



# **Unannounced Hospital Follow-up Inspection Report**

## **Causeway Hospital Northern Health and Social Care Trust**

**27 June 2018**

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Assurance, Challenge and Improvement in Health and Social Care

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## Membership of the Inspection Team

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Professor Mary McColgan	Chair Regulation and Quality Improvement Authority
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Jean Gilmour	Inspector, HSC Healthcare Team Regulation and Quality Improvement Authority
Norma Munn	Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
Judith Taylor	Inspector, Pharmacy Team Regulation and Quality Improvement Authority
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Caron Smith	Administrator Regulation and Quality Improvement Authority
Marie T Ross	Nursing Peer Reviewer
Tanya Eccles	Nursing Peer Reviewer
Dr Kealan McLaughlin	Clinical Leadership Fellow Regulation and Quality Improvement Authority

## Abbreviations

AECSR	Acute Elderly Stroke and Rehabilitation Ward
ECG	Electrocardiogram
ED	Emergency Department
HCA	Healthcare Assistant
HSC	Health and Social Care
ICU	Intensive Care Unit
IV	Intravenous
MAU	Medical Assessment Unit
MDT	Multidisciplinary Team
NEWS	National Early Warning Scores
NHSCT	Northern Health and Social Care Trust
NIMDTA	Northern Ireland Medical and Dental Training Agency
PACE	Person Centred, Assessment, Plan of Care, Evaluation
RQIA	Regulation and Quality Improvement Authority
SHO	Senior House Officer
SSKIN	Surface, skin, keep moving, increased moisture and nutrition and hydration, incontinence
WTE	Whole Time Equivalent

## 1.0 Introduction

On 27 June 2018 we conducted a follow-up inspection of Causeway Hospital to assess progress against areas for improvement identified during our previous inspections to Causeway Hospital in February and November 2017. Following these two inspections the Northern Health and Social Care Trust (NHSCT) were informed of concerns regarding issues within the wards/department inspected. We identified five key areas where improvement was required and which the NHSCT agreed to address.

These areas were:

- The ward model of care;
- Multidisciplinary team working;
- Risk management and skill mix;
- Junior medical staff; and
- Antimicrobial stewardship.

As part of this inspection we reviewed these five areas and the actions that Causeway Hospital's Management Team had taken to enhance the quality of care delivered to patients.

We spoke to patients and service users, observed the communication between staff and patients, staff and relatives/family members, and staff and visitors.

We also held focus groups and individual meetings with staff.

## 2.0 Hospital Overview and Areas Inspected

Causeway Hospital is an acute hospital within the NHSCT providing a comprehensive range of health and social care (HSC) services to a population of almost 436,000 people.

Causeway Hospital, opened in 2001, it is a 240 bedded acute hospital. The hospital provides a range of services to the Causeway Coast and Glens District of County Antrim including, 24 hour emergency care, surgical, medical and maternity services.

The following areas within Causeway Hospital were inspected:

### **1. Acute Elderly Care, Stroke and Rehabilitation Ward**

The acute elderly care, stroke and rehabilitation (AECSR) ward has 36 beds and provides ongoing treatment and rehabilitation for older people and for those who have experienced a stroke. The ward is divided into two sections.

- Rehab One – has two six-bedded bays and seven side rooms; and
- Rehab Two – has two six-bedded bays and five side rooms.

### **2. Medical Ward One**

Medical Ward One is a 22-bedded ward providing care and treatment for patients with a range of medical conditions. The ward is made up of four en-suite single rooms, one six-bedded bay, and three four-bedded bays.

### **3. Medical Ward Two**

Medical Ward Two is a 27-bedded general medical ward. Ten of these beds are designated as the Medical Assessment Unit (MAU). The ward has seven side rooms, two six-bedded bays and two four-bedded bays.

### **4. Emergency Department**

The emergency department (ED) provides treatment for adults and children who require immediate care, as a result of an accident or illness. The ED is comprised of a reception and waiting area, a room for triage of patients, examination areas for major and minor conditions and a resuscitation area for immediate care. There is also an ambulatory care area for those who require investigation and treatment but do not need to be admitted to the hospital.

<b>Responsible person:</b> Dr Tony Stevens	<b>Position:</b> Chief Executive Officer
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## **3.0 Inspection Summary**

In February 2017 we visited Causeway Hospital as a result of information shared with us by the Northern Ireland Medical and Dental Training Agency (NIMDTA).<sup>1</sup> In November 2017 we undertook a follow-up inspection to assess progress. We met with the Trust on three occasions, during January, March and May 2018 to assess progress relating to implementation of recommendations from two previous inspections.

<sup>1</sup> [https://www.rqia.org.uk/RQIA/media/CareServices/020171\\_Causeway\\_09022017.pdf](https://www.rqia.org.uk/RQIA/media/CareServices/020171_Causeway_09022017.pdf)

(Reports of the February and November 2017 inspections can be found on the RQIA website<sup>2</sup>).

The inspection team included a lead inspector, one inspector and one peer inspector in each area; two ADEPT clinical leadership fellows; two RQIA pharmacy inspectors; RQIA inspection coordinator; RQIA administrator; RQIA Assistant Director for Quality and the RQIA Medical Director. The Chair of RQIA's Board and an inspector from RQIA's Mental Health and Learning Disability Inspector team attended to observe the inspection.

We spoke to patients and service users, observed the communication between staff and patients, staff and relatives/family members, and staff and visitors. We also held focus group meetings with staff.

Progress was evident across all of the areas highlighted in our previous inspections; however, a requirement for continuing improvement was also identified to ensure:

- Care delivered on the MAU is consistent with the MAU model;
- Improvement in the ED environment;
- Enhancement of multidisciplinary team (MDT) working on medical wards and improvement in the coordination of ward rounds;
- Risks associated with all the aspects of the delivery are identified, managed and documented;
- Junior medical staff receive appropriate support.

## 4.0 Model of Care

During previous inspections to Causeway Hospital we found that the model of care on the wards in the hospital required improvement, in particular the model for Medical Ward One and Two (incorporating the MAU). We noted that wards cared for patients with a wide range of conditions, many of whom had complex needs. Inspectors were not satisfied that patients were being admitted to the ward which best met their needs.

During enhanced monitoring meetings with the NHSCT we were informed that an improvement exercise called 'Flow Week' had taken place across the hospital in January 2018.

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<sup>2</sup>[https://www.rqia.org.uk/RQIA/media/CareServices/020171\\_Causeway\\_Acute\\_20112017.pdf](https://www.rqia.org.uk/RQIA/media/CareServices/020171_Causeway_Acute_20112017.pdf)

During this week hospital systems and processes were refined in order to identify the best ways to move patients through the hospital. We were told that groups had been established to implement the learning from this exercise and maximise efficiency, resulting in an improved focus on multidisciplinary working, communication and embedding new service models into practice.

We noted that wards had been re-designated to a defined speciality. We found that a Senior Site Coordinator was in place to provide leadership across the site, ensure beds are available for patients in the correct ward and to oversee the use of the beds. The Senior Site Co-ordinator was acting as a single point of contact for escalation of issues that arise across the hospital site. We observed that ED trackers (staff who monitor the patient journey) had been introduced and that the Patient Flow Team had been augmented to improve the flow of patients between the ED and the hospital wards.

Senior Managers spoke positively about the impact of the new site coordination arrangements for the hospital. A Trust Board Member reported that the Board will continue to support efforts to improve care across the hospital. The Member advised that the Board had been well briefed on the previous inspection findings and subsequent meetings.

On the AECSR ward we observed good systems of communication between all disciplines of staff. The Ward Sister reported a positive change since our last inspection in November 2017.

Medical Ward One had been re-designated as a respiratory ward. Ward staff reported good support from the Patient Flow Team within the hospital. The nursing team on the ward had divided into three teams and staff reported this operational arrangement was working well.

We observed that MAU beds, within Medical Ward Two, were not being used as MAU beds (*short stay assessment beds*). Five out of the ten patients were noted to be in hospital for over 72 hours, including one patient who had been in hospital for 27 days. Though the inspectors noted some improvements, the ward continued to care for a mix of patients some of whom had very complex needs.

In the ED, we observed that the current layout does not adequately support the clinical, functional and practical requirements of a modern ED. The Trust confirmed their Causeway Strategic Management Working Group is reviewing the physical environment and use of space across the hospital.

## **Outcome**

We note improvements following previous visits and that the Trust is continuing in its efforts to recruit additional nursing staff. However, further work is required to ensure that the care delivered on the MAU is consistent with an MAU model. The Trust should continue to progress work to improve the ED environment within the hospital.



## 5.0 Multidisciplinary Team Working

In February and November 2017, we identified challenges in relation to MDT working and communication between staff groups. During this inspection staff morale appeared improved and we observed good multidisciplinary working and communication between teams.

In AECSR ward we observed MDT white board meetings in operation and staff actively engaging in discussions. We noted that medical morning handovers, which included Foundation Year 1 doctors, were well structured. However, we noted that on Medical Ward One and Medical Ward Two, junior medical staff were not involved in MDT meetings as they were on other wards, and we were advised that ward rounds did not run to schedule.

The staff in ED spoke positively about the introduction of the new model for site coordination, which aims to maximise patient flow through acute services. This model has improved the support to teams and facilitates MDT engagement in decisions relating to transfer/movement of patients from the ED to an appropriate ward within the hospital. Medical and nursing staff attend the ED daily safety briefing and felt supported and engaged in work within the ED.

We observed participation by social workers and community services in the site coordination meetings and good collaboration between professionals involved in the delivery of care. Patients reported very positive experiences of their care and good communication with staff across the hospital.

We were told of the development of a new health care assistant (HCA) service/role for the hospital that will augment the phlebotomy service and support the clinical work of junior medical staff. This role has yet to be fully implemented.

### Outcome

During this inspection, we noted improvement in communication between staff groups, we identified that further work is required to enhance MDT working on medical wards and to improve the coordination of ward rounds.

## 6.0 Risk Management and Skill Mix

In February and November 2017, we found that improvement was required in the recognition and management of risks. These were risks associated with staffing levels, the use of escalation beds, documentation of nutrition, hydration and risk assessments, and evidence of proactive planning to manage risks of caring for patients with challenging behaviour.

During this inspection we noted continued reliance on bank and agency staff to ensure appropriate staffing levels and challenges in maintaining the required 1:1 nurse to patient ratio in the resuscitation area of the ED. The Trust has completed an analysis of requirements for nursing staff within ED, in line with the Trust care standards. Some additional nurses have been employed by the Trust to fill vacancies across the site.

On Medical Ward Two, we identified a significant issue regarding the availability of senior nurses to oversee and manage the ward, we alerted the Senior Site Co-ordinator. We noted a staff nurse was in charge of the ward, the Ward Manager and three Deputy Ward Managers were not present due to planned absence. We noted that this issue was not identified as a service risk within the morning safety briefing for the hospital.

Staff reported that escalation beds on wards were rarely used and inspectors noted that ward staff were clear on the procedure to approve the use of an escalation bed. A clear bed escalation process through an on-site Senior Site Co-ordinator was in place.

We identified improvement in the completion of risk assessments and charts (fluid; falls; skin; infection prevention and control; NEWS) across all areas inspected.

We found that there was a high volume of intravenous (IV) medications prescribed and that one nurse, rather than two, was administering IV medications during busy periods on wards.

We noted that the care plan for a patient who had displayed aggressive behaviour was well completed, but that there had been a delay in accessing the interpreting service required to support the communication with this patient.

New nursing documentation (person centred, assessment and plan of nursing care, evaluation - PACE) had been implemented on all wards. We noted variable quality in the completion of documentation/records on Medical Ward One and the AECSR ward.

## **Outcome**

We noted some improvements, however, we identified that continued work is required to ensure that risks associated with all the aspects of the delivery are appropriately identified, managed and documented.

## 7.0 Junior Medical Staff

During our inspections in February and November 2017, we found a disconnect in communication between junior and senior medical staff groups.

During this inspection we observed that engagement and communication with junior medical staff had improved. We were told by several groups of staff, that the Junior Doctor Engagement Forum is working well. Junior medical staff endorsed the forum as an opportunity for positive interaction; feeling listened to; receiving honest and direct feedback regarding outcomes; and updates on issues raised at previous meetings.

Junior medical staff reported good training opportunities and an invitation to attend the hospital's regular Morbidity and Mortality meetings. However, they indicated that due to the service demands they were not able to participate in all available clinical training opportunities. They reported good levels of support from senior medical staff, consultants and staff grades, however effective communication relating to the management of patients seen overnight remained a challenge.

We noted ongoing challenges regarding the scheduling of ward rounds on some wards. Some junior medical staff indicated that while a schedule exists, it is not always adhered to. Multiple ward rounds continue to take place concurrently, with some ward rounds occurring late afternoon, which makes it difficult for junior doctors to discharge patients in a timely way.

We noted that the rotation of junior medical staff continues to cause some frustration. The Trust advised that a new junior medical staff allocation system will be implemented for August 2018 and that this will be a team based model.

A number of junior medical staff highlighted challenges regarding the acceptance of patients into the Intensive Care Unit (ICU). In addition to assessment by senior medical staff, anaesthetic teams requested an extra medical Senior House Officer (SHO) review, prior to admission to the ICU.

The Trust confirmed it was experiencing challenges maintaining high quality teaching and training within the medical service and had a reduced number of junior medical staff available/allocated by NIMDTA. However, the Trust indicated that they had met with NIMDTA and were committed to improving the experience and training of junior staff. Vacant posts are filled with locum cover to ensure patient safety and allow trainees to avail of training opportunities.

## Outcome

During this inspection, we noted improvements in communication between medical staff groups. We were told that the Junior Doctor Engagement Forum is working well and providing a positive environment for engagement and discussion.

Further work is required to build on these improvements and ensure junior medical staff continue to receive sufficient support.

## 8.0 Antimicrobial Stewardship

In February and November 2017, we found that improvement was required in antimicrobial stewardship across the hospital. A high volume of antibiotics were prescribed and there was no clear documentation to support clinical decisions for multiple antibiotic changes which should be informed by the results of microbiology testing.

During this inspection we were informed that clinicians in the hospital support the need for effective antimicrobial stewardship, and that antimicrobial stewardship ward rounds had been established.

Pharmacists based in ED have provided learning opportunities for other pharmacists and junior medical staff relating to antimicrobial stewardship. We were informed that this training had been beneficial and had improved practice.

The Trust informed us that it was considering engaging the Business Services Organisation Internal Audit to support pharmacy audits in relation to assuring antimicrobial prescribing and stewardship. Weekly antimicrobial audits are carried out at ward level, and results are displayed on dashboards. Inappropriate prescribing is identified and addressed, and audit outcomes are discussed at clinical meetings.

While we noted a large volume of IV antibiotics continue to be prepared and administered, we reviewed documentation to support decision making on antimicrobial prescribing and noted examples of changes being made from IV to oral routes. A new process has been introduced for accessing advice from the Trust's microbiology service. Staff told us this was working well and that it would be formally evaluated in due course.

We noted improvements in the pharmacy area within the AECSR ward, which is now supported by dedicated pharmacy input. The Trust informed us of plans to recruit additional Pharmacists and Pharmacist Technicians. Pharmacy staff were concerned that recruiting would be difficult in view of current workforce availability.

Inspectors did not identify any safety issues relating to delayed or missed medication or medication storage.

### **Outcome**

We identified improvement in effective governance of antimicrobial stewardship. Improvement was also noted in the pharmacy area within the AECSR ward.

## **9.0 Conclusion**

This follow-up inspection of Causeway Hospital evidenced progress made against five areas for improvement identified during our previous inspections to the hospital in February and November 2017. We were satisfied that progress demonstrates the Causeway Hospital Management Team's commitment of continuous improvement to enhance the quality of care delivered to patients across the site. We expect that the Trust will continue to ensure a clear focus on improvement in line with the quality improvement plan to address all of the areas highlighted in this report.

## 10. Quality Improvement Plan

### Causeway Hospital Inspection 20 to 23 November 2017 - Quality Improvement Plan – updated post follow up inspection June 2018

A quality improvement plan should be completed detailing the actions taken and planned to achieve the recommended actions outlined below. This quality improvement plan should be returned to [Healthcare.Team@rqia.org.uk](mailto:Healthcare.Team@rqia.org.uk) for assessment by the inspector. The Chief Executive Officer should note that failure to comply with the findings of this inspection may lead to escalation action. The Chief Executive Officer should ensure that all recommended actions are taken within the specified timescales.

The inspection identified areas for improvement which were discussed with trust representatives as part of the inspection process.

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
1.	Trust Management Team with site responsibility for Causeway should address the factors influencing care delivery at ward level with particular emphasis on Medical Ward Two including: structured	Director MEM Director of Nursing Clinical Services Manager Causeway Clinical Director Causeway	To consider medical model in MAU with a view transferring patients to most appropriate ward within 72 hours of admission	Complete September 2019	Review of beds across Causeway site complete which has shown the need to create a third med ward. Re profiling 7 beds from surgery to medicine.

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	ward rounds; staff communication and team working; staff levels and skill mix in the context of patient complexity.		To enhance MDT meetings to	<p>Complete September 2019</p> <p>Complete October 19</p> <p>Complete September 2019</p>	<p>Reallocation of 7 beds from surgical division to medicine complete.</p> <p>6 beds relocated from rehab to MAU</p> <p>Splitting MAU and Medical 2 in to 2 distinct wards. Virtual split complete October 19. This will be further developed in financial year 2020/21 when building works will commence,</p> <p>Working group established and medical model agreed to coincide with physical changes</p>

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
			involve junior medical staff. To consider schedule of ward rounds	Complete August 2019	MDT meetings reviewed. Junior medical staff informed as part of induction mandatory attendance at MDT (white board round) meetings. Ward round schedule in place and is noted at junior Dr induction. Need for flexibility is noted.
2.	Key areas for improvement identified during the inspection should be progressed by the Trust Management Team with site responsibility for Causeway, with an appropriate system in place to assure and	Director MEM	To consider ED layout to support clinical, functional and practical requirement	Complete September 2019  Due for Completion September	Minor injuries and minor illnesses "Green Zone" located on "old" OPD 4 department hence increasing the foot print in ED  Capital works programme planned to commence April 2020



Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	govern the safe delivery of care.			2020	to further reconfigure cubicle space
3.	Trust Management Team with site responsibility for Causeway should work with ward and ED sisters and the Trust's recruitment team to optimise recruitment of permanent staff into nursing posts across the hospital.	Director MEM Assistant Director - Clinical Unit of Emergency, Acute & Elderly Medicine	On-going rolling recruitment in place across ED and Medical wards. Agency spend in ED converted to permanent nursing positions in process of recruiting 7 wte additional nursing staff to ED.	Complete August 2019	On-going rolling recruitment in place across ED and Medical wards. Agency spend in ED converted to permanent nursing positions in process of recruiting 7 wte additional nursing staff to ED.
4.	Ward Sisters should have protected time to undertake the managerial duties of their posts, clerical support should be provided as necessary to	Director MEM Clinical Services Manager Causeway	To review presence of ward sister / senior nurse on duty	Complete April 19	Band 6 complement increased from 3wte to 5wte. Management consideration of leadership within the ward complete. This provides ward sisters

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	facilitate and support this.				with increased capacity to undertake managerial duties.
5.	Trust Management Team with site responsibility for Causeway should work collaboratively with medical and nursing staff to implement a model of care which improves planning and co-ordination of ward rounds. Ward rounds should, in the main, not run concurrently on individual wards.	Clinical Director Causeway Clinical Services Manager Causeway	To enhance MDT meetings to involve junior medical staff. To consider schedule of ward rounds.	Complete August 2019	MDT meetings reviewed. Junior medical staff participate in all MDT meetings. Junior medical staff informed as part of induction mandatory attendance at MDT (white board round) meetings Ward round schedule in place and is noted at junior Dr induction. Need for flexibility is noted. This is regularly reviewed at monthly feedback sessions.
6.	Trust Management Team with site responsibility for	Clinical Director Causeway Clinical	To enhance MDT meetings to involve junior medical staff. To consider schedule of ward	Complete August 2019	MDT meetings reviewed. Junior medical staff

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	Causeway should review the model for delivering care to ensure multidisciplinary working and cohesive care delivery at ward level.	Services Manager Causeway	rounds.		participate in all MDT meetings. Junior medical staff informed as part of induction mandatory attendance at MDT (white board round) meetings Ward round schedule in place and is noted at junior Dr induction. Need for flexibility is noted. This is regularly reviewed at monthly feedback sessions.
7.	All staff delivering care should undertake and complete appropriate appraisal, supervision and mandatory training in a timely manner. Trust Management Team with site responsibility for	Director MEM Clinical Services Manager Causeway	To continue to engage with and provide support to junior medical staff  Regular monitoring and support for completion of E-portfolio  Monthly report generated and shared regarding appraisal,	Complete October 2019	Monthly Junior Doctor feedback forum on-going. Junior Doctors in training steering group established Junior Doctor trainee committee established with view to meeting bi-

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	Causeway should ensure there is an appropriate system in place to facilitate and assure appraisal, supervision and training.		supervision		<p>monthly and will consider appraisal, supervision and mandatory training</p> <p>Regular monitoring and support for completion of E-portfolio</p> <p>Monthly report generated and shared regarding appraisal, supervision</p>
8.	Trust Management Team with site responsibility for Causeway should review the current weekly rotation of FY doctors, with a view to reducing frequency of moves between clinical areas and to facilitating	Clinical Director Causeway	To consider junior Doctor team based model	Complete September 2019	QIP completed. Outcome team based model not effective given the number of doctors allocated to Causeway site. Rotas continue to be managed to allow for continuity of care as far as possible. In order to

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	more effective and cohesive working relationships between junior doctors and other staff groups.				maximise potential junior doctors have been facilitated to create rotas and reduce frequency of moves between wards as much as possible. Profile of beds maximise proficiency
9.	Trust Management Team with site responsibility for Causeway should provide dedicated input from pharmacy and/or pharmacy technicians to support medicines management on the Acute Elderly Care, Stroke and Rehabilitation Ward.	Director MEM Clinical Services Manager Causeway	To review pharmacy support to Acute Elderly Care, Stroke and Rehab  To continue to develop robust antimicrobial stewardship	Complete September 2019  Complete August 2019	Regular audits on-going ED and medical wards  Antimicrobial stewardship ward rounds - written feedback to ward managers and consultants  Review of antimicrobial PGDs complete

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
				October 19	Regional ARK Kardex test site complete with roll out planned.  ED QIP - for ED attenders completed October 19
10.	Trust Management Team with site responsibility for Causeway should ensure provision and timely access to allied health professional services to support the delivery of care at ward level.	Director MEM	Referral to AHPs through open ward Escalation through site coordination – and site regular meetings Pharmacy available 6 days a week on site with on call provision Sunday	Complete August 19	Referral to AHPs through open ward Escalation through site coordination – and site regular meetings Pharmacy available 6 days a week on site with on call provision Sunday
11.	Trust Management Team with site responsibility for Causeway should review and	Director MEM Clinical Services Manager	Site-wide phlebotomy implemented 4.75 wte Band 3 with additional skills to include cannulation	Complete September 19	Site-wide phlebotomy implemented

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	improve the provision of phlebotomy services across the hospital.	Causeway			
12.	All Medical Ward sisters should ensure issues arising from staff shortages are identified, escalated and documented as operational risks on the ward risk register. Trust Management Team with site responsibility for Causeway should ensure there is a system in place to assure risks associated with staff shortage are escalated and actioned.	Director of Nursing Director MEM Clinical Services Manager Causeway	Nurse Staffing levels are recorded as a Principle risk within the NHSCT. Agency and Bank Block booking of nurses to improve stability of teams. Proactive recruitment Staffing levels template completed daily with risk assessment and proactive action taken. Escalation of all staffing issues are reported through the Site co-ordination hub.	Complete March 18	Nurse Staffing levels are recorded as a Principle risk within the NHSCT. Agency and Bank Block booking of nurses to improve stability of teams. Proactive recruitment Staffing levels template completed daily with risk assessment and proactive action taken. Escalation of all staffing issues are reported through the Site co-ordination hub.
13.	Ward staff should complete a	Director MEM	Risk assessments undertaken	Complete	Risk assessments

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	risk assessment and implement identified measures to manage foreseeable risks for those patients with challenging behaviour. Ward and Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure staff and patient safety.	Clinical Services Manager Causeway	on individual patient basis. 1:1 staff sought when appropriate need is assessed and an authorisation process is in place. Clinical Decision made by experienced and senior nurses to placement of patients via patient flow. MHLS service sought as required	March 18	undertaken on individual patient basis. 1:1 staff sought when appropriate need is assessed and an authorisation process is in place. Clinical Decision made by experienced and senior nurses to placement of patients via patient flow. MHLS service sought as required
14.	Staff providing care should receive appropriate training and have appropriate skills to safely manage and care for patients with challenging behaviour. Ward and Trust	Director of Nursing Director MEM Clinical Services Manager Causeway	Revised MAPPA training being considered for nursing staff Course availability for dementia and delirium which includes managing challenging behaviours Trust Group chaired by EDoN and Dir SW to address	Complete June 19	Training considered as part of Trust People Learning and Development forum  Advanced Care Pilot – Rehab ward



Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure training and safe management of challenging situations.		challenging Behaviour and Violence and Aggression. Lead Nurse appointed to lead on the implementation of the Delirium Pathway within Acute settings.		
15.	All nursing staff should ensure NEWS charts are fully completed and any identified actions carried out. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure full completion of NEWS charts and the	Director MEM Clinical Services Manager Causeway	KPI in place and monitored monthly. Audit compliance evidences improving position Independent validation audits completed	Complete September 19	KPI monthly. Independent validation audits Regional audit

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	implementation of required actions to evidence appropriate delivery of care.				
16.	Ward staff should document the decision for patient placement in an escalation bed. This should include the rationale and risk assessment carried out by senior medical and nursing staff on a patient's suitability for placement in this bed. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure and govern the use of escalation beds.	Director of Nursing Director MEM	Interim low acuity bed policy implemented December 2018 which includes risk assessment	Complete December 18	Low acuity bed policy currently being updated

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
17.	<p>Medical staff prescribing antibiotic therapy should ensure accurate documentation of microbiology tests and results and switches in antibiotic regimes, with rationale, to support prescribing. Intravenous antibiotics should be reviewed for the possible switch to oral preparation 48/72 hours after commencement. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure effective antimicrobial</p>	<p>Medical Director Clinical Director Causeway</p>	<p>Increased ward based pharmacy is having a positive impact on stewardship Microbiologist ward rounds in place weekly The Trust is currently progressing a transformation project to increase antimicrobial stewardship Introduction of ARK lead by microbiology – for formal review of antibiotics after 72hrs</p>	<p>Due for completion March 20</p>	<p>Regional ARK test site complete with planned roll out</p> <p>Teaching sessions organised by antimicrobial pharmacist for junior medical staff.</p>

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	stewardship.				
18.	The Trust's microbiology team should review the Trust's policy on the provision of microbiology advice to specific grades of medical staff only. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure timely access to microbiology advice for staff prescribing antibiotics.	Medical Director Clinical Director Causeway	Microbiology situation resolved. Microbiology accepting calls from all grades of medical staff	Complete March 18	Microbiology provide advice to all grades of medical staff prescribing antibiotics
19.	Ward staff should ensure that medicines are stored in line with best practice guidance. All staff dispensing medication	Director MEM Clinical Services Manager Causeway	All control drug cupboards across medical wards have been replaced.  KPI in place for time critical	Complete September 18	KPI in place for time critical medicines – measured monthly  Incidents recorded on Datix

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	should be aware of the protocol for administration of time-critical medicines. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure adherence to best practice.		medicines – measured monthly Incidents recorded on Datix		
20.	Trust Management Team with site responsibility for Causeway should ensure that there is an appropriate pharmacy service and system in place to assure medicine reconciliation and dispensing on the Acute Elderly Care,	Director MEM Clinical Services Manager Causeway	Pharmacy resource secured for stroke and rehabilitation ward 6 day pharmacy cover available and on call provision Sunday	Complete May 18	Pharmacy resource secured for stroke and rehabilitation ward 6 day pharmacy cover available and on call provision Sunday

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	Stroke and Rehabilitation Ward.				
21.	ED and Acute Elderly Care, Stroke and Rehabilitation Ward staff should ensure that patient equipment is stored to prevent the risk of contamination. In ED equipment cleaning schedules should be fully completed. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure correct storage and completion of cleaning schedules to prevent equipment contamination.	Director MEM Clinical Services Manager Causeway	Regular compliance audits are completed as part of the environmental cleanliness programme. Infection Prevention Control team also complete Validation audits, which include the cleaning and appropriate storage of equipment. Cleaning schedules are in place.  Storage has been reviewed within the wards and departments to ensure efficient use of available space.	Complete June 18	Cleaning schedules are in place. Regular compliance audits are completed as part of the environmental cleanliness programme.

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
22.	The ED nursing staff should ensure equipment on the resuscitation trolley is checked daily to ensure all necessary equipment is present and in date. The ED and Trust Management Team with site responsibility for Causeway should ensure there is a system in place to assure the checking and provision of equipment for patients prior to an emergency situation.	Director MEM Assistant Director - Clinical Unit of Emergency, Acute & Elderly Medicine	Reconfiguration and rationalisation of equipment in resuscitation area to improve layout and accessibility of emergency equipment Checking process in place for equipment	Complete February 18  Complete June 18	Checking process in place for equipment remains
23.	The ED nursing and medical staff should work with the Trust Management Team with site responsibility for Causeway to	Director MEM Assistant Director - Clinical Unit of Emergency, Acute & Elderly	ED footprint has been extended to include outpatients 4. This has enabled a nurse practitioner minor injuries stream and self-select pathway. Trust drawing up longer term	Longer term plans due for completion June 2020	Trust longer term plans for reconfiguration of ED department to commence June 2020

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	develop a plan to expand and improve the layout and design of the ED as a priority.	Medicine	plans for reconfiguration of ED department which will be dependent on capital investment		
24.	All nursing staff should ensure documentation used to assess, plan and monitor care is fully completed to evidence care delivered to the patient. This includes: fluid balance, food and stool charts; risk assessments and care planning. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure completion of nursing documentation.	Director MEM Clinical Services Manager Causeway	PACE implemented on all medical wards Monthly audits	Complete June 18	PACE implemented on all medical wards Monthly audits



Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
25.	All medical staff should ensure medical entries in patient notes are in line with GMC requirements: author identification; (GMC) number; legible and reflect delivery of patient treatment. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure adherence to GMC requirements and patient treatment.	Clinical Director Causeway	Continues to be raised at junior Dr feedback forum to ensure compliance Considering IQ project for junior doctor to assess compliance	Complete August 19	Continues to be raised at junior Dr feedback forum to ensure compliance Considering IQ project for junior doctor to assess compliance
26.	Trust Management Team with site responsibility for Causeway should identify and	Clinical Services Manager Causeway	Launch of meal time matters and food and drink strategy Food and nutrition study day for band 6 staff April 19 Continuing to look at enhanced	Complete August 19	Meal time matters and food and drink strategy launched. Training MUST provided.

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	progress key learning arising from the 'Mealtime Matters' prototype in Antrim Area Hospital. Trust Management Team with site responsibility for Causeway should ensure there is appropriate scale and spread improvement systems in place to implement and assure key learning in Causeway Hospital.		ways of working		Nutritional study day in planning March 20
27.	Ward sisters should ensure meal service is co-ordinated and overseen by nursing staff. This includes: ordering and recording specialised diets; preparing, encouraging and supervising patients; recording	Clinical Services Manager Causeway	Ordering removed from pantry staff and implemented as delegated task within nursing. Additional opportunities being considered as part of Trust nutritional steering group	Complete June 18	Mealtimes overseen by nursing staff. QIP project ongoing – to focus of nutrition

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	oral intake. Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure oversight and management of meal service.				
28.	Trust Management Team with site responsibility for Causeway should review the model for delivery of meal service to ensure multidisciplinary working, cohesive meal service delivery and positive patient experience.	Clinical Services Manager Causeway	In each ward a nurse is allocated as responsible for overseeing provision of meals	Complete June 18	Ward nurse is allocated as responsible for overseeing provision of meals
29.	Ward nursing staff should review and document the	Clinical Services Manager	PACE implemented across all medical wards which includes a range of pain scores available to	Complete June 18	PACE implemented on all medical wards Pain score tools in use

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	effectiveness of pain relief following administration. Alternate pain assessment tools should be used to assess patients unable to verbalise their pain. Ward and Trust Management Team with site responsibility for Causeway should ensure there is an appropriate system in place to assure patients are not in pain.	Causeway	meet the individual needs of patients, cognitive ability and language barriers  Enhanced junior doctor teaching on pain relief - pharmacy department deliver a teaching session on pain relief on medical wards.		Teaching in pain management provided within ED
30.	All staff should clearly introduce themselves to patients in line with the "Hello my name is..." campaign endorsed by the Trust; all staff should wear name badges with	Clinical Services Manager Causeway	Name badges issued- NHSCT logo Lanyards for medical staff identify level PACE documentation promotes staff introduction	Complete June 17	Name badges issued- NHSCT logo Lanyards for medical staff identify level PACE documentation promotes staff introduction

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	clear legible information.				
31.	Trust Management Team with site responsibility for Causeway should work collaboratively with medical and nursing staff to ensure effective multidisciplinary communication to support the delivery of patient care.	Director MEM	Site coordination model implemented from March 2018, which ensures senior management presence 7 days per week with 4 site meetings daily, which includes community in-reach, MHLS, hospital social work, medical and surgical representation.  MDT meetings in place all medical wards	Complete March 2018	Site coordination model implemented.  MDT meetings in place all medical wards
32.	All staff delivering care should ensure comprehensive document of communication with patients/relatives in relation to care. Trust Management Team with site responsibility for Causeway	Clinical Services Manager Causeway	PACE implemented across all medical wards	Complete June 18	PACE implemented across all medical wards

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	should ensure there is an appropriate system in place to assure documentation of communication with patients/relatives.				
33.	In order to maintain privacy and confidentiality of patients at all times, computer screens should be closed or locked when not in use and conversations about patients' care should be undertaken discreetly if occurring in general areas.	Clinical Services Manager Causeway	Screen savers in place to lock computer Staff endeavour to maintain privacy and dignity within constraints of accommodation available	Complete June 17	Screen savers periodic to lock computer Self-locking of screen
34.	Staff in ED should ensure that call bells are placed within easy reach of patients. The	Clinical Services Manager Causeway	Call bells are kept within easy reach of patients. This is included in safety brief and spot checks. Patient communication aids	Complete July 17	Call bells are kept within easy reach of patients. This is included in safety brief and spot checks.

Reference number	Recommendation	Responsible Person	Action/ Required	Date for completion/ timescale	Updated post June 2018 follow up inspection
	ED should offer communication aids to improve patient-provider communication.		includes language cards / hearing impaired interpreting service		Patient communication aids includes language cards / hearing impaired interpreting service
35.	Trust Management Team with site responsibility for Causeway should ensure the room in ED used by the Trust's Mental Health Liaison Team, for patient mental health assessment, complies with environmental standards published by the Royal College of Emergency Medicine (2017).	Director MEM Assistant Director - Clinical Unit of Emergency, Acute & Elderly Medicine Clinical Director Causeway	Increased footprint in ED once fully realised will allow consideration to be given to protected room for MHLS, complying with college guidelines	Complete August 2020	Trust longer term plans for reconfiguration of ED department to commence June 2020



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