



The **Regulation** and
Quality Improvement
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The Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Mater Hospital

Belfast Health and Social Care Trust

9 & 10 January 2014

Assurance, Challenge and Improvement in Health and Social Care

www.rqia.org.uk

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

This inspection was carried out by a team of RQIA inspectors as part of a programme of inspections to inform the RQIA thematic review of the care of older people in acute hospitals. This review was identified and scheduled within the RQIA three year review programme for 2012 to 2015.

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1.0 Inspection Summary

An unannounced inspection to the Mater Hospital, Belfast Health and Social Care Trust (BHSC) was undertaken, on 9 and 10 January 2014. The inspection reviewed aspects of the care received by older people in the acute hospital setting, within the terms of reference of the review, to provide a report of current practice. The following wards were inspected:

- Emergency Department (ED)
- Ward F (Medical Admissions Unit)
- Ward B (Respiratory)
- Ward C (Stroke)

On arrival at the ED, inspectors obtained information on the number of older people waiting for over six hours, as a number of care interventions should commence within in this timeframe.

Inspectors gathered evidence by reviewing relevant documentation, carrying out observations and speaking to staff, patients and family members. This information was used to assess the degree to which older patients on the wards were being treated with dignity and respect and that their essential care needs were being met.

The process was designed to provide a snapshot of the care provided during the inspection in a particular ward or clinical area. This must be considered against the wider context of the measures put in place by trusts to improve the overall care of older people in acute care settings.

Generally, inspectors felt that ward managers had demonstrated effective management practices and leadership skills to support the service they deliver. All wards managers' book bank and agency staff to cover staff shortages. Of particular concern was the level of hours that were required to be covered on a weekly basis by bank or agency nursing staff within the Medical Admissions Unit (MAU) and the difficulties experienced by the charge nurse in balancing the clinical and managerial role of the position without the benefit of protected time for managerial duties. Ward managers reported difficulties in maximising staff attendance at mandatory training with balancing the clinical needs of the ward. The trust has been proactive in implementing various initiatives to improve patient care, notably 'the productive ward'.

Generally, all wards were bright, well maintained and the atmosphere was calm and welcoming. Patient bed areas were sufficient in space to enable the activities of clinical treatment and personal care to be carried out comfortably, easily and safely, and without obstruction. The spatial constraints of some sanitary facilities would appear to present issues for independent and assisted wheelchair use.

In all wards, inspectors observed that the majority of staff were courteous and respectful to patients and visitors and generally, the dignity and privacy of patients was maintained. Inspectors observed that not all call bells were within patients reach, or answered promptly. Patient personal care was generally of a high standard, although staff need to ensure that stained patient clothing is changed promptly and a stock of suitable night attire is available for those patients who do not have their own. Of particular concern in the MAU was that patients were unduly being disturbed during their night sleep for personal care interventions to facilitate task orientated care routines.

Protected meals were in place, although not always adhered to. There was a good choice of meals, served warm and generally appeared appetising, however the quantity of food served resulted in a high degree of food wastage. At times, there were not enough staff to assist patients with their meals promptly after serving. Inspectors noted that systems within wards, to identify patients who required assistance with their meals needs to be improved. The monitoring of patients food and fluid intake is of concern.

On most occasions, staff members were compliant with best infection prevention and control practices; however inspectors did observe a number of lapses in practice in relation to hand hygiene and the use of personal protective equipment. On one occasion, a staff member did not comply with the trust's administration of medication policy.

RQIA inspectors reviewed nine patient care records in depth and 12 patient bedside charts were examined for specific details. Inspectors found similar inconsistencies in recording in each set of records. None of the care records evidenced that nurses demonstrated by their recording that they had adequately carried out assessment, planning, evaluation and monitoring of the patient's needs. Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines. Care records examined failed to demonstrate that safe and effective care was being delivered. Inspectors also noted a failure in the completion of two DNAR (Do not attempt resuscitation) forms.

Inspectors and lay reviewers undertook a number of periods of observation in all wards to review patient and staff interaction. The results of the periods of observation indicate that 63 per cent of the interactions were positive and staff demonstrated empathy, support and provided appropriate explanation of care when required. Some of the results however indicated that a small number of staff did not always speak with patients appropriately and dignity and respect was not always evident in these interactions. Inspectors advised ward managers of any issues they observed.

During the inspection 17 patients and nine relatives/carers questionnaires and 16 patient interviews were completed. Generally feedback received from patients, relatives and carers was good. Overall patients, relatives and carers thought that staff were very accommodating, professional, polite and courteous and generally felt that they had received good care during their

stay. Areas where patients and relatives felt there could be an improvement related to:

- Greater involvement of the patient in their care and treatment
- Greater involvement of relatives in the care of the patient
- Staff listening to the views of the patient in relation to their care
- Buzzers being answered promptly

Inspectors visited the ED twice on the first day of the inspection and once on the second day. A number of initiatives have been implemented within the ED to enhance patient throughput, improve patient care, and maximize patient satisfaction. More work is required to improve care record documentation and ensure the completion of patient's risk assessments.

This report has been prepared to describe the findings of the inspection and to set out recommendations for improvement. The report includes a quality improvement plan, submitted by the Belfast Health and Social Care Trust (BHSC) in response to RQIA's recommendations.

2.0 Introduction

2.1 Background and Methodology

RQIA carries out a public consultation exercise to source and prioritise potential review topics, prior to developing a planned programme of thematic reviews. Through the use of this approach, a need to review the care of older people in acute hospital wards was identified as part of the 2012-15 Review Programme.

This review was designed to assess the care of older people in acute hospital wards in Northern Ireland. The review has been undertaken with due consideration to some of the main thematic findings of the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, as they are directly relevant to older people in acute settings.¹

Older people admitted to acute hospitals may have multiple and complex physical and mental health needs, with the added challenge in many instances of adverse social circumstances. Hospitals need to be supported to deliver the right care for these patients, as no one component of the health and social care systems can manage this challenge in isolation. Implementation of improved care for older people requires a whole system approach to ensure that safe, efficient, effective and a high quality holistic care is delivered. Staff need to develop their understanding and confidence in managing common frailty syndromes, such as confusion, falls and polypharmacy as well as issues such as safeguarding in older people.

Inspection tools used are based on those currently in use by Healthcare Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) and have been adapted for use in Northern Ireland. The following inspection tools have been developed by RQIA.

- Ward governance inspection tool
- Ward observational inspection tool
- Care records inspection tool
- Patient/Relative /Carer Interviews and Questionnaires:
- Quality of Interaction Schedule QUIS Observation Sessions
- Emergency Department inspection tool

More detailed information in relation to each of these tools can be found in the RQIA overview report in the care of older people on acute hospital wards².

¹ Mid Staffordshire NHS Foundation Trust Public Inquiry. <http://www.midstaffsinquiry.com/pressrelease.html>

² RQIA Review of Care of Older People in Acute Hospital Wards: Overview report. (2.0 Background,p7) 2014

2.2 Terms of reference

The terms of reference for this review are:

1. To undertake a series of unannounced inspections of care of older people in acute hospitals, in each of the 5 hospital trusts, between September 2013 and April 2014.
2. To undertake inspections using agreed methodologies i.e. validated inspection tools, observation approaches, meeting with frontline nursing and care staff.
3. To carry out an initial pilot of agreed inspection tools and methodologies.
4. To review a selection of patient care plans for assurances in relation to quality of patient care.
5. To obtain feedback from patient/service users and their relatives in relation to their experiences, according to agreed methodology.
6. To provide feedback to each trust after completion of inspections.
7. To report on findings and produce and publish individual trust reports and one overview report.

3.0 Inspection Format

The agreed format for the inspection was that inspections would be unannounced. Hospitals were categorised dependent upon the number of beds and specialist areas. The number of inspections and areas to be inspected would be proportionate to the type of services provided and the size of the hospital.

The inspection team would visit a number of wards and the Emergency Department. The Patient Flow Coordinator would be contacted on arrival and where necessary during the day, to obtain information on the number of older people waiting for over six hours in the Emergency Departments.

The review team would consist of inspectors drawn from RQIA staff who have relevant experience. The team would also include lay assessors.

It is anticipated that the unannounced inspections would take two days to complete.

3.1 Unannounced inspection process

Organisations received an e-mail and telephone call by a nominated person from RQIA 30 minutes prior to the team arriving on site. The unannounced inspections were generally within working hours including early mornings.

The first day of the inspection was unannounced; the second day facilitated discussion with the appropriate senior personnel at ward/unit level.

On arrival, the inspection team were generally met by a trust representative to discuss the process and to arrange any special requirements. If this was not possible the inspection team left details of the areas to be inspected at the reception desk.

The unannounced inspection was undertaken using the inspection tools outlined in section 2.1.

During inspections the team required access to all areas outlined in the inspection tools, and to the list of documentation given to the ward manager on arrival.

The inspection included taking digital photographs of the environment and equipment for reporting purposes and primarily as evidence of assessments made. No photographs of staff, patients or visitors were taken in line with the RQIA policy on the " Use and Storage of Digital Images".

The second day the inspection concluded with a feedback session, to outline key findings, the process for the report and action plan development

3.2 Reports

An overview report on the care of older people on acute hospital wards in Northern Ireland will be produced and made available to the public on the RQIA website.

In addition, individual reports for each hospital will be produced and published on the RQIA website. The reports will outline the findings in relation each individual hospital and highlight any recommendations for service improvement.

The hospital will receive a draft report for factual accuracy checking. The Quality Improvement Plan attached to the report will highlight recommendations. The organisation will be asked to review the factual accuracy of the draft report and return the signed Quality Improvement Plan to RQIA, within 14 days of receiving the draft report.

Trusts should, after the feedback session, commence work on the findings of the inspection. This should be formalised on receipt of the inspection report.

Prior to publication of the reports, in line with the RQIA core activity of influencing policy, RQIA may formally advise the Department of Health, Social Services and Public Safety (DHSSPS), HSC Board and the Public Health Agency (PHA) of emerging evidence which may have implications for best practice.

3.3 Escalation

During inspection it may be necessary for RQIA to implement its escalation policy.

4.0 Inspection Team Findings

For the purpose of this report the findings have been presented in -- sections related to:

- Ward governance
- Ward observation
- Care records
- Patient/Relative /Carer Interviews and Questionnaires
- QUIS Observation Sessions
- Emergency Department

4.1 Ward Governance

Inspectors reviewed ward governance using the inspection tool developed for this purpose. The areas reviewed included, nurse staffing levels and training; patient advocacy; how incidents, serious adverse incidents and complaints are recorded and managed. Some further information was reviewed including quality indicators, audits; and relevant policies and procedures.

Inspectors' assessment

Staffing: Nursing

Inspectors were informed that the BHSCT has been actively involved in the outworking of the phase one normative staffing work stream commissioned by the DHSSPS, led by PHA and supported by NIPEC. An announcement was made by the Minister of the Department of Health, Social Services and Public Safety, which has indicated, that this work be supported from April 2014. The BHSCT awaits news from the normative staffing steering group how the recommendations within this work will be progressed, inclusive of the funding implications being met.

As part of the inspection the staffing compliment for each ward was reviewed.

The Medical Admissions Unit (MAU) Ward F

The MAU is a busy 21 bed assessment and admissions unit that provides specialist care for adult patients with a wide range of medical conditions. The MAU primarily treats emergency admissions from the ED. Patients receive medical assessment and treatment before being admitted to other wards for further specialist treatment or discharge home. The unit is divided up between three, six bedded bays and equipped with five side rooms with ensuite facility.

The MAU was staffed by a team of nurses, doctors and other healthcare professionals so that patients can access the most appropriate treatment as quickly as possible to address any short term health needs.

At the time of the inspection, the staffing levels were, one Band 6 charge nurse, four registered nurses (RN), one health Care Assistant (HCA) and a ward liaison officer . Staffing levels for night duty included: three RNs and one HCA.

During the inspection, the Band 7 Sister was on long term leave, one RN was on short term leave, two RNs were on maternity leave.

Patients are usually admitted to the MAU only on a short stay basis and transferred to other specialist wards within 48 hours. Inspectors were informed, due to a lack of specialist beds in other wards; increasingly patients remain within the MAU for longer periods of time. The charge nurse acknowledged that nursing staff find it difficult to manage the longer term health needs of these patients.

Ward B

Ward B is a 35 bedded unit that provides specialist care for patients with respiratory related illnesses. The ward is divided up between four, six-bedded bays, one four-bedded bay and seven side rooms.

At the time of the inspection, the staffing levels were five RNs and three HCAs for the morning shift, seven RNs and three HCAs for the afternoon shift, five RNs and two HCAs for the evening shift. There are four RNs and two HCA at night during summer months and this is increased to five RNs and two HCA during winter months. Numbers of staff can be increased as required. The band 7 sister works core working hours and is generally not included within daily staffing numbers

Inspectors were informed that there was a minimal reliance on bank and agency staff since the employment of two RNs and one HCA since the summer 2012.

Ward C

Ward C is an 18 bedded unit that provides specialist and coordinated rehabilitation services to adults following a stroke. The Unit is divided up between two, six bedded bays and equipped with six side rooms with ensuite facility.

At the time of the inspection, the staffing levels were four RNs and two HCAs for the morning shift, three RNs and one HCA for the afternoon shift, two RNs and one HCA for the evening shift and two RNs and one HCA for the night shift.

There was no long term staff sickness within the ward. At the time of the inspection, the Band 7 sister had returned to duties following a period of leave. There was a handover period between the temporary ward sister who is covering and the returning ward sister. The Band 7 sister works core working hours and is generally not included within daily staffing numbers.

General Staffing Issues

All ward managers' book bank and agency staff to cover staff shortages. Inspectors were informed that the MAU relies heavily on bank staff to cover staff shortages, and reported that approximately 80 hours of bank/ agency staff are required on a weekly basis to fulfil the nursing staff complement. Over the previous six months, eight RNs have left the MAU to take up promotional opportunities in other areas. Two full time and one part time RN posts still remain outstanding. Inspectors were informed that these recent staffing issues presented a challenge in optimising appropriate nursing staff skill mix within the ward. In contrast, managers in Wards B and C reported a minimal reliance on bank staff.

Ward managers generally reported that they are supported by their immediate line manager in requesting bank staff when the ratio of staff needs to be increased. The charge nurse in the MAU reported that although the ward can access extra bank staff for 1:1 nurse-patient observation, it is usually exclusively granted for patients that present an infection risk.

Inspectors were informed that there have been no bed closures due to staff shortage. The charge nurse in the MAU reported that, bed closures within the ward would only occur in the event of an outbreak of infection.

- 1. It is recommended that any identified nurse staffing variances are reviewed to ensure that patient care and safety is not compromised due to staffing levels.**

Managers in Wards B and C have protected time for ensuring paperwork is completed. In contrast, the ward manager in MAU is counted within the ward floor staff complement. As a result, the lead nurse in the MAU reported difficulties in balancing the clinical and managerial responsibilities of the role.

- 2. It is recommended that ward managers should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.**

Policies, Procedures and Audits

Ward managers were able to provide hard copies or demonstrate intranet site access to policies and procedures. Some policy, procedure, guidance documents were not able to be sourced. Examples include:

- Pain Management
- Medicine Administration
- Patients who lack capacity

- 3. It is recommended that the trust ensure policies are available for staff.**

Joint environmental cleanliness audits were carried out between the ward nursing leads and Patient Client Support Staff (PCSS).

Ward leads confirmed that audits carried out have an action plan developed when scores have achieved a non-compliant standard. Results are discussed with staff, at team meetings and at safety briefs.

Training

Ward managers reported that mandatory training is on-going, although they reported difficulty in maximizing staff attendance at mandatory training. Staff can be booked onto training through the Training Administration System (TAS). Non-attendance at training is flagged up on a computerised training record and is followed up by the ward manager.

Inspectors viewed mandatory training records for RNs and HCAs. Within the MAU, there had been three new staff members that had taken up posts. Inspectors were informed that this has negatively impacted in the wards mandatory training figures which were below 50 per cent attendance. All three staff members had been booked onto a two day mandatory training programme, facilitated by the Nurse Development Lead (NDL). In Ward C, there was an average of 70 per cent uptake of mandatory training amongst nursing staff.

The charge nurse in the MAU, reported that nursing staff received training on the use of patient assessment and monitoring tools which include: Pressure Ulcer Risk assessment (Braden), falls risk assessment, Malnutrition Universal screening Tool (MUST), SKINN (Surface, Skin, Keep moving, Incontinence, Nutrition) care bundle and the identification of the deteriorating patient. On-going support and training in the use of these tools is facilitated by the NDL.

In all wards, staff reported that they have had no specific training on continence promotion and incontinence management although some training on continence aids has been provided by various companies. There has been limited training in the management of dementia, delirium and challenging behaviour. The charge nurse in the MAU commented that staff would find this type of training very beneficial. In house training on dementia care had been planned for all clinical staff of the Mater Hospital at the end of January 2014. A staff member in Ward C has completed the WRAP (wellness recovery action plan) course. This course increases staff members understanding and awareness of recovery and may be used as a tool with older people with dementia.

Inspectors were informed that training on the safeguarding of vulnerable adults is part of the trusts mandatory training programme. In Ward C, 100 per cent of staff had attended this mandatory training session, 71 per cent of staff had attended in Ward B however in contrast, attendance was much lower in the MAU with only 46 per cent attendance recorded.

In Ward C, the sister reported that training opportunities to fulfil the responsibilities of the post are available however opportunities have to be balanced against the needs of the ward. In the MAU, the charge nurse reported that it was difficult for staff to access training opportunities that are beneficial to their role that are outside mandatory training requirements.

In all wards inspected, full compliance had been achieved in the completion of staff appraisal and supervision.

The NDL had facilitated training sessions for staff of the Mater Hospital on the outcomes of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013). The aim of these sessions was to review with staff the key themes of the inquiry which includes warning signs, leadership, transparency and candour.

- 4. It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs.**

Management of Serious Adverse Incidents, incidents, near misses and Complaints

The BHSCT trust used the DATIX web-based system for incident and complaint reporting. This system allows reporting, review and recording of action taken, so learning from the incident can be disseminated to staff. Evidence of incident feedback to staff was not available in the MAU and incidents and complaints was not a standard item on the team meeting agenda within Ward C.

Reports can be generated from Datix for trend analysis which are reviewed at the monthly 'local governance and quality meetings'. Managers in both the MAU and Ward C reported that they receive no formal reports on incident trends from the risk and governance management team.

Action plans to minimise or prevent the re-occurrence of incidents are recorded and monitored via Datix. A notice of potential safety incidents was located on the MAU notice board for staff to reference.

Formal complaints are forwarded to the ward sister from the complaints manager. The ward sister would investigate the complaint and responds to the complaints department with the outcome of the investigation. In the MAU, inspectors were informed that verbal complaints are recorded within patient's notes and a copy of the complaint is recorded in a complaints book. Inspectors were unable to view these records as the complaints book was unavailable at the time of the inspection.

- 5. It is recommended that all ward managers receive feedback on incident trends, and incident and complaint data is available for staff to reference and review**

Meetings

All wards have staff meetings and safety briefings for cascading information to staff. Staff meetings in MAU occur every six weeks and in Ward B every six to eight weeks. Meeting agenda items included: staffing issues, complaints, compliments, training, supervision, appraisal etc. Any staff member that does not attend staff meetings are updated by the nurse manager and can access the minutes of meetings from the meetings file.

On a daily basis, ward managers gather data on admissions and discharges to bring to the patient flow meeting. The meeting is focused on reviewing actual and predicted admissions and discharges, discussing capacity and demand and creating an action plan to address bed needs.

On a monthly basis, the assistant service manager of each ward attends a 'local governance and quality meeting'. These meetings are used to review the key performance indicators, care bundles and audits of each ward, discuss complaints and incidents and review trends and mandatory training attendance. The service manager cascades this information to ward managers who subsequently disseminate this information to ward staff at team meetings and at safety briefs.

The MAU and Ward B have a 'white board' meeting which is held each morning. It is attended by members of the medical and nursing teams and other specialist disciplines such as: physiotherapist, occupational therapist, pharmacist etc. Ward C has a multidisciplinary meeting on a weekly basis. Referrals for members of the multidisciplinary teams can be made at these meetings and referrals can also be made using the 'clinical work station' software package. The aim of the multidisciplinary team meetings is to ensure that patients are discussed by all relevant professionals with all relevant information, so patients receive the best possible care.

On a quarterly basis, ward managers attend the 'senior nurses' forum' within the BHSCT. Inspectors were informed that the forum gives ward managers the opportunity for discussion of topical events, audit reports, incidents, issues and new documentation.

Projects/ Improvements

Inspectors were informed that staff in the MAU and Ward C, have progressed with the initiative 'The Productive Ward' - Releasing Time to Care. This project focuses on improving ward processes and environment to help staff spend more time on patient care and at the same time improve levels of safety and efficiency. A new initiative in Ward C as part of the productive ward, was to speed up staff access to patient equipment. Staff developed 'equipment kits' which includes all the necessary equipment for an intended task.

The inspection team were informed that the productive ward initiative has helped increase the amount of time available for staff to spend directly caring for patients. It has offered ward staff the opportunity to develop skills focussing on ward processes and has overall improved staff morale and team working.

The BHSCT were currently in the process of introducing the Butterfly scheme throughout its facilities (Picture 1). The Scheme is a simple, practical way of alerting staff of people whose memory is permanently affected by dementia. Although this initiative has not been fully implemented, posters and information for staff to access are readily available. Each ward had nominated butterfly champions who cascade training to other members of the clinical team within their respective areas.



Picture 1: Poster highlighting the Butterfly scheme in the MAU

In all wards, there were good link nurse systems in place to assist with care and offer advice, examples include: infection prevention and control, pain management, nutrition and tissue viability.

None of the wards inspected had a physical audit of the environment using the dementia checklist. The charge nurse in the MAU reported that staff would value an audit of the environment that can highlight areas of ward design that can support patients with dementia.

Quality Indicators

There is more focus than ever on measuring outcomes of care, including documenting how nursing care is provided. Measuring quality and maintaining a quality workforce are daily challenges. In practical terms, use of indicators can help to minimise the risk of a patient getting pressure ulcers or suffering a fall. It can help to reduce the chance of spreading healthcare associated infections, or help a patient to recover more quickly. Measurement can also help inform patients about their own progress, and provide the wider public with information about the impact of nursing care.

The trust had introduced a range of the 26 Nursing Quality Indicators (NQIs) to include; falls prevention, nutrition, pressure ulcer care, early warning scores, complaints and incident reporting and healthcare associated infections. Inspectors noted that all wards were working hard to implement these indicators.

Inspectors were informed that these indicators were subject to continuous review at 'local governance and quality meetings' to ensure that measurements of quality of nursing care are robust and consistent with regional and national standards. Results of audits are logged onto a dashboard and if compliance is low the frequency of audit is increased. Results are circulated to staff either by posting on the ward improvements board, discussion at staff meetings or via safety briefings.

The results available generally identified that trends in key performance indicators have improved, however the measures board in each ward had not been contemporarily updated at the time of the inspection (Picture 2).



Picture 2: MAU Measures Board

- 6. It is recommended that the trust continue to introduce and monitor the nursing quality indicators (NQIs) and ensure measures boards display up to date scores**

Patient Client Experience and Customer Care

There had been no specific survey undertaken within each ward in relation to the patient care experiences, however the sister in Ward C, had recently been proactive in the area. The RQIA project manager had been contacted prior to the inspection to ask for permission to use RQIAs patient/relative questionnaire within the ward. Permission for this was granted, and the ward sister hoped to initiate its use soon.

Feedback from patients was generally through complaints/ compliments, however the BHSCT had engaged with the Public health agency in the '10,000 voices' project. This project offered people the opportunity to speak

about their experiences as a patient or as someone who has experienced the health service, and to highlight the things that were important to them which will help direct how care is delivered in Northern Ireland.

A patient food satisfaction survey had recently been undertaken within the Mater Hospital. The data from this survey was being reviewed at the time of the inspection and was not yet available.

In all three wards, there was no evidence that staff had participated in customer care training.

In all wards there was a variety of information leaflets on illnesses and conditions; however there was a paucity of information in relation to advocacy services. The social workers on each ward acts as the protagonist link for patient advocacy and can network with services such as the Alzheimer's society.

Staff in all wards can access pictorial aids which were available on Ward C for those patients that had difficulties in communicating.

7. It is recommended that all wards should participate in ward improvement programmes and all staff participate in customer care training

Overall Summary

Generally, inspectors felt that ward managers had demonstrated effective management practices and leadership skills to support the service they deliver. All wards managers' book bank and agency staff to cover staff shortages. Of particular concern was the level of hours that were required to be covered on a weekly basis by bank or agency nursing staff within the Medical Admissions Unit (MAU) and the difficulties experienced by the charge nurse in balancing the clinical and managerial role of the position without the benefit of protected time for managerial duties. Ward managers reported difficulties in maximising staff attendance at mandatory training with balancing the clinical needs of the ward. The trust has been proactive in implementing various initiatives to improve patient care, notably 'the productive ward' and should be commended for facilitating training sessions for staff on the outcomes of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013).

4.2 Ward Observation (Treating older people with compassion, dignity and respect)

This inspection tool reviewed, the organisation and management of patient environment; the privacy and dignity afforded to patients, person centred care to ensure that older patients are treated with respect and compassion; and the management of food and fluids.

The objective of this exercise was to gather evidence by carrying out ward observation and speaking to staff & patients. This evidence feeds into the overall information gathered to identify whether older patients on the ward are being treated with dignity and respect and their essential care needs are being met.

Inspectors' assessment

Ward Environment

On first impression, wards were spacious, bright, well maintained and the atmosphere was calm and welcoming. All wards consisted of bed bays and individual ensuite side rooms for isolation purposes, if required. The bed bays appeared to provide sufficient space to enable the activities of clinical treatment and personal care to be carried out comfortably, easily and safely, and without obstruction. In Ward B, patient's clothes in a plastic bag and a tub of detergent wipes on the floor beside the patient's bed presented a trip hazard (Picture 3). Thoroughfares in the MAU and Ward B were generally free of clutter however patient handling aids were stored in the entrance corridor of Ward C.



Picture 3: Patients clothes in a carrier bag and detergent wipes on the floor

All patient bed spaces and sanitary areas have a nurse call system, which alert staff if a patient requires attention.

Sanitary Facilities

There appeared to be an adequate ratio of sanitary facilities for patients, which were located conveniently at the entrance to ward bays. Spatial constraints of these facilities would appear to present difficulties for independent and assisted wheelchair use and to allow a helper to assist in the transfer on to the WC. Sanitary facilities were equipped with patient hand rails which were suitably placed to support the needs of patients with impaired mobility. All toilet and shower facilities could be locked from the inside and if required be unlocked by staff from the outside. During the inspection, the sister in Ward C reported an issue with the drainage systems within the ward, which had resulted in offensive odours lingering in sanitary areas. On the first day of the inspection in Ward B, there was leakage in one of the toilets. This was reported and promptly fixed during the inspection.

- 8. It is recommended that the trust ensures that all areas are tidy, clutter free and in good repair. Fixtures and fittings should be replaced as necessary.**

- 9. It is recommended that as part of any future refurbishment or new build planning, consideration should be given to increasing the size of sanitary areas**

In recognising how dementia can affect patient's perception, all wards had placed clear pictorial signage on toilet/ shower room doors (Pictures 4 and 5). Improvement is required to improve general signage within ward B. There was no specific signage to direct visitors to the nurses' station.



Pictures 4/5: Pictorial signage in Ward C

10. It is recommended that the trust review and improve signage throughout wards

Privacy and Dignity

Disposable privacy curtains were used in the wards inspected. They were of adequate length and appeared fresh and clean in comparison to the conventional curtains that have to be repeatedly washed. Generally, privacy curtains were used effectively; they were closed when patients were receiving personal care and during interviews with medical, nursing and allied health professionals. On one occasion in Ward B, when a patient was receiving personal care, the bed screens at the nurses' station were not drawn. In Ward C, inspectors noted that at times when privacy curtains were fully drawn, curtain hooks had the tendency to slide open. Privacy curtains had 'do not enter' labels present; staff members were compliant with this request when curtains were drawn. In MAU Inspectors observed, staff were discreet and hesitated before entering a bed space with drawn curtains.

In Ward C, toilet and shower areas are dedicated as single sex facilities. All three inpatient bays in MAU were mixed in gender however only one toilet/shower facility had been dedicated for female patients.

In all wards, the majority of staff observed were courteous and respectful to patients and visitors. In the MAU, inspectors observed that staff did not always introduce themselves on the first interaction with patients. In Wards C and B, patients were addressed according to their preferred name, however in the MAU; a patient was addressed by a name not preferred by the patient. Not all staff were wearing name badges. In ward C, name badges were worn by allied health professionals but not nursing staff and in ward B, some of the badges worn by staff were faded and difficult to read.

11. It is recommended that all trust staff wear name badges which are easily seen and denote the staff member's designation

There was a good response to patient requests for assistance. Inspectors observed that a staff member was insightful in anticipating the care needs of a patient by taking the opportunity to assist with washing the ladies hands before she returned to the bedside from the toilet.

All wards had a small interview room located at the entrance to the ward. These rooms are used as a dedicated meeting room for more mobile patients and their visitors and it is also an area that clinical staff can discuss information about a patient's condition, progress and care with the patient and those close to them. This room provided relative privacy and comfort without disturbing other patients.

Ward C has a dedicated spacious rehabilitation room which is used for multidisciplinary meetings and for the storage of equipment. The room leads on to a small terrace garden which provides natural daylight and ventilation in

addition to providing a stimulating outlook. Unfortunately staff report that this area is underutilised for patients. All patient bed spaces are equipped with bedside entertainment systems which includes a telephone. If patients wish to speak confidentially on the phone with relatives they can use the ward sisters' office.

During ward rounds and patient safety briefs, medical and nursing staff were discreet with patient information. In Ward C, however, patient physiotherapy and speech and language assessments were on laminated sheets placed behind patient's bed spaces. This information could be clearly viewed by other patients and visitors. In all wards, computer display screens within nursing stations were angled in a direction that patient information could be viewed by visitors to the ward.

12. It is recommended that the trust undertakes further work to ensure that all staff provide the appropriate personal care, privacy is maintained at all times and all patients are treated with dignity and respect.

Person Centred Care

The structured process of intentional care rounding was not in place within the wards inspected, a number of staff were unaware of the concept. Intentional care rounding is a structured process where nurses carry out scheduled tasks or observations with patients; addressing patients' pain, hydration and nutrition, continence, positioning; assessing and attending to the patient's comfort; and checking the environment for any risks to the patient's comfort or safety. Elements of intentional care rounding can reduce adverse incidents such as falls and pressure sores, offer patients greater comfort and ease their anxiety.

Elements of care rounding are assessed within wards as part of the trust SKINN care bundle, however inspectors were informed that only patients that are assessed as a pressure ulcer risk will have this assessment completed.

In Ward B, inspectors noted that the SKINN care bundle was not always fully completed and in Ward F, questioning was limited to asking patients if they required a drink, were they comfortable, but nothing in relation to toileting needs. Pain is not assessed as an aspect of the bundle however staff informed inspectors that pain assessment is carried out as part of the medicine round and assessed as an element within the National Early Warning Score (NEWS) observation chart.

13. It is recommended that the trust ensures that staff recording of the SKINN care bundle which is based on the principles of care or intentional rounding, is fully completed. Staff should ensure they understand the importance of this function and ensure the care needs of patients are being met

In Ward B, there were six patients on the ward with confusion at the time of the inspection, five of which had a previous diagnosis of dementia and one with delirium. To assist and support the care needs of these patients; the inspection team were informed that staff would liaise with the Older Peoples' Assessment and Liaison Service (OPALs). The inspection team however were informed that the OPALs team do not manage patients with challenging behaviour which may cover the majority of patients with dementia. The ward sister reported that there is a trust dementia nurse specialist available but ward staff underutilise this service.

14. It is recommended that a review of the OPALs team patient assessment criteria should be conducted to include patients with challenging behaviour and staff should fully utilise the service provided by the trust dementia nurse, to support the care needs of patients with dementia.

Patient Call Bells

Patient call bells were not always within easy reach of patients; this was specifically evident in the MAU and Ward B. Many call bells were located on the ledge behind patient beds (Picture 6). Although there was generally a good response from staff in all wards, on a small number of occasions in the MAU and Ward B, inspectors noted that there were delays in response from ward staff. In discussion with patients in Ward B, five patients were unable to indicate to the inspection team in how to use the nurse call system. In Ward C, staff report that the nurse call system does not always work.



Picture 6: Patient call bell on ledge in Ward B

In Ward C, when buzzers in side rooms go off, staff at the nursing station beside the side rooms are alerted of a patient request for assistance as a light is illuminated outside the side room. This nursing station however is not routinely staffed and there is no system to alert staff at the other nursing station located between bays 1 and 2 of a request from a patient in a side room. During day 2 of the inspection, the ward nursing handover was being given in the station between bays 1 and 2. A patient in a side room was vomiting loudly. There was no member of staff at that end of the ward to

respond to the patient. A member of the inspection team had to notify staff who were involved in the nursing handover, to attend to this patient.

15. Staff should ensure that call bells and are within easy reach of patients, and requests for assistance are addressed promptly

Personal Care

In all wards, patients appeared clean, comfortable and suitably clothed however one very confused elderly man in Ward B was wearing a paper privacy gown which was open at the back and stained and tore at the front. The patient was upset and confused at the time of the inspection visit and refused to go back to his bed. Inspectors observed that staff used good communication skills to resolve this situation very effectively. In discussions, staff informed inspectors that the ward kept no spare night attire in the form of patient privacy gowns for patients who did not have their own. In Ward C, staff also reported that there was no ward stock of patient privacy gowns. In the MAU, inspectors were informed that staff can liaise with the social worker and the alcohol liaison nurse for funds to purchase clothing for those patients who may have no suitable or access to night attire.

From inspectors' observations, no patients appeared to be in pain or distress. Patients were assisted to the toilet as required. Hand hygiene was offered to patients at the bedside after toileting. Patient personal mobility aids were within easy reach of the patient in all wards and assistance was provided as appropriate. In all wards, there was no inappropriate toileting during mealtimes.

On day two of the inspection, inspection teams arrived on the wards early to observe care practices. An inspector who had arrived at the MAU at 0720 highlighted concern regarding the delivery of personal care. The inspector identified that there was a lack of evidence either through observation or within care records to support the delivery of morning personal care for a number of vulnerable elderly patients. During discussion with the charge nurse, it was stated that these patients were assisted to wash by night staff. As restful sleep is an important aspect of care, inspectors were concerned that patients sleep is being disturbed for personal care interventions to facilitate task orientated ward care routines.

16. It is recommended that staff respect patients natural waking pattern, patients should only be disturbed when there is a distinct patient need and not for task orientated care routines

Food and Fluids

Inspection teams were informed that protected mealtimes are in place within the wards inspected, however inspectors observed that patients were routinely disturbed during mealtimes. In Ward B, inspectors observed patients being interrupted at breakfast time due to the medicine round. In Ward C, staff was observed carrying out the medicine and the observation rounds and

also restocking patient lockers and carrying out personal care during mealtimes. Similar issues were also observed within the MAU.

17. It is recommended that the trust policy on protected meal times is adhered to by all staff.

In general, meals were appetising and served warm. In Ward B, the large quantity of food served had resulted in a considerable amount of food wastage. In the MAU, inspectors observed that a patient's pureed meal was not reformed into the appropriate food groups, the inspection team were informed that there had been a problem with the supplier of these meals.

All wards had inconsistent systems for managing meal service. In Ward B, there was no identifiable system in place for those patients that require assistance with their meal. There was evidence that staff were assisting patients with their meals however it was observed that some breakfasts had been left for an extended period of time until the nurse was able to assist with patients.

Ward C and MAU have introduced a red tray system at mealtimes. The purpose of the red coloured tray was to act as a visual indicator for nursing staff to identify patients who require assistance with their meals. The effectiveness of this system needs improvement. In Ward C, four patients required assistance with meals however only one patient had a meal on a red tray delivered. In the MAU, nursing staff give out lunches and dinner meals however members of PCSS staff give out breakfast meals. PCSS staff reported that they had no specific instructions from nursing staff as to which patients required assistance with their meals or those patients that required a special therapeutic meal.

On day one of the inspection in Ward C, inspectors observed that there was a delay in providing assistance for a patient with a pureed meal. On day 2 of the inspection, an inspector had to ask a HCA to assist a patient in a bay with a meal. In the MAU, it was observed that one patient who required assistance did not eat their meal and had only consumed 40mls of tea. An Inspector observed that there was no real effort to encourage the patient to eat or drink. Inspectors also noted after reviewing the patients fluid balance chart, there was a significant fluid deficit from the recommended daily intake. This may have been minimised had greater efforts been made by staff to encourage fluid intake with this patient.

Encouragement of fluids is an aspect of the SKINN care bundle however in Ward C; gaps were noted in the completion of this documentation. Inspectors observed in the MAU and Ward B, a number of regional fluid balance charts were not always fully recorded and reconciled at the end of each day.

18. It is recommended that the trust reviews the coordination and supervision of meal service within wards and clarifies the system in place to identify patients who require assistance with their meals.

19. It is recommended that there is sufficient staff to assist patients with their meals. Patient oral intake should be encouraged as necessary and monitored robustly

Jugs of fresh water were available and changed twice daily. Water was generally observed within easy reach of patients however in MAU it was observed that one patient's water was on the windowsill and was out of reach during the night.

20. It is recommended that staff ensure that patient drinking water is within easy of reach of patients

In all wards patients were generally offered hand hygiene before meals and napkins were supplied

In MAU, inspectors were informed that, family members and carers with supervision from nursing staff are welcomed to assist with feeding of their relative. Ward staff felt that it was important to involve families and carers in these activities to gain knowledge of the patient preferences, routines and habits.

Other issues identified

In Wards B and C, inspectors observed that some staff members did not comply with best practice in infection prevention and control specifically in relation to the use of personal protective equipment and adherence to the five moments for hand hygiene.

21. It is recommended that staff should adhere to the trust's infection prevention and control policies

In Ward B, an inspector overheard a member of nursing staff speak with the social worker regarding a patient who had been discharged the previous day. The social worker had not been informed of the discharge and commented that the patient's care package was not due to commence until the following day.

22. It is recommended that robust systems are in place to ensure that patients discharge arrangements are planned and managed effectively

In Ward C, an unlocked medicine trolley was observed unattended within a patient bay area. This practice was identified to and immediately addressed by the ward manager.

23. It is recommended that staff should adhere to the trust's administration of medicine policy

Overall summary

Generally, all wards were bright, well maintained and the atmosphere was calm and welcoming. Patient bed areas were sufficient in space to enable the activities of clinical treatment and personal care to be carried out comfortably, easily and safely, and without obstruction. The spatial constraints of some sanitary facilities would appear to present issues for independent and assisted wheelchair use.

In all wards, inspectors observed that the majority of staff were courteous and respectful to patients and visitors and generally, the dignity and privacy of patients was maintained. Inspectors observed that not all call bells were within patients reach, or answered promptly. Patient personal care was generally of a high standard, although staff need to ensure that stained patient clothing is changed promptly and a stock of suitable night attire is available for those patients who do not have their own. Of particular concern in the MAU was that patients were unduly being disturbed during their night sleep for personal care interventions to facilitate task orientated care routines.

Protected meals were in place, although not always adhered to. There was a good choice of meals, served warm and generally appeared appetizing, however the quantity of food served resulted in a high degree of food wastage. At times, there were not enough staff to assist patients with their meals promptly after serving. Inspectors noted that systems within wards, to identify patients who required assistance with their meals needs to be improved. The monitoring of patients food and fluid intake is of concern.

On most occasions, staff members were compliant with best infection prevention and control practices; however inspectors did observe a number of lapses in practice in relation to hand hygiene and the use of personal protective equipment. On one occasion, a staff member did not comply with the trust's administration of medication policy.

4.3 Review of Care Records

The inspection tool used reviews the patient care records; in relation to the management of patients with cognitive impairment; food, fluid and nutritional care; falls prevention; pressure ulcer prevention; medicine and pain management. Care records should build a picture of why the patient has been admitted, what their care needs are, desired outcomes for the patient, nursing interventions and finally evaluation and review of the care.

Inspectors' assessment

Inspectors reviewed nine patient care records in depth and 12 patient bedside charts were examined for specific details. The inspectors found similar gaps in each set of records.

Patient Information, sourced by nurses, was not always reviewed, or analysed collectively to identify the care needs of individual patients. Assessments were not always fully completed or used to inform subsequent care interventions required.

24. It is recommended that the assessment of patients nursing needs should be patient focused and identify individual needs and interventions required. This should be reviewed and updated in response to changing needs of patients.

The nursing documentation in use, indicated that there are a variety of risk assessments that should be undertaken for patients. Some examples of these include risk assessments on, nutrition, falls, and pressure ulcer risk. If a risk has been identified a care plan should be devised to provide instruction on how to minimise the risk.

Inspectors noted in all wards, there were variations in the quality of the risk assessments undertaken. Inspectors found that generally risk assessment had been commenced within 6 hours of admission to the ward however they were not always fully completed or updated. MUST assessments were not always fully completed and bedrail risk assessment was not always carried for patients with bedrails in place. There were instances when other assessments were inaccurately completed. A pressure ulcer risk assessment chart recorded that a patient had a grade 2-4 pressure ulcer when in reality the patient had no pressure ulcer. In the MAU, inspectors noted that, following the completion pressure ulcer risk assessment for a patient, a pressure relieving mattress was ordered. Two days following this request for a pressure relieving mattress, there was still no mattress in place for this patient.

Regular review of risk assessments did not always occur despite changes in the patient's condition. Identified risks did not always have a care plan devised to provide instruction on how to minimise the risks.

25. It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.

On most instances, patients' records failed to reflect the nursing assessment, or the care required for the patient, identified on observation. Any care plans that had been devised were poorly written with minimal detail and little direction of the care to be implemented for the patient. A number of records observed failed to focus on the fundamentals of care for elderly patients.

One patient was admitted with at least eight identified nursing care needs, this was determined from observation of the patient and review of their nursing assessment; however, only three care plans was noted to be in place. The care plans in place offered standardised statements which failed to reflect a patient centred approach to care.

Within the progress records there was some narrative of the delivery of care although this did not relate to the care plans in place. Additional care charts such as the SSKIN care bundle and fluid balance charts were not contemporaneously maintained.

There were similar findings in all of the care records examined. None of the care plans reviewed evidenced that nurses adequately carried out assessment, planning, evaluation and monitoring of the patient's needs. This is vital to provide a baseline for the care to be delivered, and to show if a patient is improving or if there has been deterioration in their condition. Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines.

There had been no routine formal auditing of care records. Nurse leads in the MAU carried out informal spot checks of care records however no evidence of this was made available at the time of the inspection.

The Nurse Development Lead (NDL) in 2012 facilitated a one off audit of care records in a number of wards within the Mater Hospital. This audit was based on the NIPEC mandatory requirements of record keeping, however it did not assess the quality of patient's individualised plans of care, which includes the assessment, interventions and evaluation of outcomes.

Improvements to record keeping are required in the following areas:

- admission assessment should be fully completed
- assessments were not fully used to inform the subsequent care interventions required
- risk assessments should be fully completed
- If a risk is identified a care plan should be devised to provide instruction on how to minimise the risk.
- care plans should be devised for patients needs
- In the nursing progress notes, entries should be dated and legible. They should reference the care plan, and triangulation of care

Overall the care records examined failed to demonstrate that safe and effective care was being delivered.

26. It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in response to changing needs of patients.

27. It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.

DNAR (Do not attempt resuscitation)

A trust policy was devised based on the joint guidance referred to on page 8. As part of the inspection, DNAR decisions and subsequent documentation were reviewed in both medical and nursing records.

Inspectors Assessment

In Ward B, two patients had a DNAR decision in place. One patients form was completed fully with the exception of a review date however in the second form all sections were incomplete with the exception of the signature of the healthcare professional completing the form.

In Ward C, two patients had a DNAR decision in place, both forms were fully completed however the DNAR section within the nursing assessment and plan of care booklet, was not completed.

28. It is recommended that staff comply with the trusts DNAR policy

4.4: QUIS Observation Sessions

Observation of communication and interactions between staff and patients or staff and visitors was included in the inspection. This was to be carried out using the Quality of Interaction Schedule (QUIS).

Inspectors Assessment

Inspectors and lay reviewers undertook a number of periods of observation in the ward which lasted for approximately 20 minutes. Observation is a useful and practical method that can help to build up a picture of the care experiences of older people. The observation tool used was the Quality of Interaction Schedule (QUIS) This tool uses a simple coding system to record interactions between staff, older patients and visitors. Details of this coding have been included in Appendix 1.

	Sessions undertaken	Observations	Positive (PS)	Basic (BC)	Neutral (N)	Negative (NS)
Ward B	3	18	12	6	0	0
Ward C	8	88	51	23	11	3
MAU Ward F	8	44	31	9	0	4
Total	19	150	94	38	11	7

The results of the periods of observation indicate that 63 per cent of the interactions were positive. Positive interactions relate to care which is over and beyond the basic physical care task, demonstrating patient centred empathy, support, explanation, socialisation etc.

Neutral interactions are brief indifferent interactions, not meeting the definitions of other categories. Basic interactions relate to brief verbal explanations and encouragement, but only that necessary to carry out the task with no general conversation.

Negative interactions relate to communication which is disregarding of the patients' dignity and respect. It was disappointing to note this type of interaction; however this involved a small number of staff. The staff were made known to the ward sister for the appropriate action to be taken.

The narrative results from the three wards have been combined and listed below.

Positive interactions observed

- Overall there was good interaction between staff and patients
- Generally good communication skills displayed; coming down to patient level, speaking slowly, awareness of hearing difficulties, introduced self, repeating information, ensuring patient understood
- Took into account patient's wishes
- Phrases used; 'did you have a good sleep? 'Are you ready? Are you comfortable? Would you like sugar on your porridge?
- Encouragement, comfort and reassuring behaviour from staff during care tasks
- Staff initiated conversation with patients, listened and spoke respectfully and politely

Basic interactions observed

- Giving out meal trays, limited interaction with patients
- Getting patient into bed, conversation only what was necessary to complete the task
- Dispensing medications during breakfast, conversation only what was necessary to complete the task
- Giving the patient oxygen, only what was necessary to complete the task
- Carrying out observations – limited interaction with patient

Neutral interactions observed

- Physiotherapy assistant - left equipment at bedside, no interaction with patient
- Occupational Assistant - hoisting patient from bed to chair, no interaction with patient
- Carry out personal care to confused patient, no interaction with patient

Negative interactions observed

- General overuse of colloquial terms such as 'darling', 'sweetheart' only with older patients
- Two occupational therapy staff carrying out a patient, bed to chair transfer. Patient in the bed bedside where the manoeuvre was being carried out was calling out, leaning over bedrails towards staff. Staff initially engaged 'what's wrong darling', 'what do you want'. However, the patient did not settle and calling out continued, staff then ignored the patient. At this point the manoeuvre had been completed and there were three OT staff at the bedside. The OT staff continued to make the bed of the transferred patient and did not engage with the confused

patient. On observation, this patient was settled quite easily by nursing staff

Events

During observations, inspectors noted the following events or important omissions of care which are critical to quality of patients' care but which do not necessarily involve a 'direct interaction'. For example, a nurse may complete personal care without talking or engaging with a patient.

An example of an omission of care may be

- a patient repeatedly calling for attention without response,
- a patient left inadequately clothed,
- a meal removed without attempts made to encourage the patient to finish it,
- a patient clearly distressed and not comforted.

Events observed by Inspectors/Lay Reviewers

- Patients required assistance with feeding, assistance not readily available
- IV pumps alarming, not silenced for long periods
- On two separate occasions the breakfast was served to patients before the patient was sitting up and ready. A nurse had to stop assisting one patient to go and reposition another patient so he could eat his breakfast comfortably.
- Northern Ireland Ambulance Staff (NIAS) were collecting a patient from the ward to transport home. There was one crew member pulling the patient on a wheelchair backwards out of ward. The patient was carrying all her property and holding on to a zimmer frame. The use of hook on the wheelchair was not used to hold this patients property or assistance offered by ward staff or another NIAS crew member. Patient called out to the inspection lay reviewer: *"I take back half of what I said. I've had nothing but bad service in this hospital"*. Before this event, the patient had given some areas for improvement but also some positive feedback about the ward.

Recommendation

29. It is recommended that the Trust develop measures to improve staff to patient interactions ensuring that patients are always treated with dignity and respect.

4.5 Patient and Relative Interviews/ Questionnaires

Background

The RQIA inspection included obtaining the views and experiences of people who use services. A number of different methods were used to allow patients and visitors to share their views and experiences with the inspection team.

- Patient /Relatives/Carers Interviews
- Patient Questionnaires
- Relatives/Carers Questionnaires

Inspectors Assessment

During the inspection 17 patients and 9 relatives/carers questionnaires and 16 patient interviews were undertaken.

Generally feedback received from patients and relatives or carers was good. Overall patients were satisfied with the standard of care they received and thought that staff interacted well and were polite, courteous and compassionate. Questionnaires generally indicated that staff introduced themselves to patients and included them in conversation.

A small number of questionnaires identify that patients do not feel involved in their care and that information on their condition, treatment and discharge is limited. A small number of questionnaires identify that some relatives do not feel confident to express views on how their relative is being cared for; they are not asked their relative's needs or wishes and they do not know who to speak to about their relatives care.

Some positive written comments were:

“Anytime my mother has been in the Mater Hospital, she has been very well looked after”

“This is the first long term stay my husband has had, I am happy with the care from he was admitted. Great caring staff”

“I have found all staff to be very helpful. I feel my mother has had the best of care”

Patient Interviews

Overall patients stated they were happy with the standard of care and had a good relationship with staff. There was a general understanding from patients, that staff was working to the best of their ability given the time and staff available. All patients interviewed felt that buzzers were answered quickly.

Overall patients felt that staff were polite and courteous, took the time to chat with them and discuss any concerns or worries. Although one patient commented that:

“I would like a wee bit more time, if they ask a question they should listen to what you say”.

Most patients felt that the meals were enjoyable with a good variation; others thought that the food was repetitive and there was ‘not enough of a choice’

Patients and relatives were happy with visiting times, one patient commented that the visiting times are strict however if his daughter needs to see him outside visiting hours, she can get permission.

When patients were asked what can be done differently most patients commented ‘nothing’.

When a patient was questioned ‘Has anything happened to you since you came into hospital? They commented that: “I fell of the chair. I was lying for a good while in a side ward. I got a cannula in that day, I couldn’t get a drink during the night, that nurse said she didn’t hear and I was crying. I didn’t like it on my own in a side room”.

Interview with Family Members

There was no opportunity during the inspection to interview family members

Recommendation

30. It is recommended that the trust should action patient, relative, carer comments to improve the patient experience.

4.6 Emergency Department

Inspectors' assessment

Inspectors visited the ED on the first day of the inspection at 9.30am and 2pm. There were 4 patients over the age of 65 who had been waiting in the ED for more than 6 hours. The waiting times for these four patients ranged between 7 hours 27 minutes and 10 hours 2 minutes. In all cases patient admission was delayed as there was no admission bed available. Inspectors were informed that there had been occasions, those patients that would be approaching a breach of 12 hours within the ED are chosen for ward admission over the clinical need of another patient.

31. It is recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.

In the triage phase of care in the ED, patients aged 65 years and older are prioritised and fast tracked to a patient care area for medical screening, examination and treatment. Following medical assessment in the major's area, patients can be transferred to the outcomes area of the department to wait for an available inpatient bed or they can be admitted to the short stay ward for observation, usually for a 24 hour stay.

The inspection team were informed that the 'Symphony' software package had recently been introduced within the ED. This software supports the everyday practices within the ED and the delivery of all the complex information needs within the department. This system in the initial triage phase of care highlights to triage nursing staff, those patients that are 65 years and older for prioritization.

The care patients receive in the ED is recorded by nursing and medical staff on the ED flimsy. The document includes three aspects of the nursing process; assessment, nursing interventions and evaluation and also records details on medical and social history, presenting complaint, allergies, clinical observations etc. The flimsy only allows for minimal information to be recorded on assessment and care delivered and the form is not structured to take into account the 'Activities of Daily living' (ADLs) and prompts for frailty syndromes. There is no reference to the assessment of elimination, communication, nutritional needs and mobility. New draft documentation is currently being devised to take into account the ADLs for those patients that are pending admission and is structured to take into account immobility, confusion, incontinence and falls.

The current 'nursing assessment and plan of care' BHSCT booklet stipulates that a number of risk assessments are to be completed within a certain time frame. The only risk assessment observed to be completed for the four patients pending admission to the ward and waiting for more than 6 hours in ED was the IPC risk assessment form. There had been no pressure ulcer risk chart completed on the four patients reviewed. Nursing staff, within the ED were developing a modified version of the SKINN care bundle to assess pressure ulcer risk.

There was no MUST tool completed for those patients reviewed. The inspection team were informed at the trust feedback session that the BHSCT are reviewing the timescale for completion of the MUST tool from 6 hours to 24 hours of admission to come in line with trust policy: '*Promotion of Best Practice in relation to Food, Fluids, and Nutrition policy*' and the DHSSPSNI Guideline 1 '*Promoting Good Nutrition*'³. Following trust feedback the Assistant Service Manager (ASM) contacted trust corporate Nursing and the author of the Food, fluid and Nutrition policy who confirmed that it was in fact not a review of the timescale, it was simply a typing error within the existing trust nursing document. The trust ASM advised that the next version of the regional documentation will address this error.

Patients are not automatically fully assessed for all common frailty syndromes. Older people tend to present to clinicians with non-specific presentations or frailty syndromes. The reasons behind the non-specific presentations include the presence of multiple comorbidities, disability and communication barriers. The ability to recognise and interpret non-specific syndromes is key, as they are markers of poor outcomes. There is a need to ensure that the documentation used by all staff takes into account these areas

There is no recognised mental health state assessment tool to recognise dementia/delirium included within the ED flimsy such as the Abbreviated Mental Health Tool (AMT4) or the Confusion Assessment Method (CAM) Tool. Patient mental state is assessed by medical staff and findings are documented within the broad assessment section of the flimsy. During the inspection members of the medical team commented that the inclusion of the AMT4 tool within the flimsy would be beneficial and reflect the ward medical assessment document on which the AMT4 is already included.

32. It is recommended that the trust review the current documentation to improve and standardise the assessment in use for nursing and common frailty syndromes.

In ED, patients with an assessed mental health risk will have a mental health assessment form completed. A section of this document also includes a self-harm and suicide assessment. The severity of the risk for the patient is categorised and staff can refer to the accompanied algorithm for advice regarding appropriate actions, set timescales and referral contacts.

³ <http://www.dhsspsni.gov.uk/index/pgn-must/pgn-must-guideline1.htm>

The BHSCT operate a one point of referral for adult mental health services, Woodstock lodge mental health centre. There is a dedicated elderly mental health team for patients 65 years and over, referrals can be made on a 24/7 basis. The response time for this service can range from 1 hour from arrival at the ED to 2 hours dependent upon risk status of the patient. For those elderly patients with minor mental health issues that have been assessed as not requiring referral to the mental health team, they must be seen by an ED medical practitioner and advice sought from Older peoples psychiatry if necessary. These patients will also have a referral to the 'Card before you leave scheme' in which patients will receive a phone call from the trust mental health service 24 hours after discharge from the ED.

There are currently 5 staff members within ED who are nominated champions for the butterfly scheme. These staff members have cascaded training to all other members of the ED team. Two staff members have undertaken a training course on dementia care and 83per cent of nursing staff within the ED have had safeguarding of vulnerable adults training (SOVA). The ED have recently employed 5 new staff, all are currently booked and awaiting SOVA training.

To speed up admissions, discharges and transfers all patients are consultant vetted between the hours of 8am – 6pm, 7 days per week. Between the hours of 6pm and 12 midnight, patients are vetted by a senior registrar. Other initiatives include: nurse led discharge from triage and the recent initiative with the Northern Ireland Ambulance Service who are providing an onsite liaison service, HALO (Hospital Ambulance Liaison Officer). This service is based at the Royal Victoria Hospital ED; it is a seconded post and is currently available in daytime business hours.

33. It is recommended that the trust and NIAS evaluate the impact of this role and agree clearly defined role and responsibilities

Patients that present to ED following a fall or a recent history of falls will have a mobility falls assessment carried out jointly by a physiotherapist and occupational therapist. The ED has also access to a range of other onsite practitioners, alcohol liaison nurse, deep venous thrombosis (DVT) nurse and social worker. These services are generally available Monday to Friday 9am to 5pm, out of hours service is also available.

There was a lack of patient information in the form of leaflets. There was no available information on: local social services, healthy eating, staying warm, benefits, skincare and risk of pressure sores and information for carers of frail older people. Leaflets had been taken from the ED reception because at times, members of the public had discarded leaflets onto the floor of the waiting area. A working group has been set up to source appropriate information leaflets for ED which can be installed on the symphony software for printing and use as necessary.

The ED Sister informed the inspection team that delays in bed availability can cause the department to become quickly congested. All patients in cubicles/ bed spaces have access to call bells however during busy periods not all patients will have access to a call bell. On such occasions staff will place patients close to nurses' station if they are assessed as a potential risk.

The privacy and dignity of patients was observed during the two days of the inspection within the ED however the sister expressed that at times of congestion, the lack of available cubicles and screens means that staff do not adequately feel that they can maintain the dignity and privacy of patients and clients within their care. The availability of sufficient quantities of laundry (blankets/ pillows) can be problematic especially during busy periods.

34. It is recommended that staff should be supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.

35. It is recommended that sufficient supplies of laundry are available.

Meals are available for patients in the ED during hospital kitchen opening hours. There are also vending machines in waiting area and a coffee bar available the within the new hospital building. Staff can make tea and toast and food stuffs were available for those patients with special dietary requirements. The ED Sister expressed that a member of staff has to be freed up from duties to provide tea and toast for those patients waiting for admission to the ward, this can leaves staffing levels short.

Inspectors were informed that there had been occasions, those patients that would be approaching a breach of 12 hours within the ED are chosen for ward admission over the clinical need of another patient patient.

5.0 Summary of Recommendations

- 1. It is recommended that any the identified nurse staffing variances are reviewed to ensure that patient care and safety is not compromised due to staffing levels.**
- 2. It is recommended that ward managers should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.**
- 3. It is recommended that the trust ensure policies are available for staff.**
- 4. It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs.**
- 5. It is recommended that, all ward managers receive feedback on incident trends, and incident and complaint data is available for staff to reference and review**
- 6. It is recommended that the trust continue to introduce and monitor the nursing quality indicators (NQIs) and ensure measures boards display up to date scores**
- 7. It is recommended that all wards should participate in ward improvement programmes and all staff participate in customer care training**
- 8. It is recommended that the trust ensures that all areas are tidy, clutter free and in good repair. Fixtures and fittings should be replaced as necessary.**
- 9. It is recommended that as part of any future refurbishment or new build planning, consideration should be given to increasing the size of sanitary areas**
- 10. It is recommended that the trust review and improve signage throughout wards**
- 11. It is recommended that all trust staff wear name badges which are easily seen and denote the staff member's designation.**
- 12. It is recommended that the trust undertakes further work to ensure that all staff provide the appropriate personal care, privacy is maintained at all times and all patients are treated with dignity and respect.**

- 13. It is recommended that the trust ensures that staff recording of the SKINN care bundle which is based on the principles of care or intentional rounding, is fully completed. Staff should ensure they understand the importance of this function and ensure the care needs of patients are being met**
- 14. It is recommended that a review of the OPALs team patient assessment criteria should be conducted to include patients with challenging behaviour and staff should fully utilize the service provided by the trust dementia nurse, to support the care needs of patients with dementia.**
- 15. It is recommended that staff should ensure that call bells and are within easy reach of patients, and requests for assistance are addressed promptly**
- 16. It is recommended that staff respect patients natural waking pattern, patients should only be disturbed when there is a distinct patient need and not for task orientated care routines**
- 17. It is recommended that the trust policy on protected meal times is adhered to by all staff.**
- 18. It is recommended that the trust clarifies the system in place to identify patients who require assistance with their meals.**
- 19. It is recommended that there is sufficient staff to assist patients with their meals. Patient oral intake should be encouraged as necessary and monitored robustly**
- 20. It is recommended that staff ensure that patient drinking water is within easy of reach of patients**
- 21. It is recommended that staff should adhere to the trust's infection prevention and control polices**
- 22. It is recommended that robust systems are in place to ensure that patients discharge arrangements are planned and managed effectively**
- 23. It is recommended that staff should adhere to the trust's administration of medicine policy**
- 24. It is recommended that the assessment of patients nursing needs should be patient focused and identify individual needs and interventions required, this should be reviewed and updated in response to changing needs of patients.**

- 25. It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.**
- 26. It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in response to changing needs of patients.**
- 27. It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.**
- 28. It is recommended that staff comply with the trusts DNAR policy**
- 29. It is recommended that the Trust develop measures to improve staff to patient interactions ensuring that patients are always treated with dignity and respect.**
- 30. It is recommended that the trust should action patient, relative, carer comments to improve the patient experience.**
- 31. It is recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.**
- 32. It is recommended that the trust review the current documentation to improve and standardise the assessment in use for nursing and common frailty syndromes.**
- 33. It is recommended that staff are supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.**
- 34. It is recommended that staff ensure that sufficient supplies of laundry are available.**

Appendix 1 QUIS Coding Categories

The coding categories for observation on general acute wards are:

Examples include:

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic Care: (BC) – basic physical care e.g. bathing or use of toilet etc with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are tailored to the individual, the language used easy to understand, and non-verbal used where appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away <p>Staff respect older people's privacy</p>	<p>Examples include: Brief verbal explanations and encouragement, but only that which is necessary to carry out the task</p> <p>No general conversation</p>

<p>and dignity by speaking quietly with older people about private matters and by not talking about an individual's care in front of others</p> <ul style="list-style-type: none"> • Staff use of curtains or screens appropriately and check before entering a screened area and personal care is carried out with discretion 	
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<p>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</p>	<p>Negative (N) – communication which is disregarding of the residents' dignity and respect.</p>
<p>Examples include:</p> <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact • Undirected greeting or comments to the room in general • Makes someone feel ill at ease and uncomfortable • Lacks caring or empathy but not necessarily overtly rude • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact • <input type="checkbox"/> Telling someone what is going to happen without offering choice or the opportunity to ask questions. • <input type="checkbox"/> Not showing interest in what the patient or visitor is saying. 	<p>Examples include:</p> <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations. • Being told to wait for attention without explanation or comfort • Told to do something without discussion, explanation or help offered • Being told can't have something without good reason/ explanation • Treating an older person in a childlike or disapproving way • Not allowing an older person to use their abilities or make choices (even if said with 'kindness'). • Seeking choice but then ignoring or over ruling it. • <input type="checkbox"/> Being angry with or scolding older patients. • Being rude and unfriendly • Bedside hand over not including the patient

Events

You may observe event or as important omissions of care which are critical to quality of patients care but which do not necessarily involve a 'direct interaction'. For example a nurse may complete a wash without talking or engaging with a patient (in silence).

Appendix 2 Patient Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
I have been given clear information about my condition and treatment	37.5%	12.5%	25.0%	25.0%	0.0%	0	8
I always have access to a buzzer	50.0%	12.5%	12.5%	25.0%	0.0%	0	8
When I use the buzzer staff come and help me immediately	25.0%	37.5%	12.5%	0.0%	25.0%	0	8
When other patients use the buzzer staff come and help them	14.3%	42.9%	0.0%	0.0%	42.9%	1	7
I am able to get pain relief when I need it	75.0%	12.5%	0.0%	0.0%	12.5%	0	8
I am able to get medicine if I feel sick	57.1%	14.3%	0.0%	0.0%	28.6%	1	7
I get help with washing, dressing and toileting whenever I need it	50.0%	25.0%	0.0%	0.0%	25.0%	0	7
Staff help me to carry out other personal care needs if I want them to	57.1%	28.6%	14.3%	0.0%	0.0%	1	7
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	37.5%	12.5%	0.0%	12.5%	37.5%	0	8
If I need any help with my glasses, hearing aid, dentures, or walking aid staff will help me with this	25.0%	25.0%	0.0%	0.0%	50.0%	0	8

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff are aware of the help I need when eating and drinking	25.0%	37.5%	0.0%	0.0%	37.5%	0	8
I enjoy the food I am given on the ward	25.0%	12.5%	37.5%	25.0%	0.0%	0	8
Staff help other patients to eat or drink if they need assistance	37.5%	12.5%	12.5%	0.0%	37.5%	0	8
I have access to water on the ward	75.0%	25.0%	0.0%	0.0%	0.0%	0	8
Staff always respond quickly if I need help	57.1%	28.6%	0.0%	0.0%	14.3%	1	7
The quality of care I receive is good	50.0%	50.0%	0.0%	0.0%	0.0%	0	8
The ward is clean and tidy and everything on the ward seems to be in good working order	37.5%	62.5%	0.0%	0.0%	0.0%	0	8
Staff will give me time to do the things I need to do without rushing me	62.5%	37.5%	0.0%	0.0%	0.0%	0	8
I feel safe as a patient on this ward	37.5%	62.5%	0.0%	0.0%	0.0%	0	8
Are you involved in your care and treatment	33.3%	0.0%	16.7%	50.0%	0.0%	2	6
Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the ward	37.5%	12.5%	12.5%	37.5%	0.0%	0	8

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff explain treatment to me so I can understand	25.0%	25.0%	12.5%	37.5%	0.0%	0	8
Staff listen to my views about my care	25.0%	37.5%	25.0%	12.5%	0.0%	0	8
I can always talk to a doctor if I want to	16.7%	0.0%	50.0%	16.7%	16.7%	2	6
I feel I am involved in my care	14.3%	14.3%	14.3%	28.6%	28.6%	1	7
Staff have discussed with me about when I can expect to leave the hospital	14.3%	0.0%	14.3%	57.1%	14.3%	1	7
Staff have talked to me about what will happen to me when I leave hospital	14.3%	0.0%	14.3%	57.1%	14.3%	1	7
Staff always introduce themselves	62.5%	0.0%	25.0%	12.5%	0.0%	0	8
Staff are always polite to me	85.7%	14.3%	0.0%	0.0%	0.0%	1	7
Staff will not try to rush me during meal times	37.5%	25.0%	0.0%	37.5%	0.0%	0	8
Staff never speak sharply to me	37.5%	12.5%	0.0%	50.0%	0.0%	0	8
Staff call me by my preferred name	62.5%	25.0%	0.0%	12.5%	0.0%	0	8
Staff treat me and my belongings with respect	62.5%	37.5%	0.0%	0.0%	0.0%	0	8
Staff check on me regularly to see if I need anything	50.0%	37.5%	0.0%	12.5%	0.0%	0	8
My visitors are made welcome	75.0%	25.0%	0.0%	0.0%	0.0%	0	8

Appendix 3 Relative Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff take time to get to know my relative/friend	20.0%	46.7%	33.3%	0.0%	0.0%	2	15
Staff always have enough time to give care and treatment	33.3%	33.3%	33.3%	0.0%	0.0%	2	15
Staff are knowledgeable about the care and treatment they are providing	64.3%	28.6%	0.0%	0.0%	7.1%	3	14
The ward is a happy and welcoming place	43.8%	37.5%	6.3%	6.3%	6.3%	1	16
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	75.0%	12.5%	12.5%	0.0%	0.0%	1	16
Staff never speak sharply to me or my relative/friend	40.0%	13.3%	0.0%	46.7%	0.0%	2	15
Staff include me in discussions about my relative/friend's care	62.5%	12.5%	12.5%	12.5%	0.0%	1	16
Staff treat my relative/friend with dignity and respect	87.5%	6.3%	6.3%	0.0%	0.0%	1	16

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff provide me with sufficient information when I need it/ask for it	70.6%	17.6%	5.9%	5.9%	0.0%	0	17
Staff make me feel welcome on the ward	68.8%	25.0%	0.0%	6.3%	0.0%	1	16
I feel confident to express my views on how my relative is being cared for	68.8%	25.0%	0.0%	6.3%	0.0%	1	16
Staff ask me about my relative/friend's needs or wishes	37.5%	37.5%	6.3%	18.8%	0.0%	1	16
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	35.3%	35.3%	17.6%	11.8%	0.0%	0	17
I know who to speak to about my relative/friend's care	75.0%	6.3%	12.5%	6.3%	0.0%	1	16
I can speak to a doctor when I want to	29.4%	17.6%	47.1%	0.0%	5.9%	0	17
If I chose to be, I am informed if/when my relatives/the patient's condition changes	73.3%	13.3%	6.7%	6.7%	0.0%	2	15

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
If my relative wants me to, I have been fully involved in the discharge planning for when my relative leaves hospital	66.7%	13.3%	0.0%	6.7%	13.3%	2	15
Staff listen to my views about my relative/friend's care	70.6%	23.5%	0.0%	5.9%	0.0%	0	17

6.0 Quality Improvement Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1.	It is recommended that any identified nurse staffing variances are reviewed to ensure that patient care and safety is not compromised due to staffing levels.	Unscheduled & Acute Care	Recruitment has been completed and identified nursing vacancies have been filled.	Complete and ongoing
2.	It is recommended that ward managers should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.	Unscheduled and Acute Care supported by Central Nursing	The current staffing budget and daily allocation permits protected time for the Nurse in Charge (NIC) to be supervisory. The NIC will determine the ability to maintain protected time on a daily basis and will allocate staff based on patient need.	December 2014
3.	It is recommended that the trust ensure policies are available for staff.	Unscheduled & Acute Care	All policies are available to staff on the policies and documents site on the Trust intranet. Nurse Development Leads are working directly with the Ward Sisters, Nurse in Charge (NIC), and Assistant Service Managers (ASMs) to ensure that staff are aware of the policies and how they can be accessed.	Ongoing Review date October 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
4.	It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs.	Unscheduled & Acute Care/ ASMs	The availability of mandatory training for staff is an ongoing priority for the Trust. The ability of the service to release staff for training remains an ongoing challenge. There are a number of e-learning training packages available to staff. An action plan has been developed for wards to ensure that all staff complete mandatory training. Training is reviewed as part of management team meetings.	Ongoing Review date October 2014
5.	It is recommended that, all ward managers receive feedback on incident trends, and incident and complaint data is available for staff to reference and review	Unscheduled & Acute Care/ ASMs	Currently developing and implementing a new standardised ward-based performance scorecard which will present trended measures in a range of performance areas including reported incidents. Monthly management team meetings are in place. Agenda items include feedback to staff from SAIs, IR1s, complaints, patient compliments and staffing developments. Staff at all levels are reminded of the need to have staff meetings and ensure cascade to all team members.	Ongoing Review date October 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
6.	It is recommended that the trust continue to introduce and monitor the nursing quality indicators (NQIs) and ensure measures boards display up to date scores	Unscheduled and Acute care with support from Central Nursing	Wards and Departments across the Trust monitor a range of Nursing Key Performance Indicator data. These include, Health Care Associated Infections, Falls and Pressure Ulcers data. These are communicated to staff using various methods, including board displays.	Complete and on-going
7.	It is recommended that all wards should participate in ward improvement programmes and all staff participate in customer care training	Unscheduled Care	Following the RQIA review, work has commenced to ensure that every ward will undertake a commitment to review the actions in the QIP and where necessary, take specific action. Wards will be supported by management to facilitate the release of staff for training as required and identified through staff appraisals.	Ongoing Review date October 2014
8.	It is recommended that the trust ensures that all areas are tidy, clutter free and in good repair. Fixtures and fittings should be replaced as necessary.	Directorates/ PCSS/ ASMs	Ward staff are reminded of their responsibility to maintain a tidy and clutter free environment for patients. Cleaning schedule for area in place. Frequency of PCSS inspections/audits of public areas increased. Damaged fittings repaired on a reporting basis. Environmental walkround in progress	Ongoing Review date October 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			across all sites. Key challenge remains in ensuring that the right staff are available to attend the walkround. This is currently being reviewed in light of the recommendations in the RQIA report.	
9.	It is recommended that as part of any future refurbishment or new build planning, consideration should be given to increasing the size of sanitary areas	Unscheduled and Acute Care	The BHSCT new building strategy is developed in adherence to building regulations for health care facilities. Changes to ward facilities will be completed in line with this strategy and subject to the availability to capital funding.	On going
10.	It is recommended that the trust review and improve signage throughout wards	Mater Site Forum	New signage is being implemented across the site as part of a wider Trust project. The review of signage on wards is completed via the Mater Site Forum.	Ongoing
11.	It is recommended that all trust staff wear name badges which are easily seen and denote the staff member's designation.	Nurse in Charge ASM	All staff are issued with a name badge and are advised that it is to be clearly displayed on their uniform at all times. Members of staff who do not wear a Trust name badge are reminded to do so by the Nurse in Charge.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
12.	It is recommended that the trust undertakes further work to ensure that all staff provide the appropriate personal care, privacy is maintained at all times and all patients are treated with dignity and respect.	Unscheduled & Acute Care with support from Central Nursing	<p>Staff endeavour to maintain patient privacy and dignity at all times. Staff are supported to mitigate risk and ensure dignity and privacy is maintained at all times.</p> <p>Work is underway with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.</p>	Ongoing
13.	It is recommended that the trust ensures that staff recording of the SKINN care bundle which is based on the principles of care or intentional rounding, is fully completed. Staff should ensure they understand the importance of this function and ensure the care needs of patients are being met	Unscheduled & Acute Care / Central Nursing	<p>Completion of SKINN bundles is monitored and reviewed by ASMs on an ongoing basis.</p> <p>Staff will be reminded of the importance and requirement to assess and record compliance with the SKINN bundles.</p> <p>Please see section 24 of this document for additional information.</p>	Ongoing December 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
14.	It is recommended that a review of the OPALs team patient assessment criteria should be conducted to include patients with challenging behaviour and staff should fully utilize the service provided by the trust dementia nurse, to support the care needs of patients with dementia.	Unscheduled & Acute Care / Older Peoples Services	The OPALs assessment criteria will be reviewed to include patients with challenging behaviour.	Ongoing December 2014
15.	It is recommended that staff ensure that call bells are within easy reach of patients, and requests for assistance are addressed promptly	Unscheduled & Acute Care/ASMs/ Nurse in Charge	Staff will be reminded of the importance of responding to patient needs. This will be addressed at team meetings and assessed as part of the ongoing leadership walkround.	On-going Review date December 2014
16.	It is recommended that staff respect patients natural waking pattern, patients should only be disturbed when there is a distinct patient need and not for task orientated care routines	Unscheduled & Acute Care/ ASMs/ Nurse in Charge	Staff will be reminded of the importance of responding to patient needs. This will be addressed at team meetings and assessed as part of the ongoing leadership walkround.	Ongoing Review date December 2014
17.	It is recommended that the trust policy on protected meal times is adhered to by all staff.	Unscheduled & Acute Care/ ASMs/ Nurse in Charge	Staff will be reminded of the importance of protected meal times for patients. This will be addressed at team meetings and assessed as part of the ongoing leadership walkround. The protection of patient meal times is overseen by the Nurse in Charge.	Ongoing Review date December 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
18.	It is recommended that the trust reviews the coordination and supervision of meal service within wards and clarifies the system in place to identify patients who require assistance with their meals.	Unscheduled & Acute Care / Patient Client Support Services/ Nurse in Charge	It is the responsibility of nursing staff to identify patient requirements at meals times and to ensure they are provided with adequate support and assistance. This is overseen by the Nurse in Charge.	Complete and ongoing
19.	It is recommended that there is sufficient staff to assist patients with their meals. Patient oral intake should be encouraged as necessary and monitored robustly	Unscheduled & Acute Care / Patient Client Support Services/ Nurse in Charge	It is the responsibility of nursing staff to identify patient requirements at meals times and to ensure they are provided with adequate support and assistance. Nursing staff supervise patient mealtimes. Food trollies are kept on the ward to keep patient meals warm until they can be assisted by a member of staff. Support is provided to carers who have expressed an interest in supporting their relative at mealtimes.	Complete and ongoing
20.	It is recommended that staff should ensure that patient drinking water is within easy of reach of patients	Unscheduled & Acute Care / Patient Client Support Services/ Nurse in Charge	Staff are reminded of the importance of ensuring that drinking water is accessible to patients. It is the responsibility of nursing staff to ensure that this is observed.	Complete and ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
21.	It is recommended that staff should adhere to the trust's infection prevention and control polices	Unscheduled & Acute Care / Central Nursing	The management of effective Infection Prevention and Control measures, particularly in relation to procedures on handwashing remains an ongoing imperative for the Trust. Appropriate Infection Prevention and Control policies are part of mandatory training and updates. The Infection Prevention and Control Team works closely with staff to support effective infection prevention and control on an ongoing basis across all disciplines.	Ongoing
22.	It is recommended that robust systems are in place to ensure that patients discharge arrangements are planned and managed effectively	Older People's Services/ Unscheduled & Acute Care	<p>A complex discharge team is in place. This team includes social work staff and is actively working to minimise delay in complex discharges.</p> <p>In partnership with ALAMAC, the Trust has commenced an operational system designed to improve patient experience by enhancing flow and avoiding delays.</p> <p>Discharge remains an ongoing challenge. Ward staff, Social Workers, the patient and their next of kin are</p>	<p>Ongoing</p> <p>Ongoing</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			involved in the discharge process. Staff are reminded of the importance of documenting an Estimated Discharge Date (EDD) on admission. Monitoring is completed on a daily basis in line with the Trust Discharge Policy and Unscheduled Care Protocol.	
23.	It is recommended that staff should adhere to the trust's administration of medicine policy	Unscheduled & Acute Care	Staff are reminded of the requirement to adhere to the Trust's administration of medicine policy. This is addressed at staff meetings.	Ongoing Review date December 2014
24.	It is recommended that the assessment of patients nursing needs should be patient focused and identify individual needs and interventions required, this should be reviewed and updated in response to changing needs of patients.	Unscheduled & Acute Care with support from Central Nursing	Outcome-focused management plan and Nursing Care Plan are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC Record Keeping Guidance. Following the RQIA review, documentation audits have taken place in some areas and learning has been disseminated to staff. A process for completion of nursing documentation	December 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			<p>audits will be developed.</p> <p>Nursing and Midwifery Induction Programme to include nursing documentation and care planning.</p> <p>Mandatory/professional nursing programme being developed for 2015 and will include a session on nursing documentation.</p> <p>Nursing documentation master class sessions in progress commenced 2014 by Ndl.</p> <p>Care plan example in each ward for reference.</p> <p>NDLS are undertaking spot checks of charts.</p> <p>A new documentation audit bundle has been developed and will be piloted in MAU.</p> <p>NIPEC guidelines on documentation</p>	<p>December 2014.</p> <p>January 2015.</p> <p>June 2015.</p> <p>October 2014.</p> <p>October 2014</p> <p>November 2014.</p> <p>September 2014</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			were circulated 19 th September 2014.	
25.	<p>It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks</p>	Nurse in Charge supported by Clinical Coordinator and Central Nursing	<p>The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation. Nursing staff will be reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by Nurse in Charge. Audit of same to take place.</p> <p>In addition, the following actions are being implemented; Nursing documentation master class sessions in progress commenced 2014. A new documentation audit bundle has been developed and will be piloted in MAU.</p> <p>Audits of risk assessments to be included in quarterly independent audits.</p>	<p>Ongoing</p> <p>June 2015. November 2015.</p> <p>November 2014</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
26.	It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in in response to changing needs of patients.	Unscheduled & Acute Care with support from Central Nursing	<p>Outcome-focused management plan and Nursing Care Plan are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC Record Keeping Guidance.</p> <p>Following the RQIA review, documentation audits have taken place in some areas and learning has been disseminated to staff. A process for completion of nursing documentation audits will be developed.</p> <p>Please refer to section 24 for additional information</p>	December 2014
27.	It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.	Nurse in Charge/ supported by clinical coordinator and Central Nursing	<p>Nursing staff will be reminded of the NMC guidelines re: record keeping.</p> <p>Please refer to section 24 for additional information</p>	Ongoing Review date December 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
28.	It is recommended that staff comply with the trusts DNAR policy	Nurse in Charge/Older Peoples Services/ Unscheduled and Acute Care	Staff are reminded of the importance of complying with the Trust's DNAR policy. This issue will be addressed via ward staff meetings.	Ongoing
29.	It is recommended that the Trust develop measures to improve staff to patient interactions ensuring that patients are always treated with dignity and respect.	Unscheduled & Acute Care / Central Nursing	<p>Staff endeavour to maintain patient privacy and dignity at all times. This is assessed on an ongoing basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained</p> <p>Staff are reminded of the importance of adhering to the Patient Privacy and Dignity Policy.</p> <p>Work is underway with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.</p>	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
30.	It is recommended that the trust action patient, relative, carer comments to improve the patient experience.	Directorate team supported by Central Nursing/ Unscheduled & Acute Care	The Trust continues to monitor the patient and client experience through a number of tools, including 10k Voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. A presentation of 10k Voices and patient experience was presented to the public Trust Board on 13 March 2014. Please refer to section 5 for additional information	Ongoing
31.	It is recommended that the organisational culture is reviewed, in relation to breaching the 12 hour waiting time standard, to ensure that there are not inappropriate behaviours in the drive to achieve this target.	Central Nursing / Unscheduled care	The Trust has commenced a new process of ongoing improvement with the aim of improving patient safety, experience and outcomes by empowering medical and other clinical staff to design and implement the changes necessary including patient waiting times in the ED. The Chief Executive has made it clear that it was and is the Trust's expectation that patients are admitted to beds on the basis of clinical priority and thereafter by waiting time.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
32.	It is recommended that the trust review the current documentation to improve and standardise the assessment in use for nursing and common frailty syndromes.	Unscheduled Care	Nursing documentation for the ED is currently being reviewed to incorporate a holistic approach to the assessment of the care of the elderly. An improvement process is underway to ensure that patient stay in the ED is minimised to the four-hour target.	Ongoing
33.	It is recommended that staff are supported to ensure appropriate care and privacy is given, and that patients are treated with dignity and respect.	Unscheduled Care with support from Central Nursing	Work is underway with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients. Responsibility of all staff to maintain patient privacy and dignity at all times. This reviewed through regular team meetings and safety briefings	Ongoing
34.	It is recommended that staff ensure that sufficient supplies of laundry are available.	Unscheduled Care/ Nurse in Charge	Staff are reminded to regularly check supplies of laundry particularly at peak times and when the ward is busy. Requests for additional supplies are to be actioned by the ward on a timely basis.	Ongoing



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