

Unannounced Inspection Report 21 January 2020



Thompson House Hospital

South Eastern Health and Social Care Trust

Address: 19-21 Magheralave Road, Lisburn, BT28 3BP

Tel No: 028 9266 5646

**Inspectors: Wendy McGregor, Sharon McKnight
Rhona Brennan and Lorraine O'Donnell**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that 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 on 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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Thompson House Hospital is a 35 bedded regional specialist unit which provides nursing care and support services to individuals over the age of 18 with complex neurological illness and acquired brain injury. These services include assessment/rehabilitation for adults with an acquired brain injury, neuro-palliative care and therapeutic short break care and day opportunities.

3.0 Service details

Responsible person: Mr Seamus McGoran Chief Executive South Eastern Health and Social Care Trust	Ward Manager: Gillian McConvey
Category of care: Hospital for the treatment of complex neurological conditions and acquired brain injury	Number of beds: 35
Person in charge at the time of inspection: Gillian McConvey, Ward Manager	

4.0 Inspection summary

An unannounced inspection took place on the 21 January 2020 from 09.30 to 17.30. This inspection was undertaken by a team of care inspectors.

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

This inspection was undertaken following information received by RQIA from a member of the public relating to staff behaviour and the safeguarding of patients'. A member of the public alleged that a staff member had verbally abused a patient. RQIA reported this allegation to the Trust's adult safeguarding team and monitored the outcome of the subsequent investigation.

To investigate these concerns fully we examined the following areas:

- how the South Eastern Health and Social Care Trust (the Trust) are managing safeguarding concerns;
- the models of care provided in Thompson House Hospital;
- staff knowledge and training in relation to safeguarding;
- the specific arrangements for the management of patients' monies and valuables;
- patient care records; and
- the hospital's adherence to The Regional Healthcare Hygiene and Cleanliness Standards.

The previous Quality Improvement Plan (QIP) relating to this ward was also reviewed, to assess if the Trust had addressed areas of improvement identified during the most recent inspection of Thompson House Hospital.

We found evidence to confirm that the Trust had conducted a robust investigation of the safeguarding concern referred to them by RQIA following receipt of a complaint from a member of the public.

We found that a number of patients had listed Thompson House Hospital as their home address, which is contrary to the defined statement of purpose. We found that care records did not consistently and accurately reflect the needs of the patients. From reviewing care records and discussions with staff we found there was a lack of evidence of active rehabilitation and discharge plans for these patients.

We found that the ward manager could clearly demonstrate good knowledge of the adult safeguarding process. During discussions with other nursing staff we found a lack of knowledge around the regional policy, screening of referrals and key professionals roles and responsibilities. We were concerned that safeguarding was not viewed as a shared responsibility by all nursing staff members and there was a reliance on the ward manager to recognise the safeguarding issues and undertake all steps in the process.

We were not assured during the inspection that a robust system was in place for the management of patients' monies and valuables. We found that money was being managed by administrative staff and not stored separately for each patient. We also found that staff responsible for the handling of monies had not received financial training relevant to their role.

We observed good practice in relation to the use of personal protective equipment (PPE). There was good compliance with hand hygiene procedures which were observed to be performed at the correct moments, at the correct location within the flow of care delivery. We identified that the arrangements were not sufficiently robust in relation to the cleanliness of the domestic store, cleaning of equipment, decluttering and reorganisation of storage areas, completion of audits and the management of waste.

We were informed by the ward manager of a quality improvement initiative, the "Safer Swallowing Project" which focused on the introduction of patient wristbands to alert staff or visitors that the patient had swallowing difficulties and swallowing recommendations in place. The ward manager informed us this had reduced the number of choking incidents and there are plans to replicate this initiative in other areas across the trust.

We observed patients participate in art activities which they confirmed had a positive impact on their wellbeing. We also found staff treating patients and their relatives with dignity whilst also demonstrating respect for their right to privacy.

4.1 Inspection outcome

Total number of areas for improvement	6
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Six areas for improvement were identified against the standards, these related to:

- the current model of care and statement of purpose on the basis of the mixed model of care;
- the arrangements in place to ensure that staff have the appropriate knowledge, skills and training in adult and child safeguarding;
- the arrangements in place for the management of patients' monies and valuables; and
- the arrangements in relation to patient access to the call system to facilitate prompt response from staff;
- the arrangements in relation to risk assessments and care plans; and
- the arrangements in place for cleaning storage areas and equipment, segregation of waste and completion of related audits.

Details of the QIP were discussed with the ward manager and the service manager from the Trust. The timescales for implementation of these improvements commence from the date of this inspection.

Enforcement action did not result from the findings of this inspection; members of the Trust's senior management team were invited to a meeting to discuss a number of issues arising from the inspection in more detail. The meeting took place on 1 April 2020 by teleconference. The issues discussed included staff awareness of safeguarding arrangements, the management and oversight of patients' monies and valuables, and the model of care currently in place. We asked the Trust to review the current model of care and statement of purpose on the basis of the mixed model of care and the fact that a number of patients had Thompson House Hospital listed as their home address.

We are continuing to engage with the Trust's senior management team regarding progress in these areas. A follow-up meeting is scheduled for September 2020.

5.0 How we inspect

Prior to inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection reports;
- previous concerns and complaints; and
- other relevant intelligence received by RQIA.

Thompson House Hospital was assessed using an inspection framework. The methodology underpinning our inspections includes; discussion with patients and relatives, observation of practice; focus groups with staff and review of documentation. Records examined during the inspection included:

- policies and procedures;
- nursing care records;
- key performance indicators (KPIs);
- minutes of meetings;
- complaints;
- safeguarding referrals;
- finance records; and
- training records.

Posters informing patients, staff and visitors of our inspection were displayed while our inspection was in progress.

During the inspection we distributed questionnaires to patients/relatives and invited staff to complete an electronic questionnaire.

Areas for improvement identified at the previous inspection were reviewed and an assessment of achievement was recorded as met, partially met, or not met.

Findings of the inspection were shared with the ward manager and the service manager for Thompson House Hospital. The inspection findings were also discussed with the Trust's senior management team during a meeting on 1 April 2020.

6.0 The inspection

6.1 Review of areas for improvement from the previous inspection on 4 March 2016

The most recent inspection of Thompson House Hospital was an unannounced inspection undertaken on 4 March 2016.

Areas for improvement identified at the previous inspection were reviewed and an assessment of achievement was recorded as met, partially met or not met.

6.2 Review of areas for improvement from the previous inspection on 4 March 2016

Areas for improvement from the previous inspection		Validation of compliance
Area for improvement 1 Stated: First time	The Trust should look at the repair or replacement of the damaged portable privacy screens.	Met
	Action taken as confirmed during the inspection: We found the privacy screens were old, however, those we viewed were in good working order. The ward manager informed us that capital funding had been secured to replace all privacy screens with curtains and the procurement process had commenced.	
Area for improvement 2 Stated: First time	Staff should ensure clinical hand wash sinks are used only for hand washing.	Met
	Action taken as confirmed during the inspection: We observed staff use clinical hand wash sinks for hand washing only. Posters were displayed at these sinks advising all staff, patients and visitors to Thompson House Hospital that these sinks were for hand washing only.	
Area for improvement 3 Stated: First time	Staff should ensure that service staff are aware of and comply with infection prevention and control measures when patients are being nursed under isolation precautions.	Met
	Action taken as confirmed during the inspection: Staff demonstrated good knowledge of infection prevention and control procedures. During the inspection we observed staff comply with infection prevention and control measures and isolation precautions.	

6.3 Inspection findings

6.3.1 Model of Care

We found Thompson House Hospital provided assessment/rehabilitation for adults with an acquired brain injury, neuro-palliative care, and therapeutic short break care/respice for periods of one to two weeks which is generally planned one year in advance. Thompson House Hospital has a designated area for the care of patients with a tracheostomy and palliative end of life care. Thompson House Hospital also provides a day opportunity service which is not registered as a day care service with RQIA. A number of patients did not have clear discharge plans in place and some of these patients had listed Thompson House Hospital as their home address, which is contrary to the defined statement of purpose. During this inspection we were concerned regarding this mixed model of care and we discussed this with the Trust's senior management team at a meeting on 1 April 2020. We discussed whether or not Thompson House Hospital fell to be registered as a nursing home as in some cases the care being offered was more akin to long term care in a care home. During these discussions we received a commitment from the Trust to review the current statement of purpose for Thompson House Hospital in conjunction with the Health and Social Care Board (HSCB) and other trust's and through that review demonstrates what they determine the way forward to be. An area for improvement against the standards has been made in this regard.

Respice service

The ground floor bedrooms currently used for respice care are located off the main reception area. We were informed by the ward manager that staff did not maintain a constant presence in this area. We spoke with a patient, admitted to the unit for respice care, who informed us that they were aware of the nurse-call system which was located on the wall panel behind the head of the bed. We observed that, due to their physical condition, this patient would have been unable to activate the nurse-call system. We were concerned in relation to the responsiveness of staff, supervision of patients in the respice area and the ability of patients to actively request the assistance of staff by using the nurse-call system. An area for improvement against the standards has been made in this regard.

We spoke with patients attending for respice care who explained that the respice service provided a break for their carers' and provided a break from social isolation. They commented that they often meet the same patients during their respice stay and have formed friendships. The patients shared positive feedback in relation to the service they had received.

Day opportunities service

An art room is located on the ground floor of Thompson House Hospital and is staffed by an art therapist who is employed by the trust. The art therapist is supported by a number of volunteers who offer opportunities for patients to engage in a number of art projects including painting, drawing and ceramic work.

The art therapist informed us that the service is available to patients who are currently admitted and to a number of patients who attend on a day basis. Patients admitted can attend throughout the day and are supported to engage with art therapy by the art worker and the volunteers. The art therapist explained that they no longer accept new referrals for patients from the community. Patients who attend the art room during their admission cannot continue with this service when they return home. Thompson House Hospital staff assist with any physical care needs that are required when patients attend the art room. A number of patients who reside in the local community attend the art room on set days during the week. These patients have been attending the art room for a prolonged period. Each patient is responsible for arranging their own transport to and from Thompson House Hospital. They have the option of bringing lunch with them or purchasing a meal from the canteen. The art therapist explained that patients are generally self-caring with their physical needs whilst attending the art room.

The patients spoke highly of the support, opportunities and sense of fulfilment that attending the art room provides. It was obvious, on observing the interactions between the art therapist, the volunteers and the patients, the pleasure that attending this service brings. The standard of art work and ceramics produced was commendable.

6.3.2 Safeguarding

We found evidence to confirm that the Trust had carried out an investigation of the safeguarding concern raised by a member of the public which had been referred by RQIA to the Trust's adult safeguarding team. This team provided RQIA with regular updates throughout the process. We also received information from the Trust confirming that the investigation had been completed and an outline of the actions taken.

We were not assured that the Trust had robust oversight and governance systems in place to provide assurance of how Thompson House Hospital, as a regional service, communicated and managed safeguarding concerns relating to patients from other trusts. We discussed the oversight and governance arrangements, surrounding the adult safeguarding procedures, with the trust's senior management team during the meeting held on 1 April 2020 and we were assured by the information they provided outlining the arrangements in place to ensure they as the host trust effectively communicate and manage safeguarding concerns with referring trusts.

We reviewed the safeguarding arrangements for patients in Thompson House Hospital. We found that the number of safeguarding referrals made was low, with fifteen referrals from 2015 to 2019. In 2019 there were three safeguarding referrals, two of which related to, patient on patient assaults and one related to financial abuse. We were unable to assure the quality of these referrals as supporting documentation was not retained at ward level. We were unable to evidence the decision making process employed in relation to the screening in or out of the referrals at ward level and there was no evidence of audit to assure the screening process.

The ward manager outlined the process followed in Thompson House Hospital for safeguarding referrals. We were informed that the ward manager completes the referral form which is then screened by the service manager and referred on to the adult safeguarding teams. We found that there was no safeguarding champion identified within Thompson House Hospital in line with the Adult Safeguarding: Prevention to Protection in Partnership Policy (DHSSPS 2015) and Adult Safeguarding Operational Procedures (Health and Social Care Board 2016).

We discussed safeguarding with a number of nursing staff to determine their understanding of the adult safeguarding process. We found that staff lacked knowledge and awareness of the regional policy, screening of referrals or key professionals roles and responsibilities. We found that staff were not experienced in completing the referrals and we were informed that, at the time of inspection, there were no safeguarding protection plans in place to review.

Whilst it was reassuring that staff confirmed to us that they would inform the ward manager if they had concerns around any potential abuse, we noted that staff were unable to explain their roles and responsibilities in relation to regional protocols. We were concerned that safeguarding was not viewed as a shared responsibility amongst all staff members. A review of staff training records demonstrated that less than half of nursing staff had completed adult safeguarding training. Information, leaflets and posters were not available on the ward to support the safeguarding process for patients, staff, visiting professionals or carers.

We were not assured that staff had the knowledge or skills to recognise potential adult safeguarding situations within Thompson House Hospital. We were unable to evidence the principles of safeguarding in the delivery of care to ensure prevention and early intervention. An area for improvement against the standards has been made in this regard.

6.3.3 Finance

The Trust manages the finances for a number of patients, with a limited amount of their money stored collectively. We reviewed a sample of patients' income and expenditure records and we found that records were up to date and receipts were available to account for patient expenditure. We found that there were occasions when staff had used their store loyalty cards for purchases made using a patients' money. Staff should not be seen to benefit from loyalty points on purchases made on behalf of a patient. We found that twice weekly safe checks were completed to account for this money. A review of the list of approved signatures, held by Thompson House Hospital, to identify staff with access to the safe, indicated that it had not been updated to reflect the current staff undertaking this role. We also found that staff had not received any training relevant to their role in relation to the management of patients' monies and valuables.

Staff we spoke with did not demonstrate a clear understanding of how patients' money was being managed and were unaware of the trust's "Procedure to Manage Appropriately Cash and Valuables of Patients on Admission to, During their Stay and on Discharge from Hospital" and the "Procedure to ensure appropriate arrangements for dealing with clients' monies and personal property are applied across all statutory residential facilities". We were informed that the trust finance department is responsible for overseeing the patient private property accounts and financial governance.

During our meeting with the Trust on 1 April 2020, we directed the Trust to review action that RQIA had taken with another trust in respect of the management of patient finances which is available on the RQIA website.

We were concerned that the arrangements in place for the management and oversight of patients' monies and valuables were not sufficiently robust. An area for improvement against the standards has been made in this regard.

6.3.4 Nursing Care Records

We reviewed the care records of patients attending art therapy, admitted for respite care and patients who had been admitted to the brain injury rehabilitation unit.

We found that the care records for a patient attending art therapy contained an information sheet from the Trust which included the patient's details, brief medical history, reasons for attending and a list of medication. We found that the records were comprehensive and fully completed.

We found that the care records for a patient admitted for respite care had a range of assessments in place and care plans to meet their assessed needs; these records had been reviewed at the time of the most recent admission to ensure they accurately reflected the needs of the patient. Daily records were completed to include nursing interventions and activities carried out in relation to this patient.

We found that the care records for the patients in the brain injury rehabilitation unit included a nursing assessment completed to identify need. Whilst some care plans were in place to direct the care required, not all assessed needs had a corresponding care plan. For example one patient was receiving enteral feeding however; there was no associated care plan in place. Another patient had a care plan in place for enteral feeding but the feeding regime detailed was not the current prescribed regime and therefore did not accurately reflect the ongoing needs of the patient. We found that care plans had been signed by nursing staff to confirm that they had been reviewed; however there was no detail of how the patient had progressed since the previous review or information to evidence how the nurse had assessed that the care plan continued to meet the needs of the patient. An area for improvement against the standards has been made in this regard.

Daily records were completed to include nursing interventions and activities carried out in relation to each patient. Care records confirmed that patients were attended by members of the multidisciplinary team, for example consultants, general practitioners (GP), occupational therapists (OT), physiotherapists and speech and language therapists (SALT).

We found there was a lack of evidence of active rehabilitation and discharge plans for a number of patients calling Thompson House Hospital their home and there was a lack of evidence the trust were continuing to explore all commissioning options for these patients. During discussions with the Trust's senior management team we received a commitment from the trust to review the current arrangements for these patients and this would form part of review of the current statement of purpose for Thompson House Hospital in conjunction with the Health and Social Care Board (HSCB) and other trust's.

6.3.5 Infection Prevention and Control

We reviewed the arrangements in place for infection prevention and control (IPC) and the decontamination procedures employed throughout Thompson House Hospital, to ensure that the risk of infection for patients, visitors and staff is minimised.

Overall we found that the environment was maintained to a high standard of maintenance and décor. Hand hygiene posters and alcohol hand sanitiser was not clearly visible in the reception. Information on key performance indicators including hand hygiene and environmental cleaning audits was clearly displayed to promote public assurance of adherence to IPC standards. However, the audit scores displayed were not up to date.

We identified clutter in the dirty utility, treatment room and domestic store within the ward that had the potential to inhibit effective cleaning practices. The fixtures and fittings of the domestic store were worn and the storage area within the brain injury unit was small and untidy. A variety of items were stored in no defined order, with some items stored on the floor.

We observed that clinical hand washing facilities and a range of consumables were available to enable hygiene practices to be carried out effectively. We observed that patient linen was visibly clean, and free from damage. We observed clean linen stored along-side a number of non-linen items, such as patients clothing, exposing clean linen to the risk of contamination. Staff wore appropriate PPE when handling soiled/contaminated linen.

We observed the appropriate management of sharps. However we identified the inappropriate disposal of household waste into sharps waste bins and advised that the segregation of waste should be reviewed to ensure that it is in line with Trust policy.

We found that arrangements were in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. However we observed a build-up of dust on a large fan in a storage area and brought this to the attention of the ward manager to ensure it was cleaned. Review of records identified that cleaning schedules were not being fully completed to provide evidence and assurance that the equipment cleaning had been correctly undertaken. Review of records confirmed that the auditing of all mattresses to check that they were in good condition and impermeable to moisture had been completed.

We discussed IPC with staff and found that they had a good knowledge and understanding of IPC procedures and practices and training was up to date. Some members of care staff were not aware of the correct dilution rates for managing blood spillages and domestic staff were not fully aware of the actions required to manage a needle stick injury.

Our review of IPC arrangements indicated that infection control practices should be further developed. An area for improvement against the standards has been made in this regard.

6.3.6 Patient safety Initiative

The ward manager provided information relating to a quality improvement initiative undertaken to promote safer swallowing and minimise the risk of choking. The "Safer Swallowing Initiative", focused on the introduction of patient wristbands to alert staff or visitors that the patient had swallowing difficulties. A colour coded wristband is placed on the patient to prompt the staff member or carer to seek more information on specific swallowing recommendations, which were outlined in the patient's care plan. The ward manager informed us that, following the success of this quality initiative, there are plans to introduce the "Safer Swallowing Initiative" to other facilities across the Trust.

Total number of areas for improvement	6
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6.4 Patient experience and feedback

During the inspection we distributed questionnaires to patients/relatives and received six completed responses. Patients and relatives informed us that they were happy with their care and provided positive feedback regarding their experiences and interactions with all staff. Patients told us that they felt safe, secure and well-informed about the care they were receiving.

6.5 Staff experience and feedback

We invited staff to complete an electronic questionnaire during the inspection. We received two completed questionnaires. One member of staff told us they believed Thompson House Hospital was a wonderful facility for both patients and staff and patients and their relatives are treated with care and compassion. One member of staff indicated they were unsatisfied in relation to the care being safe, compassionate and well led, however no detail was provided. Unfortunately both surveys were only partially completed.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the ward manager and the service manager as part of the inspection process. The outcome of the inspection was also discussed with the Trust's Senior Management Team during a meeting by teleconference on 1 April 2020. The timescales for implementation of these improvements commence from the date of this inspection.

The Trust should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further action. It is the responsibility of the Trust to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

7.1 Areas for improvement

Areas for improvement have been identified in which action is required to ensure compliance with The Quality Standards for Health and Social Care DoH (March 2006).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to meet the areas for improvement identified. The Trust should confirm that these actions have been completed and return the completed QIP to BSU.Admin@rqia.org.uk for assessment by the inspector by **01 September 2020**.

Quality Improvement Plan	
This inspection is underpinned by The Quality Standards for Health and Social Care DHSSPSNI (March 2006)	
<p>Area for improvement 1</p> <p>Ref: Standard 5.3.1(f)</p> <p>Stated: First Time</p> <p>To be completed by: 31 October 2020</p>	<p>The Trust shall undertake a review of the current statement of purpose in conjunction with the Health and Social Care Board (HSCB) and other trust's and clearly demonstrated through that review what they determine the way forward for Thompson House Hospital.</p> <p>Ref: 6.3.1</p> <hr/> <p>Response by the trust detailing the actions taken: The Trust is currently liaising with the Health and Social Care Board and it is planned that a meeting will take place early October to review the Statement of Purpose and a meeting with RQIA is scheduled for 26th October to review the changes in line with the Standards.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First Time</p> <p>To be completed by: 31 July 2020</p>	<p>The Trust shall implement a system that provides assurance that staff have the appropriate knowledge, skills and training in adult and child safeguarding. Actions should include:</p> <ul style="list-style-type: none"> • ensuring all staff undertake appropriate safeguarding training; • assessing staff knowledge in relation to the Adult Safeguarding: Prevention to Protection in Partnership Policy (DHSSPS 2015) and Adult Safeguarding Operational Procedures (Health and Social Care Board 2016); • introducing audit and reporting mechanisms to ensure adherence to the Trusts safeguarding policy; • ensuring protection plans are appropriate and implemented with all staff having an understanding of protection plans; and • ensuring that the relevant information on adult and child safeguarding is available and displayed for staff, patients and relatives. <p>Ref: 6.3.2</p>

	<p>Response by the trust detailing the actions taken:</p> <p>The ward sister has arranged for all members of staff have access to Safeguarding Training and staff members will have knowledge and understanding of, Adult Safeguarding Policies and Procedures and the process for making an Adult Safeguarding Referral.</p> <p>The Ward Sister has ensured that mandatory Adult Safeguarding training is up to date for all members of staff. There has been a delay in the completion of some mandatory Safeguarding Children training. The ward sister has confirmed that outstanding training will be completed by 16 October 2020. Delay has resulted from workforce pressures as a result of Covid-19.</p> <p>Safeguarding is included within the induction for new members of staff. Thompson House Hospital has a process in place for safeguarding knowledge and skills to be reviewed and monitored. Safeguarding is a standing agenda item at team meetings and is an item for discussion during both individual and peer supervision. An audit plan is in place and all safeguarding referrals are audited by the ward manager, to ensure adherence with safeguarding processes. The ward manager and deputy ward sisters have ensured that nursing staff have a good knowledge and understanding of protection plans and are competent in implementation of these plans.</p> <p>Safeguarding information is displayed throughout the hospital to ensure that members of staff, service users and visitors have a visual access to this information. This includes;</p> <ul style="list-style-type: none"> • Safeguarding referral process • Contact numbers for Adult and Children’s Safeguarding Team, Out of Hours Safeguarding Team will be displayed. • All members of staff have access to a list of names and contact numbers Designated Adult Protection Officers. • The South Eastern Trust has a Corporate Adult Safeguarding Champion. The Ward Sister and senior nursing team will take on the role of Appointed Person for safeguarding and mandatory training for this role will be completed by 30 September 2020. Names of Appointed Persons for Safeguarding are displayed within staff, patient and visitor areas.
<p>Area for Improvement 3</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First Time</p> <p>To be completed by: 31 July 2020</p>	<p>The Trust shall implement a robust system to evidence and ensure that all arrangements relating to patients’ monies and valuables are operating in accordance with trust’s policies and procedures and that staff receive training relevant to their roles and responsibilities.</p> <p>Ref: 6.3.3</p>

	<p>Response by the trust detailing the actions taken: A training analysis has been undertaken and all members of staff have either completed or have a date to complete fraud awareness training before the end of October.</p> <p>All members of staff are managing patient money and valuables in accordance with the following Trust Policy and Procedures; "Procedure to Manage Appropriately Cash and Valuables of Patients on Admission to, During Their Stay and on Discharge From Hospital" and "Procedure to Ensure Appropriate Arrangement for Dealing with Client Client's Monies and Personal Property are Applied Across all Statutory Residential Facilities".</p> <p>A process is in a place for recording petty cash spends, with clear segregation of duties. The management of patient petty cash is audited by the cash office. A request has been made for an additional audit to be undertaken.</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 5.3.1 (f)</p> <p>Stated: First Time</p> <p>To be completed by: Immediate from date of inspection</p>	<p>The Trust shall ensure that patients have up to date risk assessments and care plans in place. These documents must be completed in a timely manner and reflect the care given or services provided and associated outcomes. Robust review and audit of care records should be implemented to provide continued assurance.</p> <p>Ref: 6.3.4</p> <p>Response by the trust detailing the actions taken: Risk assessments are completed on admission, reviewed monthly and amended as required.</p> <p>The Ward Sister has ensured that nursing care plans are in place, reviewed as required and documentation recorded within a timely manner.</p> <p>A documentation audit plan including care records is in place as part of the Key Performance Indicators (KPI) process.</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 5.3.1(f)</p> <p>Stated: First Time</p> <p>To be completed by: 31 July 2020</p>	<p>Staff must ensure patients' have unhindered access to the patient call system to facilitate the prompt response of staff.</p> <p>Ref: 6.3.1</p> <p>Response by the trust detailing the actions taken: The Ward Sister has confirmed that all patients have unhindered access to the patient call system. This is included as an item during safety briefings. Ensuring that patients have access to the patient call system is also recorded on the patient skin bundle documentation.</p>

<p>Area for Improvement 6</p> <p>Ref: Standard 5.3.1(f)</p> <p>Stated: First Time</p> <p>To be completed by: 31 July 2020</p>	<p>The Trust shall ensure that:</p> <ul style="list-style-type: none"> • a programme of decluttering and reorganisation of storage areas commences; • cleaning schedules for equipment are completed and audited; • staff adhere to the Trust policy on waste segregation: • staff are aware of correct dilution rates for disinfectants: and • staff are aware of the actions required to manage a needle stick injury. <p>Ref: 6.3.5</p>
	<p>Response by the trust detailing the actions taken:</p> <p>The Ward Sister is currently working in partnership with the Patient Experience team and the following actions have been taken;</p> <p>A programme of decluttering and reorganisation of storage has commenced - actioned by Ward Sister and Assistant Operational Manager for Patient Experience. This includes; inspection of shelving in storage areas to assess for damage and actioning repair or replacement, as required; reorganising stored items and ensuring that items are stored safely and securely, with no items are stored on the floor area.</p> <p>Hygiene and cleanliness audit scores are displayed on the noticeboard on the first floor.</p> <p>Ward Sister has communicated with Estates Department to request cleaning of fans.</p> <p>The Ward Sister and Assistant Operational Manager for Estates have ensured that all members of staff; are aware of, understand and adhere to Trust policy on waste segregation; are aware of correct dilution rates for disinfectants and that staff are aware of actions required to manage a needle stick injury.</p> <p>All above items have been communicated at staff meetings and IPCC, hygiene and cleanliness and patient safety will continue to be reviewed and discussed at staff meetings, induction and supervision.</p>



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews