The Regulation and Quality Improvement Authority

Inspection Report

3 – 5 May 2022

Northern Health & Social Care Trust

Type of Service: Acute Hospital
Antrim Area Hospital
Bush Road
Antrim
BT41 2RL
Tel No: 028 9442 4000

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Responsible person: Ms Jennifer Welsh	**Position:** Chief Executive Officer
Person in charge at the time of inspection: Ms Suzanne Pullins	**Position:** Executive Director of Nursing
Description of the accommodation/how the service operates: Antrim Area Hospital (AAH) is the largest acute hospital in the Northern Health and Social Care Trust (NHSCT) providing a range of inpatient and outpatient services, including a 24 hour emergency department (ED). In addition to acute care, the hospital offers obstetrics, neonatal services, paediatrics, palliative care, renal dialysis and a specialist dental service.	

2.0 Inspection summary

An unannounced inspection took place at AAH from May 3 to May 5 2022 and concluded on 24 May 2022 with feedback to members of the senior management (SMT) and governance team.

This inspection constituted a new programme of intelligence led inspections. During the COVID-19 pandemic members of the public reported concerns regarding the provision and quality of basic nursing care in acute hospitals across the province. Information was also received relating to a culture emerging about staff working well together in some hospitals. Therefore, this programme of inspections has a focus on four key themes: governance and leadership; culture; safeguarding; and nursing care. The inspection also sought to assess progress with areas for improvement (AFI) identified within the quality improvement plan (QIP) from the last inspection to AAH on 23 and 24 September 2020.

The hospital was inspected by a team of care inspectors, a clinical lead, a lay assessor, and were supported by two members of staff from RQIA's administration team. A number of clinical areas were inspected within the Medical and Emergency Medicine (MEM) Directorate. The following wards were visited; A4, B2 and B5. There was engagement with senior staff and patients in ward A1, A4, B2 and B5.

The inspection team met with a range of staff, including managers, nursing, medical and catering staff, and allied health professionals (AHPs).

The SMT reported that a number of wards inspected had experienced significant disruption in response to surges related to the COVID-19 pandemic and some hospital administration staff had been supported to retrain into a health care assistant role to help during periods of staff shortages.

Staff told us how they work well together and senior management are supportive and willing to listen to new ideas. There were good communication and information systems in place at all levels. Staff spoken with were knowledgeable in identifying and escalating any safeguarding concerns. Staff were observed delivering compassionate care in very busy wards and overall patient and relative feedback was positive.

It was established that the hospital has robust mechanisms to identify and implement learning from complaints and incidents and there was a strong focus on quality improvement (QI) with a range of projects and initiatives progressing across a number of areas.

One AFI was made in relation to staff training with specific reference to safeguarding and dysphagia awareness training.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the DHSSPSNI Quality Standards for Health and Social Care (March 2006).

Before this inspection a range of information relevant to the service was reviewed, including the following:

- Previous inspection reports;
- Review of the previous returned QIP;
- Information on Concerns;
- Information on Complaints;
- Other relevant intelligence received by RQIA; and
- Care Opinion website.

Each ward visited was assessed using an inspection framework. The methodology underpinning this inspection included discussion with patients, staff, relatives, observation of practice, and review of relevant documentation. Records examined during the inspection included nursing care records; medical records; senior management and governance reports; minutes of meetings; duty rotas; and training records.

4.0 What people told us about the service

Posters informing patients, staff and visitors of the inspection were displayed while the inspection was in process. Both staff and patients were invited to complete a questionnaire during the inspection and returned questionnaires are reflected further within this section.

The inspection team also engaged with patients and relatives to gather their views and experiences of the care within the hospital.

Patient and Relative Feedback

The feedback from patients during the inspection indicated that they were happy with the care they had received. Patients reported they felt safe, they described staff as helpful and caring and they reported their privacy and dignity was maintained. Communication was reported as good and patients stated that they were fully informed of their clinical condition, planned care and rationale for any interventions. Patients stated the ward environment was clean and they spoke positively about the meals received and that a good menu, offering choice, was available.

Overall relative feedback was positive. Care was reported as good, staff were described as friendly and relatives were kept up to date.

Staff Engagement

Staff told us that overall they felt safe working in the wards although they reported feeling overwhelmed at times of staff shortages, and while patients' needs were always prioritised it was difficult to meet high standards of care when there were staff shortages. Staff reported that working with permanent staff and agency staff who were familiar with the ward made a significant difference. Some staff raised concerns regarding the reliance on agency staff resulting in extra pressure on permanent staff which they report can lead to a decrease in staff morale and staff feeling valued. The Trust acknowledged current staffing issues, and the heavy reliance on agency staff and this is further discussed in section 5.2.1.

Staff described working in a continually busy environment where they experience uncertainty and trauma due to the COVID-19 pandemic but as time has progressed there was now 'some sense of normality'. A culture of good team working and a welcoming environment was reported amongst the multidisciplinary team (MDT). Communication was described as excellent with a focus on staff supporting and helping each other. Staff felt encouraged to bring forward new ideas or suggestions to managers and reported some examples of where these had been implemented successfully.

Staff reported the SMT was visible and they would feel comfortable raising concerns. Staff received regular clinical supervisions and appraisals and had opportunities to complete training.

Staff reported the implementation of a family liaison service had been an excellent support during the COVID-19 pandemic. Family Liaison Officers (FLO) and assistants were based at ward level and supported ward staff by engaging with families by telephone during the pandemic thereby reducing the time nursing staff spent away from their patients.

Clinicians and managers reported good relationships with each other. Clinicians spoke very positively about the Trust SMT who are willing to listen and are responsive to clinician concerns.

Junior medical staff reported they were very happy with the support they received with clinical decision making, education and training and pastoral care. They were exceptionally positive about the hospital stating they were very proud to work for the Trust and highlighted that family and friends often report positive experiences of care.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to AAH was undertaken on 23 and 24 September 2020 when two areas for improvement were identified.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 23 & 24 September 2020</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the DHSSPSNI Quality Standards for Health and Social Care (March 2006)</th><th>Validation of compliance</th></tr>
<tr><td>Area for Improvement 1

Ref: Standard 5.3.1(f)

Stated: First time

To be completed by:
01 December 2020</td><td>The Northern Health and Social Care Trust must improve mechanisms to support compliance with COVID-19 safe practices within communal areas of AAH and Causeway Hospital by implementing:

• Robust monitoring, auditing and reporting of compliance with COVID -19 safe measures in communal areas; and pursuing the business case for employing COVID-19 Safety Champions/Marshalls.

Ref 6.2.4</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
The COVID-19 champions were stood down at the end of the 2021/2022 financial year. The Trust had implemented alternative safe measures and the decision making rationale for standing down the COVID-19 champions was noted. The situation remains under continual review by the Trust Safer Working Places Group.

This area for improvement has been met.</td></tr>
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Area for Improvement 2 **Ref**: Standard 5.3.1 (f) **Stated:** First time **To be completed by:** 01 December 2020	The Northern Health and Social Care Trust must ensure that robust measures are in place to promote adherence to appropriate use of PPE and social distancing measures by medical and catering staff. This is to be achieved by implementing: • Robust monitoring and auditing of medical and catering staff use of PPE and social distancing measures. When non-compliance is identified an action plan, with agreed timescales to address non-compliance, should be developed and implemented.	**Met**
	Action taken as confirmed during the inspection: Good compliance with infection prevention control (IPC) measures was observed during the inspection. IPC and catering staff completed regular observational compliance monitoring. There was evidence of action plans to address any areas of non-compliance. This area for improvement has been met.	

5.2 Inspection findings

5.2.1 Governance and Leadership

The organisational and governance structures and processes for the MEM Directorate were reviewed and good governance arrangements were found to be in place with clear lines of accountability throughout. There were processes in place to develop leadership at all levels, which included developing leaders of the future.

There was engagement with a number of key individuals with responsibility for the governance and leadership. This also included meetings with the Human Resources (HR) Manager and Senior Nurse for Patient Safety. Staff reported good working relationships at all levels throughout the directorate with the SMT being visible in the clinical area and supportive to staff at ward level. Clinical lead nurses indicated there were effective multidisciplinary working relationships between staff of all grades and disciplines within their areas of work.

Evidence reviewed confirmed that effective information and communication sharing systems were in place at all levels, including meetings and safety briefs, supported by the use of information technology. Trust reporting arrangements implemented during COVID-19 continues to provide a valuable platform for information sharing at senior level, and provides an opportunity to discuss staffing issues and the impact of COVID-19.

The daily site safety brief has representation from all wards and departments and enables staff to update senior management on staffing pressures/issues and also to receive important information which is cascaded to staff at ward/department level. A range of meetings are attended by the SMT including assurance committee meetings, governance meetings and professional nurse forum meetings. In addition to these meetings, the allocated site coordinator is highly visible and provides good support to staff at ward level.

At ward level, there was evidence of regular MDT meetings and ward staff meetings, and information is disseminated to staff directly from managers via daily safety briefs, minutes and email or information boards. Staff have the opportunity to contribute to staff meeting agendas and there was evidence that staff suggestions have been listened to, considered and implemented successfully.

A number of policies and procedures are in place to support staff, including a whistleblowing policy which provides guidance to help staff make a protected disclosure should they need to and staff confirmed that they knew who to contact should the occasion ever arise.

There was evidence of good governance and oversight in relation to the Trust's complaints process. Ward managers were knowledgeable regarding the complaints process with a focus to resolve complaints at local level.

Complaints and incidents are reviewed by the SMT and escalated through the directorate governance systems with trend analysis completed. A learning culture and implementation of change as a result of complaints and incident analysis was highly evident.

Staffing

Staffing was reported as extremely challenging due to the COVID-19 pandemic. It is acknowledged this is a regional and national issue. Staff reported that the heavy reliance on agency staff has the potential to impact on permanent staff, particularly in relation to shift patterns, annual leave and responsibilities for workload at ward level. This issue was discussed with the SMT who confirmed that where possible the Trust utilise longstanding block bookings from agency staff to support teams as they are more reliable and integrate into the ward team more efficiently. Senior managers provided assurance of good oversight of the management of agency staff, with robust mechanisms in place to identify and address any areas of concern.

There was evidence of ongoing recruitment and all staffing concerns and shortages are escalated daily to an allocated member of the SMT.

The Trust considered initiatives to bolster frontline staffing during COVID-19 and held a "plea for help" campaign which resulted in non-nursing staff coming forward to offer their support. An education and support programme was put in place to develop "companion and housekeeping roles" for these staff and this also presented opportunities for them to join the Trust bank register. This has been an extremely successful programme which is being considered for sharing regionally.

Quality Improvement

A number of QI initiatives have been implemented some of which have been developed as a result of previous complaints or incidents, these included; piloting of an Oral Hygiene Assessment and Treatment Tool. Baseline work is due to commence in relation to promoting adequate patient hydration and work is also underway to develop 'property boxes' as a result of patients' property being misled or lost.

A digital platform is currently being developed for staff to make guidelines and policies more easily accessible.

An Enhanced Patient Care and Observation project is underway to assist in assessing the individual level of observation required depending on the patient's condition, risk assessments and safety awareness.

Friday afternoon focused teaching sessions have been implemented where teaching is led by the MDT team and can include any shared learning from incidents or Trust shared learning.

An MDT QI project has successfully supported the implementation of a new acute medical model to ensure patients receive the right care at the right time in the right place. Medical handover systems and work efficiency have improved as a result of QI work and there was evidence of QI initiatives regarding teaching and support mechanisms for junior medical staff, including those new to Northern Ireland.

5.2.2 Culture

The Trust has invested heavily into promoting a positive culture in the organisation with active support from the HR managers and the Divisional Nurse. There was clear recognition from the SMT that staff had worked diligently through extremely difficult circumstances related to the COVID-19 pandemic and had adapted to significant ongoing change. Whilst there were many challenges, there were also opportunities for staff to retrain in a number of areas to support staff at ward level, for example, administrative staff trained as healthcare assistants and FLOs.

A range of staff support mechanisms have been implemented including; access to a Clinical Psychologist during the COVID-19 pandemic; a focus on staff self-care strategies; increased SMT visibility in clinical areas and; initiatives such as 'open team chats', for all staff grades to attend with no set agenda so staff can freely raise, and discuss any questions or concerns. Ward staff have participated in walking challenges and SCHWARTZ[1] rounds have taken place which provides staff with a space to reflect on the emotional aspects of their work. There is a strong directorate focus on strategies to thank staff, and provide positive and encouraging feedback. This was evident from reviewing staff communication emails, staff meeting and safety brief minutes.

There was strong evidence of a workplace culture in supporting patient safety. This was evident in focus groups with consultant and junior medical staff, and in meetings with ward managers and the SMT. The 'Team North Campaign' was highlighted as being beneficial in sustaining good staff morale throughout the challenges faced during the COVID-19 pandemic.

[1]https://www.theschwartzcenter.org/programs/schwartz-rounds/

5.2.3 Safeguarding

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising.

Nursing and medical staff demonstrated good awareness of safeguarding and confirmed they were confident in identifying and reporting any safeguarding concerns which they raise directly with the nurse in charge, deputy ward manager or ward manager.

The social work team and Trust Safeguarding Officers are available should staff require any discussion or advice surrounding any safeguarding concerns. Any information regarding safeguarding concerns or safety plans is shared appropriately during the staff safety brief, MDT meeting or through the ward monthly meeting. Evidence of adult safeguarding referral was observed at ward level during the inspection and it was confirmed this was escalated and communicated appropriately.

Data on safeguard training was reviewed, however, it was also difficult to establish accurate training figures. The SMT acknowledged this difficulty and confirmed plans were in place to address this issue with the development of a directorate staff training database.

Whilst it is acknowledged that some face to face training was stood down due to the COVID-19 pandemic and the extreme pressures of staff shortages has had a significant impact on training, staff training compliance evidenced that there were significant deficits in adult and children's safeguarding training for three wards.

An AFI has been made in relation to staff's completion of up to date adult and children's safeguarding training.

5.2.4 Nursing Care

Nursing care records were reviewed and interactions with patients and staff were observed. During the inspection patients were noted to appear comfortable and well cared for with their personal hygiene needs met.

Members of the nursing team described different scenarios where their nursing assessment and care would complement different multidisciplinary strategies to support the patient journey.

Patient care records evidenced the use of the Person Centred Assessment Plan of Care Evaluation (PACE) framework. Assessment and care planning were well documented and risk assessments were completed in a timely manner with ongoing care identified. However, the evaluation of care provided, was not always documented to correspond with care planning needs. Ward managers reported the PACE framework is a relatively new initiative and there had been champions to support with its implementation, however, it has been difficult to sustain consistency due the need to respond to challenges arising from the COVID-19 pandemic. This was further discussed during formal feedback to the Trust SMT. Assurance was provided that this area was currently under review with a plan to re-establish PACE champions to provide support where necessary.

The MDT notes were well laid out, comprehensive and easy to follow. The daily ward round sheet was a useful synopsis of all current and emerging patient care needs.

The Malnutrition Universal Screening Tool (MUST) and skin monitoring documentation for patients at risk of pressure damage were found to be in place, completed and action taken where necessary.

There was a clear Speech and Language Therapist (SLT) Regional Eating, Drinking and Swallowing Difficulties Recommendations Sheet (REDS) at the patient's bed side where this was required and any updated changes to recommendations were discussed at the nursing handover.

The mealtime service was observed at ward level. Mealtimes are protected and there is an identified mealtime co-ordinator or champion present who is a registered nurse. A food and drink safety pause has been implemented on wards before meals are served to consider all risks including patient's allergy status or patient specific diet and fluid requirements. Patients requiring assistance with eating and drinking were also clearly identifiable to all staff through this coordinated approach. Staff were found to be knowledgeable regarding patients' individual dietary needs along with any dietetic care plans and SLT swallowing recommendations.

Review of staff training confirmed that not all staff had received dysphagia awareness training. An AFI has been made in relation to dysphagia awareness training.

There was evidence of appropriate and regular audits of care delivery some of which evidenced some variable results and low scoring. Minutes of meetings evidenced audit results and key performance indicator results were fed back and discussed at ward meetings and ward safety briefs. Ward managers also confirmed that they addressed low scores directly with the staff involved. It was confirmed that an ongoing auditing cycle is in place and there are systems to address where any improvement and action is required.

Staff engagement with the patients was observed to be positive. Staff always introduced themselves, explained any interventions that were to be carried out and gained consent from the patient and responded to patient's call bells in a timely manner.

The nursing staff were observed to be extremely busy on all of the wards visited. During several observations it was noted this did not prevent the nursing staff providing a high level of patient care that was safe, effective, compassionate and well led. Nursing staff were observed to be very responsive to the patients' needs and person-centred. Staff were respectful in all interactions and it was noted that nursing staff took time away from busy tasks to provide comfort and reassurance.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **DHSSPSNI Quality Standards for Health and Social Care (March 2006)**

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the quality improvement plan were discussed with the SMT during feedback on 24 May 2022, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with DHSSPSNI Standards for Health and Social Care (March 2006)	
Area for improvement 1 **Ref:** Standard 5.1 **Stated:** First time	The Northern Health and Social Care Trust should ensure staff have received up to date training in safeguarding (to include adults and children) and dysphagia awareness training. Ref: 5.2.3 & 5.2.4
To be completed by: 25 December 2022	**Response by registered person detailing the actions taken:** Agenda item Medicine and Emergency Medicine Governance meeting for assurance on training compliance by 25th December 2022

Please ensure this document is completed in full and returned via the Web Portal

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