



# Unannounced Hospital Inspection Report Lagan Valley Hospital

6 - 8 March 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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## Abbreviations

AHP	Allied Health Professional
ANTT	aseptic non touch technique
ED	Emergency Department
EMT	Executive Management Team
ENP	Enhanced Nurse Practitioners
GMC	General Medical Council
IPC	Infection Prevention Control
MAU	Medical Assessment Unit
MDT	Multidisciplinary Team
NEWS	National Early Warning Scores
NIAS	Northern Ireland Ambulance Services
PACE	Person centred, assessment, plan of care, evaluation
PPE	personal protective equipment
QUIS	Quality of Interaction Schedule
RN	Registered Nurse
RQIA	Regulation and Quality Improvement Authority
South Eastern Trust	South Eastern Health and Social Care Trust

## 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.

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
- 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 wide 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 are led by the Regulation and Quality Improvement Authority (RQIA) Medical Director, and carried out by Healthcare Team inspectors and other specialist RQIA inspectors. A senior Northern Ireland Medical and Dental Training Agency post-graduate trainee may be involved in our Acute Hospital Inspection Programme, providing medical input to the team. RQIA is also working in partnership with universities in Northern Ireland to provide opportunities for year three nursing students to 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 the use of lay assessors (service users and members of the public) who bring their own experience, fresh insight and a public focus to our inspections.

Guidance documentation related to the Acute Hospital Inspection Programme can be accessed on RQIA's website.

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

### 3.0 Profile of Service

Lagan Valley Hospital is one of three acute hospitals that make up the South Eastern Health and Social Care Trust (South Eastern Trust). Lagan Valley Hospital is a local hospital with a type 2<sup>1</sup>. Emergency Department (ED), operating from 8.00am to 8.00pm (Monday to Friday). The hospital provides inpatient medical services as well as outpatient, diagnostic and day case services for the local population. It provides maternity services, and has a Midwifery led Maternity Unit.

<b>Responsible person:</b> Mr. Hugh McCaughey	<b>Position:</b> Chief Executive Officer
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<sup>1</sup> Emergency care waiting time statistics (April – June 2017)  
<https://www.health-ni.gov.uk/news/emergency-care-waiting-time-statistics-april-june-2017>

## 4.0 Inspection Summary

An unannounced inspection was undertaken at Lagan Valley Hospital over three days from Monday 6 March to Wednesday 8 March 2017 which encompassed

- Medical Assessment Unit 3
- Emergency Department

### Medical Assessment Unit 3

We considered that leadership and governance systems within the ward promote the delivery of safe, effective and compassionate care. We observed that senior ward nursing staff were visible, approachable, suitably experienced and were leading effectively. Nursing staff told us that morale was good and that they feel valued and respected. Staff were engaged in a range of actions designed to monitor and improve quality of services delivered.

Throughout the inspection we observed caring and committed staff who responded compassionately to patients' care needs. Patients were spoken to and given information in a way that they understood. We observed that staff endeavoured to maintain the dignity and privacy of patients at all times.

Normative staffing levels for nursing staff were achieved on the ward. Staffing levels and associated skill mix are assessed and reviewed regularly. A small number of staff and patients informed us that reduced staffing levels at night make it difficult at times for nursing staff to meet the needs of patients effectively. We saw evidence that nursing staff have received the appropriate training to carry out their role effectively and are supported to further develop their professional skills and experience.

We spoke to a volunteer on the ward who actively devotes one day a week to support nursing staff by assisting patients with basic care activities. The volunteer informed us that she thoroughly enjoyed her work and felt very much part of the ward team, reinforcing our view that the ward was a genuinely pleasant place to work.

Junior doctors considered that patient care, especially for elderly patients, is a priority for both medical and nursing staff. Junior doctors highlighted many areas of good practice including regular, high quality teaching and supervision, with an emphasis on quality improvement and good team working at all levels.

The ward was clean and bright but clearly showing signs of age-related wear and would benefit from redecoration and refurbishment. The most notable environmental issues we observed on the ward are the lack of equipment storage areas and inadequate sanitary provisions.



Clutter, noise, lack of space, visual cues and colour contrasting furnishings and fixings, all potentially add up to a less than ideal experience for patients with dementia, despite the best efforts of staff.

Hand hygiene practices were in line with best practice guidance. We saw regular use of clinical hand wash sinks by staff, in addition to hand decontamination with alcohol rub. Staff were able to demonstrate when aseptic non touch technique (ANTT) procedures should be applied, however documentation relating to management of some invasive devices was not always completed in line with regional guidance. The ward has commenced the labelling of invasive access lines to safeguard patients (through reducing the potential for wrong route administration).

Staff reported that they can access information they need to assess, plan and deliver care to patients in a timely way. We were informed that the introduction of a new care planning initiative has freed up more time for nursing staff to spend with patients. After a review of nursing care records, we considered that some care planning lacked detail and not all risk assessments had been completed comprehensively. We acknowledge however that this care planning initiative is at an early stage of development.

There was a good menu choice, including provision for specialised diets. Meals were served warm, appeared to be appetising and were of a good portion size. Patients were provided with jugs of fresh water, which were within easy reach. Sufficient staff were available at mealtimes to assist patients, however staff were not always informed when a patient's ability to manage independently had changed. Patient disruption during mealtimes was kept to a minimum.

Staff were knowledgeable with regard to pressure ulcer and continence care.

Feedback from patients and relatives was mostly positive. Patients reported that they felt safe, secure and supported on the ward although highlighted that staffing levels were an issue during the night. Family members told us that they were satisfied with the care they received; however they don't always receive up to date information about their relatives' care.

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

*“Always find staff are working to do their job right and to make sure I am alright.”*

*“Short staffed, especially at night.”*

### **Emergency Department**

The department was bright and welcoming, and maintenance and repair work is ongoing. We observed good signage throughout the department with informative themed notice boards and information leaflets available for patients.

We examined leadership and governance systems within the ED and we considered that they promoted the delivery of safe, effective and compassionate care. We saw evidence of effective multidisciplinary working involving medical, nursing, reception staff and allied health staff. Staff reported that they were supported and felt valued by their senior departmental colleagues.

Junior doctors told us that they were well supervised and supported in their clinical decision making and had good relationships with general medical colleagues in the hospital, leading to effective and efficient communication and patient management. A strong culture of service improvement, quality improvement and audit was described, with shared learning evident across the trust.

Junior doctors highlighted issues with the referral and transfer pathways to specialties in other hospitals and inefficiencies regarding the process for dealing with abnormal radiology reports in ED.

We were told that normative staffing had not been agreed for the ED. After a review of staffing, the trust made the decision to reduce the number of band 6 Registered Nurses (RNs) and recruit additional band 5s. We were told that four posts are in the recruitment process. Staff shortages had contributed to the band 7 being temporarily based full time in Lagan Valley ED.

Mandatory and role-specific training to enable staff to carry out their roles effectively was available, but following a review of nurse training records we considered that attendance at mandatory training requires improvement.

We observed inconsistent compliance with best practice in staff hand hygiene, ANTT practices, wearing personal protective equipment (PPE) and waste management. An improvement in the recording of National Early Warning Scores (NEWS) and subsequent action taken is also required. Nursing staff did not consistently complete the nursing section of the ED flimsy and record the pain score of patients.

The dedicated clinical preparation area did not meet clinical needs; we were informed that a new preparation area has been approved. Some specialist patient equipment required more detailed cleaning.

The majority of medicines were stored safely and securely and robust arrangements were in place for the management of controlled drugs. Improvement is needed in relation to the preparation and administration of injectable medicines, recording of allergy status on Kardexes and the recording of critical medicines. Antimicrobial prescribing audits should be conducted and the allocation of pharmacy hours to the ED needs to be reviewed.

Medical records in the ED were mostly of a good standard, with thorough documentation of medical assessments and management plans.

We observed good practice in relation to encouraging food and fluids.

We observed an excellent initiative which provides a self-service beverage trolley and a box of protein snacks for out of hours. A specific nurse is always designated to coordinate and supervise meal times.

Patients appeared comfortable and appropriately positioned, with pressure relieving equipment in use. Staff were observed providing patients with the appropriate assistance to promote continence and care for incontinence.

Throughout the inspection we observed caring and committed staff. Patients were treated with kindness, consideration and respect while they received care and treatment. Senior medical and nursing staff were visible, coordinating ED activities and supporting both patients' and staff needs. We observed that call bells were not always positioned close to the patient and not all staff wore identification badges.

We observed evidence of a range of good practice initiatives which had been implemented, or were to be implemented in the ED. We also observed that the Internal Unscheduled Care (ED) policy and the Massive Blood Loss Transfusion Protocol had passed their review dates. Enhanced Nurse Practitioners (ENPs) were trained and competent to administer haematoma blocks for patients who have sustained a colles' fracture.

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

Feedback from patients and relatives was very positive. They felt they had received good care and that they were treated with respect and dignity. Staff were busy, but were still compassionate and engaging; family members felt included and involved. There were some negative comments about the department's closure at weekends.

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

*"Very happy with treatment and care provided, was treated very well, time taken to listen. Nothing could be improved except give them more staff."*

*"They are run off their feet today, feel sorry for them."*

Staff were *"excellent and take time to talk."*

*"Waiting times need to be improved."*

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 the medical assessment unit and emergency department. The feedback highlighted areas of good/best practice observed and also issues for improvement that could be addressed immediately. High level feedback was also provided to senior trust staff.

As this was an initial inspection of these clinical areas (Medical Assessment Unit and Emergency Department) there were no previous areas for improvement to be reviewed. Escalation procedures (as available 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

Following this inspection, representatives from RQIA's Executive Management Team (EMT) met with the trust's EMT to discuss overarching trust governance and management issues. Areas of good practice were acknowledged and clarification was sought regarding a number of areas identified during the inspection.

RQIA recognised that within the Medical Assessment Unit (MAU) and the ED, there was good nursing and clinical leadership. Nursing, clinical and allied health professional teams appeared to be cohesive and working well together.

Areas discussed included nursing staff recruitment and retention, rotation of nursing staff between trust sites to maintain and improve clinical skills; environmental building constraints; medicines management and pharmacy cover; medical handover; patient transfer to different trusts; the interface with the Northern Ireland Ambulance Service (NIAS) and staff security at night.

RQIA sought information and clarification on the trust's plans to improve areas identified within the MAU and the ED. The trust told us that recruitment of nursing staff is ongoing and that the rotation of nurses, although dependant on staffing levels, is an area for future improvement. Medical staff rotate across sites (between Ulster Hospital and Lagan Valley Hospital). The trust has only recently achieved seven day pharmacy cover in the Ulster hospital, however, will further review current pharmacy support and service delivery based on issues identified during this inspection (relating to the storage of medication, provision of an integrated medicines management service and pharmacy input into the emergency department). Potential reconfiguration of patient facilities to improve the patient environment within the ward and ED and current security arrangements across the site will also be reviewed.

We were told by some staff that when transferring patients it can be difficult to obtain agreement from other trusts leading to a delay in transfer. The executive team told us that long standing patient referral pathways are in place for patient transfer. In order to fully optimise these pathways the trust should update all staff and where necessary ensure the pathways are appropriately operating. This should include engagement with all relevant trusts, including NIAS. We support further work proposed by the trust in conjunction with service providers to discharge patients effectively.

Service improvement initiatives have been implemented but an increase in the scale and pace of these initiatives would further improve patient care. One example is the use of the frailty care pathway. The trust senior team told us that they are working hard to take forward areas of quality improvement. Clinical areas are encouraged to take ownership of their performance indicators and service improvement, with learning shared within and across trust teams.

We were told by some staff that they did not feel connected to other sites within the trust. The trust senior team told us that they host evening events with staff to meet informally and discuss trust issues. However, they acknowledge this as an area which needs further improvement.



## **Inspection Findings Medical Assessment Unit**



## 6.0 Inspection Findings: Medical Assessment Unit

The MAU provides a service for the rapid assessment and treatment of a wide range of medical conditions for both male and female patients. The unit has 20 beds consisting of both multi-bedded bays and side rooms.

### 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

- Staff told us that openness, transparency and candour in reporting of safety incidents is encouraged. We were informed that learning from safety incidents is shared amongst staff to promote quality. Staff were engaged in monitoring practice to improve quality and safety. We were provided with evidence that safety incidents are investigated with involvement of all relevant staff.
- A range of consumables was available to enable effective hygiene practices. Clinical hand washing sinks were clean and were observed to be only used for hand hygiene purposes. We saw regular use of these facilities by staff, in addition to the use of alcohol rub for hand decontamination. Staff were able to demonstrate when ANTT procedures should be applied and invasive devices were managed in line with best practice. Patients with an infection risk had been isolated to minimise the risk of transmission.
- In line with recent regional guidance, the ward has commenced the labelling of invasive lines to safeguard the patient by reducing the potential for 'wrong route administration' (Picture 1).



Picture 1: Invasive devices line labels

- We were informed that patient safety/medical alerts are cascaded to staff by email and discussed at safety briefings. Known hazards in the environment had been risk assessed and preventive actions implemented. There was evidence that ward risks such as ligature risk assessments, included on the directorate risk register are prioritised and mitigated.
- We observed that NEWS charts, to facilitate early detection of the deteriorating patient, were in place and completed appropriately. Venous thromboembolism risk assessments were fully completed.
- Fire safety and life support training form part of the staff mandatory training programme.
- There was a system in place to monitor falls and preventable pressure sores. Information relating to all of these areas was displayed on the ward notice board. This real time data helps to raise awareness within the ward team and promotes good practice in improving patient safety.
- Systems were in place to protect patients from the risk of abuse and to maintain their safety in line with current best practice guidelines.
- We observed a number of good practice points in relation to medicines management. A pharmacist was available throughout the day and there was evidence of integrated medicines management. Staff were familiar with critical medicines and their timely administration and there were robust arrangements in place for the management of controlled drugs. Injectable medicines were prepared and administered by two RNs; this safe practice was facilitated by the availability of a designated preparation area.
- Medicines were stored securely in medicine trolleys and a pharmacy room; a LEAN system was in place to maintain the stock control of medicines.

- A system to monitor antimicrobial prescribing was in place. Patients confirmed that they were informed and involved in the decisions made regarding their medicines.

### **Areas for Improvement**

- The ward is old and in poor decorative order. Many of its fixtures and fittings are worn and are in need of replacement. The ward appears cluttered which is largely due to a lack of equipment storage areas. We observed many items of equipment stored along ward thoroughfares, which included patient notes, medicines, observation, computer and phlebotomy trollies. The locations of this equipment present potential trip hazards for both patients and visitors to the unit.
- The core clinical space between patient beds in bays is extremely limited. We observed that this makes it difficult for staff when carrying out patient interventions, especially when using large items of equipment.
- The ward would benefit from measures to improve the ward environment for patients with delirium. Implementing dementia friendly initiatives such as clear signage using pictures and text; displaying large face clocks in bays and use of cognitive stimulating activities may help reduce risk for these patients.
- Areas for improvement with Infection Prevention Control (IPC) included: worn fixtures and fittings throughout the ward that can no longer be effectively cleaned, an insufficient number of clinical hand wash sinks and apron dispensers and the cleanliness of equipment in the dirty utility room. A small number of documents relating to invasive devices and blood cultures were incomplete.
- We were informed that over the winter months, a 'non-designated' bed may be used within the ward. Staff reported that the non-designated bed can present a significant challenge in maintaining the dignity and privacy of patients as it does not have appropriate fixed curtained screens. When used, these beds also lack access to a nurse call bell, piped oxygen or suction. We were informed that the most appropriate patient to be cared for in a corridor bed is identified through risk assessment.
- Junior medical staff informed us of thorough handover arrangements at the start of nightshifts through the Hospital at Night meetings. However, handover arrangements in the morning are much more informal and less comprehensive. We noted that when senior staff are on leave, handover arrangements, including which member of senior staff has responsibility for patient care, were not always apparent to all staff working on the ward.
- Staff told us that the sepsis six care bundle was in the process of being introduced in the trust and will soon be introduced in MAU.

- Whilst it was acknowledged that there was dedicated pharmacist service to the ward, this was not on a full time basis which occasionally has resulted in a delay in the completion of clinical checks and subsequent delays in patient discharge.
- Areas for improvement were identified in relation to the storage of medicines, mainly the segregation of medicines. Some out of date medicines and medicines prescribed for patients who had been discharged remained in the medicines refrigerator.

### **Actions for Improvement**

- 1. Consideration should be given to redecoration and refurbishment of the ward. A space utilisation audit should be undertaken with a view to identifying and potentially creating additional storage space.**
- 2. A dementia-friendly environmental risk assessment should be undertaken within the ward. Identified areas for improvement should be implemented.**
- 3. A formalised morning handover should be introduced, to include clear information regarding senior staff responsibility for each patient's care.**
- 4. The pharmacist cover on the ward should be reviewed to facilitate Integrated Medicines Management at admission, during stay and at discharge. The storage of medicines should be reviewed in relation to the removal of expired/ discontinued medicines.**
- 5. Best practice in the management of invasive devices and blood cultures should be regularly assured. The Sepsis Six bundle should be introduced and its implementation regularly assured.**

### **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 information required to assess, plan and deliver care to patients in a timely way. The ward had introduced a new initiative called PACE (Person centred, assessment, plan of care, evaluation) (Picture 2). This initiative is aimed at improving the care planning process, through better more efficient documentation.

We were informed that the efficiency savings of this initiative were expected to free up extra time for nursing staff to spend with patients. We noted that delivery of care and treatment was regularly recorded and updated within patient notes.



Picture 2: PACE initiative on ward improvement notice board

- There was a good menu choice, including provision for specialised diets. Meals were served warm, looked appetising and were of a good portion size. Patients were provided with jugs of fresh water, which were within easy reach. Sufficient staff were available at mealtimes to assist patients. Patient disruption during mealtimes was kept to a minimum.
- Patients reported that when they experienced physical pain, discomfort or emotional distress, staff responded in a compassionate, timely and appropriate manner. Pain relieving comfort measures were available. The pain team and palliative care team were available within the hospital for advice and support. We observed that pain medication was administered as prescribed in medicine kardexes.
- Staff were knowledgeable with regard to pressure ulcer care. Patients appeared comfortable and were appropriately positioned, with pressure relieving equipment in use. We were told that when pressure relieving equipment is ordered it is delivered promptly. A validated pressure ulcer classification tool is used to guide management.
- Staff were observed providing patients with the assistance to promote continence and care for incontinence. Staff had access to continence/stoma specialist services. Stoma/continence aids, for example, commodes and bedpans, were available on the ward if required. Stool charts were in place and used appropriately.

## Areas for Improvement

- Of the nursing care records reviewed, we observed that some care planning lacked detail, not all nursing risk assessments were comprehensively completed and there was little documented evidence to suggest patient involvement. We acknowledge that the PACE initiative is at an early stage of development within the ward with staff having different levels of experience in applying this new approach to care planning.
- When examined we noted that medical records needed to improve in the areas of: documentation of General Medical Council (GMC) number, details for amendments/deletions in notes, timely countersignatures of resuscitation instructions by senior staff, and documentation of involvement of the patient/relatives in the decision making process. Patients' DNAR (Do not attempt resuscitate) status was not always countersigned by the relevant Consultant.
- The identification of patients who require assistance with meals should be recorded on staff electronic handover sheets as an additional mechanism to raise awareness with staff.
- The nurse nominated to coordinate the meal service should ensure that patient meal trays are only removed from bedside tables when there is an awareness of what patients have consumed.

## Actions for Improvement

6. **The ward should improve and assure the completion of medical and nursing notes.**
7. **The nursing handover communication sheet should be amended to record patients who require assistance at mealtimes. Meal trays should only be removed when there is an awareness and appropriate documentation of what patients have consumed.**

### 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

- Throughout the inspection, we observed caring and committed staff. Patients were treated with kindness and respect while they received care and treatment.

Staff ensured that patients' privacy and dignity were maintained. Staff engaged well with patients and provided easily understood explanations prior to carrying out care.

- There are adequate supplies of laundry to meet the needs of the ward. There was good signage to direct visitors to the ward. Where required, there was discreet signage on an interactive white board relating to patients' fasting, need for communication aids, nutritional assistance and IPC precautions.
- Trust information was available in different languages. Staff reported that they can request services for face-to-face or telephone interpreting, and for the translation of documents.
- Family and carers can access complimentary car parking and can remain with their relative while they are on the ward. Bereavement and patient support services were available on request.
- Staff demonstrated to us that they used national guidance and evidence based treatment when caring for patients at the end of life. Information leaflets in relation to bereavement were available for patients and carers.

### Areas for Improvement

- We observed that maintaining same sex accommodation in patient bays was not always achieved. We observed female patients in male designated bays. The trust should take every opportunity to eliminate this practice, as achieving single sex accommodation plays a pivotal role in upholding patients' privacy.
- The sanitary facilities for patients located within ward bays are inadequate. There are two toilets and one shower to be shared between 16 male/female patients. There is a step into the shower tray; therefore it cannot be used by wheelchair users or for those patients with reduced mobility (Picture 3).



Picture 3: Shower step

The ward sister told us that sanitary provision on the ward would be improved by the removal of an obsolete bath and the refurbishment of this room into a wet room. We were informed that a business case for this work has been submitted.

- A quiet room to facilitate private conversation was not available. We observed that not all staff wore identification badges which make it difficult for patients to identify staff members.

### **Actions for Improvement**

- 8. The trust should accommodate patients in same sex bays.**
- 9. Sanitary areas within the ward should be improved.**
- 10. All staff should wear clearly visible name badges.**

#### **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**

- We found that the leadership and governance systems within the ward promote the delivery of safe, effective and compassionate care. We observed that senior ward nursing staff were visible and approachable, and were leading effectively to support both patient and staff needs. Nursing staff told us that morale was good and they felt valued and supported. The ward manager operated an open door policy and encouraged openness, transparency and candour.
- We spoke to a volunteer on the ward who devotes one day a week to assist patients with basic nursing care activities. The volunteer informed us that they had been doing this for a number of years and thoroughly enjoyed the work and felt very much part of the ward team. This reinforced our view that the ward is a genuinely pleasant place to work.
- We were informed that staff retention is good with vacancies occurring mainly through the natural attrition of staff. An active recruitment drive was ongoing to fill the four staff vacancies. The ward manager spoke highly of her staff, informing us that they were proactive and flexible enough in working together to cover outstanding shifts where possible. We were informed that staff sickness is managed in line with trust policy and supported with advice from the trust's human resources and occupational health department.



- Junior doctors considered that patient care is the top priority for both medical and nursing staff on this ward and described the hospital as providing a high standard of individualised patient care, especially for elderly patients. Junior doctors highlighted the valuable learning opportunities available to them, including bleep free teaching, high levels of supervision, an emphasis on quality improvement and good team working at all levels.
- We were told that staff worked collaboratively with other members of the multidisciplinary team (MDT) to understand and meet the range and complexity of patients' needs. It was reported that there was good MDT ward input and support, with effective MDT meetings. Staff told us about quality improvement projects implemented in the ward, such as an interactive "white board round" and "out before one" approach to patient discharges.
- There was evidence of systems for quality improvement and safety on the ward. At the entrance to the ward, a white board displayed an informative welcome to the ward which included up to date information relating to safety and performance. Staff were knowledgeable about how the ward performs against quality indicators.
- We observed the morning nursing staff handover. Delivery of the handover was focused, structured and well led by the nurse in charge. Patient information was comprehensive and delivered verbally using electronic handover sheets.
- We noted that staff safety was seen as a priority on the ward. Management of actual and potential aggression (MAPA) training was provided to equip staff with the skills to manage challenging and aggressive behaviours.
- Staff told us that they are supported in their role through meaningful and timely supervision and appraisal; staff talked positively about these processes.
- Staff had good 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. Staff had received mandatory and role-specific training to enable them to carry out their roles effectively. Staff were aware of the process to report incidents including serious adverse incidents and near misses and were kept up-to-date with learning from incidents and complaints.

### **Areas for Improvement**

- Nursing staff, patients and relatives reported that the ward was short staffed, especially at night, which can affect patient care.

- We were told that the ward can be extremely busy, particularly in the evenings (5.00pm – 9.00pm). Nursing staff reported that the ward would benefit from administrative support during this time period.
- Allied Health Professional (AHP) services are mainly available during the core working week (Monday to Friday). At weekends this can cause delays in AHP assessment, intervention and subsequent discharge. On call physiotherapy is available 24/7 for chest physiotherapy only. We were told that nurse led discharge was available in MAU but staff needed encouragement in order to fully implement it. We were informed that hospital discharge can be delayed for some patients due to the non-availability of a required package of care or placement.
- AHPs told us that they would assist with patients' personal care on the ward when nursing staff were busy. Although providing evidence of good team working, this however affected their ability to get their assessment/rehabilitation work done within an acceptable period of time.
- We observed that medical and pharmacy staff were not in attendance at the daily 11.00am multidisciplinary meeting. It is important that all ward teams are represented at this meeting to improve communication and patient discharge planning.

### **Actions for Improvement**

- 11. Nurse staffing levels at night should be reviewed to better reflect patient care needs. Consideration should be given to employing a clerical ward support officer during the evenings when the ward is exceptionally busy.**
- 12. Access to allied health professionals as required, should be available at weekends to ensure timely assessment, intervention and discharge of patients.**
- 13. Medical staff and pharmacy staff should attend the 11am MDT meeting to facilitate effective patient care and discharge planning.**

## **6.5 Quality of Interaction Schedule /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.

We also observed interactions between staff and patients and staff and visitors. This is carried out using the Quality of Interaction Schedule (QUIS)<sup>2</sup>.

Findings are presented in a composite form, combining the patient and relative perceptions.

## **Questionnaires**

We were told by patients that ward staff were courteous and that staff listened to them and responded to their care needs in a timely manner. A number of patients informed us that they did not always know who to speak to about their concerns, however, were generally satisfied with the information they received.

All patients reported that they felt safe, secure and supported on the ward, although a number highlighted that staffing levels were an issue at night. Patients responded positively in relation to meals and the cleanliness of the ward.

## **Patient Comments**

*“Staff are very helpful.”*

*“I’m not aware of who to speak to.”*

*“Only concern at times maybe noise level due to where I am located in ward.”*

Family members/carers told us that their relative was treated with dignity and respect and were satisfied with the care they had received. Some relatives highlighted that they don’t always know who to speak to about their relatives care and they don’t always receive up to date information.

## **Relative Comments**

When questioned regarding an improvement they would like to see on the ward, a relative commented that:

*“Additional staff in all areas and at all times.”*

## **Observations**

Inspectors and peer reviewers undertook a number of periods of observation. 49 observations were carried out over 8 observation sessions. Each session lasted approximately 20 minutes.

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<sup>2</sup> <https://www.rqia.org.uk/guidance/guidance-for-service-providers/hospitals/>

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

We observed care on many occasions that was over and above that required for basic physical tasks, demonstrating patient centred empathy and support. Staff were actively engaging with patients and provided encouragement and comfort during care tasks. Staff respected patients' privacy and dignity and provided clear explanations of care, tailored to the individual. Particularly notable was the smiling and laughter between patients' and staff.



## **Inspection Findings Emergency Department**

## 7.0 Inspection Findings: Emergency Department

The Emergency Department (ED) operates from 8.00am-8.00pm (Monday - Friday) and is closed at weekends. The entrance is at the front of the hospital, to the left of the main hospital entrance, and is clearly marked. Car parking is adjacent. The ED is separated into four distinct areas

- resuscitation can accommodate two patients in cubicles
- a majors area with four cubicles
- a minors area with three cubicles and three single rooms
- a triage room for initial assessment with an additional room for patient investigations

### 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

- The department has been refurbished and has an ongoing programme for maintenance and repair. Work has already been carried out to lay new flooring and replace ceiling tiles. Two new rooms have been made available in the minors/majors area for patients that require isolation, one of which has a separate lobby and toilet facilities.
- The department was clean, light and bright, cubicles and rooms were spacious (Picture 4), well-lit and well equipped. Daily patient equipment cleaning schedules were in place and completed, with daily checks carried out on resuscitation trolleys and equipment.



Picture 4: Tidy and spacious plaster room

- The resuscitation area had an additional designated space containing three overflow trolleys for use when patient numbers increased. We were told that a planned relatives' room and refurbished pharmacy room, which will provide a clinical work space, will be in place within the next month.
- Clinical hand wash sinks were clean, in good repair and used only for hand hygiene purposes. We saw regular use of these facilities. Alcohol gel and disposable glove dispensers were located throughout the department; all were clean and in good repair.
- We observed good signage throughout the department, with informative themed notice boards and information leaflets for patients. At busy times, patient flow throughout the department was well managed.
- A paediatric folder is maintained in the resuscitation area of ED. This folder contains relevant best practice information and guidance for staff on paediatric care and treatment.
- Staff were aware of the best practice letter 'Identifying an acutely unwell child on arrival in the ED and that all children aged five years and under should be visually assessed by a registered practitioner immediately on arrival in emergency care settings (Public Health Agency, October 2016). We observed young children, on arrival at ED, having an immediate visual assessment carried out by a RN in the reception area.
- The majority of medicines were stored safely and securely. Potassium solutions were stored separately from other intravenous (IV) infusions. One large refrigerator was linked to the pharmacy department so any deviation in temperature from the accepted range would trigger an alarm. Robust arrangements were in place for the management of controlled drugs.
- Staff were familiar with medicines and their timely administration. A weekly pharmacy top up system to maintain the stock control of medicines was in place; registered nurses and pharmacy technicians use an agreed stock list folder for replenishing medicines.

### **Areas for Improvement**

- There was a lack of clocks; none in reception and only one in majors. The seal and surround on clinical hand wash sinks was damaged and there was lime-scale on the taps. We noted that the side rooms and part of the resuscitation room were cold; staff and patients commented on the cool temperature.
- Areas for improvement in relation to IPC included; inconsistent compliance with best practice in staff hand hygiene and ANTT practices, wearing of PPE and waste management.

There were an insufficient number of apron dispensers and some specialist patient equipment required more detailed cleaning.

- Audit scores for environmental cleanliness and hand hygiene were not displayed.
- We observed that when the department was busy, NEWS were not always totalled and the NEWS trigger and subsequent action was not always documented on the appropriate paperwork.
- Junior medical staff highlighted issues with the referral and transfer process to specialties in other hospitals and felt that delays experienced had potential to impact on the care provided for patients. They provided examples of delayed transfers or unnecessary admissions, due to confusion over referral pathways and delays in the transfer process. There were also inefficiencies highlighted regarding the process for dealing with abnormal radiology reports in ED and this system will need to be reviewed locally.
- The area for the preparation of injectable medicines was located just outside the treatment room, in a very busy area (Picture 5). This meant that there was a lot of noise and disruption. Staff interrupted RNs during the preparation of medicines and it was unclear if two RNs were always involved in the preparation and administration of injectable medicines. Special requirements such as critical medicines were recorded on a white board in this busy area; relevant posters were in place to guidance staff. We considered that these could be easily missed or wiped from the board, due to the confined space and high number of staff passing through the area.



Picture 5: Small preparation area

- There was only 0.5 clinical pharmacy service dedicated to the ED though staff told us that they could contact the pharmacist when needed. A pharmacist was not involved at patient discharge.



- The allergy status of patients had not been recorded on several flimsies reviewed.
- The temperature range of the refrigerator in the resuscitation room was not monitored daily and temperatures outside the accepted range were observed. Different strengths of medicines were not segregated and loose blister strips of medicines were also observed.
- There was no evidence of auditing of antimicrobial prescribing which is an important component of good antimicrobial stewardship.

### **Actions for Improvement**

- 1. Staff compliance with best practice in IPC should be improved and assured.**
- 2. Staff should ensure that NEWS scores and actions taken are recorded consistently.**
- 3. The trust should update all staff and where necessary ensure the pathways are appropriately operating. This should include engagement with all relevant trusts, including NIAS.**
- 4. Dedicated pharmacy input should be provided for the ED.**
- 5. The trust should review the storage of medicines.**
- 6. Robust systems should be put in place for administration of injectable medicines.**
- 7. The allergy status of all patients should be recorded on all flimsies.**
- 8. A process for regular assurance of antimicrobial prescribing should be implemented.**

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

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

### **Areas of Good Practice**

- Medical records in the ED were mostly of a good standard, with thorough documentation of medical assessments and management plans.

- The Abbey Pain scale was in use for patients who are unable to vocalise pain.
- ENPs are trained and competent to administer haematoma blocks for patients who have sustained a colles' fracture which allows painless manipulation of fractures while avoiding the need for full anaesthesia.
- The trust has developed a sticker to apply to the patient's flimsy. This sticker highlights to all staff that a patient has either self-administered or been administered paracetamol by a member of the NIAS.
- We observed that patients were offered and encouraged to drink fluids regularly. Jugs of water and plastic cups were readily available. A self-service beverage trolley, with complimentary biscuits, was available for patients and relatives, which we considered to be an excellent initiative. A supply of tables was available for patients being served meals. A designated nurse was responsible for the supervision and co-ordination of the meal service. A choice of meals was available. Specialist dietary meals can be ordered and a box of protein snacks is available at all times (Picture 6). Cutlery and plastic cups were flimsy and not suitable for patients with dexterity issues.



Picture 6: Beverage trolley

- We were informed that the trust is piloting an adapted Surface, Skin Inspection, Keep moving, Incontinence/Moisture, Nutrition (SKIN) care bundle for use in EDs. It is planned to roll the bundle out to the three ED sites following review of the pilot.
- Patients appeared comfortable and appropriately positioned, with pressure relieving equipment in use. Pressure relieving equipment is delivered promptly.
- We observed that staff provide patients with appropriate assistance to promote continence and care for incontinence. Staff have access to specialist services and equipment.

## Areas for Improvement

- We observed (notably when the department was busy) that the nursing section in the ED flimsy was not always fully completed. Some entries were not dated or signed. On day one at 5.45pm, we observed that a patient who was waiting to be transferred to another trust (and who had been triaged at 9.28am) had not had their nursing plan commenced.
- In medical notes, GMC number and grade should be included at each entry made and the final location of a patient, when transferred or discharged from the emergency department, should be specified.

## Actions for Improvement

9. **Nursing staff should document all nursing care in the ED flimsy and accurately record pain scores.**
10. **Regular audits should be carried out on medical notes to assure they are fully completed.**

### 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

- We observed that staff treated patients and relatives courteously and with sensitivity, they introduced themselves and included patients in general conversation. Staff explained any clinical procedures and next steps in care in a warm and friendly manner.
- We observed that patients were at all times treated with respect and compassion, staff were engaging and personal and patients were treated as individuals. We observed that privacy screens were used and closed when required.
- Throughout the inspection, senior department medical and nursing staff were visible, coordinating ED activities and supporting both patients' and staff needs.
- Family and carers have access to car parking and can remain with their relative while they are in ED. Information leaflets on bereavement and online bereavement support systems were available. Chaplaincy services are available on request.

## Areas for Improvement

- A call bell system was in place; however, buzzers were not always placed within patients' reach.
- The department has only one toilet for both patients and visitors within the clinical area of the ED. On day two of the inspection, the toilet required cleaning. We were told that the domestic cleaning cover was very stretched due to leave.
- We observed that not all staff wore identification badges.
- There was no evidence that comfort rounds based on risk were undertaken.
- Patients told us that sometimes they did not know what was happening with their care; for example when waiting for blood results.
- Except for a loop system, we were told that there were no communication aids available for patients at the time of inspection, however, we were advised that these are on order.

## Actions for Improvement

- 11. Patient call bells should be accessible and within easy reach of the patient at all times.**
- 12. As part of any refurbishment or new build planning, the provision of sanitary facilities should be improved.**
- 13. Staff should ensure that identification badges are worn at all times.**
- 14. Patient comfort or intentional rounds, based on risk, should be completed and assured in line with trust guidance.**

### 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

- Staff told us of good teamwork within the ED which they felt is particularly important towards maintaining good levels of communication and morale. We saw evidence of effective multidisciplinary working among medical, nursing, reception staff and allied health staff.

- Staff reported that they were supported and felt valued by their senior departmental colleagues. We were provided with evidence demonstrating 100% completion of nursing staff appraisal.
- We considered that a rota to facilitate cross site working for ED consultants in other hospitals is particularly important in terms of fostering team-work across the trust and in providing greater opportunities for continuing professional development.
- Junior doctors told us they were well supervised and felt supported in their clinical decision making, with consultants described as approachable and supportive at all times. They described good relationships with general medical colleagues in the hospital, leading to effective and efficient communication and patient management.
- A strong culture of service improvement, quality improvement and audit was described, with shared learning across the trust. Examples were provided including: sepsis audit, visual acuity Quality Improvement project and the remodelling of the resuscitation area. The twice daily safety huddle was viewed as being extremely useful by junior medical staff, providing the opportunity to raise any questions, concerns and uncertainties with senior staff in the department.
- The dissemination of information to staff was achieved through various mechanisms including safety briefs, handovers, staff meetings, newsletters and email communication. Safety Briefs are held twice daily and include all nursing and medical staff. We observed a safety brief; it was informative, succinct and well led by the consultant in charge. Staff reported that they valued the safety briefings.
- 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 serious adverse incidents and near misses and were kept up-to-date with learning from incidents and complaints.
- Nursing staff reported that both corporate and department inductions were structured and comprehensive. We were told that the trust plans to update the ED induction pack for RNs and adopt the Emergency Care Association and Professional Framework for Emergency Nursing. RNs who reach this level of competence will be entitled to call themselves “Emergency Nurse”.
- We observed that ED triage was effective in ensuring adult patients received the level and quality of care appropriate to their clinical need. The use of the investigation room, where the triage nurse identifies those patients who can be seen by the healthcare assistant for venepuncture or electrocardiograms, facilitated patient movement through the department.

- We observed evidence of good practice initiatives implemented or to be implemented in the department which included the South Eastern Trust Sepsis pathway. We observed initiation of the sepsis pathway for a patient with a suspected infection.
- We were told that the trust has received a bursary for Trauma Intermediate Life Support Train the Trainers. This will facilitate in house Intermediate Life Support training. The trust also aims to develop a Silver Trauma course for staff, with emphasis on falls and the sick child within the ED. The ED runs 'Focus of the Fortnight' or 'Focus of the Month'. This highlights specific ED or trust strategies which staff need to be aware of. The Clinical Educator facilitates many in house training sessions, to reduce the necessity for staff having to travel across sites for training.

### **Areas for Improvement**

- We were told that normative staffing had not been agreed for the ED. After a review of staffing, the trust made the decision to reduce the number of band 6 RNs and recruit additional band 5s. We were told that four posts are in the recruitment process.
- Due to band 7 and 6 staff shortages only, 28% of RNs have had formal supervision.
- Mandatory and role-specific training was available to enable staff to carry out their roles effectively but nursing staff attendance 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 recent staff pressures.
- The ED sister does not have a ward support officer to assist with clerical duties. This clerical position would be of benefit especially when the sister is covering two sites as it would reduce time spent on clerical duties, therefore facilitating better coverage of clinical duties.
- We were told that patients waiting for care packages and/or not having a dedicated social worker can have a delay in their discharge.
- The internal Unscheduled Care (ED) Escalation Policy is out of date. We observed correspondence which demonstrated that the policy is under review and is currently being updated.
- We observed that the Massive Blood Transfusion Protocol was due for review on 21 June 2012.
- Information relating to safety, performance and patient experience specific to the ED, should be displayed.

## **Actions for Improvement**

- 15. Nursing staff attendance at mandatory training courses should be improved.**
- 16. The trust should ensure that policies to guide staff are available and updated as scheduled.**
- 17. Safety, performance and patient experience information should be routinely displayed for staff and visitors in the ED.**

### **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. We also observed interactions between staff and patients and staff and visitors. This is carried out using the Quality of Interaction Schedule (QUIS).

Findings are presented in a composite form combining the patient and relative perceptions.

#### **Questionnaires**

We were told by patients that staff were busy but compassionate, courteous and mindful of their privacy and dignity. They felt staff listened and responded to questions and concerns and that they had been included in decisions about their plan of care. Patients felt pain relief was given appropriately and in a timely manner. Food and refreshments were readily available. Some patients were unhappy with wooden seating in the reception and the corridor which they found to be uncomfortable. Others would like to see the department open at weekends.

#### **Patient Comments**

*“Very happy with treatment and care provided, was treated very well, time taken to listen. Nothing could be improved except give them more staff.”*

*“I would like to see weekend opening for patients with mental health issues.”*

*“Very busy environment.”*

*“Tea trolley available but I am not hungry or thirsty.”*

*“Get rid of chair, not comfortable at all, especially when in pain.”*

Relatives told us they felt welcomed and informed, they felt their relatives received good care and treatment. Staff were *“excellent and take time to talk”*.

### **Relative Comments**

*“Never rushed, good one to one, never felt that we are in the way.”*

*“Waiting times need to be improved.”*

### **Observations**

Inspectors and peer reviewers undertook a number of periods of observation. 32 observations were carried out over five observation sessions. Each session lasted approximately 20 minutes.

We observed compassionate care, with patients being actively involved in decisions affecting their treatment, care and support.

We observed the majority of the interactions to be positive; staff interactions with patients were polite, compassionate, and empathetic. Patients were treated with dignity and respect. Conversations were friendly and directed to the patient but included relatives appropriately.

Staff responded to requests quickly and gave clear explanations as they delivered care and gave clear information on the next steps in care.





## 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 both good practice and areas for improvement within their area of work. This confirmed a number of the findings outlined in the report for the MAU and the ED.

All groups of staff told us they were supported by their line manager while carrying out their role. Staff informed us that internal referral, patient flow, multi-disciplinary team systems and processes work well on site to deliver good patient care. We were told that all multi-disciplinary teams worked well together, with good communication and morale among teams. Staff feel comfortable in raising concerns with line managers. We were told by nursing staff that they feel supported and valued by senior staff within their clinical areas. Medical staff told us that they are supported and feel integrated within the hospital, with appropriate supervision in place. However, morning handover can be informal and they can feel disconnected from the other trust site. Staff opinion however on the visibility of the trust EMT was variable. Some staff were aware of the evening events and site visits from the senior executive team while others were not. Some staff told us that the senior team is only visible if something happens on site.

We were told that all clinical areas were very busy and as a result could be sometimes difficult to work in. Staff told us this was particularly evident out of hours, as a result of increased workload, reduced staffing numbers and acuity of patients. Medical staff told us that there is only one member of security/portering staff on site overnight. This has the potential to create problems if security is required to respond to an incident.

Staffing levels were discussed by all focus groups. We were told that review of staffing levels is carried out in all disciplines; however, the recruitment process can be slow. Staff sickness and long term secondment impacts on the ability to achieve a full staff complement. We were told that due to the deficit in nursing staff numbers rotation of nurses across sites is a challenge. Agency and bank staff are used to cover shortages, however, shifts are not always covered. Support services staff told us that induction training could be improved for new staff in order to help them to fully understand their role.

We were told that staff could access mandatory training and additional role specific training. It can be difficult at times to release staff to attend courses and some staff can begrudge time for development due to clinical pressures and pressures to manage workload.

A supervision and appraisal process is in place. Staff told us this is working well and that they feel supported by line managers. However, we were told that 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 current and future safety, quality and experience initiatives including a frailty pathway, ambulatory care, medical therapy unit, rapid elderly assessment, rapid assessment chest pain clinic and multidisciplinary meetings.

Areas identified for further improvement included:

- staffing levels
- pharmacy dispensing services
- timely discharge of patients with suitable community care packages
- transfer of patients to other sites
- support for further quality improvement and regional sharing of work.

Staff told us that line managers are always willing to listen to ideas that could improve the service. They feel empowered to make changes and told us of shared learning across trust sites including; the provision of services for frail elderly, learning from incidents and complaints and administration



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