The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Causeway Area Hospital

Northern Health and Social Care Trust

7 & 8 April 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 Summary

An unannounced inspection to Causeway Area Hospital, Northern Health and Social Care Trust (NHSCT) was undertaken, on 7 and 8 April 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)
- Medical 2/Medical Admissions Unit
- Surgical Ward 2
- Rehab

On arrival, the inspection team contacted the patient flow coordinator, to obtain information on the number of older people waiting for over six hours in the ED. The inspection team visited the ED as a number of care interventions should commence within in this setting.

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.

The report highlights areas of strengths as well as areas for further improvement, including recommendations.

Inspectors felt that ward sisters had demonstrated effective management practices however they had raised concerns with trust senior staff advising that safety could be compromised due to inadequate staffing levels and patient dependency. Ward sisters reported difficulties at times in balancing their clinical and managerial roles and responsibilities and ensuring staff received appropriate training. The trust has implemented various initiatives to improve patient care.

Generally, all wards were clean, tidy and well maintained. Inspectors noted that when an escalation bed was added to a bay, the spacing within bays was particularly cramped and would not be in line with current recommendations for core clinical space. These beds also lacked a call bell and privacy screens. None of the wards had a physical environmental audit carried out for dementia patients however all wards had dementia friendly signage on toilet/shower doors.

In all wards, during observation, the majority of members of staff were courteous and respectful to patients and visitors. Generally patients' privacy and dignity were maintained although improvement was required by some staff. Inspectors observed that in general, all call bells were within patients' reach and answered promptly. In all wards, patient personal care was generally of a high standard, although staff need to ensure that patients are suitably clothed to maintain modesty and patients oral hygiene is maintained.

Protected meal times were in place although not always adhered to. There was a good variety of meals, which were warm and generally appeared appetising. Inspectors observed that there were varying systems in place to identify patients who required assistance with their meal. At times these did not appropriately identify patients who needed help.

Inspectors observed that in some instances, hand hygiene and the use of personal protective equipment could be improved. On two occasions staff did not comply with the trust's safe storage of medicines policy.

Inspectors reviewed nine patient care records in depth and 22 patient bedside charts were examined for specific details. Inspectors found similar inconsistencies in recording in each set of records. None of the care records demonstrated by their recording that they had 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 any deterioration in their condition. 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 and lay reviewers undertook a number of periods of observation in all wards to review patient and staff interactions. The results of the periods of observation indicate that 54 per cent of the interactions were positive and staff demonstrated empathy, support, and provided appropriate explanation where required. The results indicated that a small number of staff did not always speak with patients appropriately and dignity and respect were not evident in these interactions. Inspectors advised ward sisters of any issues they observed.

During the inspection twelve patients and relatives/carers questionnaires and 14 patient interviews were completed. Generally feedback received from patients and 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 received good care during their stay. Areas where patients and relatives felt there could be an improvement related to:

- buzzers not being answered promptly if staff were busy
- more information leaflets
- difficulty sleeping due to noise from other patients
- wakened at 6am for a blood test
- would like nurses to have more time to spend with the patient

Inspectors visited the ED twice on the first day of the inspection and once on the second day. There had been significant work undertaken by the trust to work within the departmental targets for waiting times in ED. There have been no 12 hour breaches for the past 12 months. More work is required to ensure that patients have the appropriate assessments undertaken, particularly if they are waiting for over six hours.

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, developed by the Northern Health and Social Care Trust 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 2012-2015 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 system 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 wards[2].

[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 five 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 email 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 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 the 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 by trust representatives that the principles of normative staffing have been applied within the Northern Trust.

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

The Medical 2/ Medical Assessment Unit (MAU)
The Medical 2/MAU has 27 beds and was divided into two sides; 17 patients in Medical 2, 10 patients in the MAU. This was a very busy unit and had seven side rooms, often used for patients with contact or isolation precautions in place. Two side rooms had monitors for cardiac patients.

Staffing for the whole ward was split into two teams. A Band 6 registered nurse (RN) was in charge of the unit. Team 1 (Medical 2) had three RNs and a healthcare assistant (HCA), team 2 (MAU) had two RNs and a HCA. At night there were four RNs and one HCA to cover both areas of the unit. This was the agreed staffing levels.

On the first day of the inspection, seven beds were occupied in the MAU, five patients were over 65. On the second day, nine of the ten beds occupied had patients over 65 years and there had been five admissions overnight. This had impacted on the environment; noise, confusion and sleep disturbance.

Surgical Ward 2
Surgical Ward 2 has the capacity for 34 beds and was split into two sides of 17 beds each. Day staffing levels for each side were five RNs and one HCA; in the evening this was reduced to three RNs and one HCA. There were two RNs and one HCA on each side for night duty. Optimal staffing level for surgical wards is four RNs and two HCAs for day staffing levels, and in the evening it is four RNs and two HCAs.

The band 7 ward sister managed a total of 71 staff in Surgical Ward 1 and Surgical Ward 2. On the first day there were 20 patients, and on the second day there were 19 patients, over 65 years.

Rehabilitation Ward 1 and 2 (Rehab)
Rehab is a 36 bedded unit split into two sections of 19 beds and 17 beds There was a male and female bay on each side, 33 patients were over 65 years and there was one medical outlier.

In Rehab, the normal staffing is nine RNs and three HCAs for during the day, and the evening shift is five RNs and two HCAs.

Staffing levels for the first day were 15 staff for day duty; eight RNs, five HCAs and a supernumerary Band 6 and Band 7 sister. There were 13 staff for the evening shift; nine RNs and four HCAs. There were four RNs and two HCAs on night duty. The night shift had an additional HCA for 1:1 supervision.

Staff were split into two teams across the unit. Stroke nurses were available for specialist care and advice. Patients requiring lysis had their initial treatment in the ED, followed by 24 hour care in the coronary care unit (CCU) before transfer to the Rehab unit.

General Staffing issues

All wards book bank staff to cover shortages. Inspectors were informed that here has been on-going funding issues regarding staffing which has impacted on the running of the wards. An accountability framework was used to request bank staff; staff confirmed that agency and some bank staff frequently cancel shifts at the last minute. At night, a member of the patient flow team acted as the senior nurse on site. It was practice for staff who were not busy in a ward to be redeployed to a busier ward to augment staffing levels.

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

The sister in Rehab was not always supernumerary; she would often work on the floor in a supervisory capacity and also to act as a role model. The acting Band 6 in the MAU /Medical 2 confirmed that managers had protected time for managerial duties and training. In Surgical Ward 2, the ward sister was not counted within the floor staff numbers and had time to focus on managerial requirements of the ward.

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

Wards were made up of bed bays and single rooms. Inspectors were informed that escalation beds (an extra bed, above the ward bed capacity) could be used when there were pressures for ward beds and for patients in ED, waiting hospital admission. Prior to placing a patient in an escalation bed, a risk assessment would be carried out to ensure patient suitability for the bed. The use of these extra beds could be challenging for staff in regard to core clinical space and maintaining privacy and dignity. .

Policies, Procedures and Audits

Ward sisters provided either hard copies or demonstrated access to policies and procedures on the intranet site. The deputy charge nurse in Surgical Ward 2 provided an electronic file that had been initiated. This was based on the policy and guidance documents listed within the RQIA inspection tool kit.

In all wards some policies and procedures or guidance were not able to be sourced by staff during the inspection. . Examples of policies/procedures not sourced were;

- "A guide/policy to support the management of delirium/cognitive impairment/challenging behaviours/dementia care"
- "Continence promotion and incontinence management
- Lack of Capacity

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

Training

Ward managers reported difficulty in maximising staff attendance at mandatory training. In Surgical Ward 2 staff work pressures had limited their opportunity to avail of educational opportunities to meet the responsibilities involved in the role. Also, as many of the mandatory training sessions were through electronic learning sessions, the lack of available computers had impacted on training.

In the MAU /Medical 2 staff reported they did not have any issues in accessing computers for e-learning. However the inspectors were unable to ascertain the numbers of staff trained as the database for 2014 had just been formatted and was incomplete.

Inspectors were advised that vulnerable adult training was part of the trust's mandatory training programme. The trust was planning to extend mandatory training to include learning disability; butterfly scheme, dementia and capacity. In Surgical Ward 2, the deputy charge nurse reported that less than 5 per cent of staff had attended safeguarding of vulnerable adult training. Ten staff in Rehab attended vulnerable adult training and 11 attended dementia/delirium

training as part of the patient centred care update. Non- attendance at regulated training was followed up by sisters in all wards.

There had been no appraisals or staff supervision in the MAU /Medical 2 since September 2013 when the ward manager went on sick leave. In Rehab, only one Band 6 has had supervision and appraisal; the ward manager has nominated two Band 5 RNs to assist with Band 2/3 supervision. In contrast in Surgical Ward 2, 55 per cent of staff have had their yearly appraisal and 50 per cent have had one supervision session.

4. **It is recommended that staff supervision and appraisal should be carried out and up to date.**

In the MAU /Medical 2, inspectors were informed that on commencement of their post, newly qualified nursing staff are mentored with another ward nurse and receive a detailed induction. Staff new to the ward would have a mentor; their induction is not as detailed.

Staff stated that specific training on continence promotion and incontinence management was not available and a link person had not been identified.

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

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

All incidents and complaints were audited and logged monthly on a dashboard. These were then correlated by the governance department and where necessary action plans developed to address issues. Inspectors reviewed incident action plans and documented discussions with ward staff. The trust has a special emphasis on falls. The director of nursing was informed of any falls and action plans were completed. In the MAU /Medical 2, inspectors reviewed a detailed action plan completed by staff following a fall in the unit.

Ward managers are informed of complaints by the complaints manager. They investigate and respond to the complaints department the outcome of the investigation, the trust then formulates a response. Local complaints were documented in the nursing notes but not always documented into a complaints book which could enable retrospective analysis. The lead nurse was kept informed of all complaints and feedback of trends occurs at the sisters' monthly meetings.

Meetings

With the exception of the MAU /Medical 2, staff meetings were held quarterly. The acting Band 6 in the MAU /Medical 2 advised that when staff meetings were held regularly, there had been poor attendance. Staff meetings in Rehab were well attended and viewed as a two way process where staff can raise concerns and set the agenda. All wards had safety briefings for cascading information to staff. Staff in Rehab attended the dementia pathway group.

Causeway ward managers' meetings, local governance meetings and trust ward managers' forum' were held monthly. The ward manager meeting/forum discusses trust and ward issues that impact on service delivery. This forum is also used for shared learning and to inform others about how different services run. The forum feeds into the nurse executive team.

6. **Regular staff meetings should be facilitated and staff should ensure they attend regularly.**

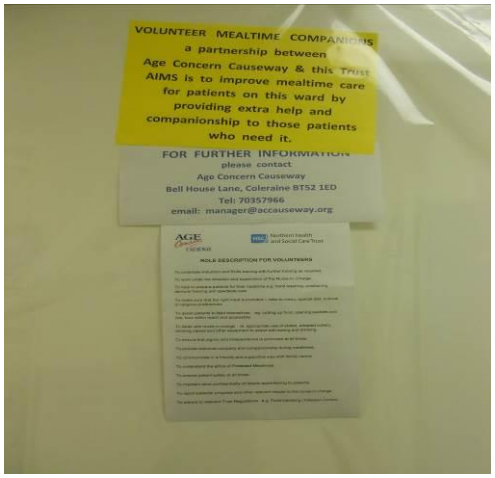
Multi-disciplinary team meetings were held twice weekly in Rehab and three times a week in Surgical Ward 2. There was a daily post-take ward round in the MAU /Medical 2. This involved the consultant of the day, patient flow and members of the multi professional team; further consultant ward rounds occurred throughout out the day. There was a diverse range of patients to be cared for in the MAU /Medical 2. Staff confirmed there was the ability to access and link with other specialist teams if advice regarding patient care was needed.

Projects/ Improvements

Inspectors in the MAU /Medical 2 were informed that LEAN improvement methodology had been undertaken a few years previously and staff were still finding the process beneficial. In Surgical Ward 2, the ward manager commented this process would be beneficial to the ward. Inspectors were informed that while a specific project was not carried out throughout the trust on patient dignity, this is emphasised on all wards.

The trust participates in the 10,000 voices scheme and in all wards there had been the introduction of the Butterfly scheme. Surgical Ward 2 had nominated two dementia champions who have cascaded information to 85 per cent of staff. The MAU /Medical 2 maintained a purple box containing information for staff, visitors and carers on dementia and the Butterfly scheme. Rehab had three dementia champions and the ward sister had participated in a trust group to develop a care pathway for dementia patients. At the time of inspection, meetings for this group had fallen off due to lack of progress.

A volunteer service had been initiated in Rehab where volunteers assist with meal service and encourage independence. At the time of inspection, this was only a limited service (Photo1).



Picture 1: Volunteer meal time companion information

The ward sister in Surgical Ward 2 had initiated a visitor clinic, Monday to Friday after 2.30pm. Six appointments were offered to patient's relatives and carers who could take the opportunity to speak to the ward sister on a one to one basis. Relatives could be updated on the patient's condition and care; discuss any relevant issues or concerns. Staff commented positively on the appointment of the new clinical director who had a genuine appreciation of optimising care outcomes, with special reference to the care of the elderly patients.

None of the wards inspected had a physical environmental audit carried out for dementia patients however all wards had dementia friendly signs on toilet/shower doors. The ward sister in Rehab had requested red doors to highlight toilets and to remove navy doors from the main ward area. Navy doors can be perceived as an exit to dementia patients. Staff in Surgical Ward 2 and MAU/Medical 2 commented positively on the recent upgrade of the nurse call system which benefited all patients.

7. **Older people should be appropriately screened and assessed for cognitive impairment, improvements should be made to the ward environment and staff should be appropriately trained.**

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 has introduced a range of the 26 national Nursing Quality Indicators (NQIs) to include; falls prevention, pressure ulcer care; record keeping, national early warning scores, complaints, compliments and incident reporting, infection control care bundles. Inspectors noted that all wards were working hard to implement these indicators.

Inspectors were informed that these indicators were still subject to continuous review and refinement to ensure that measurements of quality of nursing care are robust and in line with regional and national standards.

Ward trends were generally satisfactory however inspectors identified that record keeping was an area that required attention. In Rehab, inspectors' audit findings did not reflect the ward results for record keeping and completion of risk assessments. In contrast, the MAU /Medical 2's audit findings would reflect the inspector's findings in relation to record keeping for care planning, admission and risk assessment and discharge planning. Work is required in these areas to improve audit scores.

Results of these audits were emailed to the lead nurse and logged onto the ward dashboard. If compliance was low the frequency of the audit was increased and an action plan developed. Results were circulated to staff either by posting on the ward notice board, discussion at staff meetings or via safety briefings.

8. **It is recommended that the trust should continue to introduce and monitor the nursing quality indicators (NQIs).**

Patient Client Experience and Customer Care

In all of the wards inspected, staff were unaware of any trust facilitated customer care training. Discussions with staff evidenced the importance of staff belief on the promotion of good customer and staff relations.

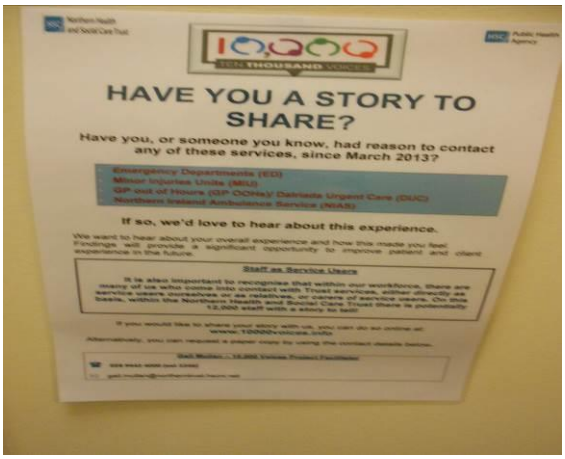
Senior nurses in Surgical Ward 2 were unaware of any patient satisfaction surveys that have been conducted in the ward. Staff in Rehab advised that the trust audit department carried out a patient/family/carer questionnaire in 2011 but were unaware of any outcomes. In the MAU /Medical 2, staff reported the trust had carried out a patient experience survey during the

summer 2013 but similarly they were unaware of the results and trends of the survey.

The trust is also participating in the recently launched Public Health Agency (PHA) "10,000 voices" project.[3] This is a unique project that offers 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.

They will collect 10,000 stories to inform the commissioning process, enabling the delivery of better outcomes and better value for money in how services are delivered. This will be carried out using a phased approach beginning with unscheduled care."

Inspectors found that information on the above survey was visible and widely available throughout the hospital and in the wards inspected (Photo 2).



Picture 2 10,000 voices project

Inspectors noted differences in the knowledge of trust advocacy services. The social worker in the MAU /Medical 2 and Surgical Ward 2 acted as a link for patient advocacy services and routinely networked with advocacy services for older patients. In Rehab, nursing staff advised there was no specific trust advocacy service. Nurses, such as the stroke nurse or in the MAU /Medical 2 the respiratory nurse, would act as advocate; all nurses informed patients of the Patient and Client Council. In all wards, patients would be informed of external groups such the Alzheimer's Society and Chest, Heart and Stroke.

9. **It is recommended that the trust ensures staff are informed of survey results and that all ward sisters are aware of trust advocacy services.**

[3] 10,000 Voices http://www.publichealth.hscni.net/publications/10000-voices-improving-patient-experience

Overall Summary

Overall the inspectors felt that the ward sisters had demonstrated effective management and had raised concerns with trust senior staff advising that safety can be compromised due to staffing levels and patient dependency. However there were difficulties in balancing their clinical and managerial roles and responsibilities and ensuring staff received the appropriate training. The trust has implemented various initiatives to improve patient care which is to be commended.

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
In general, all wards were clean, calm and bright. Nurses' stations were busy and became more congested with food trolleys at meal times. Rehab had one entrance for the two wards. There were plans to create a separate entrance for Rehab 2 which should reduce the footfall through the ward. This ward was quite cluttered with linen, notes and personal care trolleys, filing cabinets, scales, computer on wheels (COWS) and chairs stored in the corridors. At times, in the MAU /Medical 2, the turnover of patients and need to move furniture and beds created difficulty with movement in the corridors. The main ward thoroughfare would become particularly cluttered with patient equipment.

In the MAU /Medical 2 and in Surgical Ward 2, bed spaces were tidy with a bedside locker in each space. In contrast in Rehab, some patient areas were cluttered with property hanging off lockers. Due to space constraints, inspectors observed a patient's locker had been positioned at the foot of the bed; therefore not close to the patient.

Generally all wards inspected were well maintained. Some minor maintenance issues were noted. A toilet door handle in the MAU /Medical 2 was loose, affecting the locking mechanism. In Surgical Ward 2, some of the disposable curtains were hanging off their hooks and equipment was stored in a defunct sanitary area. Refurbishment of this sanitary area was waiting capital funding.

In Rehab, the night lights in Room 6 were not working and a bed was broken. There was a good sized, bright, patient day room which was not in use by the patients. Patients questioned were not aware the room was designated for their use (Picture 3).

Picture 3:- Large dining room not used by patients

10. **It is recommended that the trust ensures that all areas are tidy, clutter free, in good repair and fixtures and fittings replaced where necessary; the spacing within bays should be reviewed to ensure that they are in line with current recommendations for core clinical space.**

A variety of single rooms were available in all wards. Patients nursed in side rooms under isolation precautions had the appropriate signage in place. Rehab was a mixed sex ward but had single sex bays with dedicated toilets and shower rooms. On the first day in the MAU /Medical 2, bays were designated male or female. On the second day, Bay 11 was mixed due to the number of admissions during the night. In Surgical Ward 2 there was a mixed gender bay on both days of the inspection. This was to accommodate staff observation of an ill patient in a bay with a viewing panel.

Wards displayed and provided information on infection, prevention and control and general information leaflets for patients and their carers to reference. Mobility aids were close to patients, hand/dado rails were available in corridors. In sanitary areas, pictorial signage on doors was generally good; in the MAU /Medical 2 and Surgical Ward 2 some signage on bays could be improved. In Rehab there was no signage directing visitors to the nurses' station and the day room and Room 15 did not have any signage. Signage on some rooms and in bays was positioned below eye level.

Sanitary Facilities

All side rooms in Surgical Ward 2 had an en-suite. In the MAU /Medical 2 and Rehab, some side rooms were equipped with an en-suite and some only had the facility of a hand wash basin. Shower rooms in the corridor were designated for those rooms without an en-suite where isolation precautions were in place. Bays in all wards had a designated shower/toilet room. These were spacious and could accommodate a wheelchair and hoist. All sanitary areas had a working call bell system in place, grab rails and raised toilet seats (Picture 4).

Picture 4: An example of a clean and tidy toilet with hand and grab rails and emergency pull cord

Privacy and Dignity

Disposable curtains had 'do not enter' labels present and were generally closed during personal care and during interviews with medical, nursing and allied health professionals. On one occasion however in Rehab, a member of staff entered the bed space without checking what was occurring behind the pulled screens, or if the patient was dressed.

In the MAU/Medical 2, inspectors were informed that escalation beds could be added to Ward 2 and Ward 1. The use of escalation beds has been risk assessed and deemed acceptable by the trust fire safety officer. Staff confirmed patients were risk assessed before transfer to these spaces. The spaces do not have designated call bells, bedside cabinets or privacy curtains

In the MAU/Medical 2 and Rehab there was no quiet visitors' room provided. If patients wished to speak confidentially with staff, relatives or by phone, they could utilise the ward sisters' office or in the MAU /Medical 2, the discharge lounge. There were two visitors' rooms in Surgical Ward 2 with en-suite facilities; one was used as a waiting room for day procedure patients.

There was no trolley phone in any of the wards but patients could use the ward telephone to receive calls from relatives. The ward administration staff also took and delivered messages to and from patients and relatives. In the MAU /Medical 2, patients could use the telephone in the discharge lounge for private calls. Patients were able to use personal mobile phones.

Name badges were not always worn by staff; some badges were worn on pockets at waist height and difficult to read. Name badges attached to lanyards were at times worn inside the tunic.

11. It is recommended that trust staff should wear name badges which are easily seen and denote the staff designation.

In all wards, the majority of staff observed were courteous and respectful to patients and visitors although there were a few instances when patients were not treated in a dignified manner. In Rehab, staff did not always introduce themselves to the patients and inspectors observed staff scolding a patient at breakfast and telling a patient he could not lie down for a sleep until he had finished all his tea. On the first day of the inspection, a side room door was not closed correctly. The door opened to the corridor and the inspectors observed the back and bottom of a female patient who was sitting on a commode. This was immediately reported to staff.

A female patient wearing a nightdress was continually kicking off the bedclothes. After discussions with the inspectors, the patient was given pyjamas to wear. The patient removed the pyjamas however staff although aware of the situation, did not always attend to the needs of the patient. Staff response to ensure that this patient's dignity was not compromised could be improved. Inspectors also observed that patients at risk of falling had their beds positioned against wall mounted radiators and the locker was moved to the bottom of the bed. The wall was being used as a barrier to prevent the patient from falling however this practice places the patient at an added risk of being burned from the radiator.

Generally, nursing handovers were carried out away from the bedside where patients could not over hear information. Medical staff, attempted to conduct ward rounds discreetly although at times discussions could be overheard. This was more noticeable in Rehab.

Patient information was generally displayed in an appropriate manner and privacy was maintained. In the MAU /Medical 2 and Surgical Ward 2, the whiteboards at the nurses' station that contained patient's information, were closed over during visiting time. In Rehab, speech and language therapy and physiotherapy assessments were displayed behind the patient's bed and could be viewed by persons not involved in the care of the patient.

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.**

Personal centred care

In all wards, intentional care rounding was in place and documented as part of the SSKIN care bundle. In acute settings, key aspects that are usually checked during intentional rounds include, making sure the patient is comfortable and assessing the risk of pressure ulcers; scheduling patient visits to the bathroom to avoid risk of falls; asking patients to describe their pain level on a scale of 0 - 10 and making sure the items needed by the patient are within easy reach.

During each round the following behaviours should be undertaken by the nurse:

- an opening phrase to introduce themselves and put the patient at ease,
- ask about the above areas(from the paragraph above)
- assess the care environment (e.g. fall hazards, temperature of the room)
- ask 'is there anything else I can do for you before I go?'
- explain when the patient will be checked on again and documenting the round.

Inspectors viewed a number of these documents and times for recording varied. It was observed that there were notable gaps in the recording of two hourly observations for patients identified with an increased risk; this was especially evident in overnight observations. The completion of the care rounding sheets was found not always to reflect the delivery of care.

Due to the layout of the side rooms in Rehab, some patients were not visible from the door opening and could only be seen by entering the room and looking around the wall corner. Inspectors observed a few patients who appeared uncomfortable and in an awkward position in the bed. This would suggest the SSKIN care bundle was either not being carried out to the correct frequency or staff were not ensuring the patient was comfortable before leaving the room.

In Surgical Ward 2, the inspector noted on a number of occasions the assessment of pain was omitted, especially in those patients with cognitive impairment. Similarly in the MAU /Medical 2, the inspectors observed a patient with dementia appeared to be in pain when moved by staff for personal care or assistance with meals. The use of a pain scale specific to those patients with cognitive impairment may better assist staff in the assessment of pain.

13. It is recommended that the trust ensures that staff recording of the SSKIN care bundle which is based on the principles of intentional care rounding is fully completed. Staff should ensure they understand the importance of this function.

Patient Call Bells

A pull cord and/or push button call system was available for patients in sanitary areas and at the bedside. Apart from the escalation bed, generally all patient call systems (buzzers) were easily accessible. In Rehab one male bay, a buzzer at the bedside was not working; this had been reported for repair. Surgical Ward 2, had an upgrade to their call system in January 2014. The deputy charge nurse commented that it was a more efficient system.

Call bells were generally answered by staff in an appropriate response time. Inspectors in the MAU /Medical 2 noted that due to staff presence in bays, the call system was minimally used. In Surgical Ward 2, an inspector observed staff showing patients how to use the buzzer.

Personal Care

In all wards, patient personal care was generally of a high standard. Patients appeared clean, comfortable, suitably clothed and were assisted to the toilet as required. There was no toileting observed at meal times. Hand hygiene was offered to patients at the bedside after toileting in the MAU /Medical 2, not all staff in Rehab offered hand hygiene facilities to patients at meal times. In Surgical Ward 2, hand hygiene was not offered to patients at meal times or after using the commode.

In Rehab, inspectors were concerned with the ward routine. Inspectors were advised that patient personal care can start at 4.00am-05.00am –this time is outside those patients who are checked for toileting or changing. Medication was prescribed and administered and bloods taken at 6.00am. Bacteriology samples were taken early and sent to Antrim Area hospital, however the majority of bloods could be analysed in Causeway hospital. Sister advised that bloods were requested by medical staff at ward rounds.

14. It is recommended that the ward routine in Rehab is reviewed.

Patient personal mobility aids, hearing aids and glasses were within easy reach of the patient in all wards and assistance was provided as appropriate. Mouth care packs were evident however there was an instance in the MAU /Medical 2 where inspectors observed that the frequency of mouth care could have been increased. In both the MAU /Medical 2 and Surgical Ward 2, inspectors observed that staff managed a patient that was confused with dignity and respect. Staff took a very calm and gentle approach in their communication with this patient. In Rehab, some nursing staff were trained on the care of the dementia/delirium patient.

In the MAU /Medical 2 not all beds had a patient notes' holder attached to the bed foot board, nursing care records were left on the bed cover at the bottom of the bed. In Surgical Ward 2, patient's names were not all written above the head of the bed. In all wards, 1:1 supervision could be requested. On the first day of the inspection, an agency HCA booked for 1:1 supervision on night duty in the MAU /Medical 2, cancelled her shift at 7.00pm. This was short notice for senior nursing staff to replace with cover.

15. It is recommended that all patients receive the essential care needed at all times.

Food and Fluids

Protected meal times were in place however interruptions were observed during meals in all wards (Picture 5). In the MAU /Medical 2, two doctors examined a patient despite lunch having been served; in Surgical Ward 2 and Rehab, a ward round was carried out during breakfast. Other interruptions observed in Rehab were the administration of insulin, a social worker speaking with a patient and leg wound dressings being carried out. Inspectors were advised that this patient did have lunch late as catering staff kept the lunch.

Picture 5 Protected meal time poster

It is acknowledged that in some instances emergency procedures and tests must be carried out, irrespective of protective mealtimes. In relation to wound dressings, there is the potential for dressing the wound to become general practice over lunch and as meals can only be kept for 30 minutes the patient may miss lunch.

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

In the MAU /Medical 2 and Rehab, dinner plate symbols were used to identify patients requiring assistance with meals. In Rehab, inspectors only noted three patients with this symbol however observations of the patients in the ward would suggest that more symbols should have been in place (Picture 6). There was no system in place in Surgical Ward 2; staff relied on word of mouth and those patients requiring assistance were given it. In Rehab, a poster on the volume of containers, calorie count and what to do if a patient refuses food was displayed in the kitchen. This would be better placed in an area more visible to nursing staff.

Picture 6: Sample of posters for, assistance with meals, isolation precautions and pictorial signage

Meals were of a good choice, warm and appeared appetising. Patients in the MAU /Medical 2 and Surgical Ward 2, had a choice to remain in bed and eat their meal or sit at the bed side. At lunch time of the first day, in a bay with three patients needing some assistance in the MAU /Medical 2, a HCA ensured all patients received assistance while ensuring their independence was encouraged. In the same bay, an RN assisted a patient who required full assistance. The RN, raised the bed, sat at eye level to the patient at the bedside, ensured the patient was comfortable and spoke in a gentle manner to the patient. When the patient refused lunch, the RN gave other options to the patient and brought yoghurt at the patient's request.

Inspectors in Rehab had concerns with meal times. Staff were not observed giving encouragement to those patients who required some supervision rather than assistance. There were also patients in bays with no staff present to assist, encourage or observe for safety, such as choking. At breakfast on the second day, male patients who were sleeping were woken abruptly out of their sleep by seven nursing staff carrying out breakfast service in a rushed and noisy manner. There was no preparation and awareness for the patient that food service was to commence. One patient was observed being fed while lying almost flat on their back

Meal service in Rehab did not appear to be a ward event; more an activity that some staff assisted with. In Rehab, all patients with the exception of two female patients were wearing clothing protectors. In contrast in the other wards, clothing protectors were offered only to those patients who required them. Catering staff in all wards collected trays. Inspectors were informed that they would highlight to nursing staff if meals were untouched.

17. **It is recommended that the trust clarifies the system in place to identify patients who require assistance or encouragement with meals. Staff should have the knowledge and skills to encourage and assist patients to ensure dignity is maintained and independence encouraged.**

Jugs of water were available, generally within reach of the patient and changed frequently throughout the day in all wards. Encouraging fluids is part of care rounding and the SSKIN care bundle. Encouragement with fluids needs to be improved. In Surgical Ward 2, a patient on restricted fluids was asked to remember how much fluids they had taken. Fluid balance charts were generally well recorded but could have been updated in a more timely fashion. The charts were not always totalled or referenced in daily progress notes in the MAU /Medical 2 and Rehab.

18. **It is recommended that staff encourage and set targets for patients' oral intake. Documentation on fluid intake should be accurately completed and issues identified should be reported to medical staff and actioned.**

A red jug and cup system was in place in Rehab. This system was to denote those patents with dementia who may need assistance. The inspectors questioned staff as to why all patients had red jugs in place and not just those with dementia. Staff stated they did not want to stigmatise those patients with dementia therefore all patients were given a red jug and glass. On the second day, some patients were given clear plastic glasses and jugs.

Overall summary

Generally all wards were clean, tidy and well maintained. Inspectors noted that when an escalation bed was in place, the spacing within bays was particularly cramped and would not be in line with current recommendations for core clinical space. Sanitary areas, while at times unisex, were in good repair and adapted appropriately for patients with a disability.

In all wards, the majority of members of staff observed were courteous and respectful to patients and visitors. Generally patients' privacy and dignity was maintained, improvement was required by some staff. Call bell systems were generally within patients' reach or answered promptly. In all wards, patient personal care was generally of a high standard although staff need to ensure that patients are adequately clothed and oral hygiene is undertaken.

Protected meal times were in place although not always adhered to, there was a good choice of meals, these were warm and generally appeared appetising. Inspectors observed that there were varying systems in place to identify patients who required assistance with their meal and at times these did not appropriately identify patients who needed help.

Inspectors observed that in some instances hand hygiene and the use of personal protective equipment could be improved. On two occasions staff did not comply with the trust's safe storage of medication policy.

Inspectors were concerned with aspects of the delivery of care within Rehab Ward. These concerns were immediately raised with the ward sister and with senior management staff at the trust feedback.

Other issues identified

- In the MAU /Medical 2 and Surgical Ward 2, inspectors observed some medical students, pharmaceutical, medical and phlebotomy staff who did not adhere to the trust dress code and bare below the elbow policies. Long hair was not tied up off the shoulder, a cardigan and wrist watches were worn.

- Staff in Surgical Ward 2 and Rehab were observed wearing PPE unnecessarily and not washing their hands after removing PPE. In Surgical Ward 2, a medic lifted a bin lid using his hands and a HCA carried an uncovered bedpan inset through the nurses' station. In Rehab some staff did not remove PPE when the task was over; some staff carried linen over the shoulder or against their uniform.

- In Surgical Ward 2, an inspector observed medication in an integral sharps tray unattended for approximately ten minutes on a trolley outside a patient bay.

  The length of the ward handover can take over one hour and not all staff received a full report as they had to cover the ward until night staff had finished duty. The treatment room door was open and a key was in the IV cupboard.

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

  20. It is recommended that staff should adhere to 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

RQIA inspectors reviewed nine patient care records in depth and 22 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.

21. **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 indicates that there were a variety of risk assessments that should be undertaken. 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 that overall the initial nursing assessment of patient needs was completed within the appropriate time frame (6 hours). In some instances inspectors noted gaps in the initial assessment with details not fully completed. One set of care records reviewed did not have any completed risk assessments. In some care records a bedrail risk assessment was not carried out for patients with bedrails in place and patients pain assessment was poorly documented.

Regular review of risk assessments did not always occur despite significant 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.

22. **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.**

The care plans reviewed did not always reflect the nursing assessment carried out or the care required for the patient, identified on observation. Core care plans and individualized care plans were reviewed by inspectors. 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. In Surgical Ward 2, care plans were implemented for a number of surgical needs however staff failed to implement care plans for medical needs.

Core care plans had not been personalised to meet the individual needs of the patient. There was use of outdated terminology such as COAD (chronic obstructive airways disease) instead of COPD (chronic obstructive pulmonary disease) and cot sides instead of bedrails.

On reviewing the care records, inspectors observed that one patient did not have a completed MUST assessment but had been assessed by a speech and language therapist. The patient required specific action and a pureed diet. A care plan had not been devised or evaluated within set time frames.

A patient admitted to the surgical ward had 11 standardised care plans in place as part of the surgical pack. From observation of the patient and review of their nursing assessment, the inspector identified a further five care plans were required. The initial assessment of the patient's needs and risk assessments had not been completed and there was no reference to care planning in the daily progress notes.

There were similar findings in all of the care records examined. None of the care plans reviewed evidenced that nurses had 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.

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
-

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

23. **It is recommended that care plans should be in place for all identified patient needs. These should be reviewed and updated within the set timescales or in response to changing patient needs. Core care plans should be individualised and patient centred.**

24. **It is recommended that nurse record keeping adhere to NMC, NIPEC guidelines.**

DNAR (Do not attempt resuscitation)

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

Inspectors Assessment

In the MAU/Medical 2 and Surgical Ward 2, the DNAR section within the nursing records was not always completed.

Five sets of notes with a DNAR were reviewed in Rehab. Two DNAR forms had been completed; one form had been completed in a different hospital but had not been reviewed and updated on transfer to Causeway hospital. One form had been signed by the consultant but no sections on the form had been completed. Another form signed by a registrar had not been filed in the patient's notes but in the notes trolley. Inspectors were concerned that staff thought a DNAR decision had been made for a patient when the sister advised the patient was not.

25. **It is recommended that medical staff comply with the trust's DNAR policy and nursing staff complete the DNAR section in the nursing admission booklet.**

4.4: QUIS Observation Sessions

Observation of communication and interactions between all staff and patients or visitors was included in the inspection. This was 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)
MAU/ Med 2	**6**	**29**	**21**	**5**	**3**	**0**
Surgical Ward 2	**5**	**36**	**32**	**0**	**4**	**0**
Rehab	**10**	**80**	**26**	**29**	**12**	**13**
Total	**21**	**145**	**79**	**34**	**19**	**13**

The results of the period of observations indicate that 54 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.

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

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

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

Positive interactions observed

- 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
- Good conversations with patients while carrying out personal care
- Responded warmly to visitors questions
- Ensuring patient were comfortable before leaving the bedside
- Good explanation of care and medications prescribed
- Staff initiated conversation with patients, listened and spoke respectfully and politely

Basic interactions observed

- Meals assistance- some general encouragement
- Basic conversation when carrying out care tasks
- Phlebotomist taking blood- little conversation and did not pull screen back when finished
- Carrying out observations but task orientated
- RN entering bay and patient initiated conversation, then the RN spoke to the patient
- A HCA served dinner saying ‘well here is your dinner’ but no explanation of what dinner consisted of

Neutral interactions observed

- RN left meal on table and walked away- no conversation
- Medics were behind a screen with a patient. One did not speak to the patient or acknowledge the discussion was finished
- Checking patient’s notes at the bedside with no conversation
- Emptying a patient’s catheter, no conversation
- Cleaning a bay, no conversation

Negative interactions observed

- A RN administered insulin injection while the patient was drinking tea and eating toast at breakfast
- Scolding a patient ‘Don’t do that’ when the patient was attempting to lift the breakfast bowl
- A RN at the bottom of the bed serving breakfast on a tray asked a female patient ‘How’s your rash?’ This was heard by all in the bay
- Not using full name when identifying a patient- calling the patient by bed 1,2,3 etc

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

A patient requested a commode from an occupational therapist; this request was not acted on. The inspector waited and then intervened by alerting nurses. It was ten minutes before the patient was given a commode.

At 8.10am a bank nurse was asked by a patient to assist when walking to the toilet. The patient was advised by the nurse that it was not advisable to walk to the toilet as they had intravenous (IV) fluids in situ. The nurse said she would inform day staff and then left the patient. The nurse was asked by the inspector about the patient's toileting needs and was advised the day staff would deal with the request after the report and a commode would be better as the patient had IV fluids. The inspector advised that the nurse should toilet the patient. The nurse asked two HCAs getting report to attend to the patient. The report finished at 8.30am. Unless intervention had occurred the patient would have waited 20 minutes for toilet needs to be addressed.

A member of staff entered the bed space without checking what was occurring behind the pulled screens, or if the patient was dressed.

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

4.5 Patient and Relative Interviews/ Questionnaires

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 twelve patient and relatives/carers questionnaires and 14 patient interviews were undertaken.

Generally feedback received from patients and relatives or carers was good. Overall they thought that staff were very accommodating, professional, polite and courteous and generally felt that they received good care during their stay. One family member stated some nurses were fantastic however at times when they came to visit, their mother was wet and she was unable to ask for assistance. Questionnaires indicated that staff introduced themselves to patients and included them in conversation. One patient in a bay indicated that it was difficult to speak to nursing staff in private.

Patients felt that the meals were enjoyable and generally of good quality.

Overall patients felt that visiting hours were suitable. When questioned patients informed the inspection team that they had not received information leaflets.

Some positive written comments were:

‘‘The care is first class; my father is 87 years and has been cared for with respect, empathy and in a highly professional way’.

‘Very happy with the treatment my relative is receiving’

‘Content enough, gets pain relief when needed. Food good’

‘Only just arrived. Little as yet to help the questionnaire- except that the ward seems focussed and welcoming and caring’

Patient Interviews

Overall patients stated they were happy with the standard of care, and had a good relationship with day and night staff. There was a general understanding from patients that staff were working to the best of their ability given the time and staff available. Most patients felt that buzzers were answered reasonably quickly even when a lot were going together. Some felt that they might have to wait if staff were attending to another patient.

Overall patients felt that staff took the time to introduce themselves, were very patient and took time to explain any concerns. One patient said it was difficult speaking to a nurse in private as there were ' too many patients in the bay all listening'. Another patient who had come to ward through the ED said they didn't have to wait long and had been given tea, coffee and pancakes.

Most patients felt that the meals were good; there was good choice and fresh produce. One patient commented that 'the brown stew is to die for; I would almost come into hospital just for the brown stew'. A patient with diabetes said the meals were very good and there was always something you would like.

Interview with family members

There was no opportunity during the inspection for inspectors or lay reviewers to interview family members.

27. It is recommended that the trust acknowledge patient, relative, carer comments to improve the patient experience.

4.6 Emergency Department

Inspectors' assessment

Inspectors visited the ED twice on the first day of the inspection at 9.30am and 2pm and at 8.30 on the second day. At these times there were no patients over 65 who had been waiting in ED for more than 6 hours.

Patient Documentation and Assessments

The ED flimsy was more a record of details on name, address, next of kin, clinical observations and tests. There was limited space for nursing staff to record planned or given care. To inform staff of the patients' nursing care, staff in the department have developed an ED nursing assessment sheet. This documents information on social history, diet, elimination, crisis response, breathing, communication and mobility including skin condition. It is not a risk assessment tool but is used to gather information on activities of daily living. Staff in the MAU/Medical 2 acknowledged the benefits of having this information when completing the trust admission booklet for patients admitted to the ward.

Direct admission to medical wards can take place 9.00am-5.00pm Monday to Friday; however the patient may not always be fully clerked in by medical staff in the ED. The pain assessment tool in triage was analogue however the faces pain scale was available. There was no tool for patients with cognitive impairment.

Some care delivered by staff was recorded such as nursed on a bed, morning medication administered and personal care given. A full nursing risk assessment was not carried out for patients who are pending admission and waiting in the ED major area for more than 6 hours. There was a Braden Assessment tool specific to ED; this also included repositioning charts. The tool can be commenced on admission if the nurse is aware there is a high risk of pressure area development. Discussion with staff supported the use of the tool within four hours of admission. This is good practice. Patients who were transferred to a bed had a risk assessment for bedrails.

Patients were 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 these 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.

28. It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndromes.

The mental state assessment was not included on the flimsy. A cognitive impairment tool and the Confusion Assessment Method were however included in the NHSCT medical assessment document. Crisis response was available for psychiatry of old age and the 'card before you leave' system was in place. Nurses from the psychiatric liaison team also ran a daily clinic at 9.30am for low risk patients discharged home. Regionally work is being done to start screening all older patients for depression.

Staff had not received training on care of the patient with dementia or delirium, which the sister felt would benefit staff. Fifty per cent of staff have had training on vulnerable adult/abuse of the elderly training, five per cent have received training in cognitive impairment. Inspectors were advised by patient flow that the geriatrician was available to offer advice. This involvement was very beneficial as expertise could be used, especially for dementia patients, to pick up delays in the system and facilitate referrals, discharges and care packages as appropriate. Delay in psychogeriatric assessment could postpone discharge.

29. It is recommended that all staff receive training on dementia care and care of the vulnerable adult.

There was access to a physiotherapist, occupational therapist and social worker Monday– Friday, 9.00am-5.00pm. Some out of hours services were available; staff could telephone the regional social work team for a social worker. This process could lead to delays in placement, assessment and appropriate admission and result in social admissions. Delays in discharge could occur with 'step down' beds as these patients required assessments from medical, nursing, social work, occupational therapy and physiotherapy. Some of these professionals only work Monday to Friday 9.00am -5.00pm. There was no patient information on benefits and staying warm kept in the department. In triage, there was a very informative poster on local services and help lines. Following discussion with the ED sister, this information would be posted in a more visible area to inform relatives and carers.

There was no hospital ambulance liaison officer (HALO) based in Causeway hospital. Staff communicated with two ambulance transport coordinators who could also assist with GP issues. They informed patient flow every morning of the bookings and availability of vehicles and liaised throughout the day. Staff in the ED, patient flow and the wards, all confirmed the difficulty in accessing the Northern Ireland Ambulance Service (NIAS). Private ambulances were frequently ordered and used to facilitate appointments, discharges and transfers.

A colour coded circle symbol behind the trolley or bed alerted staff to those patients requiring assistance with feeding or personal care. This is good practice. Soup and bread was provided at lunch time, stew and bread at dinner time. Tea and coffee were available regularly, pureed food could be ordered. At night, wheaten bread, pancakes, tea, coffee and toast were always available. There was a vending machine (24/7); the hospital restaurant was open until 21.00, the café until 18.30.

There were only three bedside tables available in the ED; staff also used procedure trolleys as tables. Sister in ED confirmed that more tables were to be ordered. All trolley mattresses were five inches deep and beds with pressure relieving mattresses could be ordered at any time. Staff confirmed that at times there was a lack of availability of pillows and blankets.

30. **It is recommended that sufficient supplies of equipment are available.**

Some issues in regard to the environment could impact on the privacy and dignity of the patient in some of the areas within ED. The trolley area could accommodate six trolleys however only two spaces had call bells, one did not have privacy curtains. The ambulatory area could accommodate eight chairs all with monitors, oxygen and suction. This room, although empty during the inspection, was small and when occupied with equipment, patients, staff and carers, would become congested. Access to the only toilet in the ED was through the trolley area and the ambulatory room.

There has been significant work undertaken by the trust to work within the departmental targets for waiting times in the ED. Inspectors were informed on the second day that there had been no 12 hour breach for 247 days. Inspectors observed patients treated with privacy and dignity. There is work required to ensure that patients have the appropriate assessments undertaken, particularly if they are waiting over six hours.

31. **The trust should review the services available out of hours and information available for patients.**

5.0 Summary of Recommendations

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

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

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

4. **It is recommended that staff supervision and appraisal should be carried out and up to date.**

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

6. **Regular staff meetings should be facilitated and staff should ensure they attend regularly**

7. **Older people should be appropriately screened and assessed for cognitive impairment, improvements should be made to the ward environment and staff should be appropriately trained.**

8. **It is recommended that the trust should continue to introduce and monitor the nursing quality indicators (NQIs).**

9. **It is recommended that the trust ensures staff are informed of survey results and that all ward sisters are aware of trust advocacy services.**

10. **It is recommended that the trust ensures that all areas are tidy, clutter free, in good repair and fixtures and fittings replaced where necessary; the spacing within bays should be reviewed to ensure that they are in line with current recommendations for core clinical space.**

11. **It is recommended that trust staff should wear name badges which are easily seen and denote the staff 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 SSKIN care bundle which is based on the principles of intentional care rounding is fully completed. Staff should ensure they understand the importance of this function.**

14. **It is recommended that the ward routine in Rehab is reviewed.**

15. **It is recommended that all patients receive the essential care needed at all times.**

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

17. **It is recommended that the trust clarifies the system in place to identify patients who require assistance or encouragement with meals. Staff should have the knowledge and skills to encourage and assist patients to ensure dignity is maintained and independence encouraged.**

18. **It is recommended that staff encourage and set targets for patients' oral intake. Documentation on fluid intake should be accurately completed and issues identified should be reported to medical staff and actioned.**

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

20. **It is recommended that staff should adhere to the trust's administration of medication policy.**

21. **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.**

22. **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.**

23. **It is recommended that care plans should be in place for all identified patient needs. These should be reviewed and updated within the set timescales or in response to changing patient needs. Core care plans should be individualised and patient centred.**

24. **It is recommended that nurse record keeping adhere to NMC, NIPEC guidelines.**

25. **It is recommended that medical staff comply with the trust's DNAR policy and nursing staff complete the DNAR section in the nursing admission booklet.**

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

27. **It is recommended that the trust acknowledge patient, relative, carer comments to improve the patient experience.**

28. **It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndromes.**

29. **It is recommended that all staff receive training on dementia care and care of the vulnerable adult.**

30. **It is recommended that sufficient supplies of equipment are available.**

31. **The trust should review the services available out of hours and information available for patients.**

Appendix 1 QUIS Coding Categories
The coding categories for observation on general acute wards are:

Examples include:

Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.	**Basic Care: (BC) –** basic physical care e.g. bathing or use if 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.
• 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 were 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 Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and	**Examples include:** Brief verbal explanations and encouragement, but only that the necessary to carry out the task No general conversation

by not talking about an individual's care in front of others • Staff use of curtains or screens appropriately and check before entering a screened area and personal care is carried out with discretion	

Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.	**Negative (N) –** communication which is disregarding of the residents' dignity and respect.
Examples include: • 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 • Telling someone what is going to happen without offering choice or the opportunity to ask questions. • Not showing interest in what the patient or visitor is saying.	**Examples include:** • 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. • 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	60.0%	20.0%	0.0%	0.0%	20.0%	0	5
I always have access to a buzzer	100.0%	0.0%	0.0%	0.0%	0.0%	0	5
When I use the buzzer staff come and help me immediately	40.0%	40.0%	0.0%	0.0%	20.0%	0	5
When other patients use the buzzer staff come and help them	0.0%	0.0%	0.0%	0.0%	100.0%	1	4
I am able to get pain relief when I need it	40.0%	0.0%	0.0%	0.0%	60.0%	0	5
I am able to get medicine if I feel sick	25.0%	0.0%	0.0%	0.0%	75.0%	1	4
I get help with washing, dressing and toileting whenever I need it	80.0%	0.0%	0.0%	0.0%	20.0%	0	5
Staff help me to carry out other personal care needs if I want them to	80.0%	0.0%	0.0%	0.0%	20.0%	0	5
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	40.0%	0.0%	0.0%	0.0%	60.0%	0	5
If I need any help with my glasses, hearing aid, dentures, or walking aid staff will help me with this	60.0%	0.0%	0.0%	0.0%	40.0%	0	5

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	33.3%	0.0%	0.0%	0.0%	66.7%	2	3
I enjoy the food I am given on the ward	75.0%	25.0%	0.0%	0.0%	0.0%	1	4
Staff help other patients to eat or drink if they need assistance	0.0%	0.0%	0.0%	0.0%	100.0%	2	3
I have access to water on the ward	80.0%	0.0%	20.0%	0.0%	0.0%	0	5
Staff always respond quickly if I need help	75.0%	25.0%	0.0%	0.0%	0.0%	1	4
The quality of care I receive is good	100.0%	0.0%	0.0%	0.0%	0.0%	0	5
The ward is clean and tidy and everything on the ward seems to be in good working order	100.0%	0.0%	0.0%	0.0%	0.0%	0	5
Staff will give me time to do the things I need to do without rushing me	100.0%	0.0%	0.0%	0.0%	0.0%	2	3
I feel safe as a patient on this ward	100.0%	0.0%	0.0%	0.0%	0.0%	0	5
Are you involved in your care and treatment	75.0%	0.0%	25.0%	0.0%	0.0%	1	4
Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the ward	75.0%	25.0%	0.0%	0.0%	0.0%	1	4

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	75.0%	25.0%	0.0%	0.0%	0.0%	1	4
Staff listen to my views about my care	75.0%	25.0%	0.0%	0.0%	0.0%	1	4
I can always talk to a doctor if I want to	60.0%	20.0%	20.0%	0.0%	0.0%	0	5
I feel I am involved in my care	75.0%	25.0%	0.0%	0.0%	0.0%	1	4
Staff have discussed with me about when I can expect to leave the hospital	66.7%	0.0%	0.0%	33.3%	0.0%	2	3
Staff have talked to me about what will happen to me when I leave hospital	50.0%	0.0%	0.0%	50.0%	0.0%	1	4
Staff always introduce themselves	75.0%	0.0%	25.0%	0.0%	0.0%	1	4
Staff are always polite to me	75.0%	25.0%	0.0%	0.0%	0.0%	1	4
Staff will not try to rush me during meal times	75.0%	25.0%	0.0%	0.0%	0.0%	1	4
Staff never speak sharply to me	100.0%	0.0%	0.0%	0.0%	0.0%	1	4
Staff call me by my preferred name	100.0%	0.0%	0.0%	0.0%	0.0%	2	3
Staff treat me and my belongings with respect	80.0%	20.0%	0.0%	0.0%	0.0%	0	5
Staff check on me regularly to see if I need anything	80.0%	20.0%	0.0%	0.0%	0.0%	0	5
My visitors are made welcome	100.0%	0.0%	0.0%	0.0%	0.0%	0	5

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	71.4%	14.3%	0.0%	0.0%	14.3%	0	7
Staff always have enough time to give care and treatment	71.4%	14.3%	0.0%	0.0%	14.3%	0	7
Staff are knowledgeable about the care and treatment they are providing	85.7%	0.0%	0.0%	0.0%	14.3%	0	7
The ward is a happy and welcoming place	83.3%	0.0%	0.0%	0.0%	16.7%	1	6
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	100.0%	0.0%	0.0%	0.0%	0.0%	1	6
Staff never speak sharply to me or my relative/friend	66.7%	16.7%	0.0%	0.0%	16.7%	1	6
Staff include me in discussions about my relative/friend's care	50.0%	33.3%	0.0%	0.0%	16.7%	1	6
Staff treat my relative/friend with dignity and respect	71.4%	14.3%	0.0%	0.0%	14.3%	0	7

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	71.4%	14.3%	0.0%	0.0%	14.3%	0	7
Staff make me feel welcome on the ward	83.3%	16.7%	0.0%	0.0%	0.0%	1	6
I feel confident to express my views on how my relative is being cared for	83.3%	0.0%	16.7%	0.0%	0.0%	1	6
Staff ask me about my relative/friend's needs or wishes	66.7%	16.7%	16.7%	0.0%	0.0%	1	6
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	83.3%	16.7%	0.0%	0.0%	0.0%	1	6
I know who to speak to about my relative/friend's care	66.7%	33.3%	0.0%	0.0%	0.0%	1	6
I can speak to a doctor when I want to	66.7%	16.7%	0.0%	16.7%	0.0%	1	6
If I chose to be, I am informed if/when my relatives/the patient's condition changes	83.3%	16.7%	0.0%	0.0%	0.0%	1	6

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%	0.0%	0.0%	0.0%	33.3%	1	6
Staff listen to my views about my relative/friend's care	66.7%	16.7%	0.0%	0.0%	16.7%	1	6

6.0 Quality Improvement Plan

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
1.	**It is recommended that any identified nursing staff variances are reviewed. This is to ensure that patient care and safety is not compromised due to staffing levels.**	MED 2/MAU, ED, REHAB SURGICAL2	The Trust is implementing the Normative Staffing recommendations as per the Chief Nurse. All medical and surgical wards have had their budgets built up to 1:1.3. Ward Sisters will continue to use the recently introduced Ward Staffing Accountability Framework in order to identify staffing variances and to seek approval for alternative staffing arrangements through their line management structures. Vacancies will continue to be processed against normative staffing levels.	Ongoing
2.	**It is recommended that ward sisters should have protected time to ensure a balance between clinical and managerial roles and responsibilities.**	MED 2/MAU, ED, REHAB SURGICAL2	The Normative Staffing recommendation is that all Ward Sisters will be supernumerary. Consideration is being given to this directive by the Executive Team; however, the Trust endeavours to ensure Ward Sisters have time in their weekly schedule to address managerial responsibilities.	Ongoing

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
3.	**It is recommended that the trust should ensure policies are available to staff.**	MED 2/MAU, ED, REHAB SURGICAL2	All policies are available to staff through the Trust Intranet Policy Library. The Trust Delirium and Continence Promotion Policies are available. Lack of decision making capacity is included in supporting policies such as "The Consent to Treatment". All ward staff have access to ward based computers. Staff will be reminded of the availability of policy information.	October 2014
4.	**It is recommended that staff supervision and appraisal should be carried out and up to date.**	MED 2/MAU, ED, REHAB SURGICAL2	The Trust achieved 96% compliance with the CNO Supervision Standards and will work to maintain this standard. Staff appraisals are conducted on an on-going rolling programme. Training in KSF continues for newly appointed managers to enable them to carry out staff appraisals.	31/03/15
5.	**It is recommended that mandatory training should be kept up to date and staff should receive additional training appropriate to the patient's needs.**	MED 2/MAU, ED, REHAB SURGICAL2	Each ward will update their Learning & Caring training needs analysis. Ward Sisters will continue to monitor and address staff attendance at essential training.	30/11/14

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
6.	**Regular staff meetings should be facilitated and staff should ensure they attend regularly.**	MED 2/MAU, ED, REHAB SURGICAL2	Regular meetings take place in all wards. The minutes of staff meetings are shared with staff including those who cannot attend. Ward Sisters will continue to encourage maximum attendance at these meetings.	Complete
7.	**Older people should be appropriately screened and assessed for cognitive impairment, improvements should be made to the ward environment and staff should be appropriately trained.**	MED 2/MAU, ED, REHAB SURGICAL2	A Care Pathway for patients with Delirium in an Acute Setting will be followed as appropriate. Dementia Champions have been identified on each ward. The Regional Butterfly Scheme is now in place and 231 staff have attended Butterfly Awareness Training. Twelve nursing support staff have completed enhanced dementia training programme. This will be gradually rolled out to nurse support staff. Dementia Champions have been identified. Posters will be displayed on wards requesting relatives to advise staff if a relative has memory difficulties.	01/01/15

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
			Ward environments will be reviewed in order to ensure appropriate dementia friendly signage is in place.	
8.	**It is recommended that the trust should continue to introduce and monitor the nursing quality indicators (NQIs).**	MED 2/MAU, ED, REHAB SURGICAL2	The Trust has embedded a Nursing Quality Dashboard to measure quality indicators, including record keeping. Lead Nurses as directed by the Director of Nursing will continue to monitor and improve care through the Quality Assurance Audits.	Ongoing
9.	**It is recommended that the trust ensures staff are informed of survey results and that all ward sisters are aware of trust advocacy services.**	MED 2/MAU, ED, REHAB SURGICAL2	Patient and Client Experience audits are facilitated by Corporate Nursing are conducted on a rolling basis in all wards and departments, including the 10,000 Voices work. Feedback is provided immediately to wards, followed up by a written report. Ward Sisters to become familiar with advocacy services as relate to Older people and Older People conditions such as Alzheimer's Society, Gateway and Patient Client Council.	30/11/14

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
10.	**It is recommended that the trust ensures that all areas are tidy, clutter free, in good repair and fixtures and fittings replaced where necessary; the spacing within bays should be reviewed to ensure that they are in line with current recommendations for core clinical space.**	MED 2/MAU, ED, REHAB SURGICAL2	There is a rolling de-clutter programme in the Trust. The Assistant Director of Support Services conducts announced inspections to all wards and departments on a yearly basis where instant feedback is given. IPC Nurses visit wards on a daily basis and provide feedback where required in relation to clutter. Bays within Causeway Hospital are in line with recommendations of core clinical space when the hospital was commissioned.	Complete
11.	**It is recommended that trust staff should wear name badges which are easily seen and denote the staff designation.**	MED 2/MAU, ED, REHAB SURGICAL2	Name badges have been ordered for all frontline staff. All staff have been advised that name badges are to be worn where they can be visible to others.	31/12/14
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.**	MED 2/MAU, ED, REHAB SURGICAL2	In order to prevent interruptions and to promote dignity the Trust has introduced a "PEG" colour system that alerts staff that a patient is receiving personal care. The Trust is also rolling out the "Hello, my name is…" campaign.	31/12/14

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
13.	**It is recommended that the trust ensures that staff recording of the SSKIN care bundle which is based on the principles of intentional care rounding is fully completed. Staff should ensure they understand the importance of this function.**	MED 2/MAU, ED, REHAB SURGICAL2	Ward Sisters are focused on the importance of skin bundles within the ward. Awareness has been raised of the importance of the skin bundle at staff meetings and patient safety briefings. Lead Nurses will continue to complete peer review quality assurance audits monthly and feedback results to the Ward Sisters. Results will also be reported to the Director of Nursing and actions taken as required.	30.11.14
14.	**It is recommended that the ward routine in Rehab is reviewed.**	REHAB	The routine in Rehabilitation Ward has been reviewed. Medical staff have reviewed early morning medications and blood tests and have reduced these to essential medications and bloods only.	Complete
15.	**It is recommended that all patients receive the essential care needed at all times.**	MED 2/MAU, ED, REHAB SURGICAL2	Ward Sisters have reviewed their staffing allocation in order to promote the best use of their nursing workforce. Thus ensuring that essential care is carried out in a timely manner.	Complete

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
16.	**It is recommended that the trust policy on protected meal times is adhered to by all staff.**	MED 2/MAU, ED, REHAB SURGICAL2	A Protected Mealtime Policy is in place. Adherence is audited by Lead Nurses through Care Quality Assurance Audits. The findings of these audits are reported to the Ward Sister and the Executive Director of Nursing.	Complete
17.	**It is recommended that the trust clarifies the system in place to identify patients who require assistance or encouragement with meals. Staff should have the knowledge and skills to encourage and assist patients to ensure dignity is maintained and independence encouraged**	MED 2/MAU, ED, REHAB SURGICAL2	On admission a comprehensive assessment of all patients is conducted using the MUST Tool in the nursing documentation. Where assistance is identified a care plan will be put in place. The Trust has a agreed system which uses a plate symbol to identify the level of assistance required in use as is the Intentional Rounding Tool has also been introduce which ensures that patients are offered fluids and assisted as required. A nutritional nurse is identified on the white board for each meal time to take responsibility for ensuring nutritional needs are met and that all patients have received assistance if required.	Complete

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
18.	**It is recommended that staff encourage and set targets for patients' oral intake. Documentation on fluid intake should be accurately completed and issues identified should be reported to medical staff and actioned.**	MED 2/MAU, ED, REHAB SURGICAL2	Staff encourage oral fluids as part of intentional rounding. Auditing of compliance continues through the Care Quality Assurance Audits and is reported to the ward staff and the Executive Director of Nursing.	Complete
19.	**It is recommended that staff should adhere to the trust's infection prevention and control policies.**	MED 2/MAU, ED, REHAB SURGICAL2	All nursing staff should adhere to the Trust Infection Prevention and Control policies IPC nurses conduct ongoing audits of compliance with PPE. Link Nurses provide support and challenge within the care setting. Infection Prevention and Control meetings between senior ward staff and IPC nursing staff have now commenced to enhance communication and ensure adherence to policies.	Ongoing
20.	**It is recommended that staff should adhere to the trust's administration of medication policy.**	MED 2/MAU, ED, REHAB SURGICAL2	Lead Nurses will conduct spot audits of all medication cupboards and fridges to ensure compliance in relation to medicines safety and security.	Ongoing

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
21.	**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.**	MED 2/MAU, ED, REHAB SURGICAL2	The Nursing Strategy 'Quest for Excellence' clearly outlines our pledges to our patients. Compliance with this strategy is provided to the Executive Director of Nursing and Nursing Executive Team meeting. Quality of Nursing Care audits are undertaken monthly and recorded on a KPI Dashboard.	Ongoing
22.	**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.**	MED 2/MAU, ED, REHAB SURGICAL2	Documentation is in place which clearly stipulates timescales for completion of risk assessments. The Nursing Assessment booklet outlines the review schedule for assessment. Supporting policies include the Falls Prevention Policy which provides recommendations on fall and bed rails assessments. Care plans are developed and reviewed as indicated by each patient's condition Ward concordance is monitored through	Ongoing

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
			Care Quality Assurance Audits that are implemented by Lead Nurses.	
23.	**It is recommended that care plans should be in place for all identified patient needs. These should be reviewed and updated within the set timescales or in response to changing patient needs. Core care plans should be individualised and patient centred.**	MED 2/MAU, ED, REHAB SURGICAL2	Care bundles that are individually focused on the needs of each patient in relation to falls prevention and tissue viability have been reviewed and updated. The updated care bundles have been piloted and tested on two wards within the Trust and are currently being implemented at Causeway Hospital. Ward concordance of care plans is monitored through the Care Quality Assurance Audits that are completed by the lead Nurses	30/09/14
24.	**It is recommended that nurse record keeping adhere to NMC, NIPEC guidelines.**	MED 2/MAU, ED, REHAB SURGICAL2	Care Quality Assurance Audits of nursing documentation are in place. Lead Nurses follow up required actions ensuring that improvements take place.	Ongoing
25.	**It is recommended that medical staff comply with the trust's DNAR policy and nursing staff complete the DNAR section in the nursing admission booklet.**	MED 2/MAU, ED, REHAB SURGICAL2	Awareness of DNR Policy will be brought to attention of all wards. An audit of compliance will be conducted.	01/11/14

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
26.	**It is recommended that the Trust develops measures to improve staff to patient interactions ensuring that patients are always treated with dignity and respect.**	MED2/ MAU,ED REHAB SURGICAL2	The Hello “My name is” Campaign was launched within the Trust in September 2014. Ward Sisters conduct patient rounds on a frequent basis throughout the day to monitor standards, Peer review Care Quality audits are in place.	Ongoing
27.	**It is recommended that the trust acknowledge patient, relative and carer comments to improve the patient experience.**	MED 2/MAU, ED, REHAB SURGICAL2	The importance of using patient feed back to positively improve the care will be highlighted at staff meetings. Feedback is obtained from compliments, complaints, comments and user experience questionnaires. Learning from such feedback takes place via supervision sessions, staff meetings and action planning from 10, 000 voices.	Complete
28.	**It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndromes.**	MED 2/MAU, ED, REHAB SURGICAL2	The Trust uses the regionally agreed documentation. This is to provide consistent understanding, documentation and care across the region. Causeway Emergency Department has introduced older people assessments that are completed prior to admission to the ward.	30/11/14

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
29.	**It is recommended that all staff receive training on dementia care and the vulnerable adult.**	MED2/ MAU ED, REHAB SURGICAL2	Dementia Champions have been identified on each ward. The Regional Butterfly Scheme is in place and 231 staff at Causeway Hospital have attended Butterfly Awareness Training. A Dementia Training and Development Strategy has been formulated for the Trust which focuses on the training and support for staff in the care of patients with dementia. A Caring Needs Analysis Tool has identified that additional training in the care of patients with dementia is required and a programme to ensure that staff receive appropriate training is place. Twelve nursing support staff have completed an enhanced dementia training programme. There are plans to offer this training to more staff.	31/03/15
30.	**It is recommended that sufficient supplies of equipment are available.**	MED2/MAU ED, REHAB SURGICAL2	Bedside tables have been ordered for the Emergency Department. Sisters will review on a weekly basis their core stock of pillows	30/11/14

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
			and order more as required. The awareness of nursing staff of the importance of early liaison with laundry services in order to ensure that adequate supplies are available to meet surges in demand will ensue.	
31.	**The trust should review the services available out of hours and information available for patients.**	ED	Work is planned by the Head of Hospital Social Work to review the out of hours social work emergency response to the social needs of patients who present at the Trust Emergency Departments. This will include a review of information for patients.	31/12/14

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