



# Unannounced Hospital Inspection Report Mater Hospital

16 - 18 January 2017

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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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|----------------------------|---|
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| Cathy Wilkinson            | Inspector, Pharmacy Team<br>Regulation and Quality Improvement Authority                      |
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| Nan Simpson                | Lay Assessor  |
| Trevor Lyttle              | Lay Assessor  |

## Abbreviations

|      |  |
|------|--|
| AHP  | Allied Health Professional   |
| ANTT | aseptic non touch technique  |
| ED   | Emergency Department   |
| EMT  | Executive Management Team  |
| GMC  | General Medical Council  |
| GP   | General Practitioner   |
| IMM  | integrated medicine management                                       |
| IPC  | infection prevention and control                                     |
| MDT  | Multidisciplinary Team   |
| NEWS | National Early Warning Scoring System                                |
| PPE  | personal protective equipment  |
| QUIS | Quality of Interaction Schedule                                      |
| RVH  | Royal Victoria Hospital  |
| RQIA | Regulation and Quality Improvement Authority                         |
| SAI  | serious adverse incident   |
| SKIN | surface, keep moving, increased moisture and nutrition and hydration |

## 1.0 What We Look for

We assess if services are delivering, safe effective and compassionate care and if they are well led.



## 2.0 How We Inspect

To prioritise the areas we visit, we consider a range of factors including risk, quality and the context of the services delivered.

These may include, for example, wards/departments:

- where previous inspections or our intelligence monitoring has flagged a concern or risk
- about which we have received a complaint, there has been a safeguarding alert or we have heard a disclosure from a whistle blower
- we have not inspected for a long period or have not previously inspected at all
- we have been made aware of areas of good practice
- when a request has been made by the Department of Health, Health and Social Care Board or Public Health Agency
- which have been subject to media attention

We review a range of intelligence relevant to the service including: ward performance reports, healthcare associated infections rates, quality indicators, improvement plans and ward and trust governance documents.

Each hospital is assessed using an inspection framework. The approaches used include; observation of practice; focus groups with staff; discussion with patients and relatives and review of documentation. Records examined during the inspection include: nursing records, medical records, end of bed charts, staffing levels and rotas, performance reports and training records.

Acute Hospital Inspections will be led by Regulation and Quality Improvement Authority (RQIA) Medical Director, and carried out by the Health and Social Care Healthcare Team inspectors and other specialist RQIA inspectors. A senior Northern Ireland Medical and Dental Agency post-graduate trainee may be involved in our Acute Hospital Inspection Programme, thus providing medical representation and input to the team. RQIA is working in partnership with universities in Northern Ireland to provide opportunities for year three nursing students to also participate, as observers.

Each inspection is supported by the use of peer reviewers (staff who are engaged in the day to day delivery of health and social care) and lay assessors (service users and members of the public and who bring their own experience, fresh insight and a public focus to our inspections).

Guidance documentation related to our Acute Hospital Inspection Programme can be accessed on RQIA's website at:

<https://www.rqia.org.uk/guidance/guidance-for-service-providers/hospitals/>

### 3.0 Profile of Service

The Mater Hospital is a 236 bedded acute hospital within the Belfast Health and Social Care Trust (Belfast Trust). The hospital has a 24 hour Emergency Department (ED) and provides a range of inpatient beds including surgery, medicine, stroke and gynaecology. The hospital has a coronary care unit, a critical care unit, a day procedure unit, an endoscopy unit, an elective surgery unit and a radiology department. The hospital offers a wide range of diagnostic and therapeutic services, with mental health and maternity services also delivered from the acute hospital site.

|  |   |
|--|---|
| <b>Responsible person:</b><br>Dr Michael McBride to 8 February<br>2017<br>Mr Martin Dillon from 8 February<br>2017 | <b>Position:</b><br>Chief Executive Officer |
|--|---|

## 4.0 Inspection Summary

An unannounced inspection was undertaken at the Mater Hospital over three days from Monday 16 January to Wednesday 18 January 2017. The following areas were inspected:

- Ward F – Surgery
- Emergency Department

### Ward F

The leadership and governance systems within the ward promote the delivery of safe, effective and compassionate care. We observed that senior ward medical and nursing staff were suitably experienced, approachable, visible and were leading effectively. Nursing staff told us they feel respected and valued and that morale was good.

Normative staffing levels for nursing care were achieved. Some staff however reported, that with reduced staff numbers at night, they can sometimes find it challenging to be responsive to patient needs. Staff have received the appropriate training to carry out their role and are supported to further develop their professional skills and experience.

Junior doctors highlighted many areas of good practice on this surgical ward including good induction, regular teaching, a high level of supervision, an emphasis on audit and quality improvement, and good team-working at all levels.

Ward staff work collaboratively to understand and meet the range and complexity of patients' needs. We were told there was good multidisciplinary team (MDT) input and support on the ward, with a weekly MDT meeting. We were informed that reduced allied health professional (AHP) services at weekends can sometimes cause delays in patient assessment, intervention and discharge.

Nursing handovers and safety briefs are conducted at the change of each shift. We observed that these are informative, focused and structured. Staff were engaged in activities to monitor and assure quality performance at ward level. Systems were in place to protect patients from the risk of abuse. We noted that formalised morning handover for medical staff and standard handover to the Surgical Registrar at night were not in place, and hence require attention.

Signage to direct visitors to the ward was good and staff were easily identifiable by name badges. A range of informative patient literature was available on the ward.



The ward was observed to be clean and maintained to a good standard, however, there were limited adaptations to meet the needs of patients with dementia.

The treatment room on the ward is too small to carry out procedures. We also noted that the ward kitchen does not have adequate air conditioning. We observed that not all staff (ward and/or visiting staff) adhered to standard infection prevention and control (IPC) precautions or the trust dress code policy.

We observed the safe storage of medicines. Staff were familiar with critical medicines and their timely administration, and patients confirmed that they were informed and involved in the decision-making regarding their medicines. Further improvement is required in relation to the management of medicines with a limited shelf life (once opened) and loose blister strips of medicines stored out of their packaging. The ward does not have designated pharmacist or pharmacy technician input. There was no integrated medicines management service (IMM) and we did not see evidence of robust antimicrobial stewardship activity.

Staff reported that they can access the information they need to assess, plan and deliver care to patients in a timely way. Patients had a comprehensive nursing and medical assessment of their needs. Nursing care plans and notes were regularly updated. Medical records of patient care were clearly organised and contained legible multidisciplinary notes. Improvements could be made in areas of standardised surgical admission proforma, documentation of General Medical Council (GMC) number, details of amendments/deletions to patient records, estimated date of discharge and involvement of the patient/relatives in decision-making processes.

Although the meals service was good, it could be improved by designating a staff member to coordinate the service and to reduce any unnecessary disruption to patients during meal-times. There was a good menu choice that included meals for specialised diets. Food and fluid balance charts were completed appropriately.

We observed staff respond compassionately and in a timely way to patients experiencing pain. Pain medication was administered as prescribed in medicine kardexes and the pain management nurse was actively working with patients on the ward. Staff should ensure the pain score is always documented on the National Early Warning Scores (NEWS) chart. Staff were knowledgeable and we observed good practice with regard to pressure ulcer and continence care.

We observed staff responding compassionately to patients' care needs, maintaining patients' privacy and dignity at all times; and speaking to and giving information to patients in a way that they understood. We did not observe comfort or intentional care rounding taking place on the ward.

On discussion with staff, it was notable that they were passionate about the care patients with palliative care needs and patients at the end of life receive within the ward.

Feedback from patients and relatives was mostly positive. Their feedback identified that staff listened and reacted to their care needs in a timely manner and that dignity and privacy were maintained. Some patients and relatives told us that discharge arrangements and care after discharge from hospital had not yet been discussed with them.

### **Some Patient and Relative Comments**

*"I think they are doing a good job. The staff are very pleasant."*

*"I am going home but I do not know when."*

### **Emergency Department**

The department was bright and welcoming. Leadership and governance systems within the ED promoted the delivery of safe, effective and compassionate care. Throughout the inspection, senior department medical and nursing staff were visible and were coordinating ED activities and supporting both patients' and staff needs. Staff praised the good teamwork within the ED which was felt to be particularly important in maintaining good levels of morale among staff members.

Throughout the inspection we observed caring and committed staff. Patients were treated with kindness and respect while they received care and treatment. Staff reported that they feel valued by their senior departmental colleagues and are supported in their role through meaningful and timely supervision and appraisal.

There was a large ED nursing staff deficit of 12.70 whole time equivalent (WTE) and sickness absence rates were high at 7.5% of the total nursing establishment. Senior ED nurses commented that it is difficult to free up staff to attend mandatory training courses due to staff pressures. We were informed that bank and agency staff are commonly used to supplement nursing staffing levels. Through the implementation of normative staffing levels for the ED the trust reported an intention to increase the department's band 7 nursing complement. We were informed that this will provide 12 hour seven day a week band 7 nursing cover for the department and improve the balance of managerial and clinical duties for senior nursing staff.

Medical staff described satisfactory rota cover and reported that cross site working (with the ED in the Royal Victoria Hospital (RVH)) was seen as particularly important in fostering team-work across the trust and in facilitating greater opportunities for continuing professional development.

Similarly, we would encourage the formal rotation of nursing staff between trust ED sites (Mater Hospital and RVH) to expand the emergency care skill-set among nursing staff, to facilitate shared learning and development of local quality improvement initiatives.

We were told that openness, transparency and candour are encouraged within the ED and learning lessons are shared and acted upon. We were informed of a number of systems to manage and share information. ED staff reported that there was good input and support from a range of AHPs to deliver patient care. Systems were in place to protect patients from the risk of abuse.

Some aspects of medicines management were identified for immediate improvement. These included management of insulin and administration of time critical medicines such as intra-venous infusions and antiepileptic medicines. The lack of an ED-based pharmacist or pharmacy technician was seen as a contributory factor in some of the areas identified for improvement.

A sepsis bundle to ensure the recognition and timely management of sepsis was in place. ED flimsies, risk assessments and care pathways were well completed by medical and nursing staff. We observed that although NEWS charts were initially completed correctly, the frequency of monitoring was not aligned with increases in NEWS scores.

We observed that early consideration was not given to moving patients awaiting admission within the ED, from trolleys onto hospital beds. Skin integrity was not appropriately assessed for a patient at risk of pressure damage.

Improvement is required in the supervision and co-ordination of the meals service. We observed that patients were not offered or encouraged to drink fluids regularly and patient fluid balance charts were not always appropriately completed.

For most patients within the ED, pain relief was administered promptly. A pain assessment scale for those patients who are unable to verbalise pain was not in place.

Staff endeavoured to maintain patients' privacy and dignity at all times however this became challenging when the department was crowded.

Feedback from patients and relatives was mostly positive, reporting that staff were attentive and that privacy and dignity was mostly maintained. Patients and relatives informed us that they did not always know who to speak to about up-to-date information and advice on their relatives' care. We were told by relatives that one patient had remained on a trolley for a prolonged period of time. We observed on the first day of inspection that three patients had waited between 14 – 18 hours for admission. We were told and observed that the department can be busy, crowded and there is sometimes not enough staff to deliver care. This was supported by discussion with senior ED staff who identified a deficit in 12.70 nurses and a sickness rate of 7.5%.

## Some Patient and Relative Comments

*"I accept that it is not possible to be totally private in cubicles but I am ok with this."*

*"I have had to wait a long time (over 15 hours) on a trolley."*

*"There seem to be enough (staff) at the moment but it is getting busier!"*

Please note: this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with all relevant legislation, standards and best practice.

### 4.1 Inspection Outcome

Following the inspection, detailed feedback was provided to ward sisters and staff within Ward F and the ED. This highlighted areas of good/best practice observed and also issues for improvement that could be addressed immediately. High level feedback which included areas of good practice and those for improvement was also provided to the trust Chief Executive and Executive Team (EMT) at completion of the inspection.

As this was an initial inspection of these clinical areas (Ward F and ED), there were no previous areas for improvement to be reviewed. Escalation procedures (as described on the RQIA website) were not required during this inspection.

[www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/other-rqia-policies-and-procedures/rqia-escalation-policy-and-procedure/](http://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/other-rqia-policies-and-procedures/rqia-escalation-policy-and-procedure/)



## **Inspection Findings Executive Management Team**

## **5.0 Inspection Findings: Executive Management Team**

On the second day of this inspection RQIA's EMT met with the trust's EMT to discuss overarching governance and management issues. Areas of good practice were acknowledged and commended, clarification was sought on areas of learning identified during the inspection.

RQIA recognised that within Ward F and the ED, there was evidence of good nursing and clinical leadership. Nursing and clinical teams appeared to be cohesive and working well together.

The executive teams discussed retention of nursing staff (particularly in ED); rotation of nursing staff between trust sites to maintain and improve clinical skills; medicines management and availability of pharmacy service on site; discharge planning and delayed patient discharges.

RQIA sought information and clarification on the trust's plans to improve areas identified within Ward F and the ED. The trust advised that rotation of nurses between sites is an area for improvement, with the recruitment of nursing staff ongoing. Previous RQIA reports have led to improvement in the mentorship and support available for nursing staff in ED. Based on issues identified during this inspection, current pharmacy support will be reviewed.

The trust advised that it has piloted a clinical assessment unit to improve patient placement and admission. Further work is required to progress this initiative in the medium term. In 2016, Ward F led on a discharge project to improve patient discharge times. The trust advised that it has an older people co-ordination group in place, to focus on the care of older people in the acute setting. The trust told us that discharging patients with complex needs into the community can be challenging; appropriate community support and placement can take time. There are constraints with the capacity and provision of domiciliary care packages in community settings. The trust described, and RQIA support, continued work with service providers to discharge patients effectively.

The inspection team identified areas where service improvement had been implemented for example caring for patients with dementia in ED and simulation training to identify early sepsis. The trust advised that in designing improvement they start small projects in the RVH and then transfer areas of good practice to other trust sites. RQIA considered that this as a positive approach to improvement. However, in order to fully promote improvement, the trust should ensure the pace and scale of translating improvements in other sites is optimised.

The RQIA team were told by nursing staff in ED that senior trust nursing leadership could be more visible, particularly during periods of increased service pressure. ED staff indicated they felt very supported by senior medical leaders within the trust.

Clinical and ward based staff did feel supported, with senior trust leadership evident. The trust advised that members of their EMT are present onsite, with regular formal and informal walk rounds. The Chief Executive had recently spent a day on the Mater Hospital site visiting all areas. The trust are aware of the need for good communication and engagement with all staff.

RQIA considered that all staff in the clinical areas visited are working hard, with good governance evident in the delivery of compassionate care.



## **Inspection Findings Ward F**



## 6.0 Inspection Findings: Ward F

Ward F is a surgical ward, situated on the third floor of the Mater Hospital. The ward has 21 beds consisting of both multi-bedded bays and side rooms. The ward provides care for patients presenting with hepato-biliary conditions and those requiring surgical intervention. The ward may also provide care for medical patients who are outliers.

### 6.1 Is Care Safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Areas of Good Practice

- The ward was observed to be clean and maintained to a good standard. Patient areas were tidy and uncluttered. Ward space was adequate to meet the needs of the patients and there were no escalation beds in use.
- Staff had access to mandatory and role-specific training, to ensure they were able to meet the particular needs of their patients. There was sufficient moving and handling equipment and adaptations throughout the ward for patients with physical disabilities.
- Clinical hand washing sinks were clean, in good repair, located near to the point of care and only used for hand hygiene purposes. We saw regular use of these facilities by staff who performed hand hygiene at each of the World Health Organisation Five Moments of care using seven step technique (Picture 1).



Picture 1: An example of wall mounted hand sanitiser

- There was a good supply of consumables and personal protective equipment (PPE) to promote and enable effective IPC practices. Staff were able to demonstrate to us when aseptic non touch technique (ANTT) procedures should be applied. Invasive devices were managed in line with best practice. Patients identified with an IPC risk had been appropriately isolated with specific care plans in place.
- There was an appropriate response to NEWS triggers. NEWS documentation was discussed at handover with detailed transference to patients' notes.
- Staff were engaged in activities to monitor and improve quality and safety systems. We were told that when something goes wrong there is an appropriate investigation that involves all relevant staff. Staff told us that openness, transparency and candour in reporting safety incidents is encouraged.
- A system was in place to monitor preventable pressure sores and falls, with assurance/audit information displayed at the entrance to the ward (Picture 2). This real time data helps raise awareness within the ward team and promotes good practice in maintaining and improving patient safety.



Picture 2: Whiteboard at entrance to ward

- Staff were knowledgeable on safeguarding arrangements for both adult and children, to protect patients from the risk of abuse and to maintain their safety in line with current best practice guidelines.
- Medicines were stored safely and securely in the medicine trolleys and the ward treatment room. Robust arrangements were in place for the management of controlled drugs. Staff were familiar with critical medicines and their timely administration. Injectable medicines were prepared by two nurses. This safe practice was readily facilitated by the availability of a designated preparation area. The kardexes examined were well maintained and patients confirmed that they were informed and involved in the decisions regarding their medicines.

## **Areas for Improvement**

- There were limited adaptations to meet the needs of patients with dementia. Due to the number of medical patients, the ward would benefit from a thorough environmental assessment to promote a dementia-friendly environment.
- The treatment room is too small to carry out procedures.
- The kitchen does not have adequate air conditioning.
- We observed that not all staff adhered to standard IPC precautions. Specific issues included some staff with long hair not tied up off the shoulder and the wearing of stoned ear rings and stoned rings on fingers. In some instances, the donning and removing of PPE needed to be improved.
- Areas for improvement with regard to medicines management included the appropriate segregation of medicines, management of medicines with a limited shelf life once opened and out of packaging storage of loose blister strips.
- We were told that the lack of a ward-based pharmacist impacts on the timely completion of prescription checks and also on patient discharge. There was no IMM service or evidence of a system to monitor antimicrobial prescribing and stewardship. One nurse, not two, administered injectable medicines.

## **Actions for Improvement**

1. **The ward should be assessed with an action plan developed to promote a dementia friendly environment. The kitchen should have reliable air conditioning to maintain appropriate room temperature.**
2. **Staff compliance with standard IPC precautions and the trust's dress code policy should be improved and regularly assured.**
3. **The storage of medicines should be reviewed to ensure that all medicines are stored safely, in accordance with the manufacturers' instructions.**
4. **The management of injectable medicines should be reviewed and improved.**
5. **An audit of antimicrobial prescribing should be undertaken and used to inform care delivery.**
6. **The trust should agree dedicated time from a ward-based pharmacist.**

## **6.2 Is Care Effective?**

**The right care, at the right time in the right place with the best outcome.**

### **Areas of Good Practice**

- Staff reported that they can access the information they need to assess, plan and deliver timely care to patients. We observed that patients had a comprehensive nursing and medical assessment of their needs. Care and treatment were regularly updated within nursing notes and also in the multidisciplinary medical patient notes, which demonstrated the sequence of patient care.
- Medical records were generally of a good standard and contained legible multidisciplinary notes.
- There was a good meal menu choice, including provision for specialised diets. Meals were served warm and were nutritious, appetising and of varying portion size. Patients were provided with jugs of fresh water, which were within easy reach.
- Fluid balance charts and food charts were used appropriately and completed effectively.
- We observed staff respond in a compassionate, timely and appropriate way when patients experienced physical pain, discomfort or emotional distress. Pain relieving comfort measures were available. The pain team and palliative care team were available and we observed the pain management nurse actively working with patients in the ward. We observed that pain medication was administered as prescribed in medicine kardexes.
- Staff were knowledgeable regarding pressure ulcer care. The trust SKIN bundle (surface, keep moving, increased moisture and nutrition and hydration) was well documented and there was a timely review of pressure ulcer care. Patients appeared comfortable and appropriately positioned, with pressure relieving equipment in use. Staff reported that pressure relieving equipment is ordered and delivered promptly when required.
- Staff have access to continence/stoma specialist services during inpatient care and on discharge of patients. Stoma and continence aids (commode, bedpans etc.) were available on the ward if required.

Staff were observed providing patients with the appropriate assistance to promote continence and care for incontinence. Stool charts were in place and appropriate for patient conditions.

### **Areas for Improvement**

- Within medical notes, improvements could be made by: including a standardised surgical admission proforma, documentation of GMC number, details of amendments/deletions, estimated date of discharge and involvement of the patient/relatives in decision-making processes.
- During breakfast time we observed interruptions by medical staff who were undertaking patient reviews.
- There was no designated person allocated to supervise and coordinate the meals service.
- We observed catering staff remove meal trays after meal service with minimum participation from nursing staff. There is the potential for inaccurate capture of food and fluid intake. A more effective system to accurately identify/capture intake at mealtimes is required.
- We observed that although staff asked patients if they were in pain, the pain assessment section on patients' NEWS charts was routinely not documented.

### **Actions for Improvement**

- 7. Medical staff should routinely record and complete medical notes and nursing staff should complete pain scores on NEWS charts.**
- 8. A member of nursing staff should be designated to supervise and coordinate the service of meals. All staff should ensure that there is no unnecessary disruption of patients during mealtimes. Nursing staff should ensure accurate recording of patient intake.**

#### **6.3 Is Care Compassionate?**

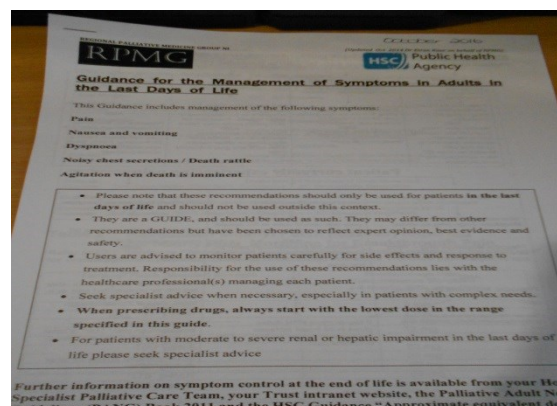
**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### **Areas of Good Practice**

- We observed that staff ensured patients' privacy and dignity was respected.

Staff engaged well with patients and provided easily understood explanations prior to carrying out care. There was good collaborative working between members of the multidisciplinary team to understand and meet the range and complexity of patients' needs. We observed that patients were treated with kindness and respect while they received care and treatment. Call bells were answered promptly and throughout the inspection, we observed caring and committed staff.

- The ward was bright and welcoming. There were adequate supplies of laundry to meet the needs of the ward. Signage to direct visitors to the ward was good; staff were easily identifiable by name badges. Patient personal details were displayed in a manner that promoted dignity.
- A range of patient literature was available on the ward covering disease and procedure specific information, general information and health promotion. Trust information was available in various formats and different languages. Staff have access to interpreting services.
- On discussion with staff, it was notable that they were passionate about the quality of care patients at the end of life receive within the ward (Picture 3). Staff reported that there was good support from the palliative care team. We were told that end of life patients have chosen to spend their last days in Ward F rather than in a hospice.



Picture 3: Guidance for staff caring for patients at end of life stage

- Family and carers have access to complimentary car parking and can remain with their relative while they are on the ward. Bereavement and patient support services were available on request.

## Areas for Improvement

- Staff endeavour to accommodate patients in same gender wards however dependant on patient acuity, vulnerability, and safety, patients are risk assessed and at times may be placed in mixed gender bays.

- Comfort or intentional care rounds were not completed or carried out on a risk based approach.
- There were limited facilities for family members who wish to stay with patients who require end of life care. We were told sister's office can be used to discuss sensitive and upsetting information. This room has a floor to ceiling window and does not offer privacy to family members.

### **Actions for Improvement**

- 9. Staff should ensure patients are not placed in mixed gender bays.**
- 10. Patient comfort or intentional rounds should be completed and assured in line with trust guidance.**
- 11. As part of any ward refurbishment or assessment of space utilisation, a room to undertake private conversations and/or to facilitate family members whose relative requires palliative care should be considered.**

#### **6.4 Is the Area Well Led?**

**The clinical area is managed in and organised in a way that patients and staff feel safe, secure and supported.**

### **Areas of Good Practice**

- The leadership and governance within the ward promote the delivery of safe, effective and compassionate care. We observed that senior ward nursing and medical staff were visible, approachable and had the experience to lead effectively. Nursing staff told us they were supported and valued by the ward sisters; morale was good.
- The most recent Belfast Trust EMT safety and quality leadership walkround on the ward was 13 January 2017.
- A review of staffing records indicated that ward staffing levels were in keeping with the agreed normative staffing range. Management has been proactive in converting a vacant band 5 post to a band 6. This defines a clear pathway for career progression for nursing staff within the ward. Two vacant healthcare assistant posts are actively being recruited. Staff maternity and sickness absence was being actively managed in line with trust policy and supported where necessary with advice from the trust's human resources and occupational health departments.

- Staff told us they are supported to deliver effective care and treatment, including through meaningful and timely supervision and appraisal. We observed a folder containing completed and detailed ward 'Orientation sheets' for the induction of bank and agency staff working on the ward.
- Junior doctors highlighted many areas of good practice on the ward, including good induction, regular teaching, high level of supervision, an emphasis on audit and quality improvement and good team-working at all levels.
- Staff were aware of the process to report incidents including serious adverse incidents (SAIs) and near misses, and were kept up to date with learning from incidents and complaints. Staff had access to a range of policies on the trust intranet site and systems were in place to ensure that all ward staff were familiar with new policies or procedures. Mandatory and role specific training was ongoing.
- Ward staff work collaboratively to understand and meet the range and complexity of patients' needs. There was good MDT ward input and support, with a weekly MDT meeting. We were told that the ward sisters were now to be invited to this meeting.
- The ward displayed up to date safety and performance information for both patients and staff. Staff were engaged in activities to monitor and improve quality systems and were knowledgeable about how the ward performs against quality indicators.
- Known hazards in the ward environment had been risk assessed and preventive actions implemented. There was evidence that identified risks included on the directorate risk register are prioritised and mitigated in relation to issues identified on the ward.
- Nursing handovers and safety briefs are conducted at change of shift. We observed the morning handover. The off duty nurse in charge kept the handover focused and structured. Patient information was comprehensive and delivered verbally with electronic handover sheets. The safety brief was facilitated by the ward manager; it was succinct and appropriate to the needs of the ward. A written summary of all safety briefs is stored in a ward folder.
- Staff were aware of local safeguarding arrangements for both adult and children.
- Staff told us that patients are valued as integral to learning and improvement. We were informed of a particular initiative that captured hepato-biliary patient experience and satisfaction. This focussed on communication, privacy, emotional, practical, physical, psychological, spiritual and financial support and the forwarding of information.



## Areas for Improvement

- We observed the ward manager performing many clerical duties due to lack of a ward support officer.
- Some nursing staff reported that reduced staff levels, especially at night, can affect patient care. It can be challenging for staff to be responsive to patient needs when patient acuity is high and agency staff are not available as expected for shifts.
- We were informed that AHP services are mostly available during the core working week (Monday – Friday). At weekends the lack of available AHP staff can cause delays in patient assessment, intervention and subsequent discharge. An on call physiotherapist is available out of hours and at weekends for chest physiotherapy.
- We were told by medical staff that a formalised morning medical handover and a standard medical handover to the surgical night registrar are not in place.

## Actions for Improvement

- 12. Nurse staffing levels at night should be reviewed to reflect patient acuity.**
- 13. The position of ward support officer should be reviewed to reduce the amount of clerical work currently covered by the ward sister.**
- 14. The trust should review and improve the availability of allied health professionals at weekends to ensure timely assessment, intervention and discharge of patients.**
- 15. Medical staff delivering care on this ward should review and formalise the morning medical handovers and introduce a standard handover to the night registrar.**

### 6.5 QUIS/Questionnaires/Observations

During inspections, the views and experiences of patients and service users are central to helping the inspection team build up a picture of the care experienced in the areas inspected.

We use questionnaires to allow patients and relatives to share their views and experiences.

The inspection team also observed the communication and interactions between staff and patients and staff and visitors. This is carried out using the Quality of Interaction Schedule (QUIS)<sup>1</sup>.

Findings are presented from a composite perspective, combining the patient and relative perceptions.

## **Questionnaires**

We were told by patients that their privacy and dignity was maintained. Staff were courteous and called patients by their preferred name. Patients indicated that staff listened and responded to their care needs in a timely manner.

Patients told us they were generally satisfied with their involvement in decisions about their care and treatment, however, discharge arrangements and care after discharge from hospital were not always discussed with patients. Patients were satisfied with the environment and the meals service available.

## **Patient Comments**

*“They have been good to me, I have no complaints.”*

*“Discharge discussion not made yet.”*

Relatives told us staff were courteous to them, their relative was treated with dignity and respect and they were satisfied with the care their relative received.

## **Relative Comments**

*“More beds in ICU as my wife was postponed one week due to lack of beds. Outside of this, the care, support and help has been fantastic.”*

## **Observations**

Inspectors and peer reviewers undertook a number of periods of observation using QUIS observation tool to record interactions between staff, patients and visitors. Twenty eight observations were carried out over four observation sessions. Each session lasted approximately 20 minutes.

We observed compassionate care. Patients and clients were treated with dignity and respect. They were fully involved in decisions affecting their treatment, and care.

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<sup>1</sup> <https://www.rqia.org.uk/guidance/guidance-for-service-providers/hospitals/>

We observed positive interactions between staff and patients. Staff engaged in conversation with patients, providing support and encouragement during the delivery of care, treating the patient as an individual.



## **Inspection Findings Emergency Department**

## 7.0 Inspection Findings: Emergency Department

The ED is situated on the ground floor of the Mater Hospital. The ED provides urgent treatment 24 hours a day, seven days a week for adult patients attending by self and General Practitioner (GP) referral or by ambulance as a result of accident or illness. The department includes a reception area, a triage area for assessing patients; examination rooms for patients with major and minor injuries, resuscitation beds, an outcomes area, a short stay unit and an X-ray suite.

### 7.1 Is Care Safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Areas of Good Practice

- Staff told us that openness, transparency and candour in reporting safety incidents is encouraged. We noted evidence that safety incidents were investigated with all relevant staff.
- A range of hand hygiene consumables was available. Alcohol gel, PPE dispensers and clinical hand wash sinks located throughout the department were clean and in good repair. Equipment cleaning schedules were in place, completed daily and audited to provide assurance. Department cubicles were spacious, clean and well equipped (Picture 4). Single rooms were available for patients who required isolation.



Picture 4: Patient cubicle in the majors area

- A sepsis screening tool for the timely initiation of treatment of patients with sepsis was in place. A sepsis documentation sticker was present to summarise timings of investigations and patient management (Picture 5). This was observed to be consistently present and completed. Observed venous thromboembolism risk assessments were also well completed.

The sticker is titled "SEPSIS TIMES" and contains a table with columns for "TIME" and "INITIAL". The rows are for "IVF within 1hr", "IVABx within 1hr", "LAC", "O2", "CULT", and "URINE /SRC (CIRCLE)". Below the table is a section for "URINE MONITORING REQUIRED YES / NO". A large yellow sticker with the text "\*SEPSIS\*" is placed over the bottom part of the form.

|                     | TIME | INITIAL |
|---------------------|------|---------|
| IVF within 1hr      |      |         |
| IVABx within 1hr    |      |         |
| LAC                 |      |         |
| O2                  |      |         |
| CULT                |      |         |
| URINE /SRC (CIRCLE) |      |         |

URINE MONITORING REQUIRED YES / NO

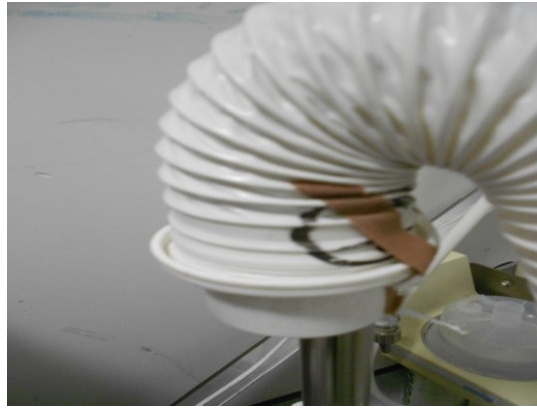
**\*SEPSIS\***

Picture 5: Sepsis management sticker

- Systems were in place to monitor falls, preventable pressure sores and to protect patients from the risk of abuse.
- Robust arrangements were in place for the management of controlled drugs. Medicine kardexes examined were well completed. A patient group directive was in place to allow, where appropriate, nursing staff to administer simple pain relief promptly at the point of triage.
- Known hazards in the environment had been risk assessed and preventive actions implemented. There was evidence that identified risks included on the ED risk register are routinely reviewed with identified actions to mitigate risk, for example, risk of harm to staff through violence and aggression.
- We were informed that patient safety/medical alerts are cascaded to staff by email and discussed at safety briefings.

### Areas for Improvement

- Areas for improvement with IPC included: cleanliness and repair of resuscitation equipment and items of stored equipment (Picture 6) inconsistent compliance with hand hygiene and ANTT practices and inappropriate waste management practices.



Picture 6: Dusty blanket warming device

- We observed that, at busy times, the number of patients occupying the ED was beyond the capacity for which it was designed. Due to the lack of space staff had difficulty in manoeuvring trolleys in the minors area.
- It was clear from discussion with staff, that the lack of a pharmacist in the ED was seen as a contributory factor to some of the areas for improvement identified regarding medicines management. There was no IMM service in the department.
- Prescribed medicines were not always administered in a timely manner, including time critical medicines such as infusions and anti-seizure medicines.
- The management of insulin required immediate attention. Insulin was often drawn from a single patient use insulin pen, using either an insulin syringe or insulin pen needle. Part-used insulin pen devices were observed in the refrigerator and these were not marked with the date of opening. This issue was highlighted to a senior member of ED nursing staff during the inspection who subsequently took immediate action to remove pens and cease this practice.
- Some areas for improvement were identified in relation to the storage of medicines - mainly the segregation of local anaesthetics and the management of medicines with a limited shelf life once opened. We observed that refrigerator temperature monitoring was inconsistent and loose blister strips of medicines were stored out of their original boxes.
- Two nurses were not fully involved in the preparation and administration of injectable medicines. The second check was only carried out after preparation and prior to administration.
- We observed that NEWS charts, to facilitate early detection of the deteriorating patient, were in place. However, vital signs were not always monitored at the prescribed frequency. This was notable for one patient who had received a head injury.

- The best practice letter '*Identifying an acutely unwell child on arrival in the Emergency Department*' was posted onto the staff room notice board. However, nursing staff in triage appeared unfamiliar with the recommended standard that all children aged five years and under must be visually assessed by a registered practitioner immediately on arrival in emergency care settings (Public Health Agency, October 2016).

### **Actions for Improvement**

1. **The appointment of an ED based pharmacist should be considered to facilitate an effective integrated medicines management service.**
2. **The storage of medicines should be reviewed and monitored to ensure that all medicines are stored safely, securely and in accordance with the manufacturer's instructions.**
3. **Prescribed medicines should be administered in a timely manner. The management of insulin and injectable medicines should be reviewed and improved.**
4. **Staff should ensure that patients' vital signs are monitored at the prescribed frequency.**
5. **Staff compliance with best practice in IPC should be improved and regularly assured.**
6. **The trust should assure itself that arrangements are in place to ensure that all children age five years and under are visually assessed by a registered practitioner immediately upon arrival in the ED.**

### **7.2 Is Care Effective?**

**The right care, at the right time in the right place with the best outcome.**

### **Areas of Good Practice**

- The layout of the ED flimsy was clear, with specific sections for patient details, clinical assessment, investigation results, medications and admission/discharge plans. Medical and nursing records in the flimsy were of a good standard. There were specific proformas in use for conditions such as diabetes and chest pain and these have led to improved documentation.



- The pain assessment within triage and on patient NEWS charts was routinely completed. Pain relieving comfort measures were available for use. The pain team were available within the hospital for advice and support.
- Staff were knowledgeable with regard to pressure ulcer care. A modified SKIN care bundle and a validated pressure ulcer classification tool were in place. Staff reported that pressure relieving equipment can be ordered and is delivered promptly as required.
- Staff were observed providing patients with the appropriate assistance to promote continence and care for incontinence. Staff have access to continence/stoma aids and specialist services if required.
- Meals are provided for patients throughout the day. A supply of sandwiches was available during the evening and night. Staff supply tea and toast throughout the day if a patient required a snack. Specialist dietary meals can be ordered.

### **Areas for Improvement**

- Skin integrity had not been appropriately checked for a patient at risk of pressure damage and who had been commenced on a SKIN care bundle. This patient had been awaiting admission for a period of 14 hours and was visibly uncomfortable on a trolley. Early consideration should be given to moving patients for admission from trolleys onto hospital beds.
- We observed that for most patients within the ED pain relief was administered promptly. However, two patients who were visibly distressed due to pain did not receive pain relieving medication in a timely fashion. A pain assessment scale for those patients who are unable to verbalise pain was not in place and should be introduced.
- For a patient who had a self-retaining catheter inserted within the ED, documentation was not available in the patient records to assure best practice in catheter management in line with catheter insertion and management care.
- We observed that patients were not offered or encouraged to drink fluids regularly. There were no tables available for patients being served meals. There was no designated person responsible for the supervision or co-ordination of the meals service. On day two of the inspection, there were insufficient nursing staff to provide lunch time meal service. Catering staff had difficulty in maintaining food temperatures.
- We observed that patient fluid balance charts were not always completed.

## **Actions for Improvement**

- 7. Early consideration should be given to moving patients onto hospital beds if they are likely to remain on hospital trolleys for significant periods of time while waiting admission.**
- 8. A pain assessment scale should be introduced within the ED for those patients who are unable to verbalise pain. Prescribed pain relief should be administered in a timely manner.**
- 9. The system and equipment in place for meals service and the promotion of patients' nutritional and hydration needs should be improved.**
- 10. Staff should ensure that fluid balance charts are appropriately completed and regularly audited.**

### **7.3 Is Care Compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## **Areas of Good Practice**

- The department was bright and welcoming and there was good signage to direct visitors to the different areas.
- Throughout the inspection we observed caring and committed staff. Patients were treated with kindness and respect while they received care and treatment.
- Staff were discreet and engaged well with patients and provided easily understood explanations prior to carrying out care.

## **Areas for Improvement**

- We observed that although staff endeavoured at all times to maintain patients' privacy and dignity, this was challenging when the department became crowded.
- Throughout the inspection, we observed a number of issues that can adversely affect the comfort of patients; toilet facilities within the ED were insufficient; there was a shortage of bed linen; the call bell system was not within easy reach of patients.
- We observed that not all staff wore identification badges.

## **Actions for Improvement**

- 11. Patient call bells should be accessible - within easy reach of the patient at all times.**
- 12. As part of any refurbishment or new build planning for the department, the number of sanitary facilities should be improved.**
- 13. An adequate supply of laundry should be available to meet the needs of the ED.**
- 14. Staff should ensure identification badges are worn at all times.**

### **7.4 Is the Area Well Led?**

**The clinical area is managed in and organised in a way that patients and staff feel safe, secure and supported.**

## **Areas of Good Practice**

- The leadership and governance systems within the ED promoted the delivery of safe, effective and compassionate care. We observed that senior ED nursing and medical staff were visible, approachable and were leading effectively. Staff praised the good teamwork within the ED which was particularly important in maintaining good levels of morale.
- We were informed that following a regional review of ED staffing levels, it is the intention to increase the department's band 7 complement by a further 2.7 WTE. We were informed that this will provide 12 hour seven day a week nursing band 7 cover for the department and improve the balance of band 7 managerial and clinical duties. We were told the department are actively recruiting nurses.
- Nursing staff reported that both the corporate and department inductions were structured and comprehensive. This provided nurses with the immediate information and knowledge to provide safe and effective care, with clear objectives for future development. Staff told us they are supported in their roles through meaningful and timely supervision and appraisal.
- Medical staff reported that cross site working (with the ED in the RVH) was seen as particularly important in fostering team-work across the trust and in facilitating greater opportunities for continuing professional development.

- Junior doctors reported that they are well supervised and supported in their clinical decision making, with consultants described as approachable and supportive at all times. They describe good relationships with other specialties, leading to effective and efficient communication and patient management.
- Junior doctors described satisfactory rota cover. Cover at night has improved; the two first-tier junior doctors present in the department overnight are of different grades. This means that two foundation doctors are never covering the department at the same time, and are rostered with a more experienced GP trainee.
- Staff had good access to a range of policies on the trust intranet site and systems were in place to ensure that all ED staff were familiar with new policies or procedures. Staff were aware of the process to report incidents including SAls and near misses and were kept up-to-date with learning from incidents and complaints.
- We were informed that a range of AHPs provide good support for the ED and work collaboratively with ED staff to understand and meet the range and complexity of patients' needs.
- The dissemination of information to staff was achieved through various formats including safety briefings, formal handovers, staff meetings, newsletters and email communication. We observed a clear concise morning safety brief. Information was concise and structured to ensure all staff had an awareness of the essential safety-related information.
- We observed evidence of improvement initiatives implemented in the department including, caring for patients with dementia in the ED and a training programme using simulation to identify and treat early signs of sepsis.
- The views of patients who use the ED are seen as vital to learning and improvement. We were informed of the 10,000 Voices initiative that has been employed to capture patient experience.

### **Areas for Improvement**

- There was a large ED nursing staff deficit of 12.70 WTE and sickness absence rates were high at 7.5% of the total nursing establishment. Staff commented that managers are proactive in supplementing vacancies with bank and agency staff when required.
- Mandatory and role-specific training to enable staff to carry out their roles effectively was available. However, attendance of nursing staff at some mandatory courses needs to be improved. Senior ED nurses commented that it can be difficult to free up staff to attend courses due to staff pressures.

- It would be beneficial for nursing staff to rotate to the regional ED at the RVH in order to expand their emergency care skillset and to assist with sharing of local quality improvement initiatives between sites.
- Nursing staff in ED reported that they would benefit from improved engagement with the trust senior nurse management colleagues.
- We were advised that induction for junior doctors is mainly provided at the RVH ED with only a brief tour of the Mater Hospital ED. We were told that this has potential to impact on medical staff awareness of local protocols and systems in the Mater Hospital ED.
- We were informed that there are notable gaps in the rota for provision of a dedicated porter to the ED. During these rota gaps, nursing staff are responsible for completing portering tasks.
- Information relating to safety, performance and patient experience was not displayed within the ED. General health-related information leaflets were not available for visitors.

### **Actions for Improvement**

- 15. The trust should continue to actively recruit nursing staff and ensure that patient care and safety is not compromised due to nursing staffing levels.**
- 16. The trust should consider the rotation of nursing staff between emergency departments in the Mater Hospital and RVH.**
- 17. Nursing staff attendance at mandatory training courses should be improved.**
- 18. The trust should ensure that there is a sufficient portering service available to the ED.**
- 19. There should be a thorough local induction for junior doctors at each point of rotation into the ED, to ensure awareness and understanding of local protocols and systems.**
- 20. Safety, performance and patient experience information should be routinely displayed for staff and visitors. General health related information leaflets should be available to staff and visitors.**

## 7.5 QUIS/Questionnaires/Observations

During inspections, the views and experiences of patients and service users are central to helping the inspection team build up a picture of the care experienced in the areas inspected.

We use questionnaires to allow patients and relatives to share their views and experiences. The inspection team also observed the communication and interactions between staff and patients and staff and visitors. This is carried out using the QUIS.

Findings are presented from a composite perspective, combining the patient and relative perceptions.

### Questionnaires

We were told by patients that staff in the ED were courteous, listened to them and generally responded to their care needs in a timely manner. A number of patients informed us that they acknowledged their privacy was difficult to maintain in ED given the space available.

Patients told us they did not always know who to speak to about their concerns, however, were generally satisfied with the information they received while they were in the ED.

We were told that the department can be busy, crowded and there is sometimes not enough staff to deliver care.

### Patient Comments

*“Is aware that conversations can be overheard but accepts this.”*

*“I attended ED on Saturday. Was seen quickly, treated and discharged. Symptoms persisted and came back on Monday morning. Staff were very understanding and kind. Was seen very quickly. Is very satisfied.”*

Family members/carers told us that their relative was treated with dignity and respect and they were generally satisfied with the care they received while in the ED.

### Relative Comments

*“Patient was brought to ED by ambulance. His son arrived soon after. He has previously been to Mater Hospital ED and has always received excellent treatment. He is very complimentary about how staff treat his father.”*

*They are cheerful and kind and even though they are very busy they always have time to treat the patients well.”*

## **Observations**

Inspectors and peer reviewers undertook a number of periods of observation. Seventeen observations were carried out over four observation sessions. Each session lasted approximately 20 minutes.

We observed compassionate care being delivered with patients and clients being treated with dignity and respect. They were fully involved in decisions affecting their treatment, care and support.

We observed positive communications between staff and patients. Staff engaged in conversation when delivering care, providing explanation, support, reassurance and treating the patient as an individual.



## **Inspection Findings Focus Groups**



## 8.0 Inspection Findings: Focus Groups

During the inspection a series of focus groups and/or interviews were held with the following groups of staff who were aligned to the clinical areas inspected:

- Nurses and healthcare assistants
- Allied Health Professionals
- Support Staff: porters, administration, catering, security
- Junior and Senior Medical Staff
- Senior Managers
- Executive Management Team

We found all staff to be open, honest and willing to discuss good practice and areas for improvement within their area of work. This confirmed findings outlined in this report for both Ward F and the ED.

Issues identified in relation to each specific area inspected are detailed in previous sections of the report.

All groups of staff told us they felt supported by their line manager to carry out their role. Staff informed us that systems and processes work well on site. We were told that multi-disciplinary teams worked well together, with good communication between teams. However, we were told that as the hospital is one of the smaller trust sites, staff could occasionally feel 'cast adrift'. Staff opinion on the visibility of the trust EMT was variable.

We were told that all clinical areas were very busy and could be challenging to work in. Staff told us this was particularly evident out of hours, as a result of increased workload and increased acuity of patients. Discharge of patients, bed capacity and availability of community services were identified as issues by staff where improvement could be made (see earlier sections of this report). An increase in medical staff had been piloted at the weekend to assist with patient discharge. We were told by staff that this initiative had made a difference and should continue.

Staffing levels were discussed by all focus groups. We were told that recruitment and review of staffing levels is carried out in all disciplines; however, the recruitment process can be slow. We were told that rotation of nursing staff across sites does not currently occur. Agency and bank staff are used to cover shortages. Support services staff told us that a shortage in staff can increase the overtime worked and lead to pressure in terms of capacity.

We were told that staff could usually access training and teaching. However, they had to balance attendance with department and service needs and at times were unable to attend. Staffing levels and the training venue could affect attendance if/when training is not delivered onsite. A supervision and appraisal process is in place.

Staff advised this is working well and that they feel supported by line managers. However, due to workload it can be difficult to get protected time to carry this out in a meaningful way.

Quality improvement work was evident, with staff discussing the positive approach to audit and new developments in Computerised Tomography scanning, physiotherapy assessment prior to surgery, occupational therapy services, patient information on dietician referrals and speech and language assessment. Areas in which further improvement could be introduced were identified including: pharmacy dispensing services, a nutritional support team, assessment and availability of community care packages.



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