The Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Altnagelvin Hospital

Western Health and Social Care Trust

27 & 28 March 2014

Assurance, Challenge and Improvement in Health and Social Care

The Regulation and Quality Improvement Authority

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

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

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

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1.0 Inspection Summary

An unannounced inspection to Altnagelvin Hospital, Western Health and Social Care Trust (WHSCT) was undertaken, on 27 and 28 March 2014. The inspection reviewed aspects of the care received by older people in the acute hospital setting, within the terms of reference of the review, to provide a report of current practice. The following wards were inspected:

- Emergency Department (ED)
- Ward 41 (Acute Medical Unit)
- Ward 31 (General Surgery)
- Ward 40 (Care of elderly medicine/ stroke unit)
- Ward 20 (General Medicine)

On arrival at the ED, inspectors obtained information on the number of older people waiting for over six hours, as a number of care interventions should commence within 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 managers had demonstrated effective management and leadership skills to support the service they deliver. All wards managers' book bank and agency staff to cover staff shortages. Ward managers reported difficulties in maximising staff attendance at mandatory training with balancing the clinical needs of the ward. Some wards had focused on providing a better quality of care for patients that suffer with dementia, by supporting staff to attend various training courses on dementia care.

The trust had been proactive in implementing various initiatives to improve patient care. One of the most notable initiatives is the introduction of the electronic toolset 'FLOW', which is used to manage the patient journey throughout the trust.

Generally all wards inspected were bright, well maintained and the atmosphere was calm and welcoming. Patient bed areas were sufficient in space to enable the activities of clinical treatment and personal care to be carried out comfortably, easily and safely, and without obstruction. In some wards however, staff need to be pro-active in reducing clutter.

In all wards, inspectors observed that the majority of staff were courteous and respectful to patients and visitors and generally patients' dignity and privacy was maintained. Call bells were generally answered by staff promptly although inspectors observed that on occasions, call bells were not within easy reach of patients.

Patient personal care was generally of a high standard. Patients appeared clean, comfortable, well groomed and suitably clothed; although staff should ensure that a stock of suitable night attire is available for those patients who do not have their own.

Protected meals were in place, although on occasions this was not always adhered to. There was a good variety of meals of adequate portion size which appeared appetising. On most occasions, there were adequate staffing levels to meet the required demand for assistance at mealtimes; staff were observed cutting up food and giving encouragement with drinks and food. Wards use a red coloured tray as a visual indicator to prompt nursing staff to provide individual support for patients that may require assistance during mealtimes. Inspectors observed an inconsistent approach to the coordination and supervision of meal service throughout the wards inspected.

On most occasions' staff members were compliant with best infection prevention and control practices; however inspectors did observe lapses in practice in relation to hand hygiene, the use of personal protective equipment and adherence to the trust uniform policy. Inspectors also observed practices that were not compliant with the trust's administration of medicine policy.

RQIA inspectors reviewed 12 patient care records in depth and 20 patient bedside charts were examined for specific details. Inspectors found similar inconsistencies in recording in each set of records. A small number of the care records evidenced that nurses demonstrated by their recording that they had adequately carried out assessment, planning, evaluation and monitoring of the patient's needs. Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines. On occasions, care records examined failed to demonstrate that safe and effective care was being delivered.

Inspectors and lay reviewers undertook a number of periods of observation in all wards to review patient and staff interactions in all wards. The results of the periods of observation indicate that 81 per cent of the interactions were positive and staff demonstrated empathy, support and engaged well with patients.

During the inspection 27 patients and relatives/carers questionnaires and 11 patient interviews were undertaken. Generally feedback received from patients and relatives or carers was very good. Overall patients, relatives and carers, were satisfied with the standard of care they received. Patients thought that staff engaged well, were polite, courteous and compassionate and generally they felt that they received good care during their stay. Areas where patients and relatives felt there could be an improvement related to:

- Greater involvement of relatives in the care of the patient
- The quality of meals
- Information for patients regarding discharge

Inspectors visited ED twice on the first day of the inspection and once on the second day. Inspectors were very impressed by the notable initiatives to enhance patient throughput, improve patient care and maximize patient satisfaction. Work is required by ED staff to improve care record documentation and the completion of patient's risk assessments.

This report has been prepared to describe the findings of the inspection and to set out recommendations for improvement. The report includes a quality improvement plan, submitted by the Western Health and Social Care Trust (WHSCT) 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 areas for review. 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].

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[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 Inspection Team Findings

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

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

4.1 Ward Governance

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

Inspectors' assessment

Staffing: Nursing

Inspectors were informed that the WHSCT welcomed the Minister of the Department of Health, Social Services and Public Safety, approval of Delivering Care: A Framework for Nursing and Midwifery Workforce Planning to Support Person Centred Care in Northern Ireland. Work is progressing on quantifying the impact of implementing Phase one of the Framework – acute medical and surgical wards, which includes acute hospital based medical wards for older people. While the Delivering Care Framework had been included in the commissioning intentions, discussions were on-going with the Commissioner to establish the funding arrangements.

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

The Acute Medical Unit (AMU) Ward 41
The AMU is a busy 22 bed assessment and admissions unit that provides specialist care for adult patients with a wide range of medical conditions. The AMU primarily treats emergency admissions from the ED. Patients receive medical assessment and treatment before being admitted to the hospital for further specialist treatment or discharged home. The AMU also has a six-trolley assessment area which takes direct referrals from patients' general practitioner. Patients are usually admitted to the AMU on a short stay basis, and transferred to other specialist wards within 48 hours.

The unit is divided up between three, four-bedded bays, one, two-bedded bay and equipped with eight side rooms with ensuite facilities.

The AMU was staffed by a team of nurses, doctors and other healthcare professionals so that patients could access the most appropriate treatment as quickly as possible At the time of the inspection, the staffing levels were, one band 7 sister, one band 6 sister, six registered nurses (RN), three health care assistants (HCA). Staffing levels for night duty included four RNs and one HCA. The ward sister informed the inspection team that they were trying to secure a RN post to cover a 12.00pm to 12.00am shift. This nurse would focus on the processing of patient admissions.

Ward 31
Ward 31 is a 24 bedded elective general surgical ward with specialties that include; colorectal, vascular and breast surgery. The ward is equipped with four four-bedded bays and 12 ensuite side rooms, two of which are negative pressure rooms.

At the time of the inspection, the staffing levels were, one Band 6 sister, five RNs, two agency RNs, one HCA and two agency HCAs. Staffing levels for night duty included three RNs and one HCA.

Ward 20
Ward 20 is a 23 bedded medical ward, 12 beds are funded for general medicine, ten beds for cardiology and there is one dedicated bed for renal dialysis. The ward is equipped with four four-bedded bays, one two-bedded bay and five side rooms

At the time of the inspection, the staffing levels were, one band 6 sister, five RNs, one HCA; staffing levels for night duty included three RNs and one HCA. Inspectors were informed that during March, there had been a heavy reliance on agency staff to facilitate ward staff annual leave. Agency staff had been block booked to cover these shifts.

Ward 40 (Care of elderly medicine/ stroke unit)
Ward 40 takes admissions from the AMU and the ED. Patients aged 75 years and older admitted to the ward, have a broad range of acute medical conditions on the background of chronic comorbidity and geriatric syndromes, such as falls/immobility, cognitive impairment, incontinence and frailty. In addition, all patients with acute stroke are admitted to the ward.

At the time of the inspection, the staffing levels were four RNs and four HCAs; staffing levels for night duty included three RNs and one HCA. The ward manager was on leave during the ward inspection.

General Staffing Issues

All wards booked bank and agency staff to cover staff shortages. The AMU and Ward 20 reported a reliance on bank staff to cover staff leave. The manager in Ward 40 had been appointed to the post in November 2013. Ward staff commented that they were looking forward to a steadying influence on the ward and consistency of leadership. Inspectors were informed that the skill mix of staffing on the ward had been reviewed and vacant posts had recently been filled. The assistant nursing service manager for Ward 31 had recently carried out a review of ward staffing and recruitment.

Ward managers reported that they were fully supported by their immediate line manager in requesting bank and agency staff when the ratio of staff needed to be increased. Wards could access extra staff for 1:1 nurse-patient observation, for those patients that may present a safety risk. This was evident in Ward 20 for a patient that was confused. All wards reported that there had been no bed closures due to staff shortage.

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

Managers generally had a supervisory role within the wards and had protected time to progress the managerial responsibilities of the role.

Policies, Procedures and Audits

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

- Pain management
- Nutrition
- Discharge and transfer
- Whistleblowing
- Patients who lack capacity

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

Joint environmental cleanliness audits were carried out between the ward nursing leads and support services supervisory staff

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

A one off, 'observation of practice' audit was conducted within the AMU in February 2014. One of the findings highlighted that both medical and nursing

staff would gather at the nurse's station to carryout record keeping. Over the two days of the inspection, inspectors observed that documentation within patient records was carried out within patient bays, which allowed staff to closely observe patients and also be accessible for enquiries from patients and relatives/carers enquiries. This audit identified, that staff had been proactive in addressing issues of staff practice to improve the patient care experience.

Training

Ward managers reported that mandatory training was on-going, although they commented on the difficulty in maximizing staff attendance at mandatory training. In Ward 40, inspectors were informed that staff were not always able to attend mandatory training sessions due to staffing pressures on the ward.

Ward managers are updated of a staff member's attendance at mandatory training by an e-mail, which is sent from the training provider through the trust electronic booking system.

Staff in all wards, have had no specific training on continence promotion and incontinence management although some training on continence aids had been provided by various companies. The sister in the AMU reported that six RNs attended training on dementia care; staff reported this to be very beneficial in augmenting their skills when managing patients with dementia. In Ward 31, two HCAs had received training on dementia care however no staff members in wards 20 and 40 had received training on dementia care.

Inspectors were advised that vulnerable adult training was part of the trust's mandatory training programme. In all wards inspected, attendance at vulnerable adult training had been poor. All ward managers reported that they were supported by their line manager to attend educational opportunities to fulfil the responsibilities of their role.

In Ward 20, inspectors were informed that full compliance had been achieved in the completion of staff appraisal and supervision. In contrast, only a small number of staff had achieved compliance with supervision and appraisal in the AMU and Ward 31. The sister in the AMU reported that a rolling programme of supervision and appraisal would commence from April 2014. Staff records of appraisal and supervision in Ward 40, were not available for inspectors to review.

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

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

The WHSCT used the DATIX web-based system for incident and complaint reporting. This system allows reporting, review and recording of action taken, enabling learning from the incident to be disseminated to staff. Incident trends were disseminated to ward managers at the monthly ward sister /manager accountability meetings. Feedback to ward staff occurred at ward safety briefings and staff meetings. Evidence of incident feedback to staff was available in all wards inspected.

Formal complaints were forwarded to the ward manager from the complaints manager. The manager investigates the complaint and responds to the complaints department with the outcome of the investigation. Complaints were an agenda item for discussion at all staff meetings. Ward managers reported that they record patient verbal complaints within patient notes. In Wards 20 and 40, records of these complaints and actions taken, were kept at ward level. Inspectors were unable to evidence the recording of local complaints within the AMU.

4. **It is recommended that ward incident and complaint data is available for staff to reference and review.**

Meetings

All wards had staff meetings and safety briefings for cascading information to staff. Ward sisters in the AMU and Ward 31, reported that it was difficult to achieve good attendance at staff meetings, citing the demands of the ward as an influencing factor. Ward managers utilise daily safety briefings to disseminate information to staff members. Ward meeting agenda items included: staff appraisals, clinical supervision, clinical incidents, complaints, audits, team working, training, off duty etc. Any staff member that did not attend staff meetings was updated by the nurse in charge and could access the minutes of meetings electronically on the share point electronic system.

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

On a monthly basis, ward managers attended a governance accountability meeting, with a focus on reviewing: complaints, incidents, finance, dashboards scores, IPC validation audits, nursing documentation audits, Nursing and Midwifery Council (NMC) registrations and root cause analysis outcomes.

The nursing services manager for the AMU attended an emergency care and medicine divisional meeting. This occurred on a two weekly basis. Agenda items included a review of: SAIs, policies and guidelines, new interventional procedures, HCAI reduction targets, patient care/ staff issues, NMC pin

checks, NICE guidance. The nursing services manager would feedback agreed actions from the meeting to the ward manager, who would subsequently cascade this information to ward staff at team meetings and safety briefs.

Multidisciplinary team meetings were a regular occurrence on all wards. Meetings were attended by members of the medical and nursing teams and other specialist disciplines such as: physiotherapist, occupational therapist, pharmacist etc. The aim of the multidisciplinary team meetings was to ensure that patients are discussed by all relevant professionals with all relevant information, so that patients receive the best possible care.

Projects/ Improvements

The WHSCT had commissioned an Older Persons Assessment and Liaison Service (OPALs) team which commenced in June 2013. The service provides a range of services that include; an inpatient service, rapid access clinic for the older person, rehabilitation service and a community geriatrician. OPALs practitioners screen all inpatients aged 75 and over who may require a period of rehabilitation after management of their acute illness. The aim of the rapid assessment clinic is to reduce the unplanned hospital admissions of patients aged 75 and over by providing a rapid assessment service directly accessible to primary care. The inspection team were informed that the OPALs team would review patients that are 65 years and over on request.

The AMU contained a six trolley GP medical assessment area. Patients attending this unit had a full nursing and medical assessment of their physical and healthcare needs. The benefit of this initiative is that patients can bypass the ED care system but still have direct access to medical advice and immediate access to hospital services. Work had also commenced on the establishment of an ambulatory care facility, which would be located on the entrance corridor to the AMU. Patients would be assessed within this facility by an acute medical consultant and have access to urgent diagnostics on the same day, thus potentially avoiding unnecessary admission to hospital. Inspectors were informed that the trust hoped that this unit would be completed by the end of April 2014

The WHSCT had recently introduced an electronic toolset named 'FLOW' to manage the patient journey within the trust. Each department/ ward could interface with this system which promised to improve the flow of patients through the hospital. The system went live on the first day of the inspection. Some of the promised benefits included; real time view of the live bed state, electronic bed requests, user update with interactive whiteboards which offered a faster way to update patients' status and track patients in real time (Picture 1). IPC teams would be able to manage patient placement and allow ward staff to review patient's updates without chasing colleagues by phone or bleep.
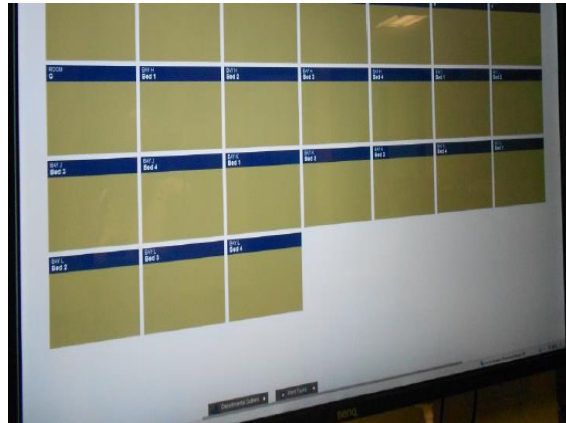
Picture 1: Interactive whiteboard located on each ward

The WHSCT were in the process of introducing a 'purple folder' scheme throughout its wards and departments. The scheme is a simple, practical way of alerting staff of people whose memory is permanently affected by dementia.

Staff members in Ward 20; had introduced a traffic light rating system for ward rounds. Those patients categorised as red, were assessed as a higher priority, and were seen first by medical staff on the ward round.

Staff within Ward 40, had initiated an electronic 'wander guard' system. The system was designed to assist staff where care is provided to people who may present wandering risks. A signalling bracelet is placed on the wrist of those patients that present a wandering risk and if the patient passes through a monitored area, an alarm sounds to alert staff of a possible departure attempt to exit the ward without an escort.

With the exception of Ward 40, all wards had good link nurse systems in place, examples included: infection prevention and control, pain management, nutrition and tissue viability. Inspectors were informed that the ward manager in Ward 40 had planned to reallocate link responsibilities to staff members.

The improvement methodology, the 'productive ward', had been initiated within Ward 40, with a focus to improve care records. Inspectors were informed that plans were in place to commence the productive ward within Wards 20 and 31.

Quality Indicators

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

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

Inspectors were informed that these indicators were subject to continuous review at ward manager accountability meetings to ensure that measurements of quality of nursing care are robust and consistent with regional and national standards. Results of audits were logged onto a dashboard and if compliance was low, an action plan was developed and the frequency of audit increased. Results were circulated to staff either by displaying on the ward white board, discussion at staff meetings or via daily staff safety briefings.

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

Patient Client Experience and Customer Care

In Wards 20 and 31, inspectors were informed that there had been no specific survey undertaken in relation to the patient care experience. Patients admitted to the GP assessment area of AMU were asked to complete a questionnaire in relation to the cleanliness of the facility, ease of referral to the unit, the waiting area facilities and the standard of nursing and medical staff engagement.

Feedback from patients was generally through complaints/ compliments however the WHSCT had recently engaged with the Public Health Agency (PHA) in the '10,000 voices' project. This is a project that offers people the opportunity to speak about their experiences as a patient or as someone who has experienced the health service, and to highlight the things that were important to them which will help direct how care is delivered in Northern Ireland.

In all wards staff attendance at customer care training was poor.

A trust leaflet entitled 'get help for the person' was available in each area. The leaflet is a resource to guide the public on local and regional support services. The leaflet contained useful contacts for the older person such as; Age NI, Alzheimer's Society, Help the Aged and HOPE (help on pension entitlements). The social workers on each ward act as the protagonist link for patient advocacy and could network with older person's services.

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

Overall Summary

Inspectors felt that ward managers had demonstrated effective management and leadership skills to support the service they delivered. All wards managers' booked bank and agency staff to cover staff shortages. Ward managers reported difficulties in maximising staff attendance at mandatory training with balancing the clinical needs of the ward. Some wards had focused on providing a better quality of care for patients that suffer with dementia, by supporting staff to attend various training courses on dementia care.

The trust had been proactive in implementing various initiatives to improve patient care. One of the most notable initiatives is the introduction of the electronic toolset 'FLOW', which is used to manage the patient journey throughout the trust.

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

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

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

Inspectors' assessment

Ward Environment

On first impression, wards were spacious, bright, well maintained and the atmosphere was calm and welcoming. The AMU is a modern facility located within the new wing of the hospital and Ward 20 had undergone recent refurbishment. All wards consisted of bed bays and individual side rooms for isolation if required. In Ward 20, six bedded bays had been reduced to four bedded bays and a four bedded bay reduced to a two bedded bay. This had increased overall core clinical space at the bedside. The bed bays in all wards appeared to provide sufficient space to enable the activities of clinical treatment and personal care to be carried out comfortably, easily and safely, and without obstruction.

Some corridors in the AMU and Ward 31 were cluttered with various items of patient equipment (Picture 2).

Picture 2: Cluttered corridor Ward 31

Within ward 40, a number of patient property bags with clothes were observed lying on the floor and tied to a number of patient's lockers (Picture 3).

Picture 3: Property bags tied onto locker and on the floor in Ward 40

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

Sanitary Facilities

With the exception of Ward 20, sanitary facilities were located conveniently at the entrance to bed bays and all side rooms were equipped with ensuite facilities. Sanitary facilities in Ward 20 were located along the ward corridor and were assigned to specific bays. Not all side rooms in Ward 20 were equipped with ensuite facilities.

Sanitary facilities were equipped with patient hand rails which were suitably placed to support the needs of patients with impaired mobility. Facilities were of adequate size to allow for necessary wheelchair manoeuvre, and to allow a helper to assist in the transfer on to the toilet. All toilet and shower facilities could be locked from the inside and if required, unlocked by staff from the outside. Ceiling mounted hoists within Ward 40 had facilitated in keeping the floor space uncluttered.

None of the wards had a physical audit of the environment using the dementia checklist. Ward staff reported that they would value an audit of the environment that could highlight areas of ward design that could support patients with dementia.

Privacy and Dignity

Disposable privacy curtains were used in the wards inspected. They were of adequate length and appeared fresh and clean in comparison to the conventional curtains that have to be repeatedly washed. Generally, privacy curtains were used effectively; they were closed when patients were receiving personal care however on one occasion in Ward 40, a staff member did not fully close curtains around a patient's bed when administering personal care.

Curtains had 'do not enter' labels present; staff members were generally compliant with this request when curtains were drawn. Staff were discreet and hesitated before entering a bed space with drawn curtains however on one occasion in Ward 20, a nurse entered a closed screen without checking if the patient was suitably clothed.

All wards inspected were mixed gender however all patient bays observed were single gender.

On the first day of the inspection in the MAU, two escalation beds were in use. Each escalation bed was placed into a four bedded bay, bringing each four bedded bay to a total of five patients. Inspectors observed that this increase in beds reduced the core clinical space for patients and staff. These beds did not have walled access points for oxygen and suction and privacy curtains; staff used mobile screens. Staff members informed inspectors that the mobile screens were not sufficient to maintain the dignity and privacy of patients within these beds.

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

All wards had a patient/ relative room. These rooms were used as a dedicated meeting room for more mobile patients and their visitors and also an area that clinical staff could discuss information about patient's condition, progress and care, both with the patient and those close to them. This room provided relative privacy and comfort, without disturbing other patients. The patient/relative room in Ward 40 was also being used as a storage space for the ward and contained large boxes (Picture 4).

Picture 4: Boxes stored in patient relative room in Ward 40

There was no mobile trolley phone in any of the wards although patients could go to the ward telephone to receive calls from relatives. Ward reception staff also took and delivered messages to and from patients and relatives. If patients wished to speak confidentially on the phone with relatives they could use the ward sisters' office.

There was an inconsistent use of name badges amongst staff. Badges worn at waist height on the uniform pocket, were not always easy to read.

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

In all wards, the majority of staff observed were courteous and respectful to patients and visitors. On most occasions, there was good response to patient requests for assistance and patient modesty was maintained appropriately. In general, staff introduced themselves on first interaction with patients and tailored information at an appropriate level for patients to understand. In Ward 40, some staff tended to overuse colloquial terminology e.g. "Alright pet, that's you planted" and "now sit you forward for us, that's the girl".

Staff were generally discreet with patient information however it was noted within Ward 31, medical staff could be overheard when discussing patient information. On one occasion, a specialist nurse discussed a patient's post-operative care in a bay area. This information could be easily overheard by other patients.

Patient information was generally displayed in an appropriate manner. Staff were discreet with patient information displayed behind each bed space and computer monitors were angled in such a direction that visitors to the ward could not view the information displayed. The new electronic boards were placed behind nursing stations, discreet symbols are planned to be used on this system to identify patient care needs. The inspection team, were informed that access to more detailed information on this system was password protected.

Person Centered Care

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

Aspects of care rounding were incorporated within the trust SKINN care bundle (Surface, Keep moving, Incontinence, Nutrition) which includes assessment of positioning, toileting and nutritional needs. The SKINN care bundle had been newly implemented within Ward 20 and it was to be

implemented within AMU in April 2014. Other tools utilised by wards to monitor patient care needs included; food and fluid charts, NEWS charts and repositioning charts.

10. **It is recommended that the trust continues to implement the SKINN care bundle which is based on the principles of care or intentional rounding. Staff should ensure they understand the importance of this function and ensure the care needs of patients are being met**

Patient Call Bells

Patient call bells were present at each patient bed space and pull cords were available in sanitary areas. Inspectors observed that nurse call bell requests, were few in number in the wards inspected. On most occasions when patient call bells sounded they were answered promptly by staff. In some wards, call bells were not in easy reach of patients (Picture 5).

Picture 5: Nurse Call bell on bedside table in Ward 40

In Ward 31, an inspector had to ask staff at the nurse's station to attend to a patient in a side room. The call bell had sounded for a considerable length of time. In Ward 40, inspectors observed that a patient in a side ward was calling for a nurse. After four to five minutes a HCA arrived to attend to the patient; the call bell had been out of reach. In Ward 20, a confused patient attempted to climb out of bed in a patient bay area. Ward staff were alerted by another patient in the bay and attended to the confused patient without delay.

11. **It is recommended that staff ensure that call bells and are within easy reach of patients, and requests for assistance are addressed promptly**

Personal care

In all wards patients appeared clean, comfortable, well groomed and suitably clothed. In the AMU, a stock of privacy gowns was available for patients who had no suitable night attire; however privacy gowns were not available in Ward 31.

From inspectors' observations, no patients appeared to be in pain or distress. A patient in Ward 20 informed inspectors that they had been able to access pain relief quickly during the night.

Patients were assisted to the toilet as required. Hand hygiene was offered to patients at the bedside after toileting and meals in the AMU. In Ward 20, each patient was provided with their own pack of hand wipes, however in Ward 31, inspectors noted that hand hygiene was not offered to patients before meals. Patient personal mobility aids were within easy reach of the patient in all wards and assistance was provided as appropriate. In all wards, there was no inappropriate toileting during mealtimes.

Food and Fluids

The initiative of protecting mealtimes for patients was available in all wards, although within Ward 20 there were no formal notices displayed to indicate this (Picture 5).
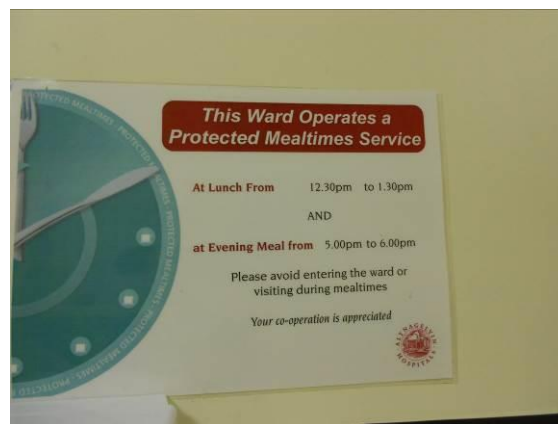
Picture 5: Protected mealtimes poster Ward 31

Inspectors observed that patients were generally not disturbed during mealtimes. An exception to this was at breakfast time in the AMU when inspectors observed a phlebotomist disturbed a patient for venepuncture. The RN in the patient's bay asked the phlebotomist not to disturb the patient during their meal. The phlebotomist then went to the next bay and disturbed a patient during breakfast and carried out the procedure.

> **12. It is recommended that the trust policy on protected meal times is adhered to by all staff.**

In general, meals were appetising, were of sufficient portion size and served warm. Food menus offered a choice of meals and beverages and a sufficient range of condiments, napkins and disposable clothing protectors were available for patients. Completed patient menus were sent to the kitchen via an electronic tablet.

In the AMU, staff could source modified cutlery for patients from the speech and language therapist. Staff reported no difficulties in providing patient meals outside normal hospital kitchen hours with each ward also having facilities to prepare beverages and toast to supplement meals. Staff in Ward 40, had provided a 'beverage bar' for patient and relative use.

Patients generally had their meals at the bedside as a ward dining room was not available. In Ward 31, inspectors observed that patients were not asked if they wished to sit out of bed for their meal.

Fresh jugs of water were put out for patients in the morning, at lunch time and on request from staff. In the AMU, a HCA requested a member of the catering staff who was giving out breakfasts, to provide jugs of water for all ward patients. The catering staff chose to continue giving out breakfasts to prevent meals becoming cold. The HCA gave out jugs of water to patients. At the feedback session with trust representatives, inspectors were informed that the normal ward routine was for catering staff to give jugs of water to patients before breakfast so water is available for the administration of medication.

Wards have introduced a red tray system at mealtimes. The purpose of the red coloured tray was to act as a visual indicator for nursing staff to identify patients who require assistance with their meals.

Throughout the two days of the inspection, at mealtimes, there were generally adequate staffing levels to meet the required demand for assistance. Staff were observed cutting up food, giving encouragement with drinks and foodstuffs and circulating within patient areas during meal service to check if support was needed.

Inspectors observed that in some wards, the patient meal service was inconsistently coordinated by trained members of staff. In the AMU, at lunch and dinner time, inspectors observed that the ward manager coordinated meals at the meal trolley. However this same system was not carried out at breakfast time; catering staff served and distributed breakfast meals to patients. A catering assistant who was giving out patients' breakfasts, informed inspectors that she was not always made aware by nursing staff of patients' dietary requirements. In Ward 31, inspectors observed that jugs of water had been placed in front of two patients who were fasting.

In Ward 40, the existing system for managing meals involved ensuring that all meals were served out first and then staff go back to assist patients with their meals. On one occasion, an elderly patient with dementia had been left a lunch tray. Ten minutes had passed before a staff member arrived to assist the patient with the meal; the meal had become cold. The HCA started to

feed the cold potatoes to the patient before being stopped by the inspector. A new meal was then requested for the patient.

In Ward 20, inspectors observed gaps in the recording of patients' food intake within food charts.

The ward manager in the AMU reported that a significant challenge was the ordering of meals from the kitchen the day before patients arrive on the ward. With a high turnover of patients within the ward, patients who ordered their meal on admission, would most likely have been discharged or transferred onto specialist wards by the following day. This meant that the food choice would be limited for those patients newly admitted to the ward. The ward sister informed the inspection team that they had to order extra meals to ensure availability and a better choice. At the trust feedback session the inspection team were informed that work had commenced to address this issue.

13. **It is recommended that the trust reviews the coordination and supervision of meal service within wards.**

14. **It is recommended that the trust ensures that patient oral intake is robustly monitored.**

Other issues identified

In the AMU, inspectors observed that some staff members did not comply with best practice in the use of personal protective equipment; some nursing staff wore gloves unnecessarily outside patient bed areas. This issue was also consistent in Ward 31; gloves were worn unnecessarily and not just prior to a particular procedure. A member of medical staff was observed not removing gloves following venepuncture. A student medical practitioner was also observed failing to comply with the World Health Organisations' five moments for hand hygiene. In Ward 40, it was observed that staff did not always decontaminate their hands between patient contact.

In Ward 31, inspectors observed that a number of medical staff did not comply with the trust uniform policy; long hair was not tied up above the shoulder and a staff member entered the ward wearing a theatre hat.

15. **It is recommended that staff adhere to the trusts infection prevention and control polices in relation to use of personnel protective equipment, hand hygiene and uniform policy**

In both the AMU and Ward 20, inspectors noted that patients were not able to freely exit the ward without asking staff to trigger the exit doors to open. This practice is classed as "de facto detention" which includes any situation where an individual is not formally detained but may nevertheless be deprived of liberty. Inspectors were informed that trust management staff had initiated this practice based on recent patient safety incidents. Whilst RQIA recognise the difficulties in balancing patient safety and security and individual patient rights, the trust needs to ensure that appropriate controls are initiated.

16. It is recommended that de-facto detention should cease and the appropriate controls initiated

In Ward 31, inspectors observed that a member of portering staff, without consulting with nursing staff, took a patient off the ward for an investigation.

17. It is recommended that all staff communicate effectively to ensure awareness of patient movement within the hospital

In Ward 31, inspectors observed that the door of the treatment room was open, intravenous medication had been pre-prepared and was left unattended (Picture 6)

Picture 6: Pre-prepared, unattended IV medication in Ward 31

In Ward 40, inspectors observed that during the administration of medicines, two RNs were observed not checking patients identification wrist bands before administering medicines.

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

Overall summary

Generally all wards inspected were bright, well maintained and the atmosphere was calm and welcoming. Patient bed areas were sufficient in space to enable the activities of clinical treatment and personal care to be carried out comfortably, easily and safely, and without obstruction. In some wards however, staff need to be pro-active in reducing clutter.

In all wards, inspectors observed that the majority of staff were courteous and respectful to patients and visitors and generally patients' dignity and privacy was maintained. Call bells were generally answered by staff promptly although inspectors observed that on occasions, call bells were not within easy of reach of patients.

Patient personal care was generally of a high standard. Patients appeared clean, comfortable, well groomed and suitably clothed; although staff should ensure that a stock of suitable night attire is available for those patients who do not have their own.

Protected meals were in place, although on occasions this was not always adhered to. There was a good variety of meals of adequate portion size which generally appeared appetising. On most occasions, there were adequate staffing levels to meet the required demand for assistance at mealtimes; staff
were observed cutting up food and giving encouragement with drinks and food. Wards used a red coloured tray as a visual indicator for nursing staff to identify patients who required assistance with their meals. Inspectors observed an inconsistent approach to the coordination of meal service throughout the wards inspected.

On most occasions staff members were compliant with best infection prevention and control practices; however inspectors did observe lapses in practice in relation to hand hygiene, the use of personal protective equipment and adherence to the trust uniform policy. Inspectors also observed practices that were not compliant with the trust's administration of medicine 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 12 patient care records in depth and 20 patient bedside charts were examined for specific details. The inspectors found similar gaps in each set of records.

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

19. **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. If a risk has been identified a plan of care plan should be devised to provide instruction on how to minimise the risk.

Inspectors noted in all wards there were variations in the quality of the risk assessments undertaken. Inspectors found that generally risk assessments which were completed had been completed within the appropriate time frame however a number of risk assessments we're not always fully completed or reviewed.

In Ward 31, a patient who had bedrails in place had no bedrails risk assessment completed and the same patient had no infection prevention and control risk assessment completed. In Ward 20, a review of risk assessments by nursing staff highlighted that they were not reviewed on the designated review date. On occasions identified risks did not always have a care plan devised to provide instruction on how to minimise the risks.

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

In most instances, patients' records failed to reflect the nursing assessment, or the care required for the patient, identified on observation. Any written care plans contained inadequate detail and little direction of the care to be implemented for the patient. Preprinted care plans were in use in most areas, however they were not always considered to be patient centred or meaningful to the need assessed.

One patient was admitted with at least seven identified nursing care needs, this was determined from observation of the patient and review of their nursing assessment. Only one written care plan was noted to be in place.

Within the progress records there was some narrative of the delivery of care although in most occasions this did not relate to the care plans in place. Inspectors noted that additional care charts were not always completed and contemporaneously maintained.

There were similar findings in all of the care records examined. Only a small number 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, a number of abbreviations were used in records observed in Ward 20. The inspection team were informed that trust is committed to developing and improving care planning and have carried out a NIPEC audit of care records which has identified a number of aspects for improvement.

Improvements to record keeping are required in the following areas:

- admission assessment should be fully completed
- assessments were not fully used to inform the subsequent care interventions required
- risk assessments should be fully completed
- If a risk is identified a care plan should be devised to provide instruction on how to minimise the risk.
- care plans should be devised for patients needs
- In the nursing progress notes, entries should adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines and they should reference the care plan, and triangulation of care

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

21. **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.**

22. **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

Following a review of patients' medical notes, one DNAR order was observed by inspectors in Ward 40. The DNAR form was fully completed by medical staff as per trust policy however inspectors noted that that the DNAR section within the nursing assessment and plan of care booklet, was not routinely completed for patients.

23. **It is recommended that staff comply with the trust's DNAR policy**

4.4: QUIS Observation Sessions

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

Inspectors Assessment

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

	Sessions undertaken	Observations	Positive (PS)	Basic (BC)	Neutral (N)	Negative (NS)
Ward 31	12	63	48	14	0	1
Ward 20	4	30	25	5	0	0
Ward 41 AMU	4	20	18	2	0	0
Ward 40	10	35	29	3	2	1
Total	30	148	120	24	2	2

The results of the periods of observation indicate that 81 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

- Overall there was good interaction between staff and patients
- Staff initiated conversation with patients, listened and spoke respectfully
- Phrases used; 'good morning, how are you today', 'I will be looking after you'; 'morning is this ok for you'.
- Encouragement, comfort and reassuring behaviour from staff during care tasks

Basic interactions observed

- Engagement with patients during tasks: venepuncture, clinical observations, assisting patient to eat; was only what was necessary to complete the task

Neutral interactions observed

- Assisting patient with shaving, no communication with patient

Negative interactions observed

- On one occasion a specialist nurse could be overheard by inspectors and patients discussing a patient's post-operative care in a bay
 The overuse of colloquial terminology

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

- An inspector had to ask a staff member at the nurses' station to attend to a buzzer
- A staff member did not fully close curtains around a patient's bed when administering personal care
- A nurse entered a closed screen without checking if the patient was suitably clothed.

Recommendation

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

4.5 Patient and Relative Interviews/ Questionnaires

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

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

Patient /relatives/carer's interviews were based on a number of discussion prompts which formed the basis of face to face discussions with older people (or their relatives or carers) during inspection visits. The interviews were used for those who did not either feel able to complete the questionnaire but were willing and able to take part in a face to face interview.

The interview template used was not prescriptive and additional questions were included as required.

Templates were also used for Patient and Relatives/Carers Questionnaires. The views on the care received whilst in hospital can help identify areas for recommendations to improve services. The information obtained is anonymous and patients could ask a family member, carer or visitor to help them complete the form. When required a member of the RQIA inspection team also helped patients to complete the questionnaire.

Inspectors Assessment

During the inspection 27 patients and relatives/carers questionnaires and 11 patient interviews were undertaken.

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

A small number of questionnaires identified that some relatives did not feel involved in their relatives care.

Some positive written comments were:

"Care is exceptional in this hospital but I feel the nurses are expected to work too hard"

"My mother has been well looked after and is happy with her care. Staff have noticed when she is in pain and have given pain relief before moving/dressing etc. My daughters and I have been kept fully informed of her treatment and condition"

"Mum found the staff to be very helpful. Anything she wanted or needed was seen to as soon as possible"

"Staff are very capable and professional in their work. Care is of a high standard"

"Very pleased with the care given. All staff are pleasant and caring"

"Great nurses in Ward 40, spent time talking and getting to know my aunt. Always cheerful and made us all feel welcome to stay at all times"

Patient Interviews

Overall patients were generally satisfied with the standard of care and had a good relationship staff. On patient commented that

"some nurses shine and are suited to the job"

There was a general understanding from patients that staff were working to the best of their ability given the time and staff available. All patients interviewed felt that buzzers were answered quickly however one patient did comment that there could be a delay if the ward was very busy. Overall patients felt that staff were polite and courteous, took the time to chat with them and discuss any concerns or worries. One patient commented that: 'They all talk away to you, doctors, nurses, everybody', however two patients commented that a consultant had a poor bedside manner.

Most patients felt that the meals were enjoyable with a good variation and suitable portion size. One patient commented that: 'The food is much improved from when I was here years ago'

Interview with Family Members

There was no opportunity during the inspection to interview family members

Recommendation

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

4.6 Emergency Department

Inspectors' assessment

Inspectors visited the ED on the first day of the inspection at 9.30am and 2.00pm. There was one patient over the age of 65 who had waited in the ED for longer than nine hours. The patient admission was delayed as there was a delay in the decision to carry out a CT scan.

The WHSCT commissioned a team from the Greater Manchester Commissioning Support Unit to carry out a review of the trust ED services. One of the pertinent findings of this report was that elderly frail patients tended to spend longest within the ED. To address this issue, the patient flow team adopted a policy of positive discrimination for older patients within the ED who are waiting on a bed in the hospital.

The inspection team were informed that the software package 'Symphony' had recently been upgraded within the ED. This software supported the everyday practices within the ED and the delivery of all the complex information needs within the department. Cognitively impaired patients were moved to a higher risk category at triage and therefore had a reduced wait in ED.

The care patients receive in ED was recorded by nursing and medical staff on the ED attendance record. The nursing notes section for patients waiting admission was mainly a tick box exercise. The attendance record only allows for minimal information to be recorded on assessment and care delivered and the form was not structured to take into account the 'Activities of Daily living' (ADLs) and prompts for frailty syndromes. The only reference for risk assessment was the assessment of pressure areas. The service manager informed the inspection team that a group had been initiated to review the documentation within the ED.

The WHSCT 'nursing assessment and plan of care booklet' stipulated that a number of risk assessments are to be completed within a certain time frame. The inspector observed that there had been no risk assessments completed for the patient pending admission to the ward and waiting for more than nine hours in the ED.

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

There was no recognised mental health state assessment tool to recognise dementia/delirium included within the ED flimsy. Examples would be the Abbreviated Mental Health Tool (AMT4) or the Confusion Assessment Method (CAM) Tool.

In the ED, patients with an assessed mental health risk would have a mental health assessment form completed. A section of this document also included a self-harm and suicide assessment. The severity of the risk for the patient was categorized and staff could refer to the accompanied algorithm for advice regarding appropriate actions, set timescales and referral contacts. Staff at the ED could make a referral to the mental health team in and outside core working hours with the aim that the patient would be seen within two hours in the ED.

Pain assessment was included as part of the triage assessment. Staff used the 1-10 pain ruler which was incorporated as part of the symphony triage software. For those patients with a cognitive impairment staff used the 'Cognitive Impairment Pain Assessment Scale' which is a tool adapted from the Bolton pain assessment scale.

The ED secured funds of 500,000 pounds to refurbish and increase capacity within the waiting area, add additional toilets, refurbish the relative's quiet room and the sub waiting area and improve lighting. The inspection team were informed that plans were in place to build a new ED within the Altnagelvin hospital site.

Five RNs and a HCA attended a two day workshop on dementia care. These staff members had set up a dementia focus group to review department practices and facilities. A recent initiative within the department was a trigger system for staff to identify and support patients with dementia. The system involved the use of a purple sleeve to encase patient's notes and a purple dot placed on the armband of those patients with dementia. It was also discussed with the department sister, that it would be beneficial for this dementia forum to have input into the new ED to maximise the dementia friendly décor of the department.

From 1 April 2014, older patients who present to the ED following a fall can opt to be included within a falls prevention initiative. Each patient will be given a pack which includes items to reduce the risk of a future fall; a long arm grabber, night light, long shoe horn and bath and hall mat. These patients will also be followed up at home within four to six weeks by the community falls team.

Patients within the ED have access to a range of practitioners, physiotherapy service, alcohol liaison nurse, social worker, mental health team and occupational therapy who also provide out of hours cover for the ED. Inspectors were informed that out of hour's access to a social worker could prove very difficult. The ED sister reported that the difficulty arose following the social work service being reconfigured to a regional service.

The privacy and dignity of patients were observed during the two days of the inspection. Meals were available for patients during hospital kitchen opening hours. There were also vending machines in waiting area, staff could make tea and toast and foods were available for patients that consume a modified diet.

A novel initiative in the ED, in conjunction within the PHA, was the role of the injury prevention officer. This officer collated data on home accidents and identified trends; this data could be used for future planning of resources within the ED.

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

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 the trust ensure policies are available for staff.

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

4. It is recommended that ward incident and complaint data is available for staff to reference and review.

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

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

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

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

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

10. It is recommended that the trust continues to implement the SKINN care bundle which is based on the principles of care or intentional rounding. Staff should ensure they understand the importance of this function and ensure the care needs of patients are being met.

11. It is recommended that staff ensure that call bells and are within easy reach of patients, and requests for assistance are addressed promptly.

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

13. It is recommended that the trust reviews the coordination and supervision of meal service within wards.

14. It is recommended that the trust ensure that patient oral intake is robustly monitored.

15. It is recommended that staff adhere to the trusts infection prevention and control polices in relation to use of personnel protective equipment, hand hygiene and uniform policy.

16. It is recommended that de-facto detention should cease and the appropriate controls initiated.

17. It is recommended that all staff communicate effectively to ensure awareness of patient movement within the hospital.

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

19. 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.

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

21. 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.

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

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

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

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

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

Appendix 1 QUIS Coding Categories

The coding categories for observation on general acute wards are:

Examples include:

Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.	Basic Care: (BC) – basic physical care e.g. bathing or use if toilet etc with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.
• Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are tailored to the individual, the language used easy to understand ,and non-verbal used were appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual's	**Examples include:** Brief verbal explanations and encouragement, but only that the necessary to carry out the task No general conversation

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	93.3%	6.7%	0.0%	0.0%	0.0%	1	15
I always have access to a buzzer	87.5%	6.3%	0.0%	0.0%	6.3%	0	16
When I use the buzzer staff come and help me immediately	73.3%	6.7%	0.0%	0.0%	20.0%	1	15
When other patients use the buzzer staff come and help them	40.0%	6.7%	0.0%	0.0%	53.3%	1	15
I am able to get pain relief when I need it	73.3%	0.0%	0.0%	0.0%	26.7%	1	15
I am able to get medicine if I feel sick	62.5%	0.0%	0.0%	0.0%	37.5%	0	16
I get help with washing, dressing and toileting whenever I need it	73.3%	0.0%	6.7%	0.0%	20.0%	1	15
Staff help me to carry out other personal care needs if I want them to	78.6%	0.0%	0.0%	0.0%	21.4%	2	14
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	84.6%	0.0%	0.0%	0.0%	15.4%	3	13
If I need any help with my glasses, hearing aid,	60.0%	0.0%	0.0%	6.7%	33.3%	1	15

dentures, or walking aid staff will help me with this						43	

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	28.6%	0.0%	0.0%	0.0%	71.4%	2	14
I enjoy the food I am given on the ward	50.0%	25.0%	18.8%	6.3%	0.0%	0	16
Staff help other patients to eat or drink if they need assistance	30.8%	23.1%	0.0%	0.0%	46.2%	3	13
I have access to water on the ward	100.0%	0.0%	0.0%	0.0%	0.0%	0	16
Staff always respond quickly if I need help	100.0%	0.0%	0.0%	0.0%	0.0%	2	14
The quality of care I receive is good	93.8%	6.3%	0.0%	0.0%	0.0%	0	16
The ward is clean and tidy and everything on the ward seems to be in good working order	93.8%	6.3%	0.0%	0.0%	0.0%	0	16
Staff will give me time to do the things I need to do without rushing me	87.5%	6.3%	6.3%	0.0%	0.0%	0	16
I feel safe as a patient on this ward	100.0%	0.0%	0.0%	0.0%	0.0%	0	16
Are you involved in your care and treatment	85.7%	0.0%	7.1%	0.0%	7.1%	2	14

Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the ward	81.3%	18.8%	0.0%	0.0%	0.0%	0	16

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	93.3%	6.7%	0.0%	0.0%	0.0%	1	15
Staff listen to my views about my care	85.7%	0.0%	0.0%	0.0%	14.3%	2	14
I can always talk to a doctor if I want to	93.3%	6.7%	0.0%	0.0%	0.0%	1	15
I feel I am involved in my care	92.9%	7.1%	0.0%	0.0%	0.0%	2	14
Staff have discussed with me about when I can expect to leave the hospital	54.5%	0.0%	27.3%	9.1%	9.1%	5	11
Staff have talked to me about what will happen to me when I leave hospital	41.7%	16.7%	16.7%	8.3%	16.7%	4	12
Staff always introduce themselves	68.8%	12.5%	18.8%	0.0%	0.0%	0	16
Staff are always polite to me	93.8%	6.3%	0.0%	0.0%	0.0%	0	16
Staff will not try to rush me during meal times	100.0%	0.0%	0.0%	0.0%	0.0%	0	16
Staff never	81.3%	6.3%	0.0%	12.5%	0.0%	0	16

speak sharply to me							
Staff call me by my preferred name	100.0%	0.0%	0.0%	0.0%	0.0%	0	16
Staff treat me and my belongings with respect	100.0%	0.0%	0.0%	0.0%	0.0%	0	16
Staff check on me regularly to see if I need anything	87.5%	12.5%	0.0%	0.0%	0.0%	0	16
My visitors are made welcome	100.0%	0.0%	0.0%	0.0%	0.0%	0	16

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	38.5%	38.5%	15.4%	7.7%	0.0%	0	13
Staff always have enough time to give care and treatment	46.2%	46.2%	7.7%	0.0%	0.0%	0	13
Staff are knowledgeable about the care and treatment they are providing	69.2%	30.8%	0.0%	0.0%	0.0%	0	13
The ward is a happy and welcoming place	53.8%	38.5%	7.7%	0.0%	0.0%	0	13
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	84.6%	15.4%	0.0%	0.0%	0.0%	0	13
Staff never speak sharply to me or my relative/friend	23.1%	7.7%	23.1%	46.2%	0.0%	0	13
Staff include me in discussions about my relative/friend's care	53.8%	15.4%	30.8%	0.0%	0.0%	0	13
Staff treat my relative/friend with dignity and respect	76.9%	15.4%	7.7%	0.0%	0.0%	0	13

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	69.2%	15.4%	15.4%	0.0%	0.0%	0	13
Staff make me feel welcome on the ward	69.2%	23.1%	7.7%	0.0%	0.0%	0	13
I feel confident to express my views on how my relative is being cared for	84.6%	7.7%	7.7%	0.0%	0.0%	0	13
Staff ask me about my relative/friend's needs or wishes	53.8%	30.8%	15.4%	0.0%	0.0%	0	13
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	46.2%	23.1%	7.7%	7.7%	15.4%	0	13
I know who to speak to about my relative/friend's care	61.5%	23.1%	7.7%	0.0%	7.7%	0	13
I can speak to a doctor when I want to	38.5%	30.8%	23.1%	7.7%	0.0%	0	13
If I chose to be, I am informed if/when my relatives/the patient's condition changes	76.9%	15.4%	0.0%	0.0%	7.7%	0	13

If my relative wants me to, I have been fully involved in the discharge planning for when my relative leaves hospital	83.3%	8.3%	0.0%	0.0%	8.3%	1	12
Staff listen to my views about my relative/friend's care	76.9%	15.4%	7.7%	0.0%	0.0%	0	13

4.0 Quality Improvement Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1	**It is recommended that any identified nurse staffing variances are reviewed to ensure that patient care and safety is not compromised due to staffing levels**	Nursing	The Trust is in the process of implementing the guidance from the Delivering Care Framework. This involves reviewing nurse to bed ratios for all of our acute medical and surgical wards, monitoring vacancy and absence levels. These elements are included within the Trust's Accountability Monitoring with DHSSPS. The full implementation of the Delivering Care Framework will however require investment from the Commissioner which has not yet been confirmed. Progress reports on the implementation of Delivering Care will be submitted to CNO. The first report is due at the end of October 2014.	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
2	**It is recommended that the trust ensure policies are available for staff**		Polices are available for staff through the Trust Intranet. Policies are approved at Trust Board level and when agreed a Trust memo is sent advising of the existence of the Policy asking staff to print this for anyone who does not have access to emails A range of local approaches are in place to ensure staff know of the policies and these includes being raised at team meetings/files for staff to read and signature lists and safety briefs	On-going
3	**It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs.**		The Trust has a range and schedule of mandatory training available for staff. Monitoring arrangements are established with HR in line with the implementation of HRPTS system (Human Resources Payroll, Travel and Subsistence). Staff have been reminded through various forums the need to ensure that staff attend mandatory training	

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Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
4	**It is recommended that ward incident and complaint data is available for staff to reference and review**	All	Information on ward complaints and incidents is available for staff from a range of sources which includes ward folders; safety briefing; use of safety cross's and through ward meetings. Learning from complaints is also highlighted in the Trust Share to Learn magazine and the Trust is developing 'lesson of the week' to be posted on the intranet as a result of learning from an incident or complaint	On-going
5	**It is recommended that the trust continue to introduce and monitor the nursing quality indicators (NQIs)**	Nursing	Nursing Key Performance Indicators (KPIs) continue to be monitored. Currently the Trust monitors compliance with the following KPIs; Patient identification; EWS/NEWS, MUST, Falls, Record Keeping, Peripheral Line on going care, SKKIN bundle. Omitted Dose medication will be a new addition to the KPIs. Supervision will be a new addition to the KPIs in line with the recommendations from the CNO Performance is monitored through the Trust accountability framework and this includes validation of self-reported compliance and improvement plans were compliance is not of the required standard.	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
6	**It is recommended that all wards should participate in ward improvement programmes and all staff participate in customer care training**	Nursing	Wards and departments are involved in a range of quality improvement work which includes Productive Ward, Falls Prevention. The use of Safety Cross, NIPEC Record Keeping, Regional Audit Tool, Stroke Strategy /Skin Bundle And Omitted Dose medication work	On-going
7	**It is recommended that the trust ensures that all areas are tidy, clutter free and in good repair.** **Fixtures and fittings should be replaced as necessary.**	Estates Nursing	Staff have been reminded to ensure corridors and patient bed spaces are kept free from clutter The Trust has a system to raise issues regarding the repair of fixtures and furniture. De -clutter programmes are undertaken corporately and wards have guidance on keeping areas free from clutter. Staff are reminded through the Trust Environmental Cleanliness Steering Group and audit scores are discussed in light of this issues	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
8	**It is recommended that the trust undertakes further work to ensure that all staff provide the appropriate personal care, privacy is maintained at all times and all patients are treated with dignity and respect.**	Nursing	The Trust has established a Trust Patient and Client Experience group and a number of service users are part of this group There are a range of other user groups across the different specialties within directorates The Trust is currently undertaking work in relation to the 10,000 Voices and the CNO 5 Patient and Client Experience Standards. Part of this work includes asking the patients about their experience of dignified care There is currently a regional interactive training programme which is being developed in response to the 10,000 voices survey which will address these issues using a scenario based approach. The Trust will be rolling this programme out when development is completed. .	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
9	**It is recommended that all trust staff wear name badges which are easily seen and denote the staff member's designation**	Directors	Staff have photographic identification in the form of a swipe card issued but has recognizes the challenges this presents patients. However, in response to patients views it has been agreed that all staff will be provided with a traditional name badge format. Work is in progress through the normal procurement process for this. This will also be reflected in the Trust Dress Code Policy	
10	**It is recommended that the trust continues to implement the SKINN care bundle which is based on the principles of care or intentional rounding. Staff should ensure they understand the importance of this function and ensure the care needs of patients are being met**	Nursing	The SKIN bundle has been implemented across all acute hospital wards with work ongoing to implement this in a number of community based facilitates. Compliance is monitored monthly and discussed at accountability	Commenced and on-going
11	**It is recommended that staff ensure that call bells and are within easy reach of patients, and requests for assistance are addressed promptly**	Nursing	Staff have been reminded about the need to ensure call bells are in reach and to answer promptly This issue will be discussed at the sisters monthly leadership meeting	September and October 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
12	**It is recommended that the trust policy on protected meal times is adhered to by all staff.**	Corporate Nursing	The principles of protected mealtimes is already operational in a number wards and is an integral part the Productive Ward Module "Meals" However, a Trust Protected Meal Policy is currently in development and will be circulated for consultation this autumn. An implementation plan will be developed following this Consultation and approval policy	On-going March 2015

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
13	**It is recommended that the trust reviews the coordination and supervision of meal service within wards**	Nursing Support Services	Staff have been reminded about the need to ensure involvement of the nursing staff in the delivery of patient meals to ensure these are given out in a timely manner and the patients who require support given this Professional Nursing & Support Services have worked in partnership and developed an improvement tool which includes a review of the MUST Risk Assessment Screening Tool (Malnutrition Universal Screening), patient observations regarding provision and support at meal times, food safety issues and patient satisfaction questionnaire. Thjis approach has proved very insightful and allowed staff to receive some objective feedback on their management of patients meals across a range of indicators. This is an unannounced 'audit' and the approach has proved very successful. It is anticipated this will take place again late Autumn of 2014.	Achieved Dec 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
14	**It is recommended that the trust ensure that patient oral intake is robustly monitored**	Nursing	Staff have been reminded of the importance of completing fluid balance charts accurately The Trust has introduced the new Regional Fluid Balance chart and sessions on the correct completion off fluid balance charts have been held.	Achieved
15	**It is recommended that staff adhere to the trusts infection prevention and control polices in relation to use of personnel protective equipment, hand hygiene and uniform policy**	Nursing	Staff have been reminded of the need to ensure they comply with the Trust guidance on hand hygiene and other IP&C policies. The Trust has frequent training and updates for staff on the correct use of PPE & hand hygiene and staff audits are ongoing in relation to compliance with a number of Infection Prevention & Control care bundles including hand hygiene care of peripheral lines and ANNT	On-going
16	**It is recommended that de-facto detention should cease and the appropriate controls initiated**		The Trust has provided swipe card access for all wards and departments to reduce access by inappropriate visitors, this is not intended to prevent patients leaving the wards but to increase the security for patients and staff. This matter will be raised at the Trust Governance Committee in September 2014	

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
17	**It is recommended that all staff communicate effectively to ensure awareness of patient movement within the hospital**	Nursing Radiology Support services	Staff have been reminded of the need to ensure all patient information is included in patient transfer handovers to ensure safe and correct ongoing patient care	Achieved and ongoing
18.	**It is recommended that staff should adhere to the trust's administration of medication policy**		Staff have been reminded of the need to follow Trust Policy in relation to administration of patient medication Training on medication safety including administration and management of medicines is available through the CEC Medication safety is incorporated into the Trust Nursing Induction programme The Trust has a medication safety newsletter which also reinforces the need to follow the Trust Medication Policies Work is ongoing in relation to a nursing KPI on omitted dose medications	Completed and on-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
19.	**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 Trust recognizes the challenge of recording patient care including the completion of nursing assessments, planning and evidencing care. On-going work continues regarding the monitoring of all aspects of nursing documentation using the NIPEC audit tool. Compliance with record keeping standards is monitored monthly and is part of the Trust monthly accountability process. The Trust has established a nursing record keeping committee This challenge with nursing record keeping and evidencing care has been raised regionally and work on a new regional person centred nursing assessment and plan of care is being piloted within the Trust in the elective Orthopaedic wards. To support this work the Trust will be seeking to recruit an appointment of a Band 7 to support the professional nursing team in the implementation of this work.	Jan 2015

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
20.	**It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.**	Nursing	Risk Assessments including Falls, MUST and a range of IP&C care bundles included in the nursing KPI programme Audits are undertake monthly/quarterly and compliance is monitored through the accountability process	On-going
21.	**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	(Reference answer to number 19) The Trust recognizes the challenge of nursing assessments, planning and evidencing care. On-going work continues regarding the monitoring of all aspects of nursing documentation using the NIPEC audit tool. Compliance with record keeping standards is monitored monthly and is part of the Trust monthly accountability process. The Trust has established a nursing record keeping committee This challenge with nursing record keeping and evidencing care has been raised regionally and work on a new regional person centered nursing assessment and plan of care is being piloted within the Trust..	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
22.	**It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.**	Nursing	This is currently the Trust Standard and is monitored through the use of the NIPEC Audit tool	On-going
23.	**It is recommended that staff comply with the trusts DNAR policy**	Nursing	Audit work is on-going in respect of the correct completion of the nursing assessment including the DNAR section This will be raised at the Trust record keeping committee in September 2014	On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
24.	**It is recommended that the trust develops measures to improve staff to patient interactions ensuring that patients are always treated with dignity and respect.**	Executive Director Nursing	The Trust has established a Trust Patient and Client Experience group and a number of these users of the service are part of this group There are a range of other user groups across the clinical specialties The Trust is currently undertaking work in relation to the 10,000 Voices and the 5 CNO Patient and Client Experience Standards (privacy dignity communication attitude and behavior). Part of this work includes asking the patients about their experience of dignified care The Trust Management and Development Unit provides a range of training programmers relating to Customer Care There is currently a regional interactive training programme which is being developed in response to the 10,000 voices survey which will address these issues using a scenario based approach. The Trust will be participating in this programme when the development is completed and the programme is launched through the Beeches Leadership Centre .	On-going Potentially Jan 2015 depending on the completion of the regional programme

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
25.	**It is recommended that the trust should action patient, relative, carer comments to improve the patient experience.**	Executive Director of Nursing	The Trust is currently involved with the 10,000 Patient and Client survey & the work relating to the patient and client experience standards. Wards involved in productive ward have a programme of patient experience surveys to undertake throughout the process Most wards have participated in some or all of these pieces of work and as part of this have used these to develop and implement changes to improve the patient experience. Examples of some outcomes and changes as a result of this work includes partnership working with the PSNI and the Street Pastors Community group to review how the Trust is managing people with alcohol related attendance where their behavior is disruptive. This is a direct result of the feedback received from patients contributing to the 10,000 voices project. This is scheduled to commence in September 2014.	On-going September 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
26.	**It is recommended that the trust reviews the current documentation to improve assessments for nursing and common frailty syndromes.**	Nursing	There is currently no Depression Assessment tool included within the nursing assessment. This will be raised at the regional record keeping group which has developed the new regional person centred nursing assessment and plan of care.	Dec 2014