The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

South West Acute Hospital

Western Health and Social Care Trust

26 & 27 November 2013

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 South West Acute Hospital, Western Health and Social Care Trust (WHSCT) was undertaken, on 26 and 27 November 2013. 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 areas were inspected:

- Emergency Department (ED)
- Medical and Surgical Assessment Unit (MSAU)
- Ward 5 (Stroke)
- Ward 8 (Surgical and Gynaecological)

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 this timeframe.

Inspectors gathered evidence by reviewing relevant documentation, carrying out observations and speaking to staff and patients. 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 what is happening in a particular ward or clinical area and 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.

Inspectors felt that the ward sisters had demonstrated effective management practices however they had raised concerns with trust senior staff advising that safety can be compromised due to inadequate staffing levels and patient dependency. Ward sisters reported difficulties 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 and the training in customer care is to be commended.

All wards were clean, tidy and well maintained. All rooms were well equipped single rooms with a spacious area around each bed for the delivery of care. En-suite facilities were available in each room. Some rooms were equipped with fully fitted ceiling tracking from the bed area to the en-suite for overhead hoists.

In all wards, during observation, the majority of staff were courteous and respectful to patients and visitors. Generally patients' privacy and dignity were maintained. Improvement was required by some staff. Call bell systems, available in all rooms and en-suites, were generally within patients reach or answered promptly. In all wards, patient personal care was generally of a high standard.

Protected mealtimes were in place although not always adhered to. There was a good choice of meals and these were warm and generally appeared appetising. Family members were encouraged to assist patients at meal times. 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.

In July 2013, a survey of the psychiatric liaison service for older people's mental health was carried out. One of the recommendations is the development and delivery of a rolling training programme, focusing on delirium, dementia, challenging behaviour, capacity assessments and depression. Another recommendation is to review the need for an out of hour's liaison service and develop a proposal if required.

RQIA inspectors reviewed 10 patient care records in depth and 10 patient bedside charts were examined for specific details. Inspectors found consistency of recording in each set of records. None of the care records 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 any deterioration in their condition. Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines. The 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 61 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 was not evident in these interactions. The inspectors advised ward sisters of any issues they observed.

During the inspection, 10 patient and relatives/carers questionnaires and eight patient interviews were completed. Generally feedback received from patients, relatives and carers was positive. Patients felt that meals were good, with a variety of choice and that visiting hours were suitable. Overall patients, relatives and carers thought that staff were 'very good' and had a positive experience while in hospital. Areas where patients and relatives felt there could be an improvement related to:

- communication between staff and patients/carers in regard to involvement in care and knowing who to speak to
- acknowledgement of information given
- staffing levels in respect to single room accommodation
- concerns over single room accommodation adversely affecting interaction between staff and patients who are elderly
- more information leaflets on the ward
- delay in discharge due to waiting on results

Inspectors visited the ED twice on the first day of the inspection and once on the second day. There has been significant work undertaken by the trust to work within the departmental targets for waiting times in ED.

This report has been prepared to describe the findings of the inspection and to set out recommendations for improvement. The report includes a quality improvement plan, submitted by the Western 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. For this review 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

This is the first 100 per cent single room hospital in Northern Ireland. In October 2011, the need to evaluate the nursing staffing levels within the first six months of opening was agreed between the Commissioner, the Public Health Agency and the Western Health and Social Care Trust. At the request of RQIA, the trust submitted the SWAH Nurse Staffing Evaluation Report (June 2013).

The trust's Nursing Workforce Plan (2011) identified the need for additional nursing staff. Following initial negotiations with the Commissioner, the trust proceeded to recruit 18 additional nursing staff. The Medical and Surgical Assessment Unit (MSAU) had been the subject of separate discussions with the Commissioner regarding funding.

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

The Medical and Surgical Assessment Unit (MSAU)

The MSAU has 20 side rooms, all with en-suite facilities and a four bedded 'Ambulatory Area'. Four side rooms were not in use due to lack of funding. It is the intention, when funds are available, to use the 'Ambulatory Area' for patients who do not require admission to a ward but may require blood transfusions, palliative care and IV medications.

The ward is for rapid assessment, diagnosis, stabilisation, observation and early treatment which are dictated by clinical need. Medical and surgical patients can be admitted to the ward or discharged as appropriate following clinical decision. Medical staff conducted twice daily reviews of all patients and aimed to discharge patients before 1.00pm.

On the first day of the inspection, there was a turnover of 29 patients, with 21 patients on the second day. Information received from the trust statistics office demonstrates an average stay was 12hrs/24hrs over the past year; based on the 12 midnight bed state. The average daily intake was 18 patients/24 hours. Patients were rarely discharged after 11.00pm although some patients and/or carers requested late discharge.

At the time of inspection staffing levels for a 12 hour day shift were five registered nurses (RNs) including sister, a student nurse and two healthcare assistants (HCAs). At night, there were four RNS and one or two HCAs. The ward manager advised that there has been a reliance on bank staff for many months, especially during October and for the high number on maternity leave. This issue was forwarded to the trust board and had resulted in one year funding for long term contracts with bank staff.

Ward 5 Stroke

Ward 5 has 20 side rooms with en-suite facilities. Nineteen beds were funded. The ward has capacity for one escalation bed which is facilitated by the trust policy and staffing levels.

Staffing levels for day duty were five RNs including sister, three HCAs and a student nurse who was supernumerary. It was identified that due to patient dependency levels and staffing single rooms, an extra nurse was required for night duty (increasing from two to three nurses). At the time of inspection there was an over reliance on bank and agency staff while awaiting the decision of the Commissioner on the Nurse Staffing Evaluation. There was also one HCA on night duty.

The ward performance dashboard indicated that since February 2013, one unfilled permanent post was outstanding. The ward manager also advised that they were also down one HCA.

Ward 5 operates a 24 hour service. Patients were discharged up to 8.00pm although there was no policy in relation to discharge times. At times, nursing staff also needed released for the lysis bed; the ward was unable to plan for this type of staffing, some staff cancelled leave and came on duty to cover shifts. Agency/bank staff can have variable skills and may not have worked in a stroke ward before. There have been no bed closures due to staff shortage. The ward would liaise with the bed manager to highlight any issues; this was taken into consideration when placing patients on the ward.

Ward 8 Surgical Assessment Unit

Ward 8, is a surgical and gynaecological inpatient ward encompassing 22 side rooms with en-suite facilities. The unit included the regional intake for head injury patients and a gynae assessment unit. The staffing levels at the time of inspection were four RNs and three HCAs on day duty. Night duty cover was three RNs and one HCA. The ward sister confirmed that work had been undertaken in respect of staffing levels to correlate funded staffing and normative staffing levels. At the time of inspection, proposed daily nursing staff for Ward 8 was 4.5 RNs (five RNS in the morning and two HCAs and four RNS in the evening and two HCAs). Proposed night staffing was three RNs and two HCAs.

Within Ward 8, Monday to Friday, 0900-1700, the gynae assessment unit is staffed independently of the ward. Ward staff cover the unit outside these hours. Inspectors were informed this had been agreed as occupancy levels over the weekend were to be reduced to 16. However the levels did not fall at the weekend. Staffing levels could also be affected on admission of a head injury patient requiring 1:1 nursing care. Staff reported that in November 2013, 80 shifts were required for 1:1 nursing care.

Staff reported that medication was administered from the trolley rather than the bedside due to reduced pharmacy support. The allocated pharmacist was taken daily to assist in the MSAU, contributing to delayed discharges in Ward 8.

General Staffing Issues

All wards were able to access bank or agency staff for 1: 1 nursing or patient observation. At the feedback, the trust Chairman advised that a review on staffing issues had been carried out in the trust and was with the commissioners. £700,000 non recurrent funding had been made available for the trust. In Ward 5 this would enable the employment of a nurse for night duty rather than using bank staff. This money is non-recurrent however the trust has taken the decision to employ permanent staff.

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

In the MSAU, all sisters had clinical duties on the ward and would endeavour take time for educational training or work related to introducing new initiatives. The senior sister was allocated 15 hours a week for the managerial role. The junior sisters have specific roles and responsibilities to ensure a more streamline service, career development and accountability for staff. In Ward 5, the ward manager reported that the ward would benefit from additional administrative support.

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

Policies, Procedures and Audits

In all wards, the ward sister provided either hard copies or access to policies and procedures on the intranet site. Some were due for review, for example Food and Nutrition (2008) and Falls (2012). At the feedback, trust representatives advised that the policy was recognised as requiring review but continued to reflect best practice on the prevention of falls in conjunction with the falls prevention initiative within the trust. The reason for the delay in the policy review was the ongoing regional work on the Falls Bundle by the Public Health Authority (PHA).

3. **It is recommended that all policies are reviewed and updated according to trust policy.**

Audits were carried out in all wards. When compliance was low, action plans were developed and the ward sister or lead nurse attended the trust's Governance Committee. In Ward 8, an overview of the record keeping statistics conducted 18/09/2013 for five sets of case notes reflected very high scores. The inspector's findings would not reflect ward audit findings. A review of the four patient care records during the inspection identified a number of audit areas requiring improvement and notes which were not accurate and fully completed.

Training

Since transferring from the Erne hospital to SWAH, staff in the MAU, including newly appointed staff, have had to increase their knowledge and practice to the different type of nursing now required in the ward. A training needs analysis was conducted to assist staff with additional needs

Inspectors took the opportunity to speak with staff in all wards as part of the inspection. Staff confirmed that they had received a variety of training. The ward sisters discussed the difficulties with ensuring that staff received the required training. At times staff work pressures had limited the capacity to avail of educational opportunities to meet the responsibilities involved in their role. Many training sessions to date have been facilitated locally or cascaded to staff.

Inspectors viewed mandatory training records for nursing and healthcare assistants. Some mandatory training was outstanding and could be cancelled if the ward was busy. The majority of mandatory training is delivered by CEC and training records are maintained on the CEC system and circulated to Lead Nurses and Managers. Other training records are captured electronically and the Nursing Support Officer updates these weekly on share point.

Records in the MSAU evidenced that staff have had 85 per cent of mandatory training however only 50 per cent had attended training on vulnerable adults. RNs were all intravenous trained and the Band 3 HCA role had been developed to include competencies in ECGs, cannulation, venepuncture, blood sugar monitoring and NEWS. Sixty five per cent of staff have had appraisals since April 2013 and supervision has been carried out with all staff.

In Ward 5, attendance at mandatory training was generally good; some staff were outstanding in manual handling and intermediate life support (ILS). Three staff had completed stroke specialist training; one staff member was participating in the course. A number of RNs and HCAs had training in dementia, vulnerable adults and falls. Similar to the MSAU, some HCAs were trained to level 3.

The clerical support for the ward manager had been reduced due to sick leave. This had impacted on the work of the ward manager who had to complete all the paper work. As a means to manage paper work and managerial duties, the ward manager worked one day a week in her own clothes. The ward manager worked on the ward but took time for educational training; this could be affected by workload. Staff advised that financial constraints and the cutting of travel could impact on attendance at training.

Ward 5 and the MSAU had over 63 per cent of staff receiving supervision since April 2013. The manager in Ward 5 advised that supervision opportunities were not always taken or written up. The ward manager and staff had not had appraisals; this was evidenced on the ward dashboard. The manager hoped to attend training on this in December 2013.

Paper records in Ward 8 evidenced nearly all staff had completed supervision; however the dashboard indicated this area was in the red. Training sessions were held on the ward to train staff on new protocols and the content of the presentation was retained for staff to reference.

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

In Ward 8, some three Band 3 HCAs had been trained to carry out vital sign observations, ECG and IV catheterisation. It was the intention to up skill all the HCAs in the ward and HCAs were encouraged to attend training days.

The trust plans to implement purple folders to identify dementia patients however this had not been rolled out. Staff stated that they had received training in the malnutrition universal screening tool (MUST) assessment screening tool, they were able to identify risks of malnutrition and the actions to take if patients were identified as being at risk.

In Ward 5, two RNs were undertaking a course on dysphagia of which swallowing assessment is an aspect of learning. The tissue viability nurse provided ward support and training on pressure area care in relation to the implementation of the SSKIN (Surface Skin Keep Moving Incontinence Nutrition) bundle.

There had been limited training on the management of dementia or challenging behaviours. In the MSAU, three HCAs were attending a six month dementia course. In Ward 5, two RNs attended a 12 week dementia course, two HCAs attended a six week course. Four staff had attended study days or drop in sessions. There was a link nurse for dementia.

Inspectors identified that no staff had attended specific training on continence promotion and incontinence management.

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

6. **Older people should be appropriately screened and assessed for cognitive impairment and staff should be appropriately trained.**

Management of SAIs, incidents, near misses and Complaints

All incidents and complaints were submitted monthly. Incidents are reported using the Datix system. Evidence was available that these were discussed at staff team meetings, ward safety briefings and action plans developed; accountability meetings were held where required. Trends analysis was available through the governance department.

In the MSAU, staff documented and discussed all verbal complaints, and were responsible to read the 'see and sign' book. This highlighted staff accountability to address any issues arising. A communication book in Ward 8 informed staff of relevant issues. As there had only been two complaints in Ward 5 in the past 18 months, audit has not been deemed applicable.

There is a Single Room Occupancy Review Committee which reviews complaints and falls.

Meetings

Regular ward and staff meetings were held in each ward, there were twice daily safety briefings. There were regular sisters' meetings and a monthly leadership meeting for ward sisters with information then disseminated to staff.

In the MSAU, there was a daily 10.00am meeting held with patient flow and all ward sisters, to assess bed allocation and movement in the hospital. Patient flow carried out frequent visits to all wards throughout the day and specifically at 2.00pm, 6.00pm or 7.00pm. A whiteboard was updated frequently each day. This indicated where beds were available and was a quick visual reference for nursing and medical staff.

Multi professional meetings were held in all wards, in Ward 8 meetings could be arranged for relatives to meet a consultant. A consultant in Ward 5 discussed with an inspector that although all the consultants are geriatricians, in line with DHSSPS guidance, the SWAH would benefit from having psychogeriatric input on site. This service was only available at the Omagh site and access to the service could delay patient discharge. Trust representatives at the feedback confirmed that this issue was under consideration. There were plans in place to roll out the OPAL model in the SWAH which included a rapid access clinic for GPs to make direct access to a Doctor in the OPAL team.

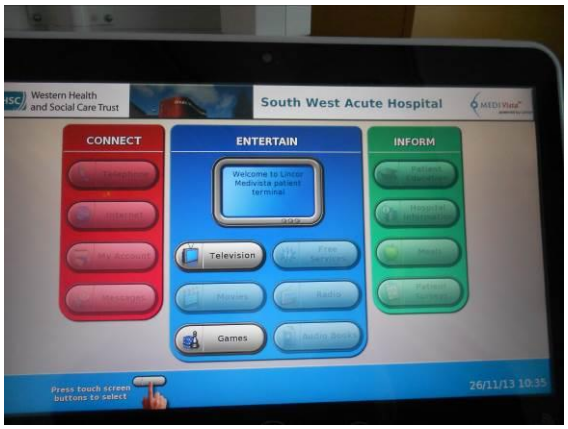
Projects/ Improvements

Staff reported that emphasis on maintaining privacy and dignity was discussed as part of the trust Single Room Working Group which was formed at the opening of the SWAH. Wards 5 had carried out the productive ward initiative (Picture 1). This identified issues on storage and resulted in re-organisation of equipment and maximising time for staff to work with patients.

Photo 1 Productive ward initiative information

None of the wards inspected had a physical environmental audit carried out for dementia patients. Staff reported that this had been implemented at the planning of the hospital as all wards are standardised.

The trust was in the process of rolling out Electronic Care Records (ECR) in the SWAH. This is a heavily safeguarded tool used to improve the quality and safety of patient/client care. The trust was also in the process of finalising the implementation of the electronic ARM. This is similar to the bedside entertainment system but can access information on the patient and increase the patient's involvement in their care (Picture 2).



Picture 2 Electronic ARM/bedside entertainment system

The Symphony computer programme enabled staff in the ED and sisters in the MSAU to access certain information on a patient in ED, and determine where the patient was best placed.

A new medical consultant with experience in medical assessment units (MAUs) had been appointed to the MSAU. There was also a pharmacist on duty Monday to Friday 8.30am to 5.00pm and at busy times a second pharmacist could assist in the ward. Discussions with the pharmacist and staff confirmed the benefits for the patient and for staff, of a resident pharmacist.

Staff in the MSAU, were in the process of developing their own dashboard for training records. This was informative for the ward manager, sisters and all staff.

In Ward 5, staff reported that initiatives such as art therapy and an afternoon musician had been run and enjoyed by patients, however these had ended. The ward was also participating in a regional Stroke Services audit. The trust carried out staff surveys and the initial results for Ward 5 identified all staff were happy with no issues raised. The second survey identified issues such as increased high dependency patients, increased work load, difficulty in finding equipment and some communication problems. Actions identified had been addressed through the productive ward.

The wards had good link nurse systems in place to assist staff with care and offer advice. Examples of these were infection prevention and control, wound care, palliative care, diabetes, respiratory, ANTT, continence, CPR, back care and dementia.

Quality Indicators

There is more focus than ever on measuring outcomes of care, including documenting how nursing care is provided. Measuring quality and maintaining a quality workforce are daily challenges. In practical terms, use of indicators can help to minimise the risk of a patient getting pressure ulcers or suffering a fall, it can help to reduce the chance of spreading healthcare

associated infections, or help a patient to recover more quickly. Measurement can also help inform patients about their own progress, and provide the wider public with information about the impact of nursing care.

The trust has introduced Nursing Quality Indicators (NQIs) in the format of the patient care performance dashboard. There are 26 national nursing quality indicators. The WHSCT has added elements to each ward's dashboard to include admission and assessment care planning, incidents, complaints, compliments, medical errors, appraisal, patient ID.

Results of these audits were emailed to the lead nurse and actions taken in line with the trust's accountability framework. Inspectors noted that validation audits had been carried out on some of the NQIs, these audits achieved a lower compliance score. Staff confirmed that on these occurrences, staff attended accountability meetings with the assistant director of nursing.

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.

The most recent audit for record keeping in Ward 5 was 63 per cent compliance. Inspectors would view this as reflective of nursing records reviewed during the inspection.

7. **It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs).**

Patient Client Experience and Customer Care

In 2012, the MSAU participated in the trust's patient experience survey. The lead nurse also carried out, on two occasions, observations of staff practice. This raised issues concerning privacy and dignity. To ensure patient privacy is maintained, staff now code patient information on the ward white board.

Ward 5 twice carried out a patient user questionnaire as part of the productive ward. Results were positive and displayed on the ward. A further survey was being carried out at the time of inspection. Discussions had taken place with staff and the stroke team regarding obtaining user involvement/patient experience information.

The trust had undertaken customer care training for some nursing/domestic staff. Customer care is part of the trust's work to promote privacy and dignity awareness. This training discussed staff self-awareness and attitudes to patients and family members and staff also received feedback relating to patient views. The training was cascaded to other staff at staff meetings.

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

Photo3 10,000 voices information

The PHA would like patients, families and carers to share their experiences of healthcare and how it has impacted on their lives. 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.

Support groups such as the Alzheimer's society, Stroke Association and Chest, Heart and Stroke were utilised in Ward 5. Staff advised inspectors that the trust had a carer's advocate which was accessed through the social worker. Staff in the MSAU, were not aware there was an advocate but knew to contact the social worker when necessary. Staff in Ward 8, could refer directly to the head injury specialist nurse who monitored the patient for up to six weeks at home. This is to help prevent re-admission of mild to moderate head injuries.

In all wards there was a variety of information leaflets on illnesses and conditions. Leaflets were available on dementia, falls, delirium and healthy lifestyle.

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 and appraisals. The trust has implemented various initiatives to improve patient care and the training in customer care is to be commended

[11] http://www.publichealth.hscni.net/publications/10000-voices-improving-patient-experience

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

The inspectors noted that the distance from the main reception to some of the wards can be long. 'Meet and greet' staff at reception were observed offering wheel chairs to people who might have walking difficulties; seating was available in the corridor. The overhead signage could be difficult to read. Trust representatives at the feedback acknowledged this was an issue which the trust was reviewing especially in view of the fact the building was built to health building note. The 'Way Finding Group' was taking this issue forward.

The first impression of all wards was of a welcoming, clean, well-managed, calm environment. The entrance and corridors of the ward were uncluttered and well lit up; storage space was not an issue. A reception/seating area was available for visitors. The wards used a number of work stations for staff to carry out their work; there was a work station for a receptionist at the entrance to each ward.

All rooms were well equipped single rooms, with a spacious area around each bed for the delivery of care. A number of rooms in each ward had fully fitted ceiling tracking from the bed area to the en-suite for overhead hoists (Picture 4). One room was fitted with bariatric equipment.

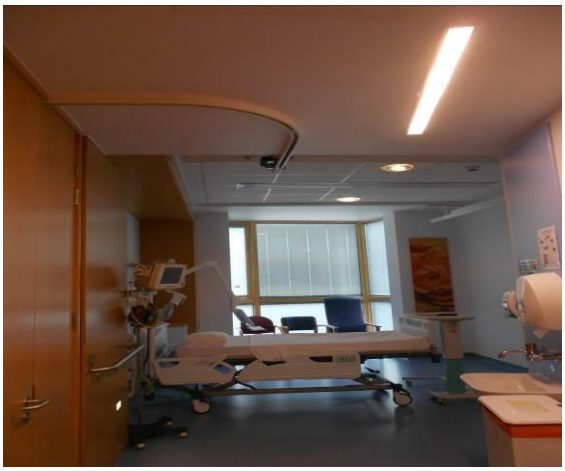


Photo 4 Example of single room with ceiling tracking for hoists

Appropriate isolation precautions were generally in place if required in the MSAU and Ward 8. In Ward 5, patients with a diagnosed infection had a contact precaution sign in place however inspectors observed that portable PPE stations were outside some side rooms without an alert poster in place. When questioned, sister stated these were rooms with patients who had a history of infection and awaiting results. This issue of not posting signage until results had been received had been raised and was under discussion with the infection prevention and control team.

All wards inspected were well maintained; ward doors were automatic. However in Ward 5, the doors did not open automatically on leaving the ward and required a member of staff to activate the system. This practice is classed as “de facto detention” which includes any situation where an individual is not formally detained but may nevertheless be deprived of liberty. While RQIA recognise the difficulties in balancing patient safety and security and individual patient rights, trusts need to ensure that appropriate controls are initiated.

The management, security, and safety of patients should, where practicable, should be ensured by means of adequate staffing. To maintain a safe environment it may in certain circumstances be necessary to lock ward doors. Detailed procedures for this practice should be available, which include:

- Informing all staff of the reason why the action has been taken and how long it will last.
- Informing all patients and visitors of the reason for locking ward doors, including those patients whose behaviour has led to this action.
- Informing line management of the action taken.
- Informing the patients’ consultant or deputy of the action taken.

This issue was raised at the feedback and brought to the attention of senior management who were unaware of this situation. It was agreed that this would be rectified to ensure ease of access.

8. **It is recommended that if de facto detention is used, local detailed procedures are put in place, including how this is documented.**

Staff used a “voice era” electronic system, to enable quick communication when required. Three systems were allocated per ward to senior nursing, occupational therapy and physiotherapy staff.

From observation it did appear that it could be difficult to fully monitor patient care in single rooms and from behind closed doors. However, staff reported that this was not as difficult as they had first perceived.

Each room was clearly signed and there was overhead signage in the ward and corridors. General information leaflets were available for patients and their carers to reference.

Sanitary Facilities

Public toilets were available in each ward, designed to disability standard with appropriate signage in place. Each room had an en-suite shower room. En-suite facilities contained grey coloured toilet seats, hand rails and grab rails and a push button call system. Inspectors noted that bathroom and toilet facilities were not easily opened from outside if they were locked from inside by the patient.

9. **It is recommended that the trust reviews the method of exiting en-suite toilets to ensure safe access.**

Privacy and Dignity

The layout of the patients’ rooms allowed for ample space for staff to carry out their work and provided a good environment in relation to ensuring patient privacy and dignity.

Ward 5 had a patient sitting room which could be used as a private area for telephone conversations. A sofa bed was available for relatives. The consulting room in the main body of the MSAU could be used for meetings or private telephone calls. Ward 8 had two interview rooms available for patient/relative and medical consultation; the doctors also had a room separate to the nurses’ station to conduct private meetings.

In all wards, the majority of staff observed were courteous and respectful to patients and visitors. Examples include, nurses giving handover outside each room in low tones, at the medical ward rounds discussions took place in low tones outside the room before entering in to see the patient. Staff turned the window blinds in the doors when carrying out personal care and on most occasions, knocking before entering a room. In the MSAU, staff tried to greet visitors when they arrived on the ward and direct them accordingly.

Inspectors observed some instances when staff members compromised the patient's dignity. In Ward 5, inspectors heard a member of nursing staff speaking to an elderly patient using well-meaning but overly patronizing language. On three occasions, a senior nurse referred to patients as 'strokes'.

A bedside entertainment system was available in each room which provided a telephone for patient use. Staff wore uniforms with designation or profession such as registered nurse, physiotherapist, written on the uniform. Name badges were worn but identification and names on the badges were not always obvious or easy to read.

10. **It is recommended that staff ensure all patients are treated with dignity and respect and wear name badges which are easily seen and denote the staff designation.**

Patient information was generally displayed in an appropriate manner and privacy maintained in all wards. The whiteboards at the nurses' work stations in the MSAU, had codes known to staff which highlighted the patient's dietary requirements, infection status and feeding assistance required. The managerial white board which gave the patient's name, details and consultant was in the corridor to the ward manager's office. This was out of public view.

Person Centered Care

In acute settings, key aspects that are usually checked during intentional care 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 a patient needs 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

Staff reported that the SSKIN (Surface, Skin, Keep moving, Incontinence, Nutrition) bundle had not been rolled out onto all the wards. The SKINN bundle was being implemented in a phased spread plan within the trust and the wards are included in this plan. Wards utilised a repositioning chart on those patients deemed at risk of pressure damage as part of the Braden risk assessment. The repositioning chart did not include other aspects of intentional rounding such as pain and ensuring items were within easy reach of the patient. In all wards, repositioning charts were in use for patients with

specialized mattresses. At the feedback trust representatives confirmed that care rounding was currently being trialled in Ward 6 and a tool was being developed for use. Staff were looking at all aspects of care rounding and seeking advice from other trusts who had introduced it. A final decision on the way forward had not been decided.

11. **It is recommended that the trust, on completion of the care rounding pilot, reviews and decides on a way forward, to ensure patients' needs are fully met.**

Inspectors observed in Ward 5 that all of the patients, with the exception of one, were over 65 years. The patients were often confused, with dementia, and at risk of falls. However, there was no evidence of any communication tools being used by staff on the wards such as visual aids/pictures.

There was no inappropriate toileting observed at meal times. Alcohol gel or hand wipes were available and offered to patients before meals. Patients were addressed by their preferred name; none of the patients appeared to be in pain. In the MSAU on the first day of the inspection, one patient was receiving 1:1 care.

Patient Call Bells

Call systems in each room were, in general, positioned within reach of the patient and answered promptly. The reason for the call was not known to the inspectors due to the single rooms and inability to see or hear the interaction. A green ceiling light outside the room alerted staff the buzzer had been activated. Push button call systems were also available in sanitary areas. There was one instance in Ward 5 where a patient, who did not use the call bell, repeatedly shouted for the nurse before a member of staff assisted him.

Personal Care

In all wards patient personal care was generally of a high standard. Patients appeared clean, comfortable and suitably clothed. Nails were clean, hair brushed and men shaved.

Patient personal mobility aids, hearing aids and glasses were within easy reach of the patient and assistance was provided as appropriate. Patients and staff confirmed that the appropriate dental care was part of the daily care and pain relief was given on request.

Inspectors were informed that not all HCAs were part of nursing handovers. This limited their knowledge on each patient's individual care requirements.

12. **It is recommended that systems are in place to ensure all nursing staff receive relevant patient information.**

Food and Fluids

All wards endeavoured to ensure that patients' mealtimes were protected. It is acknowledged that in some instances emergency procedures and tests must be carried out, irrespective of protective mealtimes.

In SWAH, families were also encouraged to visit at mealtimes and assist their family member. There was a coding system in place on the wall mounted whiteboards in MSAU to identify those patients requiring special diets or assistance with meals. During the inspection, a student nurse requested that the doctor wait until after lunch before interrupting the patient to carry out a procedure. The doctor complied.

Staff in the MSAU, reported that HCAs were given details of the patients' dietary needs at the start of the shift or on the patient's admission. Those patients needing assistance had their food held until a member of staff was available to assist. After the meal was finished, trays of those patients on food or fluid record charts were shown to the RGN for documentation.

Inspectors in Ward 5, were informed the red tray system alerted staff of those patients that require assistance. Red napkins could also be used (Picture 5).

Photo 5 Red napkins on tray

The inspection team observed a few occasions when patients were disturbed during mealtimes. This occurred in Ward 8 on the first day of the inspection, when nursing staff carried out medicine rounds during meal times. Staff in Ward 5 reported that sometimes ward rounds could interrupt meals.

13. It is recommended that the trust develops a policy/protocol to ensure that meal times for patients are protected.

Charts on the wall of the side room documented the patient's dietary preference and type of diet required. On observation, there were instances where fluids, such as soup, recorded on the food chart, were not transferred onto the fluid balance chart. During interviewing, a patient reported that her porridge was sometimes cold. Observation at breakfast time, evidenced a

patient whose tray had been left at the foot of his bed. The HCA had been called away to assist the RN. On return the HCA was going to proceed with assisting the patient whose porridge was now cold. The inspector requested fresh warm porridge which was subsequently brought to the patient and assistance given.

In Ward 8, inspectors were informed by staff that the red tray system was in place to identify patients requiring assistance from the menu list. There was little evidence of the use of red trays despite patients requiring assistance on the ward.

There was one occasion where the inspectors observed a member of staff standing at the patient's bed to assist with feeding rather than sitting at the same eye level. The staff member had also mixed the separate elements of the pureed food together without asking the patient if this was their choice.

14. **It is recommended that the trust clarifies the system in place to identify patients who require assistance or encouragement with meals.**

15. **It is recommended that pureed, reformed meals are not mixed together unless this is a patient choice.**

Meals were of a good variety, warm and appeared appetising. Patients had a choice to remain in bed and eat their meal or sit at the bed side. Other observations of staff assisting a patient with meals were generally good.

Jugs of water were available and changed twice daily, at breakfast and after lunch. Catering staff were advised by nursing staff which patients were nil by mouth. In some rooms in Ward 5, jugs and glasses were observed on the nurses' work shelf and not on the bedside table. Staff questioned, confirmed there was a rationale for this action; they would go into these rooms to assist and encourage the patients with fluids.

It was difficult to observe patients being prepared for their meals, the full extent of nursing care and encouragement of fluids due to the single rooms. This highlights the difficulty for staff working in a single room environment and the requirement for a robust system to ensure the accurate recording of food and fluid intake and urinary output is maintained.

Overall summary

All wards were clean, tidy and well maintained. All rooms were well equipped single rooms with a spacious area around each bed for the delivery of care. En-suite facilities were available in each room. Some rooms were equipped with fully fitted ceiling tracking from the bed area to the en-suite, for overhead hoists.

In all wards, the majority of staff observed were courteous and respectful to patients and visitors and generally patients' privacy and dignity were maintained. An improvement was required for some staff. Call bell systems, available in all rooms and en-suites, were generally within patients reach or answered promptly. Patient personal care was generally of a high standard.

Protected meals were in place although not always adhered to. There was a good variety of meals, these were warm and generally appeared appetising. Family members were encouraged to assist patients at meal times. 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.

Other issues identified

The MSAU is the first ward to receive meals from the main kitchen. The evening meal finished after 4.30pm, supper was available at 9.00pm and snacks were on offer from the ward pantry. If patients do not avail of supper or snacks there can be a long gap until breakfast is served the following morning. This may be problematic for frail/confused/dementia patients who cannot inform staff if they are hungry.

- In Ward 5, catering staff disposed drinking water from jugs down the hand wash basin in the single rooms. A HCA decanted two half-filled boxes of gloves into one box. These actions have implications for infection, prevention and control

16. **It is recommended the trust reviews meal times and the length of fasting time between dinner and breakfast.**

17. **It is recommended that staff adhere to the trusts infection prevention and control polices in relation to decanting products and the disposal of drinking water.**

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 10 patient care records in depth and 10 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.

18. **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 is 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 found that generally risk assessments had been completed and had been undertaken within 6 hours of admission to the ward. MUST assessments were not always fully completed. In one ward a MUST assessment was inaccurately completed and did not refer to the correct high risk and therefore onward referral to a dietician, until prompted by the inspector. There was also no assessment of need for fluid intake requirements or fluid consistency when the records stated 'requires thickened fluids'.

In another ward, a patient with dementia had a long term urinary catheter in place and the RN had recorded the patient required assistance. There was 'nil' recorded for catheter care, 'no' recorded for incontinence and overall no need was identified in the elimination section of the assessment booklet. In all wards there were variations in the quality of the risk assessments undertaken.

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.

19. 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.

In the MSAU, despite the need for care plans, no care plans were written in the patient's notes. The ward manager advised that a decision had been made not to commence care plans on the ward. Trust representatives at the feedback were unsure where this directive had come from. In other wards, there were also instances when care plans were not in place.

Core care plans and individualised care plans were noted by inspectors. Core care plans in use, were standardised templates and had not been tailored to suit individual patient needs. The care plans reviewed did not always reflect the nursing assessment carried out or the care required for the patient, identified on observation. Care plans in place were poorly written with minimal detail and little direction of the care to be implemented for the patient.

One patient was admitted with at least eight identified nursing care needs, this was determined from observation of the patient and review of their nursing assessment. Only three core care plans were noted to be in place. The observation of delivery of care to this patient was not evidenced within the daily notes recorded by nursing staff. Nursing notes indicated that the patient required a pureed diet however no reason for this was recorded, 'no' need was identified for this section, and a care plan was not in place.

Another patient had nine identified nursing care needs, this was also determined from observation of the patient and review of their nursing assessment. Only four core care plans were in place. The ward sister informed the inspection team that the assessments had been carried out in the MSAU prior to admission to the second ward. The implementation of care plans had been initiated within the second ward.

Throughout the nursing and medical records, there was documented evidence of discussions with the patient, family and carers regarding the patient's progress and therapy options.

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

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

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

At the feedback, the assistant director of nursing confirmed that a review of care records had been carried out by lead nurses and ward managers in September 2013. The different sections of the NIPEC recordkeeping audit tool had been reviewed and particular attention and improvement work was taking place regarding care planning and nursing evaluation. It was acknowledged that the issue of care planning was particularly challenging throughout the trust, which the trust was committed to addressing. A regional working group and steering group was in place to review nursing documentation and the challenge of care planning across Northern Ireland. There was also a business case with the Chief Nursing Officer (CNO) to help support this work within the Trusts and in February 2014 educational establishments are to take forward work in relation to care planning and evaluation training.

One of the wards from the trust had been successful in securing funding from the Foundation of Nursing Studies (FONS) to look at evidencing person centred care through nursing records. This project enables the team to attend workshops in FONS London and also to work with a facilitator for 12 months. The learning from this project will be shared throughout the trust.

DNAR (Do not attempt resuscitation)

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

In all wards, the DNAR section of the nursing admission booklet was not fully completed or left blank. In Ward 5, the DNAR section of one patient was marked as not known. Inspectors noted that this patient had a GP letter from the private nursing home which indicated that there should not be any DNAR.

22. **It is recommended that nursing staff complete the DNAR section of the nursing admission booklet.**

4.4 QUIS Observation Sessions

Observation of communication and interactions between staff and patients or staff and visitors was included in the inspection. This was 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)	Events
MSAU	**5**	**21**	**18**	**1**	**0**	**2**	
Ward 5	**4**	**35**	**15**	**13**	**1**	**3**	**3**
Ward 8	**6**	**27**	**16**	**5**	**0**	**4***	
Total	**15**	**83**	**49**	**19**	**1**	**9**	**3**

*Observations included a patient under 65 years

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

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

Negative interactions relate to communication which is disregarding of the patient's' dignity and respect. It was disappointing to note this type of interaction, however this involved 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 three wards have been combined and listed below.

Positive interactions observed

- Overall there was good interaction between staff and patients.
- Staff knocked doors before entering room.
- Non verbal-good assistance with feeding patient (observed through doors).
- Good interaction between HCA and patient, to allow patient to eat unaided but supported: cut up food, checked on progress but not rushing the patient.
- Generally good communication skills displayed; coming down to patient level, speaking slowly, awareness of hearing difficulties, introduced self, repeating information, ensuring patient understood.
- Encouragement, comfort and reassuring behaviour from staff during care tasks.
- Staff initiated conversation with patients, listened and spoke respectfully and politely.

Basic interactions observed

- When administering medication- more task orientated.
- Due to single rooms it was difficult to follow staff interaction with patients. Staff entered rooms and said 'good morning' however inspectors were unable to hear further conversations as door was then closed.

Neutral interactions observed

- Giving out jugs of water with no interaction.

Negative interactions observed

- Use of terms of endearment can be childlike e.g. 'wee …', 'wee pet', 'good girl', 'eat something for me'.
- Student nurse calling out from the door of the room to the patient when giving out tea 'do you take sugar?'.
- A domestic walked into a room to empty the waste bin and did not speak to the patient or family member.

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 a wash without talking or engaging with a patient (in silence). As SWAH is all single rooms, it was at times, difficult to assess the full interaction between the patient and staff.

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

The HCA entering and leaving rooms very quickly would suggest there was little verbal interaction with the patient.

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A confused patient was calling for assistance 'would anyone come to me'- and waited five minutes for staff to attend. The same patient called out again and drew the attention of a visiting charge nurse. The charge nurse raised this issue with staff on the ward. Following the event, staff checked the patient more frequently, the patient appeared more settled and did not call out as frequently.

During breakfast, a nurse left a patient to assist another RN. Inspectors identified the breakfast was cold and a replacement breakfast was given.

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

Additional Issue

- In Ward 8, on day one, an inspector observed a patient (not over 65) asking nursing staff for assistance. The nurse kept answering by saying "I will be with you in a minute". This went on for approximately 20 minutes. However, on day two, the same inspector observed a different nurse interact with this patient in a very positive, kind and considerate manner.

4.5 Patient and Relative Interviews/Questionnaires

The RQIA inspection included involved 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 10 patient and relatives/carers questionnaires and eight patient interviews were undertaken.

Generally there was good feedback received from patients and the relatives or carers. Overall they thought that staff were very accommodating, professional, polite and courteous, and generally felt that they were very impressed with their care during their stay. Questionnaires indicated that staff introduced themselves to patients and involved them in conversation. Some indicated that when there were difficult and serious talks they always got a degree of privacy.

One relative answered that family were not always included in discussions about the care of their relative, they were not always provided with sufficient information and their wishes were not always asked for.

Another relative had positive statements about care in the ED and the ward. However they had some reservation about staffing levels and felt single rooms could be a disadvantage for interaction and patients who are elderly.

Some positive written comments were:

'I only wish this state of the art hospital was available to all patients in this area'

'There was no bed on Ward 8, but a HDU nurse has been at his bedside since arrival in hospital and he has been closely monitored'

'Although staff finish at 8pm they are here until sometimes 10pm due to dedication and commitment'

Patient Interviews

Overall patients 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, although at times they might have to wait if staff were attending to another patient. One patient commented she had to tell the nurse that her buzzer had been placed out of reach after her bed was moved

Overall, patients said staff introduced themselves and felt that staff took the time to chat with them. The majority of patients felt that staff encouraged you to talk about yourself, and made you feel that they were interested in you as a person.

All the patients commented that the meals were good, very good or excellent. One patient said the tea was too strong. Most felt that they were kept informed about their care, told about their progress and felt involved. One patient said it was difficult to understand one of the English doctors at times but the nurse interpreted for them. Patients and relatives were happy that family were able to visit outside visiting times and having a single room meant you were not disturbing other patients. In Ward 8, two patients commented that whilst the single rooms were lovely, it could be lonely; another patient would have preferred an open ward as they felt lonely. Patients were asked what could be done differently; the reply received was generally that they wouldn't change a thing.

None of the patients were given information leaflets on the ward when they were admitted. One patient was disappointed in the delay in discharge due to waiting on results; another patient had had a visit from a social worker but was still waiting on a discharge date.

Interview with a patient under 65 years.

This patient approached the inspectors and wanted to get his perspective included. He had been admitted from the ED and said both he and his wife could not have been looked after better. He was very knowledgeable about his condition and was able to discuss it fully with the doctors. The doctors took his experience on board when discussing test results and involved him in decision making. He was very happy with his treatment and staff although he commented it must be a challenge for staff 'keeping an eye on all rooms'.

Interview with three family members.

Inspectors had the opportunity to speak in depth with the daughter in law of a patient. The relative described the care given as outstanding; all members of staff were caring and dedicated even though the ward was extremely busy. Another relative stated that on all her visits, staff were observed talking to patients in single rooms and the elderly were encouraged to drink and eat.

One relative stated their father had been admitted to the SWAH on a number of occasions. As a family they were very happy with the care their father had received and in particular the investigations ordered and carried out by his consultant. They expressed concerns for those elderly patients with capacity in regard to the impact of long term stays in a single room and a lack of interaction.

Their final comment was **"This is an excellent hospital with the most up to date facilities one could ask for. My only reservation is that staff are over stretched, particularly in wards for elderly patients who require constant attention. The only disadvantage of a single room for a compos mentis elderly patient can be lack of interaction, especially if they remain in hospital long term".**

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

4.6 Emergency Department

Inspectors' assessment

Inspectors visited the ED twice on the first day of the inspection at 9.30am and 2pm. There were no patients over 65. On the second day at 8.00am there was one patient who had been waiting in ED for less than two hours. The patient had been triaged within 15 minutes of arrival and assessed by medical staff within one hour. This patient was to be discharged.

Inspectors were informed that the layout of the ED was not conducive to good visibility of patients. There was a business case to re-locate the bottom nurses' station to the middle of the department and replace wooden doors in the majors and minors' side rooms to sliding glass doors with disposable curtains.

For three consecutive months, the ED in SWAH had achieved UK National Standard of 95 per cent and discharge from ED within four hours. There had been no twelve hour breaches. The department had been nominated for the team category in the trust staff recognition awards. On the second day, the inspectors were advised that the department had won the award.

Patient Documentation and Assessments

The care patients receive in the ED was recorded on the ED attendance record. The section was small and limited staff's ability to record patient information. Details to be recorded included social and family information, patient property, if there was a relevant disability, if relatives had been spoken to and if supervision was required. The only reference for a risk assessment was for pressure areas. There was also a pre-admission check which included documentation for the ward, IV fluid information and time of last analgesia.

Patients were not automatically fully assessed for all common frailty syndromes. Older people tend to present to clinicians with these non-specific presentations or frailty syndromes. The reasons behind the non-specific presentations include the presence of multiple comorbidities, disability and communication barriers. The ability to recognise and interpret non-specific syndromes is key, as they are markers of poor outcomes. There is a need to ensure that the documentation used by all staff takes into account these areas. National early warning scores (NEWS) were documented on admission (Picture 6).

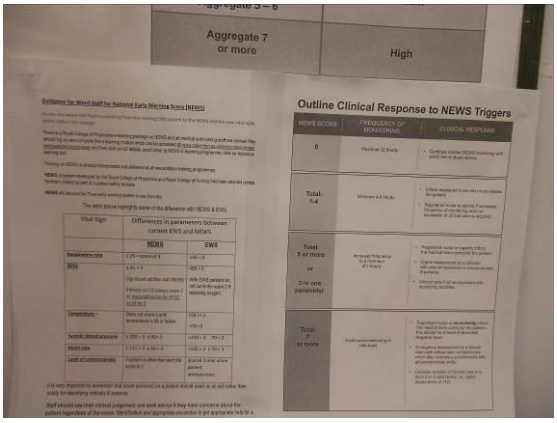

Photo 6 National Early Warning Scores

There was no full nursing risk assessment carried out for patients who were pending admission, for example on pressure ulcer risk, manual handling, falls, vision, hearing, incontinence or MUST. Staff reported for patients with current or a history of skin problems, measures taken and position changes put in place would be documented. In all areas inspected, staff reported it was difficult to access profile mattresses for those patients requiring pressure ulcer relief. At the feedback, trust representatives confirmed that the issue in regard to carrying out risk assessments in ED was a work in progress for the trust. It was looking at key performance indicators (KPIs) in relation to assessment and when risks can be triggered.

Regionally work was being done to start screening all older patients for depression. Mental state assessment was not included in the WHSCT ED attendance record and nursing staff have not had training on the assessment and management of delirium or dementia. Staff confirmed that training dates have been scheduled for 2014. Fifty per cent of the ED staff have had training on vulnerable adults/abuse of elderly. Staff reported that acute mental health assessments were made by medical staff and referrals were made for a community psychiatric nurse (CPN) appointment.

There was a stroke thrombolysis team. Patients were seen in the ED by the consultant and specialist nurse; the WHSCT clerking proforma for stroke patients must be completed in ED. This was a very comprehensive document which also included tests to screen for depression.

Both the Surgical Clerking Sheet and Medical Clerking Sheet for medical staff are comprehensive. However, it was noted that whilst the Medical Clerking Sheet includes the Glasgow Coma Scale and cognitive function tests there was no pain score assessment. The Surgical Clerking Sheet included the Glasgow Coma Scale and pain score assessment but no cognitive function tests. The Abbey pain score was not in use for patients who cannot verbally express pain.

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

There was a falls team in the hospital. Staff in the ED documented the appointments made in the patient notes for those admitted following a fall. Patients admitted with repeated fractures were referred to the specialist RN and doctor for bone density testing at the fracture clinic.

A 'rehab' file is maintained for patients over 65 years of age. Local patients could be assessed by a consultant for transfer to the care of the older person's ward in SWAH. Omagh patients for rehabilitation would be transferred to the care of the elderly ward in Omagh.

Information on local social services and benefits was not available. Staff could refer directly to social services but there were delays during out of hours as staff had to wait on the duty social worker. Staff reported that delays with ambulances from Northern Ireland Service (NIAS) had resulted in delayed discharges and transfers. At the feedback, trust representatives acknowledged these issues were under review and being documented.

Inspectors were informed there was no hospital and ambulance liaison officer (HALO) in SWAH. This is a recent initiative with the Northern Ireland Ambulance Service to provide an onsite member of staff in the hospital for liaison and to assist with pending admissions and discharges.

Patients were transferred to wards within four hours; the unit had access to beverages and meals for those patients requiring sustenance. Volunteers in the ED could assist patients with tea and reading magazines. Patients requiring admission from the ED to wards are transferred to base wards regardless of time.

There was one dedicated patient flow role in SWAH. When this staff member was off duty, the role was covered by one of the ward sisters. Ward sisters were on a rota to cover the patient flow role but they also covered their ward duties. At the feedback, trust representatives confirmed that this issue was under review and being documented by the hospital and trust.

26. **All staff should receive training on dementia care and care of the vulnerable adult.**

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

28. **The trust should ensure the review of the role of patient flow cover is brought to a conclusion and staff are informed.**

5.0 Summary Of Recommendations

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

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

3. **It is recommended that all policies are reviewed and updated according to trust policy.**

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 training appropriate to the patient's needs.**

6. **Older people should be appropriately screened and assessed for cognitive impairment and staff should be appropriately trained.**

7. **It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs).**

8. **It is recommended that if de facto detention is used, local detailed procedures are put in place, including how this is documented.**

9. **It is recommended that the trust reviews the method of exiting en-suite toilets to ensure safe access.**

10. **It is recommended that trust staff ensure all patients are treated with dignity and respect and wear name badges which are easily seen and denote the staff designation.**

11. **It is recommended that the trust, on completion of the care rounding pilot, reviews and decides on a way forward, to ensure patients' needs are fully met.**

12. **It is recommended that systems are in place to ensure all nursing staff receive relevant patient information.**

13. **It is recommended that the trust develops a policy/protocol to ensure that meal times for patients are protected.**

14. **It is recommended that the trust clarifies the system in place to identify patients who require assistance or encouragement with meals.**

15. **It is recommended that pureed, reformed meals are not mixed together unless this is a patient choice.**

16. **It is recommended the trust review meal times and the length of fasting time between dinner and breakfast.**

17. **It is recommended that staff adhere to the trusts infection prevention and control polices in relation to decanting products and the disposal of drinking water.**

18. **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.**

19. **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.**

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

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

22. **It is recommended that nursing staff complete the DNAR section of the nursing admission booklet.**

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

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

24. **It is recommended that the trust reviews the current documentation to improve assessments in use, for nursing, common frailty syndromes and depression.**

25. **All staff should receive training on dementia care and care of the vulnerable adult.**

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

27. **The trust should ensure the review of the role of patient flow cover is brought to a conclusion and staff are informed.**

28. **The trust should ensure the review of the role of patient flow cover is brought to a conclusion and staff are informed.**

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	**Examples include:** Brief verbal explanations and encouragement, but only that the necessary to carry out the task No general conversation

and dignity by speaking quietly with older people about private matters and 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 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	60.0%	20.0%	10.0%	0.0%	10.0%	1	10
Staff always have enough time to give care and treatment	70.0%	10.0%	10.0%	0.0%	10.0%	1	10
Staff are knowledgeable about the care and treatment they are providing	90.0%	10.0%	0.0%	0.0%	0.0%	1	10
The ward is a happy and welcoming place	80.0%	10.0%	10.0%	0.0%	0.0%	1	10
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	10
Staff never speak sharply to me or my relative/friend	33.3%	0.0%	11.1%	55.6%	0.0%	2	9
Staff include me in discussions about my relative/friend's care	50.0%	20.0%	20.0%	0.0%	10.0%	1	10
Staff treat my relative/friend with dignity and respect	80.0%	20.0%	0.0%	0.0%	0.0%	1	10

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	80.0%	10.0%	10.0%	0.0%	0.0%	1	10
Staff make me feel welcome on the ward	90.0%	0.0%	0.0%	0.0%	10.0%	1	10
I feel confident to express my views on how my relative is being cared for	70.0%	20.0%	0.0%	0.0%	10.0%	1	10
Staff ask me about my relative/friend's needs or wishes	50.0%	10.0%	20.0%	10.0%	10.0%	1	10
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	50.0%	10.0%	30.0%	0.0%	10.0%	1	10
I know who to speak to about my relative/friend's care	66.7%	22.2%	11.1%	0.0%	0.0%	2	9
I can speak to a doctor when I want to	55.6%	11.1%	33.3%	0.0%	0.0%	2	9
If I chose to be, I am informed if/when my relatives/the patient's condition changes	80.0%	20.0%	0.0%	0.0%	0.0%	1	10

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	60.0%	20.0%	0.0%	0.0%	20.0%	1	10
Staff listen to my views about my relative/friend's care	80.0%	0.0%	0.0%	0.0%	20.0%	1	10

6.0 Quality Improvement Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/timescale
1.	**It is recommended that any the identified nurse staffing variances are reviewed to ensure that patient care and safety is not compromised due to staffing levels**	Trust Professional Nursing	The Trust is in the process of implementing the guidance from the Delivering Care Framework. This involves reviewing nurse to bed ratios for all of our acute medical and surgical wards, monitoring vacancy and absence levels. These elements are included within the Trust's Accountability Monitoring with DHSSPS. The full implementation of the Delivering Care Framework will however require investment from the Commissioner which has not yet been confirmed. Progress reports on the implementation of Delivering Care will be submitted to CNO. The first report is due at the end of October 2014.	On going
2.	**It is recommended that ward sisters should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.**	Trust Professional Nursing ; Workforce Planning	The Trust welcomes the inclusion of protected time for Ward Sisters and Charge Nurses within the Delivering Care Framework. This recommendation will require direct investment to enable the Trust to provide protected time for the Ward Sisters, Charge Nurses. The Trust would acknowledge the investment received a number of years ago to provide 1 day admin support for Ward Sisters, Charge Nurses within acute care facilities.	On going

			Ward Mangers have endeavoured to roster time for management duties but this is not protected and service pressure or staff absence compromises this	
3.	**It is recommended that all policies are reviewed and updated according to trust policy.**	Professional Nursing Head of Nutrition and Dietetic Service	The Policy on the Prevention of Falls in inpatient hospital setting, this will be updated with the new regional Falls Safe Bundle Food and Nutrition policy; this will be raised at the next Trust Nutritional Steering Group meeting in September 2014	March 2015
4.	**It is recommended that staff supervision and appraisal should be carried out and up to date.**	Professional Nursing Human Resources Assistant Directors	Supervision training is available for nursing staff through CEC Supervision uptake is monitored and reported 6 monthly to the Executive Director of Nursing Reports would indicate that compliance is between around 65% with some wards departments achieving 95- 100%. Improvement plans are in place to improve the poorer performing wards There is training available for staff on the Appraisal and Development Review process from the Management Development Department and guidelines are available to support this.	On going

			Some wards are able to demonstrate compliance with the annual appraisal and this work is on-going identifying both supervision and appraisal s a priority	Commenced & On- going
5.	**It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs.**	Assistant Directors	The Trust has a range and schedule of mandatory training available for staff. Monitoring arrangements are established with HR in line with the implementation of HRPTS system (Human Resources Payroll, Travel and Subsistence). Staff have been reminded through various forums the need to ensure that staff attend mandatory training.	On going
Reference number	**Recommendations**	**Designated department**	**Actions required**	**Date for completion/timescale**
6.	**Older people should be appropriately screened and assessed for cognitive impairment and staff should be appropriately trained.**	Assistant Directors	The Trust currently uses a range of evidence based cognitive screening tools. There is a need to identify a single assessment tool and to provide staff training. It has been recognised regionally through the PHA Falls Prevention work that a regional approach is required. The PHA Falls Prevention Group will be leading on this work to ensure compliance with Part B of the Falls Safe Bundle	On going
7.	**It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs).**	Professional Nursing	Nursing Key Performance Indicators (KPIs) continue to be monitored. Currently the Trust monitors compliance with the following KPIs; Patient identification; EWS/NEWS, MUST, Falls,	Commenced & On-going

		Lead Nurses	Record Keeping, Peripheral Line on going care, SKKIN bundle. Omitted Dose medication will be a new addition to the KPIs.. Supervision will be a new addition to the KPIs in line with the recommendations from the CNO Performance is monitored through the Trust accountability framework this includes validation of self reported compliance and improvement plans were compliance is not of the required standard.	
8.	**It is recommended that if de facto detention is used, local detailed procedures are put in place, including how this is documented.**	Directors	The Trust has provided swipe care access for all wards and departments to reduce access by inappropriate visitors, this is not intended to prevent patients leaving the wards but to increase the security for patients and staff. This matter will be raised at the Trust Governance Committee in September 2014	
9.	**It is recommended that the trust reviews the method of exiting en-suite toilets to ensure safe access.**	Ward Sisters Charge Nurses	Interserve have confirmed that the doors can all be opened externally if required All staff are aware (but will be reminded) how to open the toilet manually if required in the event of a patient collapsing in a locked toilet	On-going

10.	**It is recommended that trust staff ensure all patients are treated with dignity and respect and wear name badges which are easily seen and denote the staff designation.**	Directors	Staff have photographic identification in the form of a swipe card. However, in response to patients views which have advised the Trust that this format of ID is very hard to see it has been agreed that all staff will be provided with a traditional name badge format Work is in progress through the normal procurement process for this. This will also be reflected in the Trust Dress Code Policy.	In progress
Reference Number	**Recommendations**	**Designated Department**	**Actions Required**	**Date for completion/timescale**
11.	**It is recommended that the trust, on completion of the care rounding pilot, reviews and decides on a way forward, to ensure patient's needs are fully met.**	Lead Nurse Ward Managers	There continues to be on-going discussion regarding how intentional rounding will contribute to the ward processes and Productive ward	Commenced and on-going
12.	**It is recommended that systems are in place to ensure all nursing staff receive relevant patient information.**	Lead Nurses Ward Managers	A range of systems are in place regarding how staff; (registered and non- registered) receive and share patent information. Information is communicated to staff at shift handover and also throughout the day and night. Some of the methods used are Electronic handover sheets, communication books, Daily Safety Briefs. A Handover Module is available as part of the Productive ward series.	Commenced & on-going

13.	**It is recommended that the trust develops a policy/protocol to ensure that meal times for patients are protected.**	Professional Nursing	A Protected Meal Policy is currently in development and will be circulated for consultation this autumn. An implementation plan will be developed following this Consultation. However, it is evident that the principles of protected mealtimes is already operational in a number wards and is an integral part of mealtimes on the wards and also in the Productive ward Module "Meals"	March 2015
14.	**It is recommended that the trust clarifies the system in place to identify patients who require assistance or encouragement with meals.**	Professional Nursing Support Services	The system in place within SWAH is the use of a "pink" tray and a red napkin to identify patients who require assistance with meals. The red napkin was added as staff felt the "pink" tray was not sufficient enough in the identification of the patient so the red napkin provides an additional visual reminder There has been some quality improvement work undertaken by Professional Nursing and Support Services regarding Nutrition Issues. This work has looked at the use of the risk assessment tool MUST (Malnutrition Universal Screening) This is used to identify the patient who requires support nutritional support & assistance Patient satisfaction, food safety and observations of practice at mealtimes have also been included in this work. Improvement plans have been developed and actions have been implemented. There are plans to	Achieved March 2015

			repeat this work. Staff will be reminded of the best practice principles above. The “Meals” module is an integral part of the productive ward process.	
15.	**It is recommended that pureed, reformed meals are not mixed together unless this is a patient choice.**	Ward manager	This is not Trust policy and staff have been reminded of the correct process in relation to the serving of pureed meals.	Achieved November 2013
16.	**It is recommended the trust review meal times and the length of fasting time between dinner and breakfast.**	Head of Support Services Ward managers	Catering staff commence duties at 4.30pm and meal service commences after this time. Catering services are investigating the potential for MSAU to receive meals last which could delay the start of service by 15 to 20 minutes.. However, scones are provided for patient’s supper which is served by nursing staff with snack boxes are available for patients who require additional food. Staff have been reminded of this facility and how to access	On going

Reference Number	Recommendations	Designated department	Action required	Date for completion/timescale
17.	**It is recommended that staff adhere to the trusts infection prevention and control polices in relation to decanting products and the disposal of drinking water.**	Ward Manager Head of Support Services	This is not Trust Policy; staff have been made aware that they should not dispose fluids in hand wash sink and that they must not decant products.	Achieved November 2013
18.	**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.**	Professional Nursing Lead Nurses Ward managers	The Trust recognises the challenge of nursing assessments, planning and evidencing care. On-going work continues regarding the monitoring of all aspects of nursing documentation using the NIPEC audit tool. Compliance with record keeping standards is monitored monthly and is part of the Trust monthly accountability process. The Trust has established a nursing record keeping committee This challenge with nursing record keeping and evidencing care has been raised regionally and work on a new regional person centred nursing assessment and plan of care is being piloted within the Trust. To support this work the Trust will be seeking to recruit an appointment of a Band 7 to support the	On-going January 2015

			professional nursing team in the implementation of this work.	
19.	**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.**		Risk Assessments such as Falls and MUST are included in the nursing KPIs Audits are taken up monthly/quarterly and compliance is monitored through the accountability process	On going
Reference Number	**Recommendations**	**Designated department**	**Action required**	**Date for completion/timescale**
20.	**It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in in response to changing needs of patients.**		As per 18 This is on-going work and education sessions on Record Keeping (which includes care planning) are available for staff provided by CEC.	On going
21.	**It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.**		This is currently the Trust Standard	On going
22.	**It is recommended that nursing staff complete the DNAR section of the nursing admission booklet.**		As previously stated audit work is on-going in respect of completion of the nursing assessment including the DNAR section	On going

			This will be raised at the Trust record keeping committee in September 2014	
23.	**It is recommended that the trust develops measures to improve staff to patient interactions ensuring that patients are always treated with dignity and respect.**	Executive Director of Nursing	The Trust has established a Trust Patient and Client Experience group and a number of these users of the service are part of this group There are a range of other user groups across the different specialities The Trust is currently undertaking work in relation to the 10,000 Voices and the CNO 5 Patient and Client Experience Standards. part of this work includes asking the patients about their experience of dignified care . There is currently a regional interactive training programme which is being developed in response to the 10000 voices survey which will address these issues using a scenario based approach. the Trust will be rolling out this programme when development is completed.	On going

24.	**It is recommended that the trust should action patient, relative, carer comments to improve the patient experience.**	Executive Director of Nursing	The Trust is currently involved with the 10000 voices surveys, patient and client experience standards. Wards also involved in productive ward have a programme of patient experience surveys to undertake throughout the process These wards have participated in some or all of these pieces of work and as part of this have used these to develop and implement changes to improve the patient experience. Examples of some outcomes and changes as a result of this work work include partnership working with the PSNI and the Street Pastors Community group to review how the Trust is managing people with alcohol related attendance where their behaviour is disruptive. This is a direct result of the feedback received from patients contributing to the 10,000 voices project. This is scheduled to commence in September 2014.	On going
Reference Number	**Recommendations**	**Designated department**	**Action required**	**Date for completion/timescale**
25.	**It is recommended that the trust reviews the current documentation to improve assessments in use, for nursing, common frailty syndromes and depression.**	Professional Nursing	There is currently no Depression Assessment tool included within the nursing assessment. This will be raised at the regional record keeping group which has developed the new regional person centred nursing assessment and plan of care.	December 2014

26.	**All staff should receive training on dementia care and care of the vulnerable adult.**	Assistant Directors	The Trust has currently a range of Dementia training programmes available. The University of Stirling have developed a Dementia Training programme which has been purchased by our education providers the CEC. Staff have been and currently attend this programme which is multidisciplinary in nature Localised programmes are also in place to implement the RCN Nurse of the Year Award winning “Purple Folder” project. A nurse has been seconded part time to support staff implement the purple folder project. Volunteers have been piloting the use of rummage boxes on the orthopaedic wards with patients with demtia and also provide some support at visiting times for those patients with dementia that have no visitors There is a wide range of vulnerable adult training available for staff to attend and this training is seen as a priority for ward staff.	On-going

27.	**The trust should review the services available out of hours and information available for patients.**	Directors Assistant Directors	There is a Trust Strategic Committee jointly chaired by the Director of Acute Services and The Director of Performance and Planning to review the patient journey. This is a Multidisciplinary group and includes representatives from the ambulance service and users with the focus on patient signposting, information and pathway development. Part of this work is currently includes the review of Evidence Based Information design council material for use in the ED	On-going
28.	**The trust should ensure the review of the role of patient flow cover is brought to a conclusion and staff are informed.**	Assistant Directors	An third staff member has been appointed to support the patient flow team This will reduce on the requirement of the ward sister to provide this support.	June 2014

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