bad weather had an impact on staffing levels and journeys outside the hospital. Inspectors commended several areas of good practice that were indentified during the inspection, and made some recommendations.

The ward environment was noted to be of a high standard, modern, clean, bright and spacious.

Inspectors were informed that the advocate is made aware of all new admissions to the ward. The hospital advocate met with inspectors and confirmed the arrangements for patients to access independent advocacy services. They are facilitated to provide a drop in service on the ward. Inspectors noted several references to the advocacy service in case notes.

Advocates also attend the patient's forum meetings.

The rights of patients were noted to be understood by staff, who were observed promoting these. Patients interviewed could demonstrate an understanding of their rights and confirmed that staff had made considerable efforts to ensure that this information is given on admission and on an ongoing basis. The ward environment supports privacy and respect.

The rights of detained patients were also examined and those detained patients who were interviewed confirmed they had received information regarding the rights and

powers of detained patients under the Mental Health (NI) Order 1986. There was insufficient documentary confirmation of rights having been explained to patients and a recommendation was made with regard to this.

Patients and their relatives indicated variations in knowledge of the complaints procedures. The ward maintains a complaints log and inspectors felt that any complaints were dealt with satisfactorily.

A number of patients' care records were examined and these were up to date and comprehensive.

Inspectors verified that patients are reviewed regularly and that a weekly ward round takes place and is attended by a variety of multi-disciplinary team members. Patients confirmed that they were made aware of the outcome of the meetings and that their views were represented. Inspectors noted that post-admission, progress and pre-discharge meetings are also held.

Patients' contact with the consultant was not always weekly however feedback from staff, patients and their relatives indicated this was satisfactory.

Patients are allocated a primary nurse on admission to the ward. The nursing staff did not consistently document one to one interactions. It was recommended that nursing staff indicate one to one engagement with patients. One to one engagement with the primary nurse prior to the multi-disciplinary meeting was also recommended.

A variety of multi-disciplinary professionals provide support to patients on the ward. It was recommended that consideration is given to other MDT members recording interactions in case notes maintained on the ward.

There were four patients described as 'delayed discharges' on the ward. Leave/trial discharge arrangements for one patient were reviewed and found to be comprehensive.

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

- Ward Manager
- Clinical Services Manager

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

5.0 ISSUES FROM PREVIOUS INSPECTION

- **Patients should be made aware of the hospitals arrangements for the provision of independent advocacy services - on admission and on an ongoing basis.** Advocates are now informed of each new admission and there were sufficient notices and advice about advocacy services. An advocate is based on the ward several times per week and runs a clinic for patients in other wards from Cranfield Male.

- **The ward should develop a policy on the facilitation of mobile phone usage for individual patients where appropriate and seek to provide individual patients and their representatives with an explanation regarding any restrictions placed on them accessing and or using their mobile phone. Such restrictions should be reviewed throughout the patient's admission.** A draft mobile phone policy has been written and is undergoing consideration by Belfast Trust. Inspectors noted that the draft policy contained evidence of individual risk assessment and human rights considerations.

- **It is recommended that patients are encouraged to make more use of the ward's facilities for making and receiving phone calls in their bedrooms.** Inspectors were informed that many patients do not like to use the bedroom phones as these have a cordless handset. Patents reported that they had no issues with private phone calls during this inspection.

- **It is recommended that ward staff facilitate patients to participate in a patient's forum and that minute of these meetings and agreed actions are maintained**. Inspectors noted that meetings have now commenced and are recorded. Minutes are kept on the ward office. Advocates attend the meetings.

6.0

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 1: Advocacy services are available to all patients.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Cranfield Men's Ward is a 14 bed Admission Assessment Unit. All patients are informed of the Advocacy Service within Muckamore Abbey Hospital, and information relating to same is displayed throughout the ward. On Admission Advocacy Services are informed via an email to Cranfield Reception. The receptionist will hold a list of new admissions and pass this information unto the relevant advocate. Advocates will then make an appointment with individual patients to ascertain if the individual has any advocacy issues. Each patient is supported by their Named Nurse if they wish to avail of this service. In the absence of an independent advocate, nursing staff assume this responsibility, role and function. All patients are made aware of the date and time of Multidisciplinary Team Meetings (every Tuesday afternoon, 2:00 pm). Each Monday patients have the opportunity to raise any issues/concerns they wish to have addressed at the Multidisciplinary Meetings and nursing staff will feed back to individual following same. Staff within the unit facilitate meetings with advocates and provide a room to meet that is conducive to privacy. Advocates jointly with nursing staff facilitate monthly patient forums. This is a new initiative and came about as a recommendation from a recent patient satisfaction audit carried out by R.Q.I.A. advocates from Both MENCAP and Bryson House Advocates meet with patients and both trained/untrained nursing staff in a private area. Agendas and Minutes are available. There has been requests from Advocacy Services to attend patient meetings which has been facilitated. Advocates have in the past attended Post Admission/Pre-Discharge Meetings. Patients' families advocate on behalf of the patient when appropriate and/or in the absence of an independent advocate.	Fully Achieved

T.I.L.I.I (Tell It Like It Is) Self Advocacy Group which is supported by the ARC Organisation meets regularly within the hospital to address any issues/topic other patients would like discussed. Staff training is ongoing for T.I.L.I.I. Evaluating Quality Care audits the availability of advocates annually.	
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Returned questionnaires revealed a discrepancy in patient's knowledge of the advocacy services. Advocacy services are provided by a number of agencies. However inspectors noted that advocates attended the ward regularly and had attended the patient meetings on the ward. Patients who met with inspectors confirmed that they knew who their advocate was. Information about the advocacy service was available on the ward and in patient information packs. There was evidence in nursing notes of advocates' involvement in patients care. Discussion with an advocate and ward staff outlined the arrangements for the provision of the service and a 'drop in' facility is available within the ward twice weekly. Ward advocates receive notification of all newly admitted patients and make contact with the patient as soon as it is appropriate. Inspectors were informed of a development of a Patients Council within the hospital, with input from patient representatives from each ward. Voting was taking place on the 2nd day of inspection and patients were observed leaving the ward to participate. Two patients from the ward were standing for election. Staff showed inspectors a self referral form that they would assist patients to complete if they identified a wish to see an advocate. Inspectors were also shown a detailed referral form required by one provider organisation. One relative had requested that an outside advocate attend meetings with staff, and this had been agreed.	Fully Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 2: All patients have been advised of their rights, and what they can expect in terms of care and treatment, in a manner appropriate to their understanding.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Patients Statement of Rights are read and explained upon admission and thereafter when detention forms are updated/continued. Also all relevant information to same are within the Welcome Pack which each patient receives upon admission. On admission the ward philosophy and aims and objectives are explained. Information in relation to R.Q.I.A. has been explained to patients at patient's Forum on 3/1/2011 and will again form part of the Agenda on 5/02/2011. Each patient has had the opportunity of discussing pending inspection and a record made in their care plan of their decision to give/ not give consent to R.Q.I.A. inspectors accessing all information in relation to their care and treatment. All but one patient has given his consent to access all records. Carers/family/N.O.K. have been advised and information/questionnaires forwarded to same. Posters/information relating to R.Q.I.A. is displayed throughout the unit.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Returned questionnaires indicated that all patients felt respected on the ward and were aware of consent issues. Ward staff have developed a 'welcome pack' and this includes information about the aims and objectives of the ward, patients' rights, advocacy, RQIA, consent, complaints and the treatments and interventions available to patients. Inspectors noted information pertaining to RQIA on notice boards. Staff who met with inspectors were aware of patients' rights on the ward and were observed interacting with patients in a respectful manner.	Fully Achieved

Patients who met with inspectors confirmed that they felt their rights were respected. It was noted that patients were encouraged to personalise their bedrooms and some had their own television and DVD player. Patient's ability to mange their own money was discussed at the weekly meeting. If this presented a risk money and valuables were kept in cash drawers. Staff confirmed that patients and relatives were informed of this.	

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

The patients' care records contained inconsistent confirmation that information about detention had been given in writing and verbally. Medical entries noted that a form had been signed; however the explanation of the rationale or implications of this were not recorded. Inspectors met with the consultant who confirmed that they would automatically discuss the implications of detention with patients, but not routinely document this. The Senior Registrar also confirmed that they routinely inform patients of their rights, but did not always record this in notes. There was evidence in one set of case notes that a patient had received a statement of rights and had these explained by a member of nursing staff. There was reference to the next of kin being informed also. An error was noted in nursing notes where the wrong form had been recorded as being signed; this matter was brought to the attention of the Ward Manager. Patients are sent information about their rights and powers under detention by medical records. This was evidenced in one of the sets of case notes examined. Patients who have capacity are asked to sign a permission slip to allow their next of kin (NOK) to be notified of detention. This is maintained on file in medical records. This was discussed at feedback and the Ward Manager agreed to keep a copy of the permission slip in the patient's case notes in future. The ward Social Worker confirmed that they would reinforce rights and powers under detention after medical and nursing staff had done so. They also confirmed that they would assist patients in making an appeal to the MHRT and in finding a solicitor. If the patient has been in hospital for some time they complete the report for the tribunal. Medical records and ward staff maintain records of all applications and tribunal outcomes.	

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 4: Patients are informed and familiarised with the comments and complaints process.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Named Nurses advise patients of their rights to complain during interview on admission, family are also informed of same at this time. Complaints/Comments information and procedures are displayed in all areas throughout the Unit and are part of the Welcome Pack. Issues of concerns from patients are usually raised at patient forum and are actioned by appropriate person. In Cranfield Men's Ward there is a complaints register available on the ward, also in front reception there is a comments card system available for those who prefer not to put their name to complaint/comment. Evaluating Quality Care audit that complaints/comments system is in place– annually.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Four of the patients who returned questionnaires and three of the relatives indicated that they did not know how to make a complaint. However, patients and staff who met with inspectors were aware of the complaints procedures. Inspectors noted that this information was included in three formats within the information pack. The wards operational policy states that "patients and their carers will be advised on how to comment on the services." A Visual Display monitor was situated in the main reception area and was operational on day two of the inspection. It displayed a power point presentation containing information about the unit and the hospital. Information on the complaints process was included. The ward maintained a complaints log and one recent complaint was viewed. It had been recorded and dealt with satisfactorily. Reports from governance staff and the resource nurse ensure that any learning from complaints is disseminated and actioned. Inspectors were informed that complaints training was included in staff induction	Fully Achieved

It was noted that a patient's forum meeting had commenced and was held monthly. Minutes from the January and February meetings included an explanation of the complaints policy. The Hotel Services Manager had attended the most recent meeting to discuss recent changes in the food preparation and delivery. Patients indicated that they would be happy to raise any complaints with the Ward Manager or social worker; however they indicated that they had no complaints.	

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

Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The ward's welcome pack was examined and was noted to be comprehensive and included relevant information. Ward staff explained that the admission process would include a tour of the ward and an explanation of the contents of the welcome pack. The admission checklist provided evidence that patients were familiarised with the ward layout, their rights and ward staff. The Ward Manager informed inspectors that in the case of emergency admissions this would take place as soon as the patient's mental state allowed. One set of notes examined made no reference to the induction to the ward. Patients who met with inspectors confirmed that they were informed about ward routines and shown around the unit and introduced to staff. Staff confirmed that this would always happen as part of the admission process. Staff discussed the new draft mobile phone policy and inspectors were informed that it has been accepted by Muckamore Hospital and was in the process of adapted to Belfast Trust format. The ward had a number of information posters on display. These included the availability of church services, opening times of the Cosy Corner and day care facilities, zero tolerance policy, patients' right to vote in the general election, advocacy services, disclaimers for patient's property, and RQIA information. Patient's pictures were displayed on bedroom doors. Patients are required to hand over items of food and drink for safe keeping in a 'treat box'. Patients are allowed to choose something from their own box at seven o'clock each evening. This practice was discussed with the Ward Manager, as it is restrictive for some patients. However, it was reported that this was deemed necessary to protect patients and reduce vulnerability to exploitation and potential over indulgence of unhealthy foodstuffs. Consideration should be given to individually risk assess each patient with regard to keeping their own treats. The names of the treatment team were clearly displayed on the ward notice board. Individual patient's arrangements for smoking were also displayed on the ward office window.	Substantially Achieved.

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 6: All patients are informed of and involved in a person centred assessment and care planning process.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Person Centred Care Plan is discussed with each patient and agreed with the patient. The patient then signs to that fact and comments on the Care Plan if he so wishes. The Named Nurse will ensure that the Care Plan remains effective and is reviewed on a regular and timely manner. Also the Multidisciplinary Team will partake in the overall review of the Care Plan and will discuss each patient at the Multidisciplinary Meeting each Tuesday. Any change to the Care plan will be discussed with the patient and an explanation given for same. Each individual will be discussed by the Multidisciplinary Team to determine capacity to consent. Evaluating Quality Care audits care planning annually.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
A number of care plans were reviewed and these were found to be comprehensive and regularly reviewed. The Roper Tierney and Logan model was in use. There was evidence of patients' signatures and their involvement in the care plan. Four patients who returned questionnaires indicated that they were aware of their care plan, however five were not. Care plans were responsive to change and reflective of Multi Disciplinary Team (MDT) discussions. An integrated care pathway for the use of ECT was noted in one case. One patient who met with inspectors was unsure of their care plan, whilst the other stated that they had seen theirs and that it was discussed regularly with the nurse and doctor. The patient also confirmed that staff knew all about their likes and dislikes. Inspectors noted that weight charts were not consistently recorded despite an entry in the care plans to monitor weight bi monthly. There was documentary evidence of discussion around consent. Risk screening tools were noted to be completed on all case notes reviewed. In one case this was not signed by the service user or relative.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 7: There will be a weekly multidisciplinary team review with patient involvement and appropriate representation from advocates and other relevant agencies involved in the patient's care.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
All disciplines meet on a weekly basis to discuss patient's care and where appropriate other relevant agencies involved in the patient's care are invited to attend via Ward Social Worker. The Nursing Staff prepare written individual weekly updates for each patient on the Monday evening and each patient has the opportunity to have any issues/concerns raised on their behalf at the MDTM. Also the opportunity is given to any of the patients wishing to speak with responsible professionals following same. The Consultant Psychiatrist holds an inpatient clinic each Friday morning; appointments can be made by patients by informing the nurse-in-charge/named nurse. Nursing staff will update patients on issues relevant to them following meeting, families are also updated per phone (with patients consent). Record of meeting recorded in Patient Individual Care Plan and Clinical File. Evaluating Quality Care audits annually.	Fully Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
There are a number of patient meetings held in the ward. The MDT meeting is held on a Tuesday and all staff involved in the patients care can attend. Staff reported difficulty in ensuring that community staff attend MDT meetings. They are required to attend pre discharge planning meetings. Nursing staff prepare a written report on each patient for the meeting. Patients or advocates do not routinely attend the meeting. However staff confirmed that patients are approached by nursing staff the evening prior to the MDT review and are asked specifically if they have any requests or issues they wish to have discussed. Patients confirmed that any issues would be raised on their behalf at the meeting, and that they would get feedback from the nursing staff and medical staff.	Substantially Achieved.

Inspectors evidenced recorded outcomes from the MDT meeting in patient's notes. Information from the MDT meeting was recorded in medical notes. It was recorded that patients had been informed of the outcome of the meeting. A formal meeting also takes place on a Thursday pm to specifically discuss discharges, new admissions and update on patients progress	

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 8: Patients have the opportunity to meet and discuss their care and treatment in private with their consultant.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Nursing staff will arrange meetings with Consultant on behalf of the patient by phoning Consultant's Secretary and arranging a suitable time. Also each Monday evening patients can request to meet with their Consultant included in their weekly progress report presented to the MDT on Tuesday morning. The Consultant will record all such meetings within the Patients Medical File. The Consultant will also accommodate meetings with families/N.O.K/carers in respect of individual patients with the patient's consent. Patients can also request to meet with Consultant at his Friday AM Ward Clinic. If required, Speech and Language Services are available to assist those patients who have communication difficulties achieve a satisfying interview with their Consultant. Medical staff visit ward daily 9 00 am – 5 00 pm. Weekend cover by Duty Consultant if required for advice.	Fully Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The Consultant is dedicated to inpatient care and runs a clinic on the ward every Friday. The Consultant was present on the ward at least three times per week and patients can request a meeting with them. The Consultant also sees all new patients and those who require formal detention. Patients have access to a Senior Registrar and an F2 doctor. The Consultant did not routinely see every patient once per week, however patients and staff confirmed that they have satisfactory access to the Consultant.	Fully Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 9: Patients will be given the opportunity to discuss in private any issues with their primary nurse, associated nurse or in their absence an allocated nurse, on a daily basis.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Each patient has the opportunity to meet with their Named Nurse on a 1:1 basis weekly with the chance to raise concern/issues. Same will be actioned if appropriate and recorded in Care Plan. Also when Care Plans are being reviewed patient's have the opportunity to discuss same on a 1:1 basis and again take the opportunity to raise any issue/concern. Should the patients Named Nurse be on annual leave either the Charge Nurse will take over this role and update the Named Nurse on his/her return to duty. Nursing staff on behalf of the patient will put forward requests issues/concerns patients may have to the MDTM each Tuesday morning. Nursing staff will also ensure that those patients wishing to speak with their Social Worker do so. Social Worker available every Tuesday Morning from 11 00 am. or at any other time if the patient requests a meeting Named Nurse will arrange same. A notice explaining the Social Workers planned weekly visit is displayed on the patient notice board. Each patient gets the opportunity to partake in the formulation of Risk Assessments and Management Plans with Named Nurse. Rooms are available throughout unit to allow for privacy and promote confidence. Evaluating Quality Care audit annually.	Substantially Achieved

Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Care records examined indicated that patients are informed of their named nurse on admission. When the named nurse was not on duty the Ward Manager assumed responsibility for their patient. Not all patients met with their named nurse on a daily basis. One staff member indicated that there was occasional use of bank staff to ensure that there were enough staff to meet patients needs. It was noted in minutes of February patient forum meeting that patients stated they would like staff to talk to them more often. Staff interviewed confirmed that patients could talk to nurses when they wished, but that dedicated time for primary nurse interviews would happen and be recorded at least weekly. Not all one to one interactions were identified in documentation. Patients who met with inspectors were able to confirm who their named nurse was and indicated that they could talk to them freely. Named nurses were identified on a sticker on the inside cover of case notes. Staff confirmed that they had sufficient time to meet with their allocated patients and had recently begun to document this specifically. They also confirmed that they would liaise with advocates if required and contribute to MDT meetings when appropriate.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 10: Patients have the opportunity to meet and discuss in private their care and treatment, with any health or social care professional involved in their care.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Weekly 1:1 meeting with Named Nurse. Weekly 1:1 meeting with Ward Social Worker. 1:1 with Psychologist. Request for meeting with Consultant put forward at the Multi-disciplinary meeting on a Tuesday and arrangements for same made then for Friday morning Ward Clinic. Any other request by patients to meet with any other professional as and when required will be addressed by nursing staff as soon as possible. Advocacy Service – Drop in service – weekly – Cranfield or by arrangement by Nursing staff when requested by patients. Opportunity on a daily basis to speak with individuals in relation to Day Care Services – also Day Care Service provide 3 monthly reviews with direct input from patient where possible. These records remain within the individual's day-care file. Evaluating Quality Care audit annually.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
On review of case notes there was evidence of a range of health care professionals input. These included; speech and language therapist, dentist, dietician, podiatrist, psychologist, and social work input. There were sufficient interview rooms to facilitate private meetings. One visiting professional commented that they felt that they would prefer to see patients in a more relaxed setting and felt that private meetings were isolated.	Substantially Achieved

Staff indicated that patients had limited opportunity for psychology input. Social work staff confirmed that documentation is kept in separate notes.	

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 11: The discharge plan should be initiated at the earliest opportunity following admission.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
On Admission after the first Multi-Disciplinary Team Meeting a Post Admission Meeting will be arranged by the Ward Social Worker at this meeting a Pre-Discharge Meeting will be arranged involving all relevant professionals and identifying their responsibilities. Risk Screening Tool is completed on all patients on admission and where indicated, Comprehensive Risk Assessments and Management plans are formulated. Phased discharge is also facilitated for patients who require extra time once an appropriate community place is made available. Staff from the proposed community setting are invited to meet the patient, work along with ward staff to familiarise themselves with the patient before discharge. Date of discharge will be discussed at Pre-discharge Meeting. If detained, patient may be discharged Leave-Of-Absence for a period with weekly updates received on a Monday afternoon to be discussed at weekly Multi-Disciplinary Meeting Tuesday morning. Discharge Plan included in Patient Care Plan. Evaluating Quality Care audit discharge process annually.	Fully Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The ward has access to the Trust's Admission and Discharge Policy and has a detailed discharge checklist. Discharge planning was well documented and all appropriate agencies were involved.	Fully Achieved

Examination of case notes confirmed considerable liaison with community staff and carers with regard to discharge. Involvement of relatives was also evident. There was consideration given to positive risk management. One set of notes reviewed documented a patient's trial discharge to an accommodation scheme. Discharge planning meetings had been documented. Leave had been preceded by a number of accompanied visits and meetings with professionals; there was evidence of family involvement in meetings and arrangements. There was a record of liaison with local pharmacy services and the GP. Pre discharge physical health checks were completed and recorded. Information relating to property and finances was documented. It was clearly stated that the placement would not be sustained if the patient had any misgivings. Staff reported that one patient was assisted to understand the processes involved in discharge by means of a story book. This was complied jointly by Speech and Language Therapy and nursing staff. Ward staff advised inspectors that there are several patients awaiting discharge to suitable community placements and that due to financial constraints, their discharges are delayed. The status of each patient is discussed weekly at the ward round.	

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 12: The discharge interview with the patient should review the discharge plan, progress to date and include confirmation of the indicators in Appendix 1, Expectation Statement 12.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Discharge check list completed for each individual to include: o Adequate supply of all medications o Medications issued with clear directions o Return of personal possessions o Clarification of any financial arrangements o Notification to N.O.K. o Notification to all relevant personnel/healthcare professionals All Trust Guidelines, Policies and Procedures are adhered to.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Inspectors evidenced appropriate review of the care plan, and follow up arrangements with carers and the patient who had been on leave for trial placement. There were no patients due for imminent discharge at the time of the inspection.	Substantially Achieved

INSPECTION STANDARDS - FAIRNESS	
Expectation Statement 13: Clear documented systems are in place for the management and filing of records in accordance with professional and legislative requirements.	**ACHIEVEMENT LEVEL**
Provider's Self Assessment:	
Administrative support are responsible for all ward documentation and storage of same in line with Record Management. Cranfield Men have on site support Monday – Friday 9 00 am – 5 00 pm. Patients current and closed files are retained in Unit for the length of admission these to include all risk assessments and management plans. Social Work - Files available on request. Day Care - Files available on request. Psychologist - Files available on request. All personal possessions are accounted for and a record available of same. Patient Prescription Card reviewed regularly and rewritten as required (following 3rd review). Evaluating Quality Care audit annually.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Three sets of medical and nursing notes were examined during the inspection. The nursing notes were well written, and met with Nursing and Midwifery Council (NMC) requirements. Progress notes were legible and entries were appropriately signed, timed and dated. Nursing notes were well maintained. Current progress notes were held on a kalamazoo which included the patient's pen picture. The medical notes were found to have loose pages and required some attention.	Substantially achieved.

Staff had been trained in records management during induction and records were audited regularly. The practical organisation of notes did not support communication between multidisciplinary staff as two of the main professional groups kept separate notes. Inspectors concluded that one set of multidisciplinary notes would improve communication and prevent duplication of effort and ensure that all staff had access to patients' treatment information. Many of the staff who met with inspectors supported this statement. One set of medical notes did not have a sticker on the inside cover detailing the detained status and that information on rights and powers had been given. The use of the sticker had previously been identified as good practice in other RQIA reports on Muckamore facilities. Financial records and records of personal possessions were noted to be up to date. The ward has administration support to maintain files and manage in line with policy. Staff also reported they had been involved in the Evaluating Quality Care (EQC) audit of records on the ward.	

7.0 ADDITIONAL INFORMATION

Activities

Patients who responded to questionnaires commented on the lack of activities on the ward. Inspectors met with day care staff who confirmed that each patient referred had an individual programme. The Day Care Manager outlined a range of activities available to patients, they confirmed that each patient's timetable was subject to three monthly review. Day care staff attend the MDT meeting to discuss patients participation and progress, however there is no record of involvement in specific activity kept on the ward. Ward staff confirmed that patients now attended less frequently but had more targeted activities whilst at day care. Inspectors were informed that most patients had between five and eight sessions per week. There are no scheduled activities at the weekend and only one evening activity run by a volunteer club. There was sufficient availability of activities on the ward. The fitness room contained a treadmill and exercise bicycle and music player. There was a smaller games room with a television and a Nintendo Wii and a room with a pool table.

Patients were observed sitting in the television room and one patient had his own music playing in the quiet room. Some patients had access to their rooms during the day and had their own entertainment. This was individually risk assessed. One patient informed inspectors that they were due to go on a bus trip at the weekend. Staff confirmed that weekend shopping trips were used as rewards for incentive plans. Inspectors were informed that patients could access these on a rota basis. RQIA concluded that patients had fair access to appropriate activities when there were sufficient staff to supervise these. However, the availability of staff was not examined in detail during this inspection. Staff and patients who met with inspectors did not indicate that activities had been cancelled due to staffing difficulties however patient safety would be prioritised over outings.

Incident Reports

The on line incident reporting system was reviewed and noted to be an improvement on paper records. One recorded incident of aggression and injury to staff was noted. The Ward Manager reported that staff are very tolerant of aggressive behaviour and will try to manage most disturbances at ward level. One staff member who had been the victim of an attack indicated that the Trust had been supportive and handled their return to work sensitively. Inspectors were informed that the smoking area was the scene of many of the disagreements amongst patients and required close monitoring. Incidents are signed off by the ward manager and reviewed by the resource nurse at local level. Staff reported greater oversight and data retrieval with the new system.

7.1 Stakeholder Participation

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

The following is a summary of feedback from each:

Patients:

Ten patients completed questionnaires with assistance from staff, and the following comments were made:

- "It's ok. The staff care for you in here. They talk to you and make you happy."
- "Most of the time it's good."
- "Good, but I have only been admitted."
- "Not too bad. Up and down. I don't get on with some staff."
- "Its good care. I have no problems at all, but I don't want to stay here and no body has told me I can go and I don't cause any trouble. The staff are good and the environment is good."
- "Its ok, the staff are generous. The ward is nice and I like having my own room."

Suggestions for improvements included:

- "More things to do to stop the boredom."
- "I need more jobs to do, I don't like sitting around."
- "I would like people to talk to me more."
- "More staff available to take me out."
- "To go swimming more often, and have more walks."

Staff:
The one staff member who returned a questionnaire provided positive comments on the quality of care received by the patients on the ward. It was disappointing that there was a low response rate to the questionnaire and that staff did not take the opportunity to comment on the service provided by them.

- “All patients have a definite individual care plan to meet their needs and are treated with respect.”

A suggestion for improvement made by a staff member was ensuring that there was a good patient staff ratio at all times.

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

- "As we found this experience extremely difficult we appreciated the support from the nursing staff when our son needed help. Please pass on our thanks to them."
- "The nursing care given to my relative is satisfactory on this ward."
- "All the staff treated us with concern, respect and dignity; they displayed genuine care for our son."

Suggestions for improvement included more activities and outings/bus trips, reducing the amount of swearing from patients. One relative specifically requested that the swings at the back of ICU are maintained, as their son had derived a great deal of pleasure from swinging.

Visiting professionals:
A variety of multi-disciplinary team members provided information before, during and after the two day inspection and all commented positively on the quality of care received by patients on the ward. The only negative comment made was that one team leader felt that the meetings with patients in a private room were very formal. There were no suggestions made for improvements.

Commendations

- Excellent ward management and leadership.
- Patient information and consideration of human rights.
- Record keeping and care plans.
- Cleanliness and décor throughout the ward.

8.0 QUALITY IMPROVEMENT PLAN

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

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

Indicative timescales commence from last day of inspection.

Enquiries relating to this report should be addressed to:

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

1 April 2011

CAROLYN MAXWELL **DATE**
Lead Inspector

QUALITY IMPROVEMENT PLAN

ANNOUNCED INSPECTION

Cranfield Male, Muckamore Abbey Hospital

15 February 2011 and 8 March 2011

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

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

RECOMMENDATIONS

Recommendations when implemented may enhance service, quality and delivery.

NO.	EXPECTATION STATEMENT	RECOMMENDATIONS	NUMBER OF TIMES PREVIOUSLY STATED	DETAILS OF ACTION TO BE TAKEN	INDICATIVE TIMESCALES
1	Each patient who is detained is informed of the process and the implications for them.	It is recommended that staff consistently ensure that the statutory duty with regard to informing patients of their rights and powers is documented.			
2	Patients are informed and familiarised with the ward environment and routines in an ongoing patient focused manner.	It is recommended that staff routinely document that induction has been completed. It is recommended that the practice of maintaining a treats box is reviewed and individual patients are allowed to keep their own property where this not deemed to be a significant risk.			
3	All patients are informed of and involved in a person centred assessment and care planning process.	It is recommended that all risk assessments are signed appropriately.			

RECOMMENDATIONS

Recommendations when implemented may enhance service, quality and delivery.

NO.	EXPECTATION STATEMENT	RECOMMENDATIONS	NUMBER OF TIMES PREVIOUSLY STATED	DETAILS OF ACTION TO BE TAKEN	INDICATIVE TIMESCALES
4	Patients will be given the opportunity to meet and discuss in private any issues with their primary nurse or in their absence an allocated nurse on a daily basis.	It is recommended that staff specify one to one interactions with patients and review the frequency of these.			
5	Patients have the opportunity to meet and discuss in private their care and treatment, with any health or social care professional involved in their care.	It is recommended that visiting professionals document a summary of their intervention in ward records.			
6	Clear documented systems are in place for the management and filing of records in accordance with professional and legislative requirements	It is recommended that loose pages in medical notes are secured.			

ADDITIONAL RECOMMENDATIONS:

AREA OF CONCERN/ ISSUES	RECOMMENDATIONS	NUMBER OF TIMES PREVIOUSLY STATED	DETAILS OF ACTION TO BE TAKEN	INDICATIVE TIMESCALES
Activities	It is recommended that staff record any instance when planned activity is cancelled due to low staffing levels or ward disturbances. It is further recommended that patients views are discussed at a patients meeting.			

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: _____