The Regulation and Quality Improvement Authority

Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Lagan Valley Hospital

South Eastern Health and Social Care Trust

13 & 14 November 2013

informing and improving health and social care
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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 Lagan Valley Hospital, South Eastern Health and Social Care Trust (SHSCT) was undertaken, on the 13 and 14 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:

- Medical Admissions Unit
- Ward 1A, Cardiology, Respiratory, Endocrinology
- Emergency Department (ED)

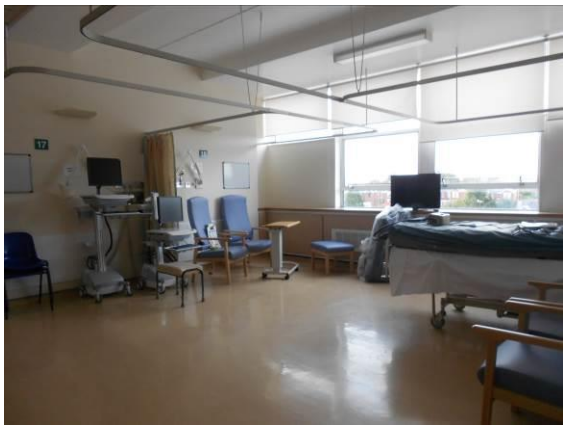
On arrival, the inspection team contacted the patient flow coordinator to obtain information on the current bed state. Lagan Valley hospital's ED is only open from 8.00am to 8.00pm. The ED was visited during the inspection to obtain information on the number of older people waiting for over six hours 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, patients and family members. This information was used, to assess the degree to which older patients on the wards were being treated with dignity and respect and that their essential care needs were being met.

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

Inspectors felt that ward sisters had demonstrated effective management. 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 had implemented various initiatives to improve patient care, and the training in customer care was to be commenced.

Generally all wards were clean, tidy and well maintained, but both wards were small with little circulation space. Inspectors were concerned regarding lack of appropriate space in Ward 1A which required that the escalation bed be positioned at the nurses' station. In MAU one bay had been closed, (Picture 1) and most of the furnishing removed, during the two days of inspection an escalation bed was assigned to this area.



Picture 1 MAU view of empty bed bay

The sanitary areas had been adapted for disabled use and were conducive for wheelchair users. However, there was an issue regarding the lack of clear signage on doors.

In both wards, staff members were generally courteous and respectful to patients and visitors. There was good response to patient requests for assistance on most occasions and patient modesty was maintained as appropriate. In general, staff introduced themselves on first interaction with patients and tailored information at an appropriate level for the patient.

There was an issue with the call bell system (buzzer) in Ward 1A; it is linked to Ward 1B, if a buzzer goes off in one ward it also goes off in the second ward. In MAU during the first morning of inspection call bell were not within reach of patients. Call bell were generally answered in good time. In all wards, patient personal care was generally of a high standard

Protected meal times were observed on almost all occasions, generally little interruption was observed during meals (Breakfast and Lunch). Meals were of a good choice, warm and appeared appetising. Patients had a choice to remain in bed and eat their meal or sit at the bed side. Meals were given out by nursing staff. Jugs of water are changed three times a day.

RQIA inspectors reviewed eight patient care records in depth and 12 patient bedside charts were examined. Inspectors found similar inconsistencies in recording in each set of records. None of the care records 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 any deterioration in their condition. Nurse record keeping did not always adhere to Nursing and Midwifery Council (NMC) and Northern Ireland Practice and Education Council (NIPEC) guidelines. Care records examined failed to demonstrate that safe and effective care was being delivered.

Inspectors and lay reviewers undertook a number of periods of observation in both wards to review patient and staff interactions. The results of the periods of observation indicate that 74 per cent of the interactions were positive and staff demonstrated empathy, support, and provided appropriate explanation of care when required. Inspectors advised ward sisters of any issues they observed.

During the inspection one patient and eight relatives/carers questionnaires and eight patient interviews were completed. Generally feedback received from patients and relatives or carers was good. Overall patients, relatives, and carers thought that staff were very accommodating, professional, polite and courteous and generally felt that they had received good care during their stay. Areas where patients and relatives felt there could be an improvement related to:

- Not always included in discussion about relative
- Don't always provide sufficient information
- Unaware of who to speak to about my relatives care , not asked about relatives wishes

The ED in Lagan Valley is only open from 8.00 to 20.00 Monday to Friday. 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 comply with departmental targets for waiting times in ED. Work was required to ensure that patients have the appropriate assessments undertaken, particularly if they are waiting in ED for over six hours.

This report has been prepared to describe the findings of the inspection and to set out recommendations for improvement. The report includes a quality improvement plan, submitted by the Southern 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 managing 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 [i]

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 5 hospital trusts, between September 2013 and April 2014.

2. To undertake inspections using agreed methodologies i.e. validated inspection tools, observation approaches, meeting with frontline nursing and care staff.

3. To carry out an initial pilot of agreed inspection tools and methodologies.

4. To review a selection of patient care plans for assurances in relation to quality of patient care.

5. To obtain feedback from patient/service users and their relatives in relation to their experiences, according to agreed methodology.

6. To provide feedback to each trust after completion of inspections.

7. To report on findings and produce and publish individual trust reports and one overview report.

3.0 Inspection Format

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

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

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

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

3.1 Unannounced Inspection Process

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

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

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

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

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

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

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

3.2 Reports

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

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

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

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

Prior to publication of the reports, in line with the RQIA core activity of influencing policy, RQIA may formally advise the 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 Findings of the Inspection

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

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

4.1 Ward Governance

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

Inspectors' assessment

Inspectors were informed that the SEHSCT has been actively involved in the outworking of the phase one normative staffing work stream commissioned by the DHSSPS, led by PHA and supported by NIPEC. An announcement was made by the Minister of the Department of Health, Social Services and Public Safety, which has indicated, that this work be supported from April 2014. Inspectors were informed by SEHCST representatives that the trust has looked at staffing levels and carried out a baseline review of staffing levels at present.

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

Medical Assessment Unit (MAU) had capacity for 20 beds but was only commissioned for 14 beds. The closure of the beds had been planned as part of financial saving. Most of the furnishing had been removed from a bay to comply with the loss of beds. During the two days of inspection the ward facilitated the use of an escalation bed. The bed was located in any empty bay; the single space was furnished with a bed, chair locker and table. There were ten patients over 65 years of age.

There were five staff on duty the time of inspection, four Registered Nurses (RN) this included the ward sister and one Health Care Assistant (HCA) 8.00am -8.00pm. The night shift had three RNs and one HCA 8.00pm – 8.00am, however, due to sickness this had reduced to two RN and one HCA. Staff were staying late on a time owed bases to help cover part of the shift.

On day one of the inspection there were seven admissions and discharges, on day two the inspectors were informed that in the previous 24 hours there had been 17 admission and discharges.

The ward manager had two protected days per week when she is office based, but finds it difficult to balance the clinical and managerial role and responsibilities. The ward sister has only been back to work for three months following an extended period of sick leave.

Ward 1A, Cardiology, Respiratory and Endocrinology had 17 beds; the ward facilitated the use of an escalation bed/trolley over the two days of the inspection. The escalation bed was located beside the nurses' station. There were 13 patients over 65 years of age.

The staffing levels at the time of inspection were three RNs; this included the sister, and two HCA, 8.00am -5.00pm. Two RNs and two HCA 5.00pm – 9.00pm. Two RNs and one HCA for the night shift. An extra RN is rostered on a Monday and Thursday to cover ward rounds.

The ward currently had one RN staff vacancy waiting to be filled and one RN on long term sick. Bank staff can be used if staffing levels fall, or if there was an unforeseen clinical need, but as staffing was settled and there was minimal staff movement, bank staff were not often required.

Both wards use long term block booking of bank staff to cover shortages, but there was always on-going funding issues regarding staffing which impacts on the running of the ward.

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.**

The ward sisters can be counted as part of the ward staffing numbers; this was the case on both days of the inspection. There was an element of protected time for the ward sisters for ensuring paperwork is completed but both stated that it was difficult to balance their clinical, caring and managerial responsibilities.

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.**

The sister on Ward 1A highlighted some issues she thought were impacting on the effective running of the ward, these included the ward rounds which take place twice a week and required an additional staff member. The requirement for prescriptions to be with pharmacy by 1.30, with no flexibility can delay a patient's discharge. The computer referral system wipes all details of the patient once they have been discharged; this means there was no patient history to refer to in the event of a complaint.

3. **It is recommended that systems and processes are reviewed to ensure effective running of the ward.**

Policies, Procedures and Audits

Ward sister provided either hard copies or access to policies and procedures on the intranet site.

Audits carried out in MAU were on:

- Incidents, every 6 months
- Care records 4 per month
- Falls 4 per month
- Pressure Ulcers (Braden) 4 per month
- Food and fluid intake (Audit of fluid balance charts) 4 per month

Staff were using a trust template for auditing, the audit template did not identify the patient therefore it was not possible for the inspectors or external auditors to validate which patient records had been audited. Staff have not received any formal training on auditing. Results of audits had been discussed but action plans had not been developed. Audit results were discussed at the staff meeting in October 2013, issues were highlighted were early warning scores charts, MUST, and fluid balance charts.

In Ward A1, the sister confirmed audits were carried out and action plans developed. Audits were carried out on:

- Care plans
- Pressure Ulcers (Braden)
- Food and fluid intake (Audit of fluid balance charts)
- Incidents/ complaints auditing is carried out by the trust governance team

Emergency care audit were undertaken daily with the information logged onto the system on a monthly basis. The results were collated and disseminated to staff at the medical directorate meeting on the third Tuesday of each month

Patients were assessed regarding the following questions:

- Has the patient been seen by a consultant within 24 hours
- Has a EDD (estimated date of discharge) been agreed
- Is the patient fit for a nurse led discharge

The ward sister carries out an audit of fluid balance charts (FBC) on a weekly basis and results were fed back to staff at monthly staff meetings. This audit was currently not audited with Key Performance Indicators (KPI) although all the wards within Lagan Valley Hospital carry this out.

Staff sign that they have read audit scores or new policies.

4. **It is recommendation that staff receive appropriate training and audits are quality validated.**

Training

MAU sister stated staff had received training in basic life support, moving and handling, fire safety, infection prevention and control, vulnerable adults, blood administration, safe children and tissue viability (HCA). In addition some staff had received dementia training and these staff cascade the training to other staff members. There had been no training on the butterfly, specialist dementia training.

Sister stated that she felt the Training Administration System (TAS) system was cumbersome and that she could not easily access the training records for her entire team on individual subjects. As a result she was not able to show evidence of staff training nor was she able shown what process was in place when staff were non-compliant with mandatory training requirements. The ward manager stated it was difficult to free up time for staff to attend training. The Sister had only been back to work for three months after an extensive period of sick leave as a result her last appraisal was in August 2012. Only about 60 per cent of the staff had received supervision or appraisals.

In Ward A1 all staff were up to date with mandatory training. Non-attendance was followed up by sister and addressed at staff meetings. The ward sister stated she was able to access the managers section on TAS where she could check staff attendance. Infection Prevention and Control training had been arranged for staff to take place the following week. A range of specialist training had also been arranged, the HCA was to attend ECG/venepuncture training, there are commissioned places in the University of Ulster in relation to diabetes, four staff were to attend COPD training and one nurse was to receive ABG training. The majority of staff had completed the online vulnerable adult training. The sister had three supervision sessions per year with her manager and a staff appraisal once a year. Staff nurses had two supervision sessions per year and an annual appraisal.

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. **It is recommended that staff supervision and appraisal kept up to date**

Management of SAIs, incidents, near misses and Complaints

All incidents are submitted on an IR1 form and the information was correlated by the governance group. An IR2 form and action plan was completed with governance staff if the incident required investigation. In MAU a falls safety cross was not completed and there was no specific analysis of falls. In Ward A1 there was a falls local protocol, and following a fall, a review of documentation was carried out.

7. **It is recommended that ward sisters should be aware of trust and ward incident data and trends and action plans developed.**

Meetings

In both wards a nurse hand over for the sharing of information and safety briefing happens three times a day, at staff shift change. A multi-disciplinary meeting was held daily, which include: the occupation therapist, physiotherapist, social worker, speech and language therapist and dietician. The purpose of the meeting was to review the patient's progress and make preparations for discharge. Medical staff did not attend MDTs. In MAU a medical ward round was carried out between 9.00 and 10.00.daily.

The Ward sister in Ward A1 attends the medical directorate ward sisters meeting held the third Thursday of every month; this was used to discuss current issues and shared learning. The ward sister also holds an informal meeting every Thursday and produces a staff bulletin. Staff meetings were held regularly and cover; general information, performance, communication, safety, training, IPC, copies of minutes and bulletin were supplied.

Monthly staff meetings were held in MAU, at the meeting on the 11 October 2013, topics discussed were audits, quality, discharges, drugs incidents infection control incidents, St Johns Ambulances and Arjo mattress. Under other business, staff discussed issues regarding patients coming up to the ward from ED inside the four hours, before some checks were carried out. For example: X-rays, bloods or IV fluids.

Projects/Improvements

Staff in the MAU were involved in the 'productive ward' initiative over a year ago as a result some improvements were made to storage in the bathroom. The ward sister stated that the "productive ward" and "releasing time to care" projects have stalled due to other staff commitments but was hoping to recommence them. Staff had assess to a resource pack on "care of older people with dementia in acute hospital settings" and a directory of services for older people.

Staff had undergone training on patient dignity in care and as a result a laminated patient guidance document had been produced and was available to all patients at the bedside. No ward environment audit had been carried out in relation to the ward environment for patients with dementia.

Improvements have been made in Ward A1; the ward sister stated they were constantly trying to improve and change things within the ward. A new pharmacy dispensing room was to open in the ward within the next few weeks. This will enable one stop dispensing. At present nurses have to dispense medication out of hours to patients, a new medicines policy had also been introduced. The sister had suggested to colleague's that main

information was written in patient discharge letters prior to ward round, therefore only medication to be added, this would help speed up discharges.

Changed to staff morning routine (pilot) have been made, nurses were now responsible for the complete care of six patients including personal care. Nurses were writing up notes in the bays rather than at nurses' station. This has improving communication with patients and relatives. Ward rounds time have been changed so they don't clash with patient meal times.

A number of environmental changes had also been affected in the ward. A new store, medicines management room, and consultation room, have been painted. Clocks have been added to bays for patients, and they have increased the number of ward privacy curtains for use with the escalation bed. No major projects had been carried out on the ward, but staff would like some work to be done on the environment for dementia patients and signage for sanitary areas.

8. **It is recommended that both wards have a physical ward environment audit carried out for dementia patients**

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.

Audit templates were available in the MAU to cover the audit management in a number of areas such as food and nutrition, fluid balance, medications, pressure risk assessments, MEWS, urinary catheter care, peripheral cannula, hand hygiene, commode hygiene and nursing care records. The topics covered by the audit tool were appropriate and audits are carried out by registered nursing staff.

Key performance Indicator (KPI) audits in Ward A1 were carried out in relation to Pressure ulcer care, Food, fluid & nutrition, MEWS and the storage and administration of medicines. Further KPIs are to be added by the governance team, such as falls prevention.

Staff reported that ward trends were generally satisfactory however, inspectors identified that record keeping and completion of care records, assessment and care planning of needs were areas that required attention.

9. **It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs), with particular attention given to record keeping.**

Patient Client Experience and Customer

The Trust carries out patient experience improvement surveys every three months. Responses were correlated by governance team and action plans developed as necessary. In Ward A1 all responses were shared with staff, information was placed on staff board and staff were asked to sign that they have seen it.

The ward sister in MAU stated the audits were carried out annually, and she got feedback either as part of meeting or as an email.

Customer Care training was part of the trust induction for all new staff. This training discussed staff self-awareness and attitudes to patients and family members and staff also received feedback relating to patient views. The trust had undertaken further Customer Care training for nursing and domestic staff. In MAU only HCA had attended this training. The sister of Ward A1 had arranged for a member of her staff to attend Effective Communication and Recognising the Deteriorating Patient at the Beeches training centre, the staff member thanked sister as they felt it was very valuable. Other staff were now attending the course as part of their general training.

The trust is also participating in recently launched Public Health Agency (PHA) “10,000 voices” project. 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.

The Public Health Agency wants 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 unplanned care.

Inspectors found that information and the above survey was visible and widely available throughout the hospital and in the wards inspected.

There was no advocacy service for patients this role was undertaken by the social work team. The wards had access to the directory of older people’s services and can seek advice form the care of the elderly ward staff.

Overall Summary

Overall the inspectors felt that the ward sisters had demonstrated effective management; however, when a ward manager has been on a prolonged period of absence they should be given additional support and time to refresh and update their knowledge and skills. The ward sisters both found their line mangers to be very supportive.

Ward sisters had raised concerns with trust senior staff advising that safety can be compromised due to staffing levels and patient dependency. There were difficulties in balancing their clinical, managerial roles and responsibilities plus ensuring staff received the appropriate training. The trust had implemented various initiatives to improve patient care.

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

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Ward Environment

The two wards were small but well maintained; Ward 1A had been recently painted. The main thoroughfares in Ward 1A appeared tidy with little clutter, the spacing within bed bays was limited, however the space was tidy and free from obstacles. There were four single side rooms, two of which were being used for patients with known infections. Infection prevention and control measures were in place. A small amount of leaflets were available on Heath Care Associated Infections, but there was only one leaflet specific for elderly patients regarding independent advocacy services.

On the second day of the inspection an escalation bed was in use in Ward 1A. Inspectors were concerned regarding the patients comfort, privacy and dignity. The bed was located at the nurses work station which had the potential to compromise other patients' personnel information. The patient's did not have a bedside table; the meal was served on the nurses work station. The patient appeared very uncomfortable as they had to twist side wards to eat the meal. Screens were being utilised to protect the patient's dignity and privacy, however, because of location success was limited.

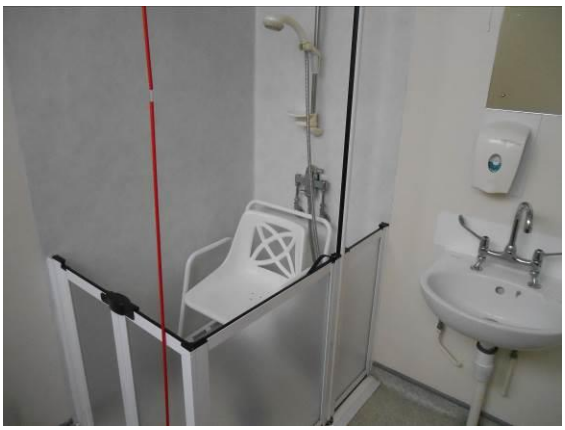
In the MAU three of the four bed bays were in use, these were small and the circulation in the ward area was cluttered with various trollies. There were three side rooms.

10. It is recommended that escalation beds are suitable located to ensure the patient comfort, dignity and privacy.

Sanitary Facilities

Sanitary facilities in Ward A1 were clean and had adaptions for disabled patients which included grab rails, raised toilets seats and showers that were conducive for wheelchair bound patients. (Picture 2). Signage was a challenge for staff and patients within the ward. There were no signs on the

en-suite facilities within bays 2, 3, and 4; the ward sister has requested new signage for doors throughout the ward however this request had yet to be actioned. Hoists and commodes were available and patient personal mobility aids were positioned within easy reach of patients.



Picture 2 Ward 1A Shower for patients with a disability

In MAU only communal sanitary facilities were available for patients. The toilets had no signage or picture labels on the doors, and there were limited mobility adaptions by way of grab rails. The bathroom was a good size, able to accommodate lifting and handling equipment. (Picture 3).

Picture 3 MAU view of bathroom

In Ward A1 bays were single gender for the entirety of the inspection. Bay 1 was the only bay that did not have an en-suite toilet/ wash facility. Patients from Bay 1 had to travel to the adjoining Bay 2 to utilise the sanitary facility. This may result in female or male patients having to walk through a bay of the opposite sex to use the toilet or shower. It was observed that a patient from Bay 1 used the commode whilst other patients in the bay were having their lunch; this may have been prevented had there been a toilet facility in that bay.

11. **It is recommended that the trust review the sanitary facilities to ensure single sex facilities are available for all patients.**

12. **It is recommended that sanitary facilities have the appropriate signage.**

Privacy and Dignity

In both wards, staff members were generally courteous and respectful to patients and visitors. There was good response to patient requests for assistance on most occasions and patient modesty was maintained as appropriate. In general, staff introduced themselves on first interaction with patients and tailored information at an appropriate level for the patient.

In the MAU, staff carried out regular personal care rounds; curtains were of a good length and fully pulled around the patient's bed when care was being delivered. A ward telephone hand set was available; however most patients used their own mobile phones despite notices on wall advising against the use of mobile phones. Where possible, patients were nursed in single gender bays. However, as only one bay has the appropriate equipment to monitor cardiac patients, this can lead to a mixed gender bay. On day one a female patient needing access to telemetry equipment had to be placed in a bay with two male patients.

In Ward 1A privacy curtains were drawn when patients were receiving personal care, however on two occasions it was observed that patient's dignity and privacy was compromised, the curtains were drawn but there was a split in the curtains. The inspection team was informed that some of the curtains sent to the ward do not fit so Patient and Client Support Services (PCSS) staff have clipped two curtains together which can result in the curtains splitting. Sister also noted that curtains that were received by the ward can also be of differing lengths.

13. **It is recommended that the trust ensure privacy curtains are fit for purpose.**

Ward A1 had a dedicated quiet/ consultation room available which could be used by patients, staff or relatives for confidential discussions. Patients can also use the sister's office or the consultation room to make confidential or private calls.

MAU does not have a private area for patients or visitors; there was a small seated area for visitors by the lift in the small foyer at the entrance to the ward. This area was also used for periods of time to hold a mattress, cages, stores deliveries or as an area for holding waste prior to removal.

Nursing staff on both wards wore (Swipe card type) name badges and also wore name badges on their breast pocket. Members of the MDT just wore swipe card name badges which can be difficult read. Both wards have a central nursing stations area. In MAU computer monitors at the station are generally placed at an angle to maintain confidentiality of information.

On Ward A1, a discreet assistance symbol was placed on the white board at the nursing station for patients who required assistance with their meals. Other symbols included traffic light colours to determine time remaining until discharge, and infection status.

In MAU the knife and fork symbols, indicating assistance required were not put in place behind the patients' bed until lunch time on the first day of the inspection. A knife and fork symbol was placed behind the patient's bed, to indicate that the patient required assistance with eating. On the white board at the nurse's station, a purple dot was used to indicate when medication was required outside normal drugs rounds.

14. **It is recommended that staff on MAU ensure that patients who are assessed as requiring assistance with meals are suitably identified.**

Person Centred Care

In acute settings intentional care rounds are used to check key aspects of care and 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 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

In the MAU, care rounding was in place however the documentation was inconsistently recorded. The care rounding documentation reviewed evidenced long gaps between rounds.

In Ward A1, care rounding was not in place. Staff implemented a repositioning chart for those patients that were deemed at risk following assessment by the Braden Scale Pressure Ulcer Risk Assessment Tool. The repositioning chart takes into consideration environmental factors and actions to relieve pressure. Prior to leaving the bedside staff asked the patient 'is there anything else I can do'? however, there was no prompt to assess patient's pain.

15. **It is recommended that staff ensure that care rounding is carried out and documented as per trust protocol.**

Patient Call Bells

All call bell buzzers in Ward 1A were working and answered promptly over the two days of the inspection. However inspectors were informed that the call bell system is connected to the adjoining ward as these were previously one ward. Therefore when patients call bells are activated the sound is heard in both wards. This creates a distraction for staff and an irrational to patients.

Call bell buttons in MAU were not within easy reach of the patient until lunch time on the first day of the inspection. When the nurse call system was used it was generally responded to in good time.

16. **It is recommended that the call bell system is fit for purpose and within reach of each patient.**

Personal Care

MAU patients looked clean and comfortable, one patient requested a blanket as he was cold, and the request was dealt with immediately. One patient admitted during the night was in a disposable gown; the front of the gown was stained from breakfast and was not changed until lunch time. Staff did not use Abbey pain scale document, but did ask patients asked about pain relief. None of the patients appeared to be in pain.

Personal care for patients in Ward A1 was of a high standard. Patients were clean, comfortable and suitably clothed. Glasses and dentures and personal mobility aids were within easy reach of the patient. Patients who requested assistance with toileting needs were attended to promptly. Patients requiring the commode at the bedside were given privacy and time by staff.

17. **It is recommended that patients clothing is changed promptly if stained.**

Food and Fluids

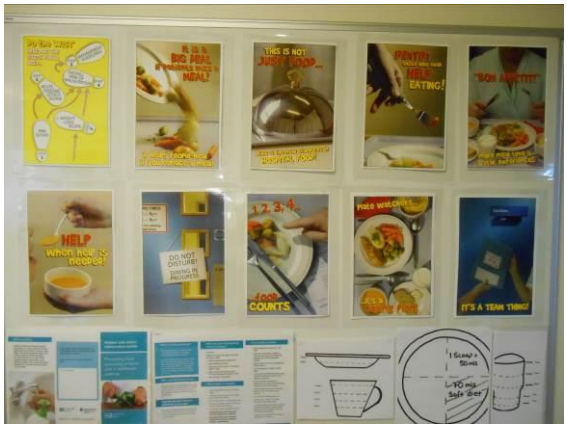
In both wards protected meal times was in place. In the MAU there were no posters regarding protected meal times, and there was some interruption during meals, a nurse was noted asking a patient some questions while she was having her lunch. The inspector raised concerns regarding the availability of suitable food for patients requiring modified diets and admitted out of normal catering hours. Trust staff were to check on current arrangements.

18. **It is recommended that staff ensure suitable food is available for patient who require a modified diet and who are admitted outside normal catering hours.**

Meals were of a good choice, warm and appeared appetising. Patients had a choice to remain in bed and eat their meal or sit at the bed side. Meals were given out by nursing staff. Jugs of water are changed three times a day.

In Ward A1 the times of medical ward rounds have been changed to protect patient mealtimes, however at times this can be disrupted due to x-ray investigations for patients who miss a meal the kitchen can be contacted to request a meal. The ward sister also keeps a snack box in the kitchen for patients who may be admitted to the ward in the evening.

Inspectors observed a sufficient number of staff allocated to assist patients with meals. Staff could modify the times they take their lunch breaks to facilitate assistance of patients. Patients were encouraged to drink at meals times, were offered hand hygiene before meals and napkins were supplied. A trigger system to identify those patients that may require assistance to eat was available. (Picture 4). Meal trays were collected by nursing staff, food and fluid charts were updated when applicable.



Picture 4 Ward 1A Food notice board

In MAU some tables with jugs of water were not repositioned after they were moved and left out of patient reach. Inspectors did not observe staff encouraging patients to drink. A laminated notice was placed on each tray when food or fluid intake was being monitored. The notice said the tray was only to be removed by a nurse, this was observed and nurses documented fluid balance charts.

19. **It is recommended that staff on MAU ensure the trust policy on protected mealtimes is adhered.**

20. **It is recommended that staff ensure water jugs are within reach of the patient.**

Overall summary

General both wards inspected were clean, tidy and well maintained. Inspectors noted the wards had little circulation space. In Ward 1A there was no sanitary facilities in one of the bays.

The majority of staff observed were courteous and respectful to patients and visitors and general patient's privacy and dignity was maintained. The positioning of the escalation bed in Ward1A should be reviewed along with the call bell system to see if the system could be isolated from Ward1B. In both wards patient personal care was generally of a high standard, although staff need to ensure that stained patient clothing is changed and that all patients have a drink within reach.

Protected meal times were in place although not always adhered to in MAU. There was a good variety of meals which were warm and appeared appetising. There were sufficient staff to ensure patient who required assistance received it in a timely manner however not all patients information boards above the bed were noted at the start of the inspection.

There was an inconsistent approach to care rounding.

Other issues identified

On both days only one of the two lifts was working; this caused long waits to get to the wards especially at meal times when food trolleys were being delivered and removed. There was poor signage to indicate the lift was out of order. Visitors and staff were requested to use the stairs but no signage provided. The stairs could only be accessed by walking through the wards, as stair wells were located at the end of each ward.

21. **It is recommended that the trust ensure in the event of one of the two lifts being out of commission, the lift door on each floor has appropriate signage, with suitable instructions on where and how to access stairs displayed.**

Inspectors observed in MAU the clinical room door was left open and medicines unattended on the counter.

22. **It is recommended that the trust ensure all medications are held under locked conditions in line with the trust's Medicine Management policy.**

4.3 Review of Care Records

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

Inspectors' assessment

Inspectors reviewed eight patient care records in depth and 12 patient bedside charts were examined for specific details. The inspectors found similar gaps in each set of records.
The areas covered in the review of the documentation were:

- Care Planning : assess, plan ,implement, review
- Food, Fluids and Nutritional care
- Falls Preventive/Management
- Pressure Ulcer Prevention/Management
- Continence promotion and incontinence management
- Medicine Management
- Pain Management
- Cognitive Impairment

Inspectors found that some nurses gathered information from a variety of sources, however, this 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.

23. **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 are a variety of risk assessments that should be undertaken. Some examples of these include risk assessments on, nutrition, falls, and pressure ulcer risk. There was no bedrail risk assessment tool available in patient notes. If a risk has been identified a care plan should be devised to provide instruction on how to minimise the risk. In both wards, there were variations in the quality of the risk assessments undertaken.

Initial nursing assessments were not always fully completed within the appropriate time frame. Gaps were identified in sections within the assessment such as breathing, communication, nutrition and elimination. Regular review of risk assessment did not always occur despite changes in the patient's condition.

Identified risks did not always have a plan of care devised to provide instruction on how to minimise the risks.

Inspectors noted in Ward A1 that admissions not completed for patients who had been in MAU, had not been reviewed and updated by ward A1 staff.

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

The SEHSCT nursing care assessment booklet does not have prompts to indicate if a care plan is required. Staff use their professional knowledge and experience to determine if a care plan is required.

The care plans reviewed did not always reflect the nursing assessment, or the care required for the patient, identified on observation. Any care plans that had been devised were poorly written with minimal detail and little direction of the care to be implemented for the patient.

Daily progress records, while generally detailed, were just a narrative of the care for the patient on the day. The nursing assessment documentation did not have a section for recording referral to identify referrals and assessments carried out by specialist practitioners? There was no record in the nursing notes of multidisciplinary team meetings.

One patient was admitted with eleven identified nursing care needs, this was determined from observation of the patient and review of their nursing assessment; however, only one care plan was noted to be in place.

Another patient had four care plans in place. From the inspectors review of the nursing assessment three additional care plans needed to be in place; management of diabetes, nutritional and elimination needs.

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 in 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.

25. 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.

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

DNAR (Do not attempt resuscitation)

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

Inspectors Assessment

Inspectors found that in Ward 1A one of the nursing assessments' indicated that a DNAR form was in place. The patient was admitted on the 31/11/13 and the DNAR order was made on the 01/11/13. There was no reference in the medical notes that this was discussed with the patient next of kin. This was confirmed by the ward sister who checked the patient notes. There was no reference in the medical notes that the decision had been reviewed. The copy of the form obtained was not the new regional format. Another patient's DNAR was not completed on the nursing assessment.

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

4.4: QUIS Observation Sessions

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

Inspectors Assessment

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

	Sessions undertaken	**Observations**	**Positive (PS)**	**Basic (BC)**	**Neutral (N)**	**Negative (NS)**
MAU	**4**	**31**	**20**	**5**	**1**	**5**
Ward 1	**17**	**114**	**87**	**24**	**1**	**2**
Total	**21**	**145**	**107**	**29**	**2**	**7**

The results of the periods of observation indicate that 74 per cent of the interactions were positive. Positive interactions relate to care which is over and beyond the basic physical care task, demonstrating patient centred empathy, support, explanation, socialisation etc.

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

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

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

Positive interactions observed

- There was observation of good conversations between staff and patients, Using patient names, patients also using staff names
- Staff interacted well, showing compassion and sensitivity, with dignity and respect, they also initiated conversation with patients, listened and spoke respectfully
- Staff were observed asking patients re food choices, salt, sugar and milk at breakfast service. 'Good morning, what would you like for breakfast', and checking on patient progress during meals
- One doctor was observed to be closely monitoring and assisting a frail elderly patient to take her soup and bread roll
- Generally good conversations with patients while carrying out personal care Good explanation of care, medication
- Personal care given, quiet tone/communication behind curtains, encouraging e.g. to sit out of bed, assisting patients as requested, explaining what was happening

Basic interactions observed

- Nurse approaches patient tells her she's sorting tablets – uses Elizabeth – not preferred name – "Beth".
- Nurse asks patient could she check her armband

Neutral interactions observed

- Giving out jugs of water, breakfast dishes with no conversation
- Sorting drugs at the bedside locker, no conversation

Negative interactions observed

- A registered nurse was observed to ask a patient a question during lunch
- Patient arrives on trolley and is placed at nurses' station. Left eating lunch in "twisted" position – tray at side on top of station.
- Staff working at the patients locker to administer medication. Patient immobile/poor eye sight. Patient had to ask what was going on as heard staff but couldn't understand what they were doing

Events

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

An example of an omission of care may be

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

Events observed by Inspectors/Lay Reviewers

- A syringe pump alarm was observed to have been sounding and an auxiliary care staff member ignored the alarm event
- An auxiliary care staff did not provide a thickened drink as required
- Vital signs checks were taken whilst patient was taking soup event

28. It is recommended that the staff should develop measures to improve staff patient interaction, ensuring that patients are always treated with dignity and respect.

4.5 Patient and Relative Interviews/ Questionnaires

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

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

Inspectors Assessment

During the inspection 1 patient and 8 relatives/carers questionnaires and 8 patient interviews were undertaken.

Generally feedback received from patients and relatives or carers was positive. Overall they thought that staff were polite and courteous, questionnaires indicted that staff introduced themselves to patients.

Some patients felt that there was an excellent choice of meals, another thought that the food was not tasty and he wanted tomato sauce.

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

Some written comments from carers were:

"From my experience the nurses, doctors and social workers have been friendly and attentive. When I asked for a denture box and water it was dealt with quickly. However, not a lot of information was given to me about what was going on with my granddad. Other patients in the ward kept the TV on to 12.00am and were shouting, this upset my granddad because it was his first stay. The ward was clean. There is a good amount of staff but not a lot of time to get round them all"

"It would be helpful if a staff member (Dr or Nurse) would meet with a family member regularly (? every 48hrs) to update plan of care/treatment"

"Overall good involvement in relatives care, confident getting the best care"

"Don't always provide sufficient information"

"Not always included in discussions about relatives care"

"Unaware of whom to speak to about relatives care, not asked about relatives wishes"

"I am a visiting friend. The ward seems welcoming. Staff are continually gainfully employed. I sense it is a place where recovery will be helped"

"The staff are good with coming to my relatives needs but sometimes it's hard to tend to everyone's needs as quick as possible when there is only 2-3 nurses on the ward at one time, need more staff"

'Couldn't speak highly enough'

Patient Interviews

Overall there was good feedback received from patient's interviews. Patients thought that staff were friendly, accommodating, professional, polite and courteous, and felt that they received good care during their stay. There was a general understanding staff were working to the best of their ability given the time and staff available. Patient did not receive or did not remember receiving a leaflet on admission to the ward. In MAU the leaflet was in a laminated format attached the bedside locker. While they did not know staff names they did recognise them to see. Patients stated when needed assistance had buzzers close by them and felt staff were prompt to respond to request for assistance.

With regard to food one patient thought the food was not tasty, while another thought the food was excellent with a good choice. Some patients did comment on the lack of involvement in their care, they felt they were only involved in care discussions up to a point.

The one questionnaire completed by a patient was generally positive there were some middle scores in relation to engaging with medical and nursing staff regarding their condition.

The patient also commented positively about "A&E" staff stating that they acted exceptionally quickly to treat me in my distressed state, due to my symptoms of a heart attack.

Questionnaires completed by family indicated that while some were happy with the level of care there was some dissatisfaction with the level of engagement with relatives. Relatives felt that there was a lack of information and the information given was not always recorded. Relatives had difficulties identifying who they needed to speak to, felt they were not always included in discussions about their relatives care.

Recommendation

29. **The trust should take on board patient, relative and carer comments to improve the patient experience.**

4.6 Emergency Department

Inspectors' assessment

The ED is only open from 8.00am to 8.00pm; inspectors visited the ED twice on the first day of the inspection at 9.30am and 3pm. There were no patients over sixty five at 9.30am, the department only opens at 8.00am. At 3.00pm there were no patients over sixty five that had a waiting time of more than six hours.

There is a protocol for Lagan Valley ED after 8.00pm for staff to follow. Out of hours, patients are taken to the Ulster Hospital ED or EDs in the Belfast Health and Social Care Trust, Royal Victoria Hospital, or Mater Hospital.

Although the ED closes to the public at 8.00pm the department can be open until 12.00 midnight awaiting patient transfers to the wards. On the second day of inspection inspectors were informed that seven patients had required nursing in the ED overnight. Cover had to be arranged at short notice; this involved a nurse staying late. Until August 2013 a nurse had been rostered to work in ED overnight to cover late transfers and when not busy was deployed to the wards.

30. It is recommended that the Trust put plans in place in the event that patients require nursing overnight.

Patient Documentation and Assessment

The trust had devised new admission documentation; this was being introduced on the first day of inspection. Not all staff had received training on this, but there were three staff available to give on the job training or answer staff queries. While the new form was an improvement, inspectors identified some gaps for recording information such as, no space to record patient elimination or continence. The Abbey pain score was not in use for patients who are unable to communicate if they are in pain e.g. dementia patient. Staff had advised that they use their own judgement.

Inspectors observed there was no full nursing risk assessment carried out for patients who were pending admission. There was no documentation on pressure ulcer risk, manual handling, falls or MUST.

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

The mental state assessment used, was only tick box on the flimsy; no recognised assessment tool is used.

31. It is recommended that a full nursing assessment is carried out, and documented including a reconsider pain score indicator.

There were no staff trained in dementia, however two staff have completed an assignment focused on dementia as part of their minor injuries module in Accident and Emergency. All staff had received training in safeguarding older people.

Psychiatric referrals could be made by medical staff, up to 5.00pm after 5.00pm they would be seen by the Community Psychiatric Nurse (CPN). Psychiatric patients deemed to be a low risk are discharged with a next day appointment.

The ED does not have a dedicated social worker, but one can be contacted during working hours, out of hours staff use the on call social worker via the Belfast Health and Social Care Trust. There was a falls prevention team and help was offered to patients in the form of leaflets and home visits. A free catheter renewal service was also available.

32. It is recommended that staff receive training appropriate to their role and to the needs of the patients.

There was capacity for nine trollies in the ED. The ED had a number of beds available for patients requiring admission; the beds are retained for the comfort of elderly patients and for patients with pressure areas. All patients had access to a call bell and disabled toilets or commodes were available for those who require assistance. Some of the trolleys had thicker foam for patient comfort, were used for patients on prolonged waits. Staff would place patients who they feel are at risk of falling close to the nurses' station, and more frail or elderly patients in a bay away from others who might be noisy. A lack of pillows could be an issue.

Staff stated they sometimes found it a challenge accessing information when patients come in from a nursing home as the patients are generally unaccompanied. Staff stated there can also be an issue regarding paying for wheelchair taxies. Other issues were in relation to drunk or abusive patients can unsettle other patients, no one in ED was able to carry out a swallow assessment, staff would like better access to this service within the hospital.

Staff stated that patients not transferred to wards could get meals, drinks or tea and toast as required, bed side tables were available. A vending machine was available in the waiting area and restaurant was also available during the day.

Patient Flow

The patient flow manager is in constant contact throughout the day to ensure a timely placement of the patient in in-patient beds. The role of the patient flow manager is to manage the bed occupancy in the hospital by liaising with the wards to ensure admissions and discharges are coordinated in an effective and timely manner. The patient flow manager attends the ED first thing in the morning, 2.00pm and 8.00pm and the multi- disciplinary ward rounds.

The protocol for transferring patients to the Ulster or Downe hospitals was under review. The inspectors were informed that transport for patients going home or being transferred could cause some delays. The ED staff had access to several means of transport, the Northern Ireland Ambulance Service (NIAS), wheelchair taxies, and the St Johns Ambulance service. The main issue was due to the nature of ED, planning ahead can be difficult. On occasions if necessary an emergency ambulance would be used for a transfer. Patients over 85 can be admitted directly to from ED to Ward 14 (Care of the Elderly) which is in the grounds of the Lagan Valley hospital. Transport was required if the patient was ill or in poor weather conditions to move the patient from ED to the Ward14, this could cause a delay in admission.

There is no on site Northern Ireland Ambulance Service (NIAS) liaison service, but the trust works closely with NIAS for pending admissions and discharges.

33. It is recommended that the trust and NIAS should review the merits of Hospital Liaison Ambulance Officer being appointed to the Lagan Valley hospital.

Inspectors were informed staff were working on several draft documents, one related to an admission and discharge protocol; another was in relation to the protocol for Lagan Valley ED after 8.00pm which included a section on the use of an escalation bed.

5.0 Summary of Recommendations

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.**

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 systems and processes are reviewed to ensure effective running of the ward.**

4. **It is recommendation that staff receive appropriate training and audits are quality validated.**

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. **It is recommended that staff supervision and appraisal kept up to date**

7. **It is recommended that ward sisters should be aware of trust and ward incident data and trends and action plans developed.**

8. **It is recommended that both wards have a physical ward environment audit carried out for dementia patients**

9. **It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs), with particular attention given to record keeping.**

10. **It is recommended that escalation beds are suitable located to ensure the patient comfort, dignity and privacy.**

11. **It is recommended that the trust review the sanitary facilities to ensure single sex facilities are available for all patients.**

12. **It is recommended that sanitary facilities have the appropriate signage.**

13. **It is recommended that the trust ensure privacy curtains are fit for purpose**

14. **It is recommended that staff on MAU ensure that patients who are assessed as requiring assistance with meals are suitably identified.**

15. **It is recommended that staff ensure that care rounding is carried out and documented as per trust protocol**

16. **It is recommended that the call bell system is fit for purpose and within reach of each patient**

17. **It is recommended that patients clothing is changed promptly if stained**

18. **It is recommended that staff ensure suitable food is available for patient who require a modified diet and who are admitted outside normal catering hours.**

19. **It is recommended that staff on MAU ensure the trust policy on protected mealtimes is adhered.**

20. **It is recommended that staff ensure water jugs are within reach of the patient.**

21. **It is recommended that the trust ensure in the event of one of the two lifts being out of commission, the lift door on each floor has appropriate signage, with suitable instructions on where and how to access stairs displayed.**

22. **It is recommended that the trust ensure all medications are held under locked conditions in line with the trust's Medicine Management policy.**

23. **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.**

24. **It is recommended that all risk assessments should be completed within the set time scale. 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.**

25. **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.**

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

27. **It is recommended that medical staff comply with the trusts DNAR policy.**

28. **It is recommended that the staff should develop measures to improve staff patient interaction, ensuring that patients are always treated with dignity and respect.**

29. **The trust should take on board patient, relative and carer comments to improve the patient experience.**

30. **It is recommended that the Trust put plans in place in the event that patients require nursing overnight.**

31. **It is recommended that a full nursing assessment is carried out, and documented including a reconsider pain score indicator.**

32. **It is recommended that staff receive training appropriate to their role and to the needs of the patients**

33. **It is recommended that the trust and NIAS should review the merits of Hospital Liaison Ambulance Officer being appointed to the Lagan Valley hospital.**

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

Staff respect older people's privacy 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: Patient Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
I have been given clear information about my condition and treatment	40.0%	0.0%	40.0%	20.0%	0.0%	0	5
I always have access to a buzzer	80.0%	0.0%	0.0%	20.0%	0.0%	0	5
When I use the buzzer staff come and help me immediately	40.0%	20.0%	0.0%	0.0%	40.0%	0	5
When other patients use the buzzer staff come and help them	50.0%	25.0%	0.0%	0.0%	25.0%	1	4
I am able to get pain relief when I need it	40.0%	0.0%	0.0%	0.0%	60.0%	0	5
I am able to get medicine if I feel sick	20.0%	0.0%	0.0%	0.0%	80.0%	0	5
I get help with washing, dressing and toileting whenever I need it	60.0%	0.0%	0.0%	0.0%	40.0%	0	5
Staff help me to carry out other personal care needs if I want them to	75.0%	0.0%	0.0%	0.0%	25.0%	1	4
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	66.7%	0.0%	0.0%	0.0%	33.3%	2	3
If I need any help with my glasses, hearing aid, dentures, or walking aid staff will help me with this	20.0%	20.0%	0.0%	20.0%	40.0%	0	5

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff are aware of the help I need when eating and drinking	0.0%	0.0%	40.0%	20.0%	40.0%	0	5
I enjoy the food I am given on the ward	75.0%	0.0%	25.0%	0.0%	0.0%	1	4
Staff help other patients to eat or drink if they need assistance	66.7%	0.0%	0.0%	0.0%	33.3%	2	3
I have access to water on the ward	80.0%	0.0%	0.0%	0.0%	20.0%	0	5
Staff always respond quickly if I need help	60.0%	0.0%	20.0%	0.0%	20.0%	0	5
The quality of care I receive is good	80.0%	20.0%	0.0%	0.0%	0.0%	0	5
The ward is clean and tidy and everything on the ward seems to be in good working order	80.0%	0.0%	20.0%	0.0%	0.0%	0	5
Staff will give me time to do the things I need to do without rushing me	100.0%	0.0%	0.0%	0.0%	0.0%	1	4
I feel safe as a patient on this ward	80.0%	20.0%	0.0%	0.0%	0.0%	0	5
Are you involved in your care and treatment	25.0%	50.0%	0.0%	25.0%	0.0%	1	4
Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the ward	20.0%	20.0%	40.0%	20.0%	0.0%	0	5

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff explain treatment to me so I can understand	40.0%	20.0%	20.0%	20.0%	0.0%	0	5
Staff listen to my views about my care	50.0%	0.0%	25.0%	25.0%	0.0%	1	4
I can always talk to a doctor if I want to	33.3%	0.0%	33.3%	0.0%	33.3%	2	3
I feel I am involved in my care	50.0%	25.0%	25.0%	0.0%	0.0%	1	4
Staff have discussed with me about when I can expect to leave the hospital	40.0%	0.0%	20.0%	20.0%	20.0%	0	5
Staff have talked to me about what will happen to me when I leave hospital	33.3%	0.0%	0.0%	33.3%	33.3%	2	3
Staff always introduce themselves	60.0%	40.0%	0.0%	0.0%	0.0%	0	5
Staff are always polite to me	60.0%	40.0%	0.0%	0.0%	0.0%	0	5
Staff will not try to rush me during meal times	66.7%	33.3%	0.0%	0.0%	0.0%	2	3
Staff never speak sharply to me	60.0%	20.0%	0.0%	20.0%	0.0%	0	5
Staff call me by my preferred name	100.0%	0.0%	0.0%	0.0%	0.0%	0	5
Staff treat me and my belongings with respect	60.0%	20.0%	0.0%	0.0%	20.0%	0	5
Staff check on me regularly to see if I need anything	60.0%	0.0%	20.0%	0.0%	20.0%	0	5
My visitors are made welcome	80.0%	0.0%	20.0%	0.0%	0.0%	0	5

Appendix 3: Relative Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff take time to get to know my relative/friend	28.6%	14.3%	42.9%	14.3%	0.0%	0	7
Staff always have enough time to give care and treatment	57.1%	28.6%	14.3%	0.0%	0.0%	0	7
Staff are knowledgeable about the care and treatment they are providing	71.4%	28.6%	0.0%	0.0%	0.0%	0	7
The ward is a happy and welcoming place	28.6%	57.1%	14.3%	0.0%	0.0%	0	7
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	42.9%	57.1%	0.0%	0.0%	0.0%	0	7
Staff never speak sharply to me or my relative/friend	0.0%	33.3%	0.0%	66.7%	0.0%	1	6
Staff include me in discussions about my relative/friend's care	42.9%	0.0%	28.6%	14.3%	14.3%	0	7
Staff treat my relative/friend with dignity and respect	42.9%	42.9%	14.3%	0.0%	0.0%	0	7

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff provide me with sufficient information when I need it/ask for it	57.1%	0.0%	28.6%	0.0%	14.3%	0	7
Staff make me feel welcome on the ward	14.3%	71.4%	14.3%	0.0%	0.0%	0	7
I feel confident to express my views on how my relative is being cared for	57.1%	14.3%	14.3%	0.0%	14.3%	0	7
Staff ask me about my relative/friend's needs or wishes	42.9%	14.3%	14.3%	14.3%	14.3%	0	7
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	28.6%	14.3%	28.6%	14.3%	14.3%	0	7
I know who to speak to about my relative/friend's care	42.9%	0.0%	14.3%	28.6%	14.3%	0	7
I can speak to a doctor when I want to	14.3%	0.0%	57.1%	14.3%	14.3%	0	7
If I chose to be, I am informed if/when my relatives/the patient's condition changes	57.1%	14.3%	14.3%	0.0%	14.3%	0	7

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	28.6%	14.3%	14.3%	0.0%	42.9%	0	7
Staff listen to my views about my relative/friend's care	42.9%	28.6%	14.3%	0.0%	14.3%	0	7

6.0 Summary of Recommendations

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
1	It is recommended that any identified nurse staffing variances are reviewed to ensure that patient care and safety is not compromised due to staffing levels.	Nursing	All nurse vacancies have been released for recruitment and are in the recruitment process	Recruitment process in action.
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.	Nursing	All ward managers have two days protected time to undertake managerial responsibilities. Unfortunately that can be compromised due to staff absences	Protected time in place pre-review. Remains so.
3	It is recommended that systems and processes are reviewed to ensure effective running of the ward.	Nursing	Effective and efficient running of any ward is determined by daily pressures and the systems and processes are constantly reviewed to ensure effectiveness	Reviews had been in place pre-review and continue.
4	It is recommendation that staff receive appropriate training and audits are quality validated.	Nursing	Training is open to all staff. To review audit tool to ensure that patient identification is possible and can support audit validation. To focus on uptake of audit training. To ensure appropriate action plans are developed and progressed in response to audit findings.	Arrangements have been in place pre-review. To review and improve. By 31.12.2 4.

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
5	It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs.	Nursing	Mandatory training is reviewed throughout the year but it occasionally is compromised due to staff absences To ensure reliable easy access to training records. To focus upon and implement effective process for management non-compliance with mandatory training. To focus on and ensure that staff training appropriate to patient needs is targeted for completion.	Review arrangements re: mandatory / appropriate training in place. To review and ensure that effective and appropriate training and uptake Monitoring is in place. By 31.12.2014
6	It is recommended that staff supervision and appraisal kept up to date	Nursing	All staff are offered annual appraisals, improvements in recording supervision following additional and ongoing training. To review and ensure that effective supervision / appraisal monitoring arrangements and completion are in place.	Supervision / appraisal arrangements have been in place. To review and have effective arrangements in place by 31.12.2014.

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
7	It is recommended that ward sisters should be aware of trust and ward incident data and trends and action plans developed.	Nursing	Incident trends are reviewed quarterly at the Nursing Governance meeting and reported to ward managers. To review and ensure that ward managers are provided with appropriate Trust and ward incident reporting at a regular frequency. To ensure that ward managers have an appropriate incident-focused action plan in place and monitored.	Qtrly in place pre-review. To review and ensure appropriate reporting and action plan arrangements in place by 31.12.2014.
8	It is recommended that both wards have a physical ward environment audit carried out for dementia patients.	Nursing	Further assessment and actions to be taken with regard to environmental audits for dementia patients	Audit tool ready. By 31.10.2014
9	It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs), with particular attention given to record keeping.	Nursing	Nursing KPI's continue to be documented and monitored monthly with corrective action taken if compliance slips below acceptable levels	In place pre-review. Reminder / reinforcement continues.
10	It is recommended that escalation beds are suitable located to ensure the patient comfort, dignity and privacy.	Nursing	The layout of both wards offers little by way of an ideal place to erect an undesignated bed during times of bed pressure. All staff do their utmost to ensure comfort, privacy and dignity of all patients. Raised and reinforced to staff and reinforced as priority duty to	In place pre-review. Heightened attention and awareness re: importance of

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
			uphold.	**upholding standards since raised at review.**
11	**It is recommended that the trust review the sanitary facilities to ensure single sex facilities are available for all patients.**	**Nursing**	**Position reviewed. Sanitary facilities are single sex where possible.**	**As previous internal reviews plus RQIA Mixed Gender. Pre-review arrangements remain.**
12	**It is recommended that sanitary facilities have the appropriate signage.**	**Nursing**	**Sanitary facilities are clearly marked to identify location and male/ female**	**No signage outstanding.**
13	**It is recommended that the trust ensure privacy curtains are fit for purpose.**	**Nursing**	**All wards have now disposable curtains in place**	**In place.**
14	**It is recommended that staff on MAU ensure that patients who are assessed as requiring assistance with meals are suitably identified.**	**Nursing**	**Patients identified as requiring assistance at meal times are identified at hand over report. Additional mechanism in place for further focus through Patient Experience / Clinical Nutrition Sub Group / Catering Services**	**In place pre-review and remain so. Additional improvement**

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
			partnership improvement approach. Planned July 2014 and launched Oct 2014. Reported to PHA.	**mechanism in place as patient experience priority over 2014 – 2016 period.**
15	**It is recommended that staff ensure that care rounding is carried out and documented as per trust protocol.**	**Nursing**	**All staff have been made aware of the importance of documenting all care given to patients**	**Pre-review in place. Heightened awareness / monitoring in place since raised at review.**
16	**It is recommended that the call bell system is fit for purpose and within reach of each patient.**	**Nursing**	**A new call bell system has been installed in Ward 1A/ 1B**	**Completed**
17	**It is recommended that patients clothing is changed promptly if stained.**	**Nursing**	**Once identified, stained clothes of patients are changed as promptly as possible.**	**In place pre-review.**

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
18	It is recommended that staff ensure suitable food is available for patient who require a modified diet and who are admitted outside normal catering hours.	Nursing	Each ward has access to limited food out of hours and the ward managers continue to work with dietetic colleagues and catering staff . Additional mechanism in place for further focus through Patient Experience / Clinical Nutrition Sub Group / Catering Services partnership improvement approach. Planned July 2014 and launched Oct 2014. Reported to PHA.	In place pre-review. Additional improvement mechanism in place as patient experience priority over 2014 – 2016 period.
19	It is recommended that staff on MAU ensure the trust policy on protected mealtimes is adhered.	Nursing	Where possible mealtimes are protected-both wards. Continues to be reinforced / monitored. Additional mechanism in place for further focus through Patient Experience / Clinical Nutrition Sub Group / Catering Services partnership improvement approach. Planned July 2014 and launched Oct 2014. Reported to PHA.	Pre-review. Remains so. Additional improvement mechanism in place as patient experience priority over 2014 – 2016 period.

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
20	It is recommended that staff ensure water jugs are within reach of the patient.	Nursing	All staff are reminded to ensure that water jugs are placed within patient reach, where appropriate. Monitored through addition to Patient Experience feedback bedside survey. Additional mechanism in place for further focus through Patient Experience / Clinical Nutrition Sub Group / Catering Services partnership improvement approach. Planned July 2014 and launched Oct 2014. Reported to PHA.	In place pre-review. Heightened awareness / monitoring in place. Additional improvement mechanism in place as patient experience priority over 2014 – 2016 period.
21	Recommended that the trust ensure in the event of one of the two lifts being out of commission, the lift door on each floor has appropriate signage, with suitable instructions on stairs access displayed.	Nursing	The Estates Department will ensure that relevant notices are in place, as described, until repairs are completed.	As per Estates standard practice.
22	It is recommended that the trust ensure all medications are held under locked conditions in line with the trust's Medicine Management policy.	Nursing	All staff are reminded of the Trust's Medicine Management policy. Monitoring arrangements are in place.	In place pre-review. Continue to remind, reinforce and monitor.

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
23	Recommended that assessment of pts nursing needs should be patient focused and identify individual needs and interventions required. To review and update in response to changing needs of pts.	Nursing	All staff have been reminded of the importance of accurate, timely care planning. These are updated at least daily during each shift period	In place pre-review. Actioned per shift.
24	It is recommended that all risk assessments should be completed within the set time scale. 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.	Nursing	All staff have been reminded of the Trust's Risk Assessment policy – to include within set timescale on-time completion of risk assessment. All wards hold a risk assessment file while is reviewed twice a year and prn. Serious risks are escalated to the Directorate Risk Register	In place pre-review as per Trust policy. Reminder / reinforcement continues.
25	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.	Nursing	All staff have been reminded of the importance of nurse record keeping in relation to care planning. The Ward Managers continue to work on this to develop 'core care plans'	Pre-review and continue. In development

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
26	It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.	Nursing	All staff have been reminded of the Trust's policies on nurse record keeping	Arrangements in place pre-review. Reminder / reinforcement taken place and to continue
27	It is recommended that medical staff comply with the trusts DNAR policy.	Medical Nursing	All staff have been reminded of the Trust's DNAR policy	In place pre-review. Reminder focus to continue.
28	It is recommended that the staff should develop measures to improve staff patient interaction, ensuring that patients are always treated with dignity and respect.	Nursing Safe and Eff Care	Each ward participates in satisfaction surveys, patient stories, observations of practice, 10k voices, #hellomynameis, web-based etc and any issues or themes are identified and actioned. Reported to Safety & Quality Committee. Comprehensive action programme in place.	In place pre-review. Comprehensive activity and improvement focus.
29	The trust should take on board patient, relative and carer comments to improve the patient experience.			
30	It is recommended that the Trust put plans in place in the event that patients require nursing overnight.	Nursing	ED at Lagan valley currently closes to new attendances at 8pm at night. However nursing staff are rostered to remain in the department until midnight but will stay after this time until the last patient has either been admitted or discharged. This will	In place since introduction of reduced hours ED.

Ref no	Recommendations	Desig Dept	Action required	Date for completion/ timescale
			include the transfer of patients to other facilities when there are no beds available on Lagan valley site.	
31	It is recommended that a full nursing assessment is carried out, and documented including a reconsider pain score indicator.	Nursing	ED currently undertake a number of assessments on patients which include triage, risk assessment, Braden scoring and infection screening. We currently undertake pain scoring audit and it has been highlighted that re-evaluation needs to be improved. This work is ongoing and staff are reminded re- the importance of review of pain at twice daily safety briefs	In place pre-review. Continue to remind, reinforce and monitor.
32	It is recommended that staff receive training appropriate to their role and to the needs of the patients.	Nursing	ED training is ongoing. Both mandatory and other training is provided and available for staff. There are difficulties at times releasing staff due to workload pressures or sickness.	In place pre-review. Not without difficulties.
33	It is recommended that the trust and NIAS should review the merits of Hospital Liaison Ambulance Officer being appointed to the Lagan Valley hospital.	Nursing	The number of ambulance patients presenting to ED lagan valley may not necessarily necessitate the need for a hospital liaison ambulance officer. However, difficulties arise when patients require transfer after 5pm whether that is to another hospital facility or home. As the ED department is closed from 8pm, this occasionally causes difficulties when there are patients still awaiting transfer after 12 midnight. Staff have to remain until the department has been cleared of patients, which can occasionally mean that they are working more than their allocated 12 hour shift.	Considered by Trust, as per description provided.

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