

MAHI Muckamore Abbey Hospital Inquiry

Bundle of additional documents arising from the statement of Brenda Creaney

INDEX

Statement Paragraph Reference	Statement BOX Reference	Bundle Page Reference
29	BHSCT – R – 00003- 2010.11.10 Ennis Ward Inspection Report (31 Pages) – (00354)	Pg 2–32
44	BHSCT – A – 00022 – Pages extracted from Director of SSF&CC Records (CMcN)_ASPC Governance (174 pages) – (02450) <i>at page 113</i>	Pg 33
45	BHSCT– A – 00017 – LD Governance Lead- Various Records (Folder 1 of 3) (816 pages) Redacted Copy- (00959) <i>page 128</i>	Pg 34
45	BHSCT – A – 00022 – Pages extracted from Director of SSF&CC Records (CMcN)_ASPC Governance (174 pages) – (02450) <i>page 158</i>	Pg 35
47	BHSCT – A – 00016 – LD Governance Lead – Various Records – Box File (572 pages) Redacted Copy – (00958) <i>page 554</i>	Pg 36
69	BHSCT-D-00004-2011-2012 Board Assurance Framework Revised Nov 2011 (18 pages) (00032)	Pg 37
115	BHSCT – A – 00018 – LD Governance Lead – Various Records (Folder 2 of 3) (322 pages) – (00960) <i>page 66-67</i>	Pg 38–42
131 <i>b</i>	BHSCT – A – 00018 – LD Governance Lead – Various Records (Folder 2 of 3) (322 pages) – (00960) <i>page 284</i>	Pg 43



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7530 Fax: 028 9051 7531

ANNOUNCED INSPECTION REPORT

Name of Facility/Ward: Ennis Ward, Muckamore Abbey Hospital
Date of Inspection: 10 and 11 November 2010
Lead Inspector: Margaret Cullen

1.0 General Information

Name of hospital/facility	Ennis Ward, Muckamore Abbey Hospital
Address	1 Abbey Road, Antrim, BT 41 4SH
Telephone number	028 94463333
Person in charge on day of inspection	Sr. Linda Mc Cartney
Email address	linda.mccartney@belfasttrust.hscni.net
Trust	Belfast Health and Social Care 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	Female, Continuing Care
Number of patients and occupancy level	17 beds / full occupancy
Number of detained patients	0
Details of last inspection	None

INSPECTION DETAILS

Type of current inspection	Announced inspection
List of inspectors	Margaret Cullen Gerry Colgan
Date and time of inspection	10 November 2010 9.00am-5.00pm 11 November 2010 9.00 am-4.00pm

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 activities¹ 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, relatives/carers, health and social care professionals and staff:

Patients	4
Staff	4
Relatives/Carers	2
Visiting Professionals	0
Advocates	0

Questionnaires were provided, prior to the inspection, for patients, relatives/carers, 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	4
Relatives/Carers	16	5
Visiting Professional	5	4
Patients	17	15

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 before end of March 2011. For example, the service has only started to develop a policy and implementation will not take place until after March 2011.
Partially Achieved	Work has been progressing satisfactorily and the service is likely to have achieved the criterion prior to end of March 2011. For example, the service has developed a policy and will have completed implementation by end of March 2011.
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.

3.0 PROFILE OF SERVICE

Ennis Ward is a 17 bed female continuing care ward for adults with a learning disability. The ward is on the Muckamore Abbey Hospital site and is managed by the Belfast Health and Social Care Trust. The ward consists of three areas. To the right of the main entrance there are facilities for five patients; a bright and homely furnished living and dining room, a well maintained toilet and bathroom and three single and one double bedroom, all of which are personalised by the patients. The patients in this part of the ward are more independent than other patients on the ward and this is reflected in the range and choice of furniture. All rooms have televisions and music equipment.

The entrance to the ward is welcoming with flowers and plants outside the door. A car which is used by patients to facilitate socialisation and integration was parked at the entrance to the ward. There is homely furniture in the entrance hall with a large digital photo frame on the wall which rotates photographs of interest to the patients.

To the left of the entrance there are facilities for 12 other patients. There are two bright day rooms and each day room is appropriately furnished to reflect the needs of patients who are less able and less independent. One of the rooms has a range of furnishings and a television with DVDs and Wii for patient's use, while the other has more protective furnishings and is used by patients with more challenging behaviour. The television in this room is in a cabinet for patient's safety. There is a mixture of bedrooms from single, two bedded and four bed dormitories. They are all cabled for televisions which have been ordered and all beds have homely quilts. One patient has been involved in individualising her room but overall there are less personal items in this section of the ward and staff explained that this is due to the high level of challenging behaviour. The kitchen and kitchen store are on this side of the ward and there is a dining area between both day rooms. This area is not as well furnished or maintained as the other dining area and needs redecorated. The flooring in this area of the ward is quite worn and redecorating is required. There is a sensory room in this part of the ward and inspectors observed patients enjoying it.

The ward has a spacious well maintained garden with swings and a barbeque area. One of the patients was a smoker and there is a smoking shed and chair outside the door to accommodate this. It was noted that storage facilities on the ward are limited.

4.0 SUMMARY

A number of questionnaires were sent out in advance of the inspection to patients, staff, relatives/carers and visiting professionals. The returned questionnaires indicated an appropriate standard of care provided in relation to the expectation statements.

The inspection process began with the Ward Manager completing the self assessment document. Inspectors spent two days on site and had unrestricted access to all areas of the ward and to all of the patients.

A tour of the ward was undertaken on the first day of the inspection and a number of areas for improvement were identified.

Throughout the two days, inspectors observed routines and practices within the ward and took the opportunity to speak with a number of nursing staff. Inspectors also spoke with patients and two relatives. Inspectors recorded and highlighted issues raised at these meetings and made recommendations for improvement where appropriate.

Inspectors also commended good practice which was identified.

The standard of fairness was assessed by inspectors and included the examination of a number of care records, policies and procedures and other documentation maintained by the ward.

The provision of an independent advocacy service to the ward is very limited at present and this was acknowledged by the Trust who are endeavouring to resolve this issue. A recommendation was made to develop the service as a matter of urgency.

There were no detained patients on the ward at the time of the inspection. Only four patients were deemed to have capacity during the inspection and these patients gave consent to access their case notes. Inspectors did not access the records of the more dependent patients as these patients were deemed to lack the capacity to consent to this.

In relation to patients' rights, the questionnaires submitted by patients and those patients interviewed indicated that they are fully considered. This included their right to make comments or complaints. However, as most patients on the ward would not have the ability or capacity to do so, the need for an independent advocate was reinforced.

Inspectors noted efforts to inform and familiarise patients with the environment and routines of the ward. However it was recommended that patients meetings continue on a regular basis to enhance informing patients and that any changes or outcomes agreed at these meetings are recorded and monitored.

A person centred approach to assessment and care planning was evidenced in the

nursing notes and there was also evidence of nurses advocating on behalf of patients and appropriate and regular access to medical personnel. Each patient is discussed at the monthly multi-disciplinary ward meeting and patients have a comprehensive review annually. Inspectors recommended that a more robust method of recording reviews is developed to include an account of the patient's views and informing them of outcomes where appropriate. It was also recommended that one to one therapeutic engagement with the named or allocated nurse is recorded consistently. All patients on the ward are awaiting discharge and the Trust have processes in place to record and monitor this. Discharge planning was included in the care plans of all patients. Inspectors were advised of the process should a patient be identified for discharge and were satisfied that appropriate measures were considered. Inspectors examined the Trust policies for record keeping and records management and monitored compliance with professional standards. There were some inconsistencies in compliance noted and therefore it was recommended that all records consistently adhere to the standards. One of the nurses on the ward had done considerable work to ensure records adhere to the Trust policy on management of records. It was recommended that clerical support is provided to undertake this role and relieve nursing staff for patient care.

At the end of the inspection, inspectors provided verbal feedback to:

- Service Manager
- Senior Nurse Manager
- Ward Manager, Ennis ward
- Two staff nurses for the ward
- Ward Consultant

The inspectors were Mrs Margaret Cullen, RQIA Mental Health Officer, Lead Inspector and Mr Gerry Colgan, RQIA Sessional Mental Health Officer. The inspectors would like to extend thanks to the staff and patients on Ennis Ward for their warm welcome and cooperation throughout the inspection.

5.0 ISSUES FROM PREVIOUS INSPECTION

There is no record of previous inspection by the Mental Health Commission (MHC) to this ward.

As there have been no detained patients on this ward for some time there has been no patient experience reviews carried out in this ward.

6.0

INSPECTION STANDARDS - FAIRNESS

Expectation Statement 1: Advocacy services are available to all patients.	ACHIEVEMENT LEVEL
<p>Provider's Self Assessment:</p> <p>The patient's family (N.O.K) advocates on behalf of the patient. In this ward (Long-Stay) the Named Nurse advocates for the patient in the absence of family or alongside family. Contact with Named Nurses is ongoing for all patients. A large number of our patients have Communication problems, Autism and Challenging behaviour.</p> <p>The Multidisciplinary Team will refer the patient to the Advocacy Service if it is deemed to be in the Best Interests of the patient eg during Resettlement or if the patient requests it. There is Access to the Independent Advocacy Groups such as Mencap and Bryson, they visit the hospital weekly although this is a limited resource.</p> <p>The Tilli Self-Advocacy Group is supported by the Arc association and meets regularly within the hospital. The ward has Posters which display information relating to where and how advocates can be contacted. This has been discussed via the Patients Forum and Patients are made aware of the right to an Advocate in the Welcome to Ennis Booklet for Patients and their Families.</p> <p>Advocates are welcome to attend Multidisciplinary Reviews/other patient meetings and to have regular contact in private with the patient. They are directly contactable by the patients or the nurse will assist with this if it is required or requested by the patient.</p> <p>Staff in Ennis have had training relating to Advocacy groups ie The Tilli Group.</p>	<p>Fully Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p> <p>Inspectors found evidence in patient's notes, from relative's questionnaires, a letter from a relative and interview with two relatives that relatives are involved in patient care and can advocate on their behalf. Observation on the ward and interviews with nursing staff confirmed how well staff are tuned into patients' needs and the need for consistency of staff working with this patient group was emphasised.</p>	<p>Substantially Achieved</p>

MAHI - Creaney, B - Supplementary Bundle - 11

Only one patient interviewed confirmed that they attended the 'Tell It Like It Is' (TILII) self advocacy group. There were numerous leaflets around the ward and information in the ward booklet informing patients about advocacy; while these were in a user friendly format, most patients did not have the ability to understand or access services.

In view of the nature of the patient group on the ward, it would be good practice to be more proactive in the delivery of an independent advocacy service to the ward. The advocacy service would also need to be proactive in its engagement with the patients on the ward due to the patient's level of understanding of their rights.

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
<p>Provider's Self Assessment:</p> <p>On transfer the patients Named Nurse will explain Ennis wards Philosophy and Aims and Objectives. She will read the Welcome to Ennis for Patients and their Families booklet with the patient and if present their family. The patient is encouraged to share this with their family. This is user friendly and has additional Makaton symbols if required. A High percentage of patient's in Ennis would not have any understanding of Symbols or Simple Language.</p> <p>It states that the patients have the same rights as others in society, the right to make a complaint and so on. It promotes discussion ie How bodies such as RQIA can help you and others.</p> <p>Patients are encouraged to attend regular Patient Forums. The Trusts Complaints Procedure, the work of the RQIA, the Tilli Group and Advocacy groups have been discussed at these.</p> <p>Nursing Staff provide 24hour service offering support to patients and their families.</p> <p>In the event of a transfer of a Detained patient there is a workbook available to explain a Patients Rights whilst in Hospital. Staff have training in Human Rights in Learning Disability.</p>	<p>Fully Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p> <p>The ward booklet covers all aspects of patient care. There are leaflets and notices all around the ward for patients and relatives with relevant information.</p> <p>There was evidence that efforts were made to provide information in a style that was appropriate to the needs of the patient group. Patient's routines were on the notice boards and those patients interviewed evidenced that these had been discussed with them and that staff read these documents to them.</p>	<p>Substantially Achieved</p>

MAHI - Creaney, B - Supplementary Bundle - 13

Inspectors examined detailed minutes of patients' meetings. These provided evidence that all aspects of care are discussed with patients, for example, use of the car, patient's rights, menus etc but outcomes are not clearly recorded. Inspectors recommend that this continues on a regular basis but that the outcomes of the meetings are clearly recorded and monitored.

Inspectors also examined a user friendly leaflet and booklet on the Mental Health Order and patient's rights which the Trust had commissioned. This was specifically for patients with a learning disability. Inspectors observed an easy read leaflet displayed on the ward regarding the role of RQIA and patients confirmed this was discussed with them. Patient and staff questionnaires further confirmed that reasonable efforts are made to keep patients informed of their rights and what to expect in terms of their care and treatment.

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:	
THERE ARE NO DETAINED PATIENTS WITHIN THIS SETTING	Not Applicable
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
This expectation statement could not be fully validated as there were no detained patients on the ward. However, inspectors observed a user friendly booklet about the Mental Health Order which informs patients of their rights and staff indicated knowledge of the process of informing detained patients.	Not Applicable

INSPECTION STANDARDS - FAIRNESS

Expectation Statement 4: Patients are informed and familiarised with the comments and complaints process.	ACHIEVEMENT LEVEL
<p>Provider's Self Assessment:</p> <p>Patients are advised of their right to Complain by Nursing Staff. The Welcome to Ennis Booklet which is shared with patients and their families on transfer explains the right to Complain and that staff will explain how to do this. It encourages participation at Patient Forums and states that they have a right to an advocate or contact with other protective bodies or Support Agencies eg. RQIA, Tilli group. A high percentage of our patients have Communication difficulties. Families are invited to patient multidisciplinary reviews and are encouraged to discuss the patients care and treatment at these and at any time.</p> <p>There are regular Ward Meetings in Ennis and one objective of these is to identify ways in which we can continue to improve our service.</p> <p>The current Trust Management policy regarding complaints is followed by staff.</p> <p>Complaints Awareness Training is available for staff within the trust.</p> <p>There are Trust information leaflets available for patients and their families “How to make a comment or Complaint on our Service”.</p> <p>There is a complaints register available in the ward but there have been no complaints recorded since the year 2000.</p>	<p>Fully Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>The patients who were interviewed indicated that they could talk to staff if they had issues or concerns. The minutes of the patients' meetings also confirmed that patients are informed of their right to complain. The ward booklet also explains this right and there were numerous leaflets on notice boards around the ward to inform patients and relatives. Inspectors viewed the complaints log on the ward and confirmed that the last complaint recorded was in 2000. As most patients on the ward would neither have the understanding or ability to make comments or complaints, the presence of an independent advocate on the ward would provide enhanced protection for patients and staff. Questionnaires received from relatives and discussion with relatives during the</p>	<p>Fully Achieved</p>

MAHI - Creaney, B - Supplementary Bundle - 16

inspection provided further evidence that they are informed how to process complaints and comments.

Interviews with staff confirmed that they understood the complaints process and endeavoured to inform patients who could understand. Inspectors viewed the Trusts current complaints policy and this is due for review in April 2013.

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
<p>Provider's Self Assessment:</p>	
<p>Ennis amalgamated with Fairview ward in January 2010. There have been no transfers to Ennis during this time. Current patients have been made aware of the Welcome booklet for Patients and their families. This will be read to newly transferred patients when a transfer occurs. There is a high proportion of our patients who would not be able to read and/or understand symbols.</p> <p>Staff on duty will orientate the patient to the ward by showing them around the facility and introducing them to all staff within the ward ie Nursing, Medical, Domestic etc.</p> <p>On the day they will explain the Ward Philosophy, Aims and Objectives, Rights etc. using the Welcome Booklet.</p> <p>The patients Named Nurse and Associate nurses are allocated on that day. The importance of a good relationship with patients and their families is highlighted in our ward Aims and Objectives.</p> <p>Patient Forums are ongoing and the Advocacy Service is explained.</p>	<p>Fully Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>Relatives of a patient who had been recently transferred to the ward stated that patients were transferred on a phased basis and were so pleased with the outcome that they felt "it should be policy for any other transfers".</p> <p>Three of the patients interviewed could confirm that staff read information out to them. These patients demonstrated a clear understanding of the routine, times and choices offered on the ward. Two patients could point to appropriate information sheets which evidenced clearly, as they could not read that this information had been shared with them. They also stated it had been shared with their relatives. The ward booklet and leaflet clearly explained relevant aspects of care. The minutes of patients' meetings provided strong evidence that efforts are made to keep patients informed and to discuss ongoing issues with them.</p>	<p>Fully Achieved</p>

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:	
<p>Patient Centred Care Plans have been devised by Named Nurses and are reviewed by the Multidisciplinary team.</p> <p>All care-plans were recently audited by the EQC team within the trust.</p> <p>Care-plan entries are signed, dated and now timed where applicable.</p> <p>Care-plans are responsive to change and do reflect changes in patient care and treatment, behaviour etc.</p> <p>Any points of disagreement in relation to care would be identified and recorded.</p> <p>Ongoing assessments are up to date and regularly reviewed and with the patient where possible</p> <p>Many of patients in Ennis have problems with Communication and or Understanding. An unmet need for some of the ladies in Ennis could be the fact that they await a place in the Community.</p> <p>Where capacity is available that patient has participated in and signed her care-plan. There is evidence of Consent being sought and given orally or non-verbally on a variety of issues. Consent and Best Interests are discussed by the Multidisciplinary team.</p>	<p>Fully Achieved</p>
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
<p>Inspectors examined the nursing records and they were noted to include a person centred method for assessment and care plans which met the indicators of this expectation statement. Documentation regarding patient consent had recently been added to each treatment change recorded. Three patients interviewed indicated that medical and nursing staff endeavour to explain things to them and nursing staff interviewed confirmed this. The patients who have capacity sign the initial assessment document which incorporates agreement to their care plan. There was no evidence however in the notes of patients being involved in an ongoing manner as there were no other signatures where changes to care have been documented. There was no evidence to confirm that patients with capacity were informed of the outcome of their review or consistent documentation that they had been asked to attend. Staff showed inspectors one file which confirmed that the patient had attended her last review but</p>	<p>Substantially Achieved</p>

MAHI - Creaney, B - Supplementary Bundle - 19

<p>inspectors had difficulty confirming this consistently. There was little evidence of the outcomes of reviews being discussed with patients though inspectors observed that copies were sent to relatives. The format of recording reviews formally is undertaken by nursing staff and the detail was of a high standard, however it is recommended that staff document who attended and who takes responsibility for tasks identified including informing patients appropriately and asking for their views.</p>	
---	--

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
<p>Provider's Self Assessment:</p> <p>Ennis is long stay ward and Multi-disciplinary Team Reviews are held at least monthly. Patients have an Annual Review and for this reports are prepared from Nursing, Medical, Daycare etc and are discussed at this.</p> <p>The Careplan is reviewed and aims and objectives are set accordingly. The named nurse is responsible for the follow up and to coordinate any planned action. The patient attends if they wish to and their N.O.K are invited to attend. Other professions ie daycare, speech and language etc may attend or provide reports for this also. The Outcome is forwarded to the patients family unless this is against the wishes of the patient.</p> <p>There are also Doctors rounds held 2-4 weekly whereby the Ward Consultant and Ward Doctor review any changes with the Nurse in Charge. Any changes to be made will be documented in the care plan and action taken again coordinated by the nurse in charge. Careplans reflect changes in patients care and treatment.</p> <p>Both of these meetings reflect a Multidisciplinary approach. Referrals to various services can be made at any time during that year ie Adult behaviour Services. Reports can be requested at any time and are provided at any time during the year ie Speech and Language.</p> <p>The Ward Doctor visits regularly during the week. The Ward Consultant is available during any given week.</p> <p>The Daily care given to patients in Ennis is based upon a Multidisciplinary Approach. It reflects individual care based upon individual needs.</p>	<p>Fully Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>Multi-disciplinary team reviews are held monthly on the ward and all patients are discussed; this was evidenced in the book which records multi-disciplinary meetings. Nursing progress notes also refer to the multi-disciplinary discussion of patients and medical notes provide further evidence, however, this was not consistently referenced. Annual reviews were evidenced in all of the case notes that were examined. The named nurse completes a typed comprehensive report of the review and a copy is sent to the next of kin. The reports examined did not record who</p>	<p>Partially Achieved</p>

attended the review and they were not signed. The medical and progress notes confirmed attendance but they did not include the full names or designations of attendees. There was not consistent evidence of patients being asked to attend or of them having attended the review or having outcomes explained to them. Inspectors found that the method of recording monthly multi-disciplinary meetings was not consistent and recommended that a template is devised to record consistently the following:

- Tasks identified
- Responsible officers
- Attendees, including designation
- Patient's views discussed prior to the meeting
- How information will be shared with the patient.

Patient's notes indicated that patients are seen very regularly by medical staff and there were clear entries regarding the care and treatment. There was evidence of nursing staff advocating on patients behalf in the notes and ward diary. There was also evidence of appropriate multi-disciplinary input throughout the notes, for example, dietician, podiatry, tissue viability nurse, dentistry and behavioural team.

INSPECTION STANDARDS - FAIRNESS

<p>Expectation Statement 8: Patients have the opportunity to meet and discuss their care and treatment in private with their consultant. <i>For associated indicators please refer to Appendix 1.</i></p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p> <p>The Ward Consultant is available for patient appointments on a Monday to Friday Basis.</p> <p>Patients can be helped to make and appointment, Relatives are advised how to and on occasions the Nurse will make the appointment for the patient or their family. This is done by a telephone call to the Consultants secretary to arrange an appointment.</p> <p>There is a poster to explain this and the opportunity to do this is explained in the Welcome booklet for Patients and their families.</p> <p>The Ward Consultant will record any meetings in the patients Medical File and sign it. The Ward is advised of any changes to be made as a result of this.</p> <p>Nurses can be present at any such meetings if the Patient requests it.</p> <p>Patients and their families can meet in Private with the Consultant at this office or in the ward. Speech and language services are available to assist with the interview.</p>	<p>Fully Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>The patients interviewed confirmed that they knew the Consultant and Ward Doctor and they had regular access to both. They were unable to give exact details of when the consultant was available but explained that they did see him and he spoke to them in a person centred manner. Patients' medical notes indicated that they are seen regularly and appropriately by medical staff. The ward booklet informs patients and relatives that they can access the consultant privately and there were a number of easy read notices on the ward informing patients and relatives of this, however due to the nature of the patient group, very few patients would have capacity to request a private meeting with the consultant. Despite evidence of staff endeavouring to inform patients of this opportunity, inspectors were unable to confirm this happens. However, patient and relative questionnaires indicated satisfaction with the level of contact provided.</p>	<p>Fully Achieved</p>

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
<p>Provider's Self Assessment:</p> <p>Named Nurses record issues brought to them by Patients in their Nursing Care Plan, action to be taken and resulting changes are reflected.</p> <p>This is often following discussion with members of the Multidisciplinary Team. There are 6 monthly reviews of care-plans including progress/changes etc.</p> <p>If a Named Nurse is unavailable the patient will be aware who the associate nurse or allocated nurse is in her place. A friendly approach is taken by staff whilst engaging with patients.</p> <p>There are rooms available to allow privacy for meetings. The services of Speech and Language can be employed where there are Communication problems.</p>	<p>Fully Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p> <p>Inspectors were informed that a named nurse system is used on the ward. Patients interviewed could inform inspectors of their named nurse and suggested that the level of contact was variable. The role of the named nurse is outlined in the ward booklet. Inspectors observed a user friendly style of engagement with patients and staff appeared to be responsive to patient needs. The notes indicated that staff advocate on behalf of patients and access relevant personnel / professionals where appropriate. However one to one meaningful engagement by the named or allocated nurse was not evidenced in the notes as there was little evidence that patient's views were sought for relevant meetings. Information obtained from patient and relative questionnaires and interviews confirmed satisfaction with the overall level of care provided by the nursing staff on the ward however patients were unable to confirm the frequency of contact.</p>	<p>Substantially Achieved</p>

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:	
<p>Patients are made aware of their right to meet with all professionals who are involved in their care. This is explained to them by their Named Nurse and using the Welcome to Ennis for Patients and Families booklet. Many of our patients have difficulty with communication and may need the assistant of other agencies ie Speech and Language.</p> <p>Appointments can be made by the Nurse to facilitate this or by the patient themselves or their families. The Nursing staff can advise how to do this.</p> <p>Records are made of issues discussed, actions to be taken resulting changes and follow up. Patients notes evidence discussion of overall progress and changes. Nursing Staff can be present at meetings if the patient requests it.</p> <p>There are rooms which can be provided for Private discussion.</p>	Fully Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
<p>Inspectors were satisfied that there was sufficient evidence from discussion with staff and patients, responses from all sets of questionnaires and examination of the ward booklet, that efforts are made to inform patients of their right to discuss their care and treatment in private with any relevant health or social care professional. Patients' notes indicated that all relevant professionals are involved in their care. It was apparent that many patients on the ward are unable to communicate verbally and will require the assistance of nursing staff to advocate on their behalf at meetings with visiting professionals to the ward.</p>	Fully Achieved

INSPECTION STANDARDS - FAIRNESS

Expectation Statement 11: The discharge plan should be initiated at the earliest opportunity following admission.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
<p>All patients in Ennis are awaiting discharge. There is no funding available for any of the current population in Ennis. Should a bed become available it would be discussed immediately with the Multidisciplinary team. When this is confirmed the patient is fully involved. All relevant persons will be invited to MDT meetings ie. Advocates. Assist can be given from the Speech and Language Service to aid Communication if applicable. There is a Discharge Plan included in the care-plans. This is reviewed at least 6 monthly and is ready for planned action when a bed becomes available.</p> <p>There is information available in Ennis regarding Resettlement procedure.</p>	<p>Fully Achieved</p>
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
<p>Inspectors verified that patient's notes indicated that discharge is considered in their care plans. Discussion with relatives at interview highlighted their concerns as they reported that they felt that the level of care received on this ward could not be achieved in a community setting. Inspectors were advised that all of these patients are awaiting placements as there are no appropriate community facilities available. Inspectors were informed that monthly returns are sent to the Department in relation to its requirement concerning patients awaiting discharge, which indicates resettlement options. The Ward Consultant chairs the Resettlement Strategy Group and is immediately aware of potential options. Therefore, efforts are ongoing to regularly monitor the discharge potential on the ward and ensure that the consultant is informed of impending options for patients. Inspectors examined the discharge policy and the Ward Manager explained the discharge plan in the event of an appropriate facility becoming available for any patient.</p> <p>It was noted in a patient's records that one patient had previously written to the Trust requesting a community placement. As a consequence one action agreed at their review in 2009 was that the medical staff would initiate</p>	<p>Substantially Achieved</p>

MAHI - Creaney, B - Supplementary Bundle - 26

<p>contact with the Care Manager on their behalf. There was no evidence that this was processed however and this highlighted to inspectors the deficits in the ward's procedures for recording reviews and a recommendation has been made accordingly.</p>	
--	--

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
<p>Provider's Self Assessment:</p> <p>The Trust's Protocol and Procedures are followed upon discharge. Hospital Resettlement Guidelines are fully applied.</p> <p>There is a format to provide leave medications and this is the same for discharge. Medication is issued to families with clear guidance and instruction.</p> <p>Personal possessions and monies are returned to the patient.</p> <p>If communication is a problem the Speech and Language Service will provide assistance.</p> <p>The Discharge Checklist (Hospital and Trust) are completed by Named nurse or Allocated Nurse.</p>	<p>Fully Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p> <p>Inspectors were unable to fully evidence this expectation statement, however, the Ward Manager did explain fully the discharge process to inspectors in the event of an appropriate place being made available to a patient. This process involved a patient centre inclusive approach to discharge. Inspectors were satisfied that appropriate procedures would be followed in the event of a patient being discharged.</p>	<p>Not Applicable</p>

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:	
<p>Following the policy for the Management of Records Ennis has implemented the system for all staff to use.</p> <p>Information held on record is accurate, up to date and readily accessible. Staff are trained how to manage records. Files are organised in a practical manner, communication is clear between Multidisciplinary Staff. All old records are available on the ward.</p> <p>Notes are current, dated, timed and signed. Treatment given and recommendations are written into case notes.</p> <p>There are records kept of patients possessions.</p>	Fully achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
<p>Inspectors evidenced from the staff meeting minutes that records management was discussed following a notification from the Trusts Governance Department; this verified learning from incidents was shared. Records management polices and procedures were examined and were accessible to staff and current.</p> <p>Inspector's examination of patients' notes confirmed that all notes and Kardexes were up to date. Entries in nursing notes were all dated and signed but the time was not consistently recorded. The medical notes did not consistently contain records of the designation of all medical staff making entries, therefore they did not fully reflect compliance with professional guidance. The notes clearly indicated involvement of relevant professionals.</p> <p>The Ward Manager demonstrated how records on the ward have been archived and explained that one of the nursing staff had undertaken this task to ensure compliance with the Trust policy. While this reflected good practice, inspectors felt that this is not a nursing role and took nursing staff away from patient care and therefore inspectors recommend clerical support for the ward for the maintenance of records.</p> <p>Inspectors examined the patients' property policy which was due for review in 2009. The Ward Manager has</p>	Substantially Achieved

MAHI - Creaney, B - Supplementary Bundle - 29

<p>summarised this policy in the ward booklet for staff and patient information. This demonstrated effective practice which was further evidenced in the practical processes devised for safeguarding patient's property and money which were explained and demonstrated to inspectors.</p>	
---	--

7.0 ADDITIONAL INFORMATION

7.1 Environment **MAHI - Creaney, B - Supplementary Bundle - 30**

The ward was noted to be warm, bright and homely. There were a number of areas identified during the inspection that needed attention, these included:

- The dining room needed to be redecorated.
- The floor covering in areas of the ward, particularly left of the entrance, needed to be renewed as there are areas which are badly scored and patched.
- There was paint peeling on a section of wall in the clinical room.
- The dormitories and two bedded room needed to be repainted.
- There were no curtains or screens to provide privacy in the dormitories; these are recommended to enhance patient privacy and dignity.
- Inspectors noted that one of the dormitories was used to sort clothes that had arrived from the laundry and staff reported there is a shortage of storage space on the ward. It was recommended that appropriate storage room is sought.
- The floors in the section of the ward for patients with more intensive support needs needed to be cleaned. The Ward Manager explained that the current domestic cover on the ward was relief cover as the regular domestic was of for some time. It was recommended that domestic cover for the ward and regular cleaning is monitored.
- The section of the ward for patients with more intensive support needs was sparse in comparison to the other side of the ward. The Ward Manager explained the efforts being made to make the area more homely while prioritising safety and personal televisions for each bed area have been ordered.

All these issues were addressed with the Ward Manager.

7.2

There were a number of positives identified:

- The efforts made to provide a homely, bright, person centred environment..
- The efforts made to normalise the environment, for example, the use of Denby crockery for all but two patients on the ward who need alternative crockery due to safety reasons.
- The provision of a car for the ward was greatly praised by both staff and patients and patients reported and indicated that it was used on a frequent basis.
- The notice boards in all parts of the ward provided a range of appropriate information, much of which was in a user friendly format for patients.
- The individual storage area in bathrooms for personal toiletries which demonstrated an individualised, person centred approach.
- The water cooler in the main entrance.
- The digital photo frames for which patients indicated enjoyment and pleasure.
- The file for policies and procedures and process which included a template for monitoring staff reading the policies and procedures.
- The garden, swings and smoking area.
- The level of nursing knowledge of the patients' needs likes and dislikes.

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:

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



MARGARET CULLEN
Lead Inspector

8 December 2010

DATE

24/6 file

[Handwritten signature]

G-022

10 April 2013

Wednesday

April 2013							May 2013						
Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7			1	2	3	4	5
8	9	10	11	12	13	14	6	7	8	9	10	11	12
15	16	17	18	19	20	21	13	14	15	16	17	18	19
22	23	24	25	26	27	28	20	21	22	23	24	25	26
29	30						27	28	29	30	31		

10 Wednesday		Notes
07 ⁰⁰		<p><u>MUCKAMORE</u> <u>GEN FILE</u></p> <hr/>
08 ⁰⁰		
09 ⁰⁰	Executive Team Meeting Room 1, A Floor McNicholl, Catherine	
10 ⁰⁰		
11 ⁰⁰		
12 ⁰⁰		
13 ⁰⁰		
14 ⁰⁰	Meeting to Discuss Update on Muckamore Action Plan Brenda Creaney's Office, A Floor, Belfast City Hospital Creaney, Brenda	
15 ⁰⁰		
16 ⁰⁰		
17 ⁰⁰		
18 ⁰⁰		

*Belfast Health & Social Care Trust
Chief Executive's Office
A Floor
Belfast City Hospital
Lisburn Road
Belfast
BT9 7AB*

*Direct Line 028 950 40119
Fax 028 90 263966*

From: Nicola McGinn [<mailto:Nicola.McGinn@rqia.org.uk>]
Sent: 21 January 2013 16:30
To: Donaghy, Colm
Cc: Margaret Cullen; macartney, linda; McCabe, Pauline
Subject: Inspection Report and Quality Improvement Plan - Ennis

Good Afternoon Mr Donaghy,

Please find attached Inspection Report, Quality Improvement Plan and letter for your attention following the unannounced inspection of Ennis Ward, Muckamore Abbey Hospital on 13 November 2012.

As the report is password protected, please contact Aislinn Carolan, Project Administrator on 02890517536 to obtain the password.

Kind Regards

Nicola McGinn

*Nicola McGinn
Senior Administrator
Mental Health and Learning Disability Team*

*Regulation and Quality Improvement Authority
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT*

Tel: 028 9051 7530

Email: nicola.mcginn@rqia.org.uk

Privileged, confidential and/or copyright information may be contained in this email, and is only for the use of the intended addressee. To copy, forward, disclose or otherwise use it in any way if you are not the intended recipient or responsible for delivering to him/her is prohibited. If you receive this email by mistake, please advise the sender immediately, by using the reply facility in your email software. We may monitor the content of emails sent and received via our network for the purposes of ensuring compliance with policies and procedures. This message is subject to and does not create or vary any contractual relationships between RQIA and the recipient.

McCabe, Pauline

Catherine - I spoke to Glenn on Friday - he

From: McNicholl, Catherine
Sent: 04 February 2013 08:45
To: McCabe, Pauline
Cc: Kerr, Hayley; Veitch, John; Creaney, Brenda; Mannion, Moira
Subject: RE: Sent to Colm - Letter re Ennis Ward, Muckamore Abbey Hospital

*confirmed that if Ennis is O
examined for closure then he
wouldn't expect
an interim
move as suggested in
RQIA letter.*

Yes, probably but certainly John Veitch and staff. I have sent to Brenda Creaney re staffing issues as Moira Mannion has been working with us on this. Hopefully Moira will also be able to attend.

Catherine

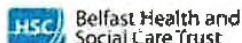
From: McCabe, Pauline
Sent: 04 February 2013 08:42
To: McNicholl, Catherine
Cc: Kerr, Hayley
Subject: FW: Sent to Colm - Letter re Ennis Ward, Muckamore Abbey Hospital

Pauline

Catherine

I was on leave on Friday and catching up on emails. Are you attending the meeting with RQIA on 11th February?

Pauline



*Pauline McCabe
Personal Assistant to Colm Donaghy
Chief Executive
Belfast Health & Social Care Trust
Chief Executive's Office
A Floor
Belfast City Hospital
Lisburn Road
Belfast
BT9 7AB*

*Direct Line 028 950 40119
Fax 028 90 263966*

From: McNicholl, Catherine
Sent: 01 February 2013 15:14
To: McCabe, Pauline
Subject: RE: Sent to Colm - Letter re Ennis Ward, Muckamore Abbey Hospital

Thanks. Colm left voicemail. Please let him know that Ennis is the ward we are investigating and there is a robust vulnerable adult plan in place.

I will brief him further next week.

Catherine

Sent from my Windows Phone

From: McCabe, Pauline
Sent: 01 February 2013 15:03



The Regulation and
Quality Improvement
Authority

Our Ref: PC/NM

15 March 2013

Private and Confidential

Mr Colm Donaghy
Trust Headquarters
A Floor
Belfast City Hospital
Lisburn Road
Belfast
BT9 7AB

Dear Mr Donaghy

I write in respect of the unannounced inspection of Ennis Ward, Muckamore Abbey Hospital undertaken by RQIA on 29 January 2013.

I enclose for your attention the report which includes the findings and quality improvement plan.

A copy of this report and quality improvement plan is also being forwarded to the ward manager.

I would be pleased if you could return the completed quality improvement plan on or before 12 April 2013. If you disagree with the factual accuracy of the report you should make a brief written response in order that amendments can be made or your comments appended before 12 April 2013.

If any proposed amendments either to the report or the quality improvement plan are not received in writing by the required date given above, the RQIA will issue the report as the final report by 19 April 2013.

Thanking those involved for their co-operation throughout the inspection process.

Yours sincerely


PATRICK CONVERY
Head of Mental Health and Learning Disability

Enc

cc: Margaret O'Boyle, Acting Ward Manager, Ennis Ward, Muckamore Abbey Hospital

infarming and improving health and social care

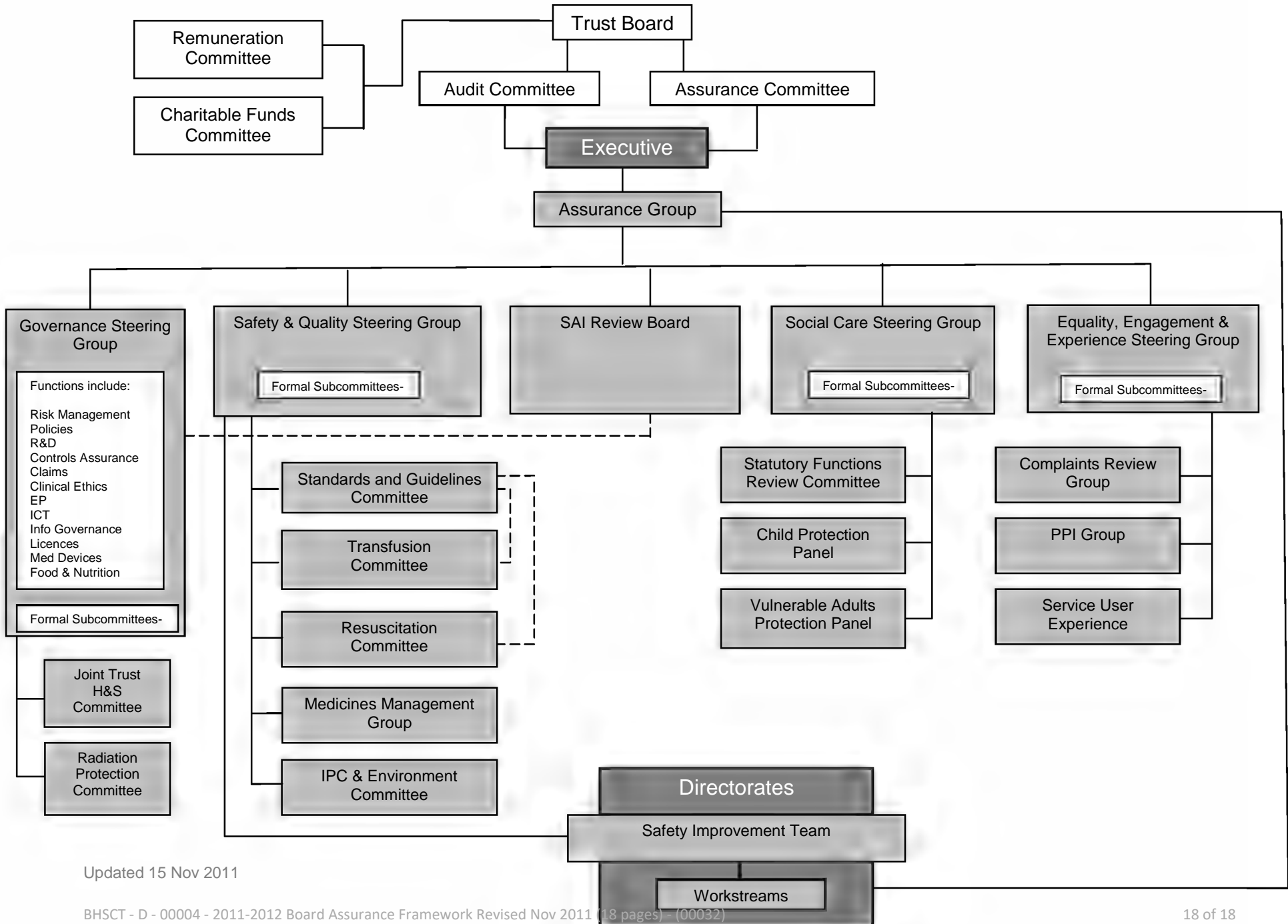
9th Floor, Riverside Tower, 5 Lanyon Place, Belfast BT1 3BT Northern Ireland
Tel: 028 9051 7500 fax: 028 9051 7501 email: info@rqia.org.uk web: www.rqia.org.uk

Established Under The Health and Personal Social Services (Quality Improvement and Regulation) (NI) Order 2003

MAHI - Creaney, B - Supplementary Bundle - 37

ASSURANCE COMMITTEE

SUB-COMMITTEE STRUCTURE



Updated 15 Nov 2011

Jolene Welsh



Belfast Health and Social Care Trust

BHSCT Incident Approval Form

Click for: • [NEW FROM APRIL 2019 – CCS2 Coding \(UPDATED\)](#)

Click for: • [Incident Dashboard Guidance \(UPDATED\)](#)

Click for: • [Approving Managers Guidance \(UPDATED\)](#) - includes guidance on approving and follow-up, searching and running reports on incidents.

W24343 | P40

1. Incident details

If you are not the person to approve the incident (e.g. the reporter has selected your name in error) then pass the incident on by selecting the correct name from the dropdown list in the Approver field - if unknown, select Datix Administrator. The new handler will receive an automated email informing them of the change.

Record last updated	Kevin Sira 27/06/2016 00:00:00
Incident Form Ref. No.	W24343
Reported date: (dd/MM/yyyy)	08/11/2012
Approver <i>(Click here if name is wrong)</i>	Stewart, Clinton - Senior Nurse Manager / Ward Manager

2. Incident details

What happened?	An allegation was received today from a third party concerning four patients in Ennis Ward.
<ul style="list-style-type: none"> REPLACE NAMES with titles or the word patient/client to define people involved/affected. Ensure it is written in third person i.e. REPLACE I, my, we etc... 	
Immediate action taken at the time of the incident (including action to prevent re-occurrence).	An investigation has commenced in under the Vulnerable Adults Process and the relevant people have been informed.
Who has been notified of this incident?	Next of Kin or Relative Police Service for Northern Ireland (PSNI) Regulation and Quality Improvement Authority (RQIA)
Incident date (dd/MM/yyyy)	07/11/2012
Time incident occurred (hh:mm)	

http://beldatixweb03.belfasttrust.local/datix/live/index.php?action=incident&recordid... 23/12/2019

3a. People Affected

To add new people to this incident or to amend existing details, email the information to: incident.reporting@belfasttrust.hscni.net

	Role	Forenames	Surname	Status	D.O.B	H+C No	Multi contact ID	Address	Injury (Primary)
▶	Person Affected / Victim	P40		Inpatient	16/07/1958		Patient A	c/o Ennis ward Muckamore Abbey Hospital	
▶	Person Affected / Victim	P22		Inpatient	01/04/1951		Patient B	Ennis ward Muckamore Abbey Hospital 1 Abbey Road Antrim	
▶	Person Affected / Victim	P39		Inpatient	06/02/1971	EA 4065	Patient C	ENNIS Ward MAH	
▶	Person Affected / Victim	P41		Inpatient	08/10/1982			Ennis Ward MAH	

3b. Other Contacts

To add new people to this incident or to amend existing details, email the information to: incident.reporting@belfasttrust.hscni.net

	Role	Forenames	Surname	Status	D.O.B	H+C No	Multi contact ID	Address	Tel:
▶	Reporter	H491		Senior Nurse/ Ward Manager (Deputy)/ Senior Manager				Cranfield 2 (MAH)	94463333 ext 2234
▶	Involved (incl. restraint)	P41		Inpatient	08/10/1982		Patient D	Ennis Ward MAH	

4. Where did the incident happen?

Site	Muckamore Abbey Hospital Site
Location (Type)	Ward or Care Facility
Location (Exact)	Ennis (MAH)
Directorate	Adult Social and Primary Care
Service Area	Learning Disability
Specialty	Muckamore Abbey Hospital

5. Incident Coding

Incident affecting	
--------------------	--

Incident type tier one _____

Incident type tier two _____

Incident type tier three _____

Result Harm to Person(s) - Physical

Severity (ACTUAL harm or impact) Moderate

Click for [severity table](#).

6. Equipment/ Medical Device/Accessories

Tick to add details of equipment, medical device or accessory, if relevant to incident. No

7. Documents

For guidance: [Click • Saving / Attaching Documents](#).

No documents.

8. MAPA Physical Intervention Section

(MAPA physical interventions are those taught on MAPA foundation, Update, Clinical Holding and Personal Safety & Disengagement courses).

Were MAPA Physical Intervention Techniques used? NO - None used

9. Reporter Details

Full name **H491**

Telephone no. **H491's telephone number**

E-mail address **H491**@belfasttrust.hscni.net

10. Investigation

For guidance: [Click • Procedure for Grading an Incident](#) and [• Procedure for Investigating an Incident \(excluding SAIs\)](#).

Risk grading

Click for the [Consequence & Likelihood Tables](#) to assist you in completing this section.

Please note:

The **consequence** of the incident differs from **severity**. **Consequence** should be scored based on what the outcome **COULD** have been.

	Consequence				
Likelihood of recurrence	Insignificant	Minor	Moderate	Major	Catastrophic

Almost Certain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Likely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unlikely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rare	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade: Medium					

Outcome of Review/Investigation
Brief summary of review/investigation findings including any further actions planned or taken to prevent re-occurrence.

Trust and P.S.N.I. investigation ongoing. Monitoring arrangements in place until investigation is concluded.

In addition, if a SEA or RCA has been completed, attach the report to the incident record (at Section 7).

Date investigation completed 25/08/2015
(dd/MM/yyyy)

Lessons learned

Is this incident reportable under RIDDOR?
 Yes
 No

Are the principles of the Being Open Policy being applied?
 For guidance: [Click **Being Open Policy**](#).
 Yes
 No
 Not applicable

Investigator / Managers Access
Use to give others access to incident.

Ensure you make contact and agree roles BEFORE adding names here.

(NOTE: this will send them an email with a link + description of the incident).
[\(Click for further guidance\)](#).

11. Approval/ Sign off Section

Incidents that are not approved within 7 days of being reported will be escalated as per the [Escalation Protocol \(Click\)](#).

Approval date (dd/mm/yyyy) 07/12/2012

Only enter date of first approval. Do not change this date subsequently.

2. Communication

This section can be used to send email correspondence about the incident to others. Copies of emails sent are saved in the message history below.

Recipients

Message

Message history			
Date/Time	Sender	Recipient	Body of Message
No messages			

Friday 9th November 2012

Ennis Notification of Next of Kin

All relatives of patients not directly connected to recent allegations contacted and advised of allegations, staff suspension and ongoing investigation. Also advised how to raise any concerns they may have had or currently have.

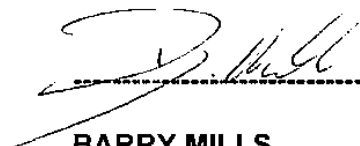
No relatives at the time of calling had any concerns and most stated they were more than satisfied with the standard of care.

However, all would like to be updated on the investigation.

I advised should the investigation identify any areas of concern directly affecting their relative they would be contacted immediately.

One relative when being contacted raised concerns regarding the taxi service—
P44's next of kin of **P44**.

I will advise Senior Nurse Manager Mr C Stewart of the matter.



BARRY MILLS
CLINICAL AND THERAPEUTIC SERVICE MANAGER

12th November 2012