

## MAHI - Milliken, C Bundle - 1

**From:** [Veitch, John](#)  
**To:** [Jameson, Heather](#)  
**Subject:** FW: Summary of feedback from RQIA Inspectors June 16  
**Date:** 07 July 2016 14:31:52  
**Attachments:** [summary of feedback from rqia inspectors june 16.docx](#)

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cid:DFA4D9E9-D98D-41F6-BE20-F0002D77D6D0@cable.virginmedia.net



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**From:** Armstrong, Jenni  
**Sent:** 01 July 2016 15:34  
**To:** Mills, Barry; Creane, Adrienne; Rafferty, Esther; Ingram, Brendan; Veitch, John; Mitchell, Mairead; McNicholl, Catherine; H613 ; H92  
**Cc:** Crilly, Mary  
**Subject:** Summary of feedback from RQIA Inspectors June 16

## Summary of feedback from RQIA Inspectors

### Donegore

30<sup>th</sup> June 2016

Inspectors: Audrey McLellan  
Wendy McGregor  
Patrick Convery  
Oscar Daly

Attendees: Audrey McLellan  
Wendy McGregor  
Patrick Convery  
Oscar Daly  
Adrienne Creane  
Esther Rafferty  
H92  
Barry Mills  
Jenni Armstrong  
Damian O’Kane  
H613

The inspection took place over 3 days using the new methodology, the key areas are:

Well Led

Is Care Safe?

Is Care Effective?

Is Care Compassionate?

The inspection included

- Ward environment tool
- Patient experience, inspectors spoke to all 9 patients
- Inspectors looked at care records
- Inspectors observed 14 interactions between staff and patients, using the QUIS tool, all were positive
- Inspectors spoke to 12 staff
- Inspectors spoke to 2 relatives

The inspectors described the inspection as being fairly positive.

### Is Care Safe?

- Inspectors reported that staff reported they felt supported and praised the leadership in the ward.
- There is a good Multidisciplinary team.
- Patients assessments are comprehensive
- Easy read information is good
- There is one issue with the RST/CRA in that there is no section on it (since being developed on PARIS) to record who was involved with the review – staff are aware of this and are currently working with PARIS to update the assessment. Inspectors were however able to cross reference the reviews with the record of the MDT meeting, this includes a record of attendees.

### Is Care Effective?

- Assessments are comprehensive
- Plans of care are detailed
- Patient involvement is clearly demonstrated
- Reviews/evaluations of care are good
- Staff demonstrate a good understanding of Dols and restrictive practice
- 1:1 interactions are clearly recorded
- MD involvement evidenced
- Daycare involvement is evident
- Inspectors commented that patients were out and about a lot
- Care is very person centred
- Inspectors commented positively on the 'All about me' booklet used in the ward
- There is one concern in relation to consultant involvement in the ward, both clinically and managerially. MDT meetings have been cancelled and when they have taken place, attendance by the consultant has been poor. RQIA will request a meeting with key personnel to discuss these issues

### Is Care Compassionate?

- Patients involvement is evident
- The 14 interactions observed between staff and patients were all positive
- Patients state they are happy with their care and treatment
- Relatives state they are happy with the care and treatment provided
- Easy read material available is excellent
- Inspectors suggested some of the material on notice boards could be in colour

### Well Led

- The inspectors had no issues in relation to governance
- There are systems in place to monitor incidents etc.

- There is a focus on learning
- Patients records are audited in the ward
- Mandatory training is up to date
- Supervision is up to date
- Inspectors suggested the minutes of patient meetings could be displayed in easy read format, i.e. 'you said .....' 'we did .....

**Areas of concern**

- The Risk Screening Tool Comprehensive Risk Assessment - in that there is no section on it (since being developed on PARIS) to record who was involved with the review – staff are aware of this and are currently working with PARIS to update the assessment. Inspectors were however able to cross reference the reviews with the record of the MDT meeting, this includes a record of attendees.
- There is a concern in relation to consultant involvement in the ward, both clinically and managerially. MDT meetings have been cancelled and when they have taken place, attendance by the consultant has been poor. RQIA will request a meeting with key personnel to discuss these issues.
- Insufficient evidence of Medics recording in the patients record

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**From:** [Veitch, John](#)  
**To:** [McNicholl, Catherine](#); [Black, Carol](#)  
**Cc:** [Harris, Lesley](#)  
**Subject:** FW: Donegore Plan-draft  
**Date:** 04 July 2016 13:29:16

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**From:** Milliken, Colin  
**Sent:** 04 July 2016 13:00  
**To:** Veitch, John; Mitchell, Mairead  
**Subject:** FW: Donegore Plan-draft

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**From:** Milliken, Colin  
**Sent:** 04/07/2016 12:16  
**To:** McGucken, Pamela; Rafferty, Esther  
**Subject:** Donegore Plan-draft

Dear Both,

I appreciate both your inputs-both in thinking through what we need to demonstrably do/plan, and on Thursday at 3pm at RQIA. Pat Convery phoned me this morning to inform me of escalation today, and to ask us to meet with them at that time.

It may be useful for me to share a draft plan with you-I'd appreciate any additions/suggestions of course. I haven't yet seen written detail of the concerns, and it may be necessary to revise plans in light of this.

Re Concerns about Antipsychotic prescribing-

I'll contact Oscar Daly to check again whether there are any immediate patient safety concerns. He assured me last week that there was no concern about high dose antipsychotic prescribing. I have spoken with Dr **H30** (as clinical lead for patient safety and quality), and emailed **H988** (currently on leave). I'll ask **H614** and **H988** /another clinical pharmacist to review the concerns raised in detail, to resolve any clinical issues and to suggest an action plan/recommend other steps. I believe ongoing clinical pharmacy input to Donegore( and other MDTs) would be important.

This review should include sampling of files from other wards in MAH and Dr **H614**/Dr **H613** s outpatient work in the Northern Trust to ensure that there are no wider issues.

Re Donegore Team Issues-

Recommend Clinical Pharmacy input.

Suggest planned team building work with external facilitator-? Beeches Management Centre.

Agree a communication pathway for any concerns from the Donegore MDT to be escalated.

I shall make contact with management in Northern Trust community services to check whether any concerns have been evident in outpatient work there, and to agree ongoing communication pathway.

I shall put in place a mechanism where I am informed directly if the Donegore MDT meeting is cancelled (similarly if OP clinics were cancelled).

Recording-

I shall email all medical staff today, to remind them of the importance of recording/evidencing

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their inputs-into PARIS.

I shall d/w Jenni Armstrong re an ongoing audit plan to examine the multi disciplinary recording in Paris.

There may be training needs for Dr <sup>1614</sup> specifically re IT and PARIS.

Donegore may benefit from support in reflective practice.

The resource to roll out Positive Behavioural Support to MAH wards (similar to Iveagh implementation) has not been forthcoming-for Core hospital management to address with Dr Meekin.

I have escalated to Dr McGucken and Ian Young (in Dr Jack' s absence due to A/L).

Please let me know of gaps/suggestions.

Many thanks.

Colin.

**From:** [Rafferty, Esther](#)  
**To:** [Veitch, John](#)  
**Cc:** [Harris, Lesley](#); [McNicholl, Catherine](#)  
**Subject:** FW: Correspondence re: Unannounced Inspection - Donegore  
**Date:** 04 July 2016 17:46:36  
**Attachments:** [dr.c.milliken.040716.pdf](#)

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John

I received a phone call from Pat Convery RQIA this afternoon, the escalation letter which is enclosed has been sent directly to Dr Milliken and not through the Chief Executive office.

Pat requested that I attend the meeting with Dr Milliken and Dr McGucken. I am able to do so, we can discuss further at core management meeting tomorrow.  
Esther

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**From:** Stephanie Gillespie [mailto:Stephanie.Gillespie@rqia.org.uk]  
**Sent:** 04 July 2016 16:44  
**To:** Colin.Milliken@belfast.trust.hscni.net  
**Cc:** McGucken, Pamela; Rafferty, Esther; Patrick Convery; Audrey McLellan  
**Subject:** Correspondence re: Unannounced Inspection - Donegore

Dear Dr Milliken,

Please see attached correspondence from RQIA for your attention.

Regards

Stephanie Gillespie  
Project Administrator  
Mental Health and Learning Disability Team

RQIA  
9<sup>th</sup> Floor, Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

**RO1**

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4 July 2016

**PRIVATE AND CONFIDENTIAL**

Dr Colin Milliken  
Clinical Lead  
Muckamore Abbey Hospital  
Belfast Health & Social Care Trust  
1 Abbey Road  
Muckamore  
BT41 4SH

Dear Dr <sup>Colin</sup> Milliken

**Unannounced Inspection – Donegore, 28 – 30 June 2016, Muckamore Hospital.**

Under Article 35(1) of the Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003 (the Order), RQIA has the function of conducting inspections and making reports on arrangements by statutory bodies for the purpose of monitoring and improving the quality of health and personal social services.

An unannounced inspection at Donegore was undertaken on 28-30 June 2016. This inspection was undertaken as part of RQIA's planned programme of inspections for 2016/17.

I write under the provision of the RQIA Escalation Policy to draw to your attention a serious concern noted by the inspector relating to the lack of medical consultant input in the ward both managerially and clinically.

I am requesting that you, or a senior member of your staff team meet with me on 7 July 2016 at 3p.m.at:

**RQIA Headquarters,  
9<sup>th</sup> Floor, Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



I would be grateful if you would confirm who will be attending this meeting with Hannah Morton R01

Thank you for giving this matter your urgent attention.

Yours sincerely



Patrick Convery  
Head of Mental Health and Learning Disability

c.c Esther Rafferty Service Manager, Dr Pamela McGuckin Clinical Director

**Creelman, Victoria**

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**From:** Milliken, Colin  
**Sent:** 06 July 2016 16:55  
**To:** Creelman, Victoria  
**Subject:** FW: Plan of action following RQIA inspection of Donegore Ward.

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**From:** Milliken, Colin  
**Sent:** 06/07/2016 11:55  
**To:** McGucken, Pamela; Young, IanS  
**Cc:** Rafferty, Esther; Veitch, John  
**Subject:** Plan of action following RQIA inspection of Donegore Ward.

Dear All,

Dr McGucken, Mrs Rafferty, Mr Veitch and I shall meet with RQIA at 3pm on Thursday 7<sup>th</sup> July-to hear of their concerns/conclusions in more detail, and to explain our actions in response.

I have summarised below our plan at present-this may require some amendment when more detail is available from RQIA.

**IMMEDIATE ACTIONS-**

1-I have contacted Dr Oscar Daly-and received assurance that no immediate patient safety concerns are raised, and that there is no evidence of high dose antipsychotic prescribing.

2-I have asked the Donegore Ward Manager to inform me and nursing management immediately if the Donegore MDT meeting is cancelled, and the reason for cancellation.

3-I have reminded all medical staff of the importance of evidencing all their clinical inputs using the PARIS system.

4-I have made contact with senior management in the Northern HSC Trust, and received assurance that no concerns have been raised about Dr H614 practice in her outpatient work in that Trust. It is agreed that any future such concerns will be promptly escalated to me.

**SHORT-MEDIUM TERM ACTIONS-**

5-Dr H30 (Clinical Lead for patient safety and governance) and Clinical Pharmacy (probably H988 - though currently on leave), will review the prescribing concerns raised by RQIA in detail, will resolve any outstanding clinical issues and make any necessary ongoing recommendations. This review should include sampling from other wards in Muckamore Abbey, and from Dr H614 and Dr H613 outpatient work in the Northern Trust. I shall discuss the value of clinical pharmacy input to the Donegore MDT as part of this review (and believe this would be of ongoing benefit to all our clinical teams into the future).

6-I have discussed with Jenni Armstrong (Clinical Audit Facilitator) how PARIS recording of clinical input from medicine and other disciplines can be audited on an ongoing basis-for further discussion/planning.

7-I have suggested that the Donegore MDT would benefit from a specific team building initiative, with external facilitation (? Beeches Management Centre)-for further discussion. It may be useful, as part of that work, whether external support could be provided to facilitate the Donegore team in reflective practice.

8-Pending further detail, it may be necessary to incorporate education/training in antipsychotic and other prescribing into Dr H613 Personal Development Template within appraisal. Dr H613 will also complete a Structured Reflective Template for appraisal following this inspection.

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9-Pending further detail, it may be necessary to incorporate education training in IT and PARIS into Dr H614 Personal Development Template for appraisal, and for her to complete a Structured Reflective Template following this inspection.

10-I shall discuss any further support/monitoring of Dr H614 and Dr H613 with medical management and managerial colleagues on an ongoing basis.

I trust this is helpful. Please let me know of amendments/omissions.

Colin Milliken.

**MAHI - Milliken, C Bundle - 12**

**From:** [Young, IanS](#)  
**To:** [McGucken, Pamela](#); [Milliken, Colin](#)  
**Cc:** [Rafferty, Esther](#); [Veitch, John](#); [Watson, Peter](#)  
**Subject:** RE: Plan of action following RQIA inspection of Donegore Ward.  
**Date:** 06 July 2016 12:57:29

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Dear all

Thank you for this and for the work which has taken place so far to ensure patient safety. [REDACTED] will need to be discussed at the next DDCR meeting and I have asked Peter Watson to review previous relevant documentation.

I would like to discuss further with Pam, Colin and Peter after the RQIA meeting so that we can also consider its outcome. Peter will liaise to arrange a conference call.

Best wishes

Ian

Sent from my Windows Phone

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**From:** [McGucken, Pamela](#)  
**Sent:** 06/07/2016 12:25  
**To:** [Milliken, Colin](#); [Young, IanS](#)  
**Cc:** [Rafferty, Esther](#); [Veitch, John](#)  
**Subject:** RE: Plan of action following RQIA inspection of Donegore Ward.

Dear Colin

Thank you for this.

I note the letter from the RQIA does not contain much information although there has been initial verbal feedback, and our plan can be amended.

I am aware that [REDACTED] has been referred to Occupational Health which is entirely appropriate

This will need to be discussed at DDCR and defer to Ian's opinion regarding this in the absence of Cathy Jack

Kind regards, Pam

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**From:** Milliken, Colin  
**Sent:** 06 July 2016 11:55  
**To:** McGucken, Pamela; Young, IanS  
**Cc:** Rafferty, Esther; Veitch, John  
**Subject:** Plan of action following RQIA inspection of Donegore Ward.

Dear All,

Dr McGucken, Mrs Rafferty, Mr Veitch and I shall meet with RQIA at 3pm on Thursday 7<sup>th</sup> July to hear of their concerns/conclusions in more detail, and to explain our actions in response.

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detail is available from RQIA.

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3-I have reminded all medical staff of the importance of evidencing all their clinical inputs using the PARIS system.

4-I have made contact with senior management in the Northern HSC Trust, and received assurance that no concerns have been raised about Dr **H614** practice in her outpatient work in that Trust. It is agreed that any future such concerns will be promptly escalated to me.

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5-Dr **H30** (Clinical Lead for patient safety and governance) and Clinical Pharmacy (probably **H988** though currently on leave), will review the prescribing concerns raised by RQIA in detail, will resolve any outstanding clinical issues and make any necessary ongoing recommendations. This review should include sampling from other wards in Muckamore Abbey, and from Dr **H614** and Dr **H613** outpatient work in the Northern Trust. I shall discuss the value of clinical pharmacy input to the Donegore MDT as part of this review (and believe this would be of ongoing benefit to all our clinical teams into the future).

6-I have discussed with Jenni Armstrong (Clinical Audit Facilitator) how PARIS recording of clinical input from medicine and other disciplines can be audited on an ongoing basis-for further discussion/planning.

7-I have suggested that the Donegore MDT would benefit from a specific team building initiative, with external facilitation (? Beeches Management Centre)-for further discussion. It may be useful, as part of that work, whether external support could be provided to facilitate the Donegore team in reflective practice.

8-Pending further detail, it may be necessary to incorporate education/training in antipsychotic and other prescribing into Dr **H613** Personal Development Template within appraisal. Dr **H613** will also complete a Structured Reflective Template for appraisal following this inspection.

9-Pending further detail, it may be necessary to incorporate education training in IT and PARIS into Dr **H614** Personal Development Template for appraisal, and for her to complete a Structured Reflective Template following this inspection.

10-I shall discuss any further support/monitoring of Dr **H614** and Dr **H613** with medical management and managerial colleagues on an ongoing basis.

I trust this is helpful. Please let me know of amendments/omissions.

Colin Milliken.

**MAHI - Milliken, C Bundle - 14**

**From:** [McNicholl, Catherine](#)  
**To:** [Young, IanS](#); [McGucken, Pamela](#); [Milliken, Colin](#)  
**Cc:** [Veitch, John](#)  
**Subject:** RE: Correspondence re: Unannounced Inspection - Donegore  
**Date:** 08 July 2016 08:35:04

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Dear All

I understand from John Veitch that the meeting went well, we have an action plan in place and appropriate action is being taken with regard to member of staff.

Many thanks

Catherine

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**From:** Young, IanS  
**Sent:** 05 July 2016 09:17  
**To:** McGucken, Pamela; Milliken, Colin; McNicholl, Catherine  
**Subject:** RE: Correspondence re: Unannounced Inspection - Donegore

Pam

Many thanks – have you had a chance to discuss with Catherine?

Could I have sight of an action plan ahead of your meeting? I was advised by Maria yesterday that immediate measures had been taken to ensure no detriment to patient safety; I would be grateful if you could confirm. I also think that there should be some communication with Northern Trust in case they need to look in more detail at other aspects of the Consultant's activity, although I was advised that no concerns had been expressed in this regard. In addition, if there is any more detailed information / communication from RQIA please let me know.

I am not easily available to attend but would be grateful if you could keep me informed about the outcome. Is the Consultant involved currently at work?

Yours sincerely

Ian

Deputy Medical Director  
Belfast Health and Social Care Trust

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**From:** McGucken, Pamela  
**Sent:** 04 July 2016 22:06  
**To:** Young, IanS; Milliken, Colin; McNicholl, Catherine

**Subject:** FW: Correspondence re: Unannounced Inspection - Donegore

Dear All

I am happy to attend.  
Colin and I have discussed action plan.  
Maria updated this afternoon

Does anyone else need to attend or be part of a briefing meeting?

Not sure if doctors need to be discussed at DDCR

Pam  
Sent from my Windows Phone

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**From:** [Stephanie Gillespie](#)  
**Sent:** 04/07/2016 16:44  
**To:** [Colin.Milliken@belfast.trust.hscni.net](mailto:Colin.Milliken@belfast.trust.hscni.net)  
**Cc:** [McGucken, Pamela](#); [Rafferty, Esther](#); [Patrick Convery](#); [Audrey McLellan](#)  
**Subject:** Correspondence re: Unannounced Inspection - Donegore

Dear Dr Milliken,

Please see attached correspondence from RQIA for your attention.

Regards

Stephanie Gillespie  
Project Administrator  
Mental Health and Learning Disability Team

RQIA  
9<sup>th</sup> Floor, Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT  
R01

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**MAHI - Milliken, C Bundle - 16**

**From:** [Rafferty, Esther](#)  
**To:** [Veitch, John](#); [Mitchell, Mairead](#); [McGucken, Pamela](#)  
**Cc:** [Harris, Lesley](#)  
**Subject:** Donegore Action Plan  
**Date:** 14 July 2016 10:37:15  
**Attachments:** [donegore action plan2.docx](#)

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Dear All

Please find enclosed proposed Action Plan for RQIA following the Donegore Unannounced inspection

I have already shared this with John and would welcome further comments and changes before 4pm today

This plan is due for submission to RQIA tomorrow before 12 noon

regards

Esther



## MAHI - Milliken, C Bundle - 17

Issue / Concern	Action Plan	Timeline
<p><b>Medication</b> RQIA identified as part of the unannounced inspection in Donegore Ward issues of polypharmacy with psychotropic medication whereby more than one medication was in use before the maximum therapeutic dose of one drug had been prescribed.</p>	<p>The Clinical Director Dr Milliken to confirm there are no immediate patient safety concerns needs addressed with Dr Daly RQIA Lead Medical Inspector.</p>	<p>Completed</p>
	<p>Dr Milliken Clinical Director will contact the senior manager in Northern Trust to seek assurance no concerns have been raised regarding outpatient work.</p>	<p>Completed</p>
	<p>The Trust has agreed that the Clinical Medical Lead for patient safety and governance and Clinical Pharmacist will review all current medication prescriptions within Donegore ward, and take any necessary action. A further sample audit of medication kardex in all other inpatient wards will be undertaken to ensure prescribing practices are within good practice guidelines.</p>	<p>To commence w b 19<sup>th</sup> July 2016, to be completed by 12<sup>th</sup> August 2016 Update report 31st August 2016.</p>
	<p>The Clinical Medical Lead for patient safety and governance and Clinical Pharmacist will also undertake an audit of Dr H614 and Dr H613 clinical case notes for outpatient work in respect of prescribing to be undertaken to ensure prescribing practices are within good practice guidelines.</p>	<p>31<sup>st</sup> August 2016</p>
	<p>Clinical Pharmacy input into wards will be reviewed by the Clinical Director and any recommendations submitted to Hospital Management Team.</p>	<p>30<sup>th</sup> September 2016</p>

## MAHI - Milliken, C Bundle - 18

<p><b>Recording</b> RQIA identified a lack of medical input and recording in the patient case-notes in Donegore ward. There was no evidence of medical leadership on the ward or medical management of the patient care and treatment.</p>	<p>The Clinical Director will issue communication to all medical staff to ensure that their clinical input and direction to patient care and treatment is evidenced in all patient case-notes on a regular and consistent manner.</p> <p>The Trust will audit case notes for evidence of all multidisciplinary recording including medical input into patients care and treatment.</p> <p>Ward managers will monitor closely recording practices on the ward monthly through audit of two case-notes and report issues through operations managers.</p>	<p>Completed</p> <p>12<sup>th</sup> August 2016</p> <p>Monthly – ongoing Commencing immediately</p>
<p><b>Multidisciplinary Team Meetings</b> There was a lack of regular multidisciplinary team meeting and discussions held on the ward. There was no evidence to support clinical leadership and management of inpatient care.</p> <p>RQIA noted that patients were negatively impacted upon as a result of cancelled meeting as they were awaiting feedback from the clinical team.</p>	<p>The ward manager will ensure weekly multidisciplinary meetings with immediate effect and will notify the clinical director and service management of cancelled or rescheduled meetings and the reason for same.</p> <p>Details of planned multidisciplinary meetings will be displayed on the ward for patient information. The multidisciplinary team will ensure that the patients will receive timely feedback following multidisciplinary team meetings and that all team discussions are recorded in the patient case-notes.</p> <p>The Trust will audit case-notes for evidence of multidisciplinary team meetings.</p> <p>Ward managers will monitor closely recording practices on the ward monthly through audit of two files and report issues through operations managers.</p>	<p>Completed</p> <p>31<sup>st</sup> July 2016</p> <p>12<sup>th</sup> August 2016</p> <p>Monthly – ongoing with immediate effect</p>

## MAHI - Milliken, C Bundle - 19

<p><b>Multidisciplinary Team Meetings (cont)</b></p>	<p>The Trust will organise and facilitate a Team building event for Donegore multidisciplinary staff team by the end of December 2016 This will aim to build relationships and ensure appropriate support, reflection and to ensure that constructive challenge is promoted in collaborative team working.</p>	<p>December 2016</p>
<p>Training &amp; Support</p>	<p>The Trust will through its appraisal processes include personal development learning and structured reflection for the medical staff in respect of the issues raised and any further recommendations made as part of audit or case reviews undertaken.</p> <p>The support, monitoring arrangements and training needs for Dr H614 and Dr H613 will be reviewed. This will also include training updates in respect of</p> <ol style="list-style-type: none"> <li>1. IT recording onto the PARIS computerised system</li> <li>2. Education of prescribing of Antipsychotics and other medications.</li> </ol>	<p>September 2016 and ongoing</p>

**From:** [Veitch, John](#)  
**To:** [Mitchell, Mairead](#)  
**Subject:** FW: Action Plan  
**Date:** 15 July 2016 17:56:12  
**Attachments:** [image001.png](#)

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Sent from my Windows Phone

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**From:** [Rafferty, Esther](#)  
**Sent:** 15/07/2016 16:44  
**To:** [Veitch, John](#)  
**Cc:** [Harris, Lesley](#)  
**Subject:** FW: Action Plan

For information, action plan submitted

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**From:** Patrick Convery [mailto:Patrick.Convery@rqia.org.uk]  
**Sent:** 15 July 2016 16:30  
**To:** Rafferty, Esther  
**Cc:** O'Neill, GrainneB; Audrey McLellan  
**Subject:** RE: Action Plan  
Hi Esther

Received with thanks

Patrick

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**From:** Rafferty, Esther [mailto:Esther.Rafferty@belfasttrust.hscni.net]  
**Sent:** 15 July 2016 3:42 PM  
**To:** Patrick Convery  
**Cc:** O'Neill, GrainneB  
**Subject:** Action Plan

Dear Pat

Please find enclosed action plan for Donegore ward as agreed.

The password will follow in another email, or you can ring 02895047225

Regards

Esther Rafferty

Associate Director of Learning Disability Nursing

Service Manager

Muckamore Abbey Hospital

1 Abbey Road

Antrim

I've had my seasonal flu vaccination - have you?

DDI- [REDACTED] RO1

Mobile [REDACTED] RO1

Description: Description: Trust Values (transparent).tif



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**From:** [Veitch, John](#)  
**To:** [McNeany, Barney](#); [Dr Maria O'Kane \(maria.okane@me.com\)](#)  
**Cc:** [Harris, Lesley](#)  
**Subject:** FW: Donegore Response Letter  
**Date:** 23 August 2016 08:31:29  
**Attachments:** [donegore response letter.pdf](#)

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Info only

John

---

**From:** Rafferty, Esther  
**Sent:** 19 August 2016 14:06  
**To:** Veitch, John; Milliken, Colin  
**Cc:** Harris, Lesley; Mitchell, Mairead  
**Subject:** FW: Donegore Response Letter

Colin / John

I received this communication today, password is mhld

Esther

---

**From:** MHL D Duty Rota [ <mailto:Team.MentalHealth@rqia.org.uk> ]  
**Sent:** 19 August 2016 13:41  
**To:** Rafferty, Esther  
**Subject:** Donegore Response Letter

Good afternoon,

Please see attached correspondence.

This document is password protected, please call to be advised of password.

Many Thanks

**Stephanie Gillespie**  
**Project Administrator**  
Mental Health and Learning Disability Team  
The Regulation and Quality Improvement Authority  
9<sup>th</sup> Floor, Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

Tel: [REDACTED] RO1 (direct line)

Fax: [REDACTED] RO1

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16 August 2016

**PRIVATE AND CONFIDENTIAL**

Ms. Esther Rafferty  
Associate Director of Learning Disability Nursing  
Service Manager  
Muckamore Abbey Hospital  
1 Abbey Road  
Antrim  
BT41 4SH

Dear Ms. Rafferty,

**Unannounced Inspection – Donegore Ward, 28 – 30 June 2016,  
Muckamore Abbey Hospital.**

Thank you for the action plan we received on 15 July 2016, which outlines plans in place in relation to the lack of medical consultant input on the ward both managerially and clinically.

RQIA will review the implementation of this action plan at our next inspection.

Yours sincerely

**Patrick Convery**  
Head of Programme





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## HSC Trust Quality Improvement Plan

WARD NAME	Donegore	WARD MANAGER	Adrienne Creane	DATE OF INSPECTION	28-30 June 2016
NAME(S) OF PERSON(S) COMPLETING THE IMPROVEMENT PLAN	Adrienne Creane H30 H613 Carole Wilson Barry Mills Brendan Ingram Jenni Armstrong Esther Rafferty Colin Milliken	NAME(S) OF PERSON(S) AUTHORISING THE IMPROVEMENT PLAN	Martin Dillon		

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

The areas where improvement is required, as identified during this inspection visit, are detailed in the inspection report and quality improvement plan.

The completed improvement plan should be completed and returned to [team.mentalhealth@rqia.org.uk](mailto:team.mentalhealth@rqia.org.uk) from the HSC Trust approved e-mail address, by 26 August 2016.(date)

Please password protect or redact information where required.

PRIORITY	TIMESCALE FOR IMPLEMENTATION IN FULL
1	This can be anywhere from <b>24 hours to 4 weeks from the date of the inspection</b> – the specific date for

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	implementation in full will be specified
<b>2</b>	Up to <b>3 months</b> from the date of the inspection
<b>3</b>	Up to <b>6 months</b> from the date of the inspection

### Part A

**Priority 1:** Please provide details of the actions taken by the Ward/Trust in the timeframe **immediately** after the inspection to address the areas identified as **Priority 1**.

	Area identified for Improvement	Timescale for full implementation	Actions taken by Ward/Trust	Attached Supporting Evidence	Date completed
	<b>Key Outcome Area – Is Care Safe?</b> [No areas of improvement identified ]				
<b>1</b>	<b>Key Outcome Area – Is Care Effective?</b> There was limited evidence of records being completed by the medical team to evidence that patients’ clinical needs had been reviewed on a sufficiently regular basis ]  <i>Quality Standard 5.3.1 a</i>	15 July 2016	[ In response to this recommendation the Clinical Director has issued communication to all medical staff to ensure that their clinical input and direction to manage patient care and treatment is evidenced in all patient case-notes as clinically indicated and		[ July 16

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	This area has been identified for improvement for the <b>first</b> time		reviewed on a sufficiently regular basis.		
	<b>Key Outcome Area – Is Care Compassionate?</b> No areas of improvement identified.				
2	<b>Key Outcome Area – Is Care Well Led?</b>  There was a lack of managerial and clinical input on the ward from senior medical staff  <i>Quality Standard 5.3.3d</i>  This area has been identified for improvement for the <b>first</b> time	15 July 2016	In response to this recommendation The Trust has communicated to all senior medical staff that they must provide regular managerial and clinical input to their wards on a sufficiently regular basis. Consultant psychiatrist cover has been provided during a period of absence in Donegore to ensure this standard is met.		July 16
3	Concerns were raised in relation to the monitoring of medication which included the use of polypharmacy being sufficiently robust.  <i>Quality standard 5.3.1f</i>  This area has been identified for improvement for the <b>first</b> time.	15 July 2016	In response to this recommendation the Clinical Medical Lead for patient safety and governance and the Clinical Pharmacist have reviewed all current medication prescriptions in relation to the use of polypharmacy within Donegore ward, and have changed the prescription where possible or provided a rationale as to why the prescription has not been		27 <sup>th</sup> July 16

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			<p>changed when not possible.</p> <p>Monitoring of medication will take place on at least an annual basis or more often if clinically indicated.</p> <p>Clinical Pharmacy input into the ward will be reviewed by the Clinical Director and any recommendations submitted to the Hospital Management Team for appropriate action.</p>	<p>Ongoing</p> <p>October 16</p>
4	<p><b>Key Outcome Area – Is Care Well Led?</b></p> <p>The MDT for the facility was agreed. However, medical staff were not always available and due to this a number of the MDT meeting had been cancelled (out of 26 weeks 9 meetings had been cancelled)</p> <p><i>Quality standard 5.3.1f</i></p> <p>This area has been identified for improvement for the <b>first</b> time.</p>	15 July 2016	<p>In response to this recommendation, the ward manager will ensure weekly multidisciplinary meetings take place. The ward manager will notify the clinical director and service management of cancelled or rescheduled meetings and the reason for same. Senior medical staff will ensure that medical managerial and clinical input to the MDT meeting is sufficiently regular and sustained.</p>	July 16

**TO BE COMPLETED BY RQIA**

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Inspector comment (delete as appropriate)	Inspector Name	Date
I have reviewed the Trust Improvement Plan and I am satisfied with the proposed actions  or  I have reviewed the Trust Improvement Plan and I have requested further information		
I have reviewed additional information from the Trust and I am satisfied with the proposed actions		

**From:** [Veitch, John](#)  
**To:** [Mitchell, Mairead](#); [Rafferty, Esther](#); [Armstrong, Jenni](#); [Milliken, Colin](#)  
**Cc:** [Harris, Lesley](#)  
**Subject:** FW: QIP Donegore July 2016 inspection  
**Date:** 23 August 2016 15:46:31  
**Attachments:** [qip\\_donegore\\_june\\_16\\_inspection\\_5.docx](#)

---

Ok

John

---

**From:** Armstrong, Jenni  
**Sent:** 22 August 2016 15:31  
**To:** Veitch, John  
**Cc:** Mitchell, Mairead; McNeany, Barney; Rafferty, Esther; Milliken, Colin; Mills, Barry  
**Subject:** RE: QIP Donegore July 2016 inspection

John

We have updated the attached QIP following your comments, please can you approve and forward to Mairead for RQIA [team.mentalhealth@rqia.org.uk](mailto:team.mentalhealth@rqia.org.uk)

Thank you

Jenni

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**From:** Armstrong, Jenni  
**Sent:** 22 August 2016 13:58  
**To:** Veitch, John  
**Cc:** Mitchell, Mairead; McNeany, Barney; Rafferty, Esther; Milliken, Colin; Mills, Barry  
**Subject:** FW: QIP Donegore July 2016 inspection

John

We have updated the attached QIP following your comments, please can you approve and forward to Mairead for RQIA [team.mentalhealth@rqia.org.uk](mailto:team.mentalhealth@rqia.org.uk)

Thank you

Jenni

---

**From:** Veitch, John  
**Sent:** 19 August 2016 08:35  
**To:** Rafferty, Esther  
**Cc:** Armstrong, Jenni; Mitchell, Mairead; McNeany, Barney; Milliken, Colin  
**Subject:** FW: QIP Donegore July 2016 inspection

Esther

I don't think you will have signed this off before it was forwarded to me as it needs

substantial redrafting. In general the current response focuses on role of clinical Director and does not adequately reflect corporate and managerial responsibilities. It also, among numerous other issues, gives the impression that we are only now allocating a Consultant to this ward and does not specify the “ necessary action” which has been taken to address pharmacy issues.

Thanks

john

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**From:** Armstrong, Jenni  
**Sent:** 16 August 2016 10:08  
**To:** Veitch, John  
**Cc:** Harris, Lesley  
**Subject:** QIP Donegore July 2016 inspection

John

Please can you approve the attached QIP for Donegore and forward to Mairead for RQIA [team.mentalhealth@rqia.org.uk](mailto:team.mentalhealth@rqia.org.uk)

Thank you

Jenni



**Action Plan following Internal inspection – Donegore**

Date of internal inspection: November 2016

Date of RQIA inspection: 28 – 30 June 2016

Refer also to relevant QIP for this inspection

<b>RQIA Recommendation</b>	<b>Current position</b>	<b>Findings</b>	<b>Comments</b>
There was limited evidence of records being completed by the medical team to evidence that patients' clinical needs had been reviewed on a sufficiently regular basis	We stated in the QIP that the Clinical Director has issued communication to all medical staff to ensure that their clinical input and direction to manage patient care and treatment is evidenced in all patient case-notes as clinically indicated and reviewed on a sufficiently regular basis.	Snap shot of 1 patients notes audited for the month of September – There were 3 entries by medical staff in the progress notes – all by Dr <sup>H613</sup> – 12 <sup>th</sup> 22 <sup>nd</sup> and 23 <sup>rd</sup>	
There was a lack of managerial and clinical input on the ward from senior medical staff	We stated in the QIP that The Trust has communicated to all senior medical staff that they must provide regular managerial and clinical input to their wards on a sufficiently regular basis. Consultant psychiatrist cover has been provided during a period of absence in Donegore to ensure this standard is met	Snap shot of 1 patients notes audited for the month of September – There were 3 entries by medical staff in the progress notes – all by Dr <sup>H613</sup> – 12 <sup>th</sup> 22 <sup>nd</sup> and 23 <sup>rd</sup> .  Medical/Consultant input at all MDT meetings during October 16	
Concerns were raised in relation to the monitoring of medication which included the use of polypharmacy being sufficiently robust	We stated in the QIP that the Clinical Medical Lead for patient safety and governance and the Clinical Pharmacist have reviewed all current medication prescriptions in relation to the use of polypharmacy within Donegore ward, and	There was a meeting with <sup>H988</sup> and <sup>DrH3U</sup> on 27/7/16 to discuss medications of all patients of Donegore and a very detailed entry to Paris under "Medication	

	<p>have changed the prescription where possible or provided a rationale as to why the prescription has not been changed when not possible.</p> <p>Monitoring of medication will take place on at least an annual basis or more often if clinically indicated.</p> <p>Clinical Pharmacy input into the ward will be reviewed by the Clinical Director and any recommendations submitted to the Hospital Management Team for appropriate action</p>	<p>Monitoring Only” by Dr H30 on this. This also have been acted on at every MDT and medication adjusted accordingly and all have been acted upon (and entries made to Case Conference in Paris).</p>	
<p>The MDT for the facility was agreed. However, medical staff were not always available and due to this a number of the MDT meeting had been cancelled (out of 26 weeks 9 meetings had been cancelled</p>	<p>In the QIP we stated the ward manager will ensure weekly multidisciplinary meetings take place. The ward manager will notify the clinical director and service management of cancelled or rescheduled meetings and the reason for same. Senior medical staff will ensure that medical managerial and clinical input to the MDT meeting is sufficiently regular and sustained</p>	<p>Medical/Consultant input at all MDT meetings during October 16</p>	

**Action Plan following Internal inspection – Donegore**

Date of 1<sup>st</sup> internal inspection: November 2016

Date of current internal inspection: April 2107

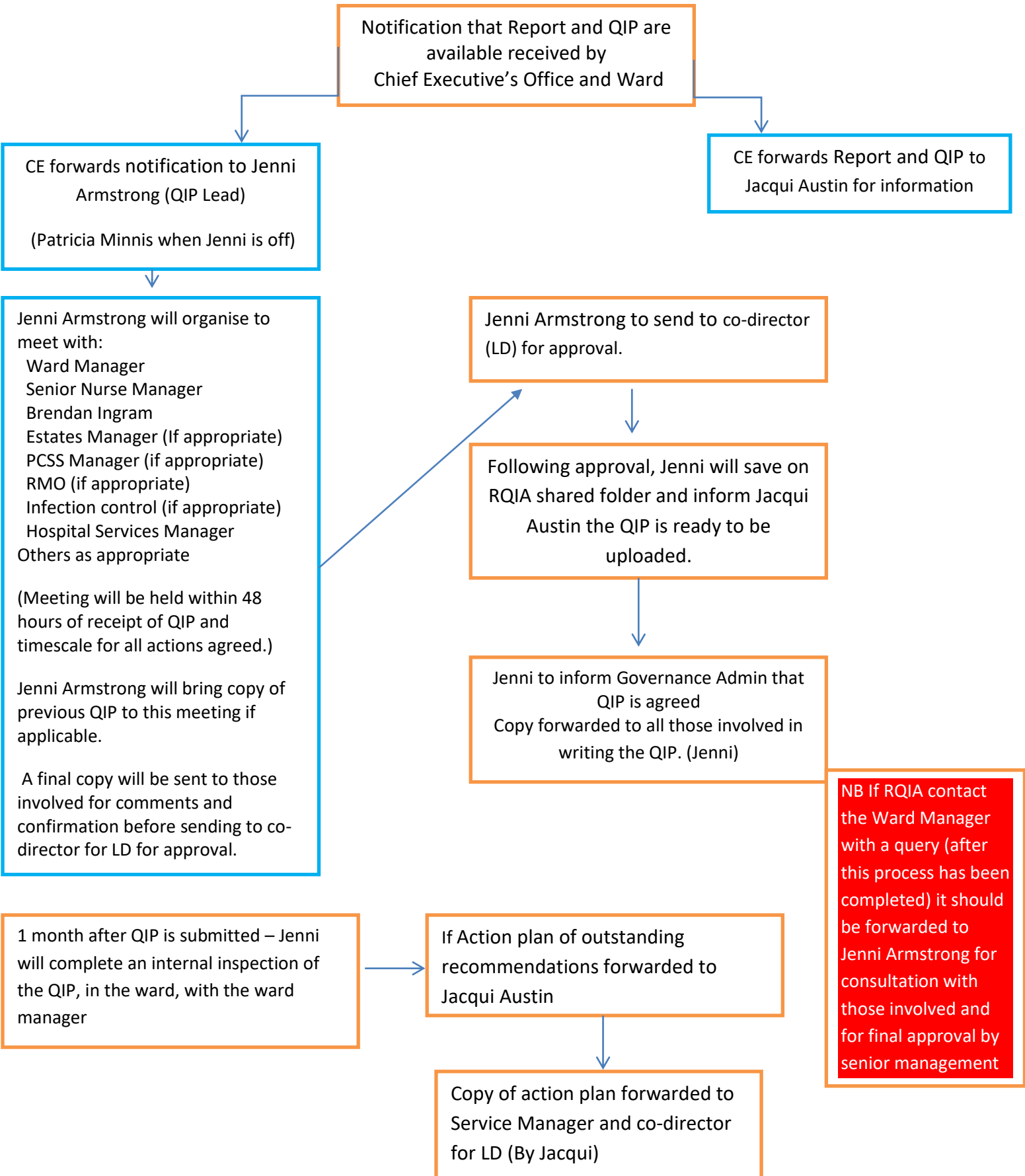
Date of RQIA inspection: 28 – 30 June 2016

Refer also to relevant QIP for this inspection

<b>RQIA Recommendation</b>	<b>Current position</b>	<b>Findings Nov 16</b>	<b>Findings Apr 17</b>
<p>There was limited evidence of records being completed by the medical team to evidence that patients' clinical needs had been reviewed on a sufficiently regular basis</p>	<p>We stated in the QIP that the Clinical Director has issued communication to all medical staff to ensure that their clinical input and direction to manage patient care and treatment is evidenced in all patient case-notes as clinically indicated and reviewed on a sufficiently regular basis.</p>	<p>Snap shot of 1 patients notes audited for the month of September – There were 3 entries by medical staff in the progress notes – all by Dr H613 – 12<sup>th</sup> 22<sup>nd</sup> and 23<sup>rd</sup></p>	<p>Snap shot of 1 patients notes audited 18<sup>th</sup> March to 18<sup>th</sup> April – There were 3 entries by medical staff in the progress notes – 27/3/17 – Duty MO – not date and time stamped, 20/03/17 out of hrs GP, 21/03/17 SHO</p>
<p>There was a lack of managerial and clinical input on the ward from senior medical staff</p>	<p>We stated in the QIP that The Trust has communicated to all senior medical staff that they must provide regular managerial and clinical input to their wards on a sufficiently regular basis. Consultant psychiatrist cover has been provided during a period of absence in Donegore to ensure this standard is met</p>	<p>Snap shot of 1 patients notes audited for the month of September – There were 3 entries by medical staff in the progress notes – all by Dr H613 – 12<sup>th</sup> 22<sup>nd</sup> and 23<sup>rd</sup>.</p> <p>Medical/Consultant input at all MDT meetings during October 16</p>	<p>Snap shot of 1 patients notes audited 18<sup>th</sup> March to 18<sup>th</sup> April – There were 3 entries by medical staff in the progress notes – 27/3/17 – Duty MO – not date and time stamped, 20/03/17 out of hrs GP, 21/03/17 SHO</p> <p>Medical and consultant input at MDT meetings evident – these took place on 20/03, 27/03, 04/04, 06/04. There was a proforma for a meeting on 11/04 but no evidence</p>

			of it having taken place
Concerns were raised in relation to the monitoring of medication which included the use of polypharmacy being sufficiently robust	<p>We stated in the QIP that the Clinical Medical Lead for patient safety and governance and the Clinical Pharmacist have reviewed all current medication prescriptions in relation to the use of polypharmacy within Donegore ward, and have changed the prescription where possible or provided a rationale as to why the prescription has not been changed when not possible.</p> <p>Monitoring of medication will take place on at least an annual basis or more often if clinically indicated.</p> <p>Clinical Pharmacy input into the ward will be reviewed by the Clinical Director and any recommendations submitted to the Hospital Management Team for appropriate action</p>	<p>There was a meeting with H988 and Dr H3U on 27/7/16 to discuss medications of all patients of Donegore and a very detailed entry to Paris under "Medication Monitoring Only" by Dr H30 on this. This also have been acted on at every MDT and medication adjusted accordingly and all have been acted upon (and entries made to Case Conference in Paris).</p>	<p>SNM to follow up with Clinical director re Clinical Pharmacy input into the ward will be reviewed by the Clinical Director and any recommendations submitted to the Hospital Management Team for appropriate action</p>
The MDT for the facility was agreed. However, medical staff were not always available and due to this a number of the MDT meeting had been cancelled (out of 26 weeks 9 meetings had been cancelled	<p>In the QIP we stated the ward manager will ensure weekly multidisciplinary meetings take place. The ward manager will notify the clinical director and service management of cancelled or rescheduled meetings and the reason for same. Senior medical staff will ensure that medical managerial and clinical input to the MDT meeting is sufficiently regular and sustained</p>	<p>Medical/Consultant input at all MDT meetings during October 16</p>	<p>Medical and consultant input at MDT meetings evident – these took place on 20/03, 27/03, 04/04, 06/04. There was a proforma for a meeting on 11/04 but no evidence of it having taken place</p>

## Process for completion of QIPS for LEARNING DISABILITY (Hospital)





**Serious Concern Meeting Minutes RQIA/BHSCT Meeting**

**In relation to Donegore Ward, Muckamore Abbey Hospital Inspection held on 28-30 June 2016.**

**Date:** Thursday, 7 July 2016 pm

**Attendance:**

Dr Milliken: Medical Clinical Lead

John Veitch: Co-director MHLD Services

Esther Rafferty: Associate Director of Learning Disability Nursing Service Manager

Pamela McGuckin: Clinical Director

Audrey McLellan: Inspector

Patrick Convery: Head of Programme

Dr Oscar Daly: Sessional Inspector

**RQIA concerns**

Patrick welcomed everyone to the meeting and introductions were carried out. Patrick explained to everyone in attendance that he had set up this meeting to discuss a number of concerns raised in Donegore ward regarding the lack of medical consultant input.

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### **Patrick outlined the following specific concerns that had been identified:**

- 1: No evidence of regular medical records/notes in the PARIS system (previous paper notes date up until January 2015 and no evidence of notes recorded since this date as this was when the trust moved to the PARIS system)
- 2: Lack of regular MDT meetings held/a number were cancelled on the morning of the meeting (out of 26 weeks the Consultant Psychiatrist from the ward did not attend 15 of these meetings) However, out of these 15 meetings 6 had been held with the associate specialist attending the meeting. Therefore out of 26 weeks 9 meetings had been cancelled. (three had been on a BH and a date was not rearranged )
- 3: Issues of polypharmacy with psychotropic medication whereby more than one medication was in use before the maximum therapeutic dose of one drug had been prescribed.
- 4: Concerns noted in relation to patients waiting to hear the outcome of a MDT meeting. If this does not happen without an explanation than this can cause patients undue distress/frustration.

### **Agreed actions by the Trust:**

John Veitch advised that the Trust are taking all concerns raised by RQIA very seriously and stated they accept they all have a corporate role and responsibility to make sure changes are implemented. John advised that the Trust have been looking at an immediate action plan from a clinical perspective to address all of the issues raised. Dr Milliken stated that he appreciates that there are concerns regarding the role of the consultant on the ward and stated patient safety is the Trust's immediate concern. Dr Milliken query with Dr Daly if there were any immediate concerns regarding the use of medication at present. Dr Daly advised that he felt they were no immediate concern. Dr Milliken advised that they are in the process of completing an action plan to deal with the concerns raised and advised :

1: The Clinical Director will issue communication to all medical staff to ensure that their clinical input is recorded in all patient records. The Trust will audit case notes for evidence of all multidisciplinary recordings including medical input into patients' care and treatment. Ward managers will monitor closely recording practices on the ward through monthly audits of two sets of care records and report issues through operation managers.

2 and 4: The nurse in charge will inform Esther Rafferty and Dr Milliken if any of the MDT meetings have been cancelled in any of the wards on the hospital site. Details of planned multidisciplinary meetings will be displayed on the ward for patient information. The

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multidisciplinary team will ensure that the patients receive timely feedback following multidisciplinary team meetings and that all team discussions are recorded in the patient care records. The Trust will through its appraisal processes include personal development learning and structured reflection for the medical staff in respect of the issues raised. The support, monitoring arrangements and training needs for Dr H614 and Dr H613 will be reviewed.

3: A review of all current medication prescriptions within Donegore ward and all wards in Muckamore will be completed. Dr Milliken will contact the senior manager in Northern Trust to seek assurance no concerns have been raised regarding outpatient work as the consultant for the ward has outpatient responsibilities.

John Veitch advised that he was concerned that staff on the ward had not raised these concerns with their line manager. He states that there needs to be further training for staff in relation to this and a team building exercise could be a way to deal with this. He stated this will be part of the action plan.

Pamela McGuckin stated that she was very disappointed with the concerns raised and assured RQIA that they will be looking at all professionals standards throughout the hospital site and the issues raised will be added to the checklist when discussing operational issues. i.e: medical input on wards, MDT meetings held and team issues.

**The trust agreed to have the completed action plan with RQIA by 15 July 2016**