

The Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Craigavon Area Hospital

Southern Health Social Care Trust

16 & 17 October 2013

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland.

RQIA's reviews and inspections are designed to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest.

This inspection was carried out by a team of RQIA inspectors as part of a programme of inspections to inform the RQIA thematic review of the care of older people in acute hospitals. This review was identified and scheduled within the RQIA three year review programme for 2012 to 2015.

Membership of the Team

Lead Director	David Stewart
Review Lead / Head of Programme	Liz Colgan
Project Manager/Inspector	Mary McClean
Inspector	Sheelagh O'Connor
Inspector	Lyn Gawley
Inspector	Thomas Hughes
Inspector	Margaret Keating
Inspector	Lyn Buckley
Inspector	Linda Thompson
Inspector	Sharon McKnight
Lay Reviewer	Anne Brooks
Lay Reviewer	Elizabeth Knipe
Lay Reviewer	Niall McSperrin
RQIA Project Administrator	Anne McKibben

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1.0 Inspection Summary

An unannounced inspection to Craigavon Area Hospital, Southern Health and Social Care Trust (SHSCT) was undertaken, on 16 and 17 October 2013. The inspection reviewed aspects of the care received by older people in the acute hospital setting, within the terms of reference of the review, to provide a report of current practice. The following wards were inspected:

- Emergency Department (ED)
- Medical Admissions Unit
- Ward 2 South (Medical)
- Ward 2 South (Stroke)
- Ortho Trauma

On arrival, the inspection team contacted the patient flow coordinator to obtain information on the number of older people waiting for over six hours in the ED. The inspection team visited the ED as a number of care interventions should commence within this timeframe.

Inspectors gathered evidence by reviewing relevant documentation, carrying out observations and speaking to staff, patients and family members. This information was used, to assess the degree to which older patients on the wards were being treated with dignity and respect and that their essential care needs were being met.

The process was designed to provide a snapshot of the care provided during the inspection in a particular ward or clinical area. This must be considered against the wider context of the measures put in place by trusts, to improve the overall care of older people in acute care settings.

Inspectors felt that ward sisters had demonstrated effective management practices however they had raised concerns with trust senior staff advising that safety could be compromised due to inadequate staffing levels and patient dependency. Ward sisters reported difficulties in balancing their clinical and managerial roles and responsibilities and ensuring staff received appropriate training. Inspectors were informed that the trust has taken numerous steps to increase staffing levels over and above funded levels. A workforce review has also been completed and submitted to HSCB and PHA. The trust has also implemented various initiatives to improve patient care and training in customer care has commenced.

Generally, all wards were clean, tidy and well maintained. Inspectors noted that Ward 2 South Stroke and Ward 2 South Medical were small, with little circulation space. In Ward 2 South Stroke the spacing within bays was particularly cramped and would not be in line with current recommendations for core clinical space.

In some wards, sanitary facilities, including bathrooms and showers, were in need of repair and adaptations put in place for disabled use. The inspection team was informed that the ward is due for planned renovation in the next two years.

In all wards during observation the majority of staff were courteous and respectful to patients and visitors. Generally patients' privacy and dignity were maintained. Improvement was required by some staff. In some wards, the patient call systems were old and needed to be replaced. Inspectors observed that not all call bells were within patients reach, or answered promptly. In all wards, patient personal care was generally of a high standard, although improvement was needed in some areas.

Staff need to ensure that stained clothing was changed, all patients have a drink beside them and oral hygiene is undertaken. In some wards, more commodes were needed and urinary catheter bags needed to be emptied more frequently.

Protected mealtimes were in place, although not always adhered to. There was a good choice of meals, which were warm and generally appeared appetising. At times there were not enough staff to assist patients with their meals and some patients were not provided with appropriate crockery and cutlery. Inspectors observed that there were varying systems in place to identify patients who required assistance with their meal and at times patients who needed help were not identified.

Inspectors observed that in some instances, hand hygiene and the use of personal protective equipment could be improved. On two occasions staff did not comply with the trust's administration of medication policy.

RQIA inspectors reviewed 15 patient care records in depth and 21 patient bedside charts were examined. Inspectors found similar inconsistencies in recording in each set of records. None of the care records evidenced that nurses demonstrated by their recording that they had adequately carried out assessment, planning, evaluation and monitoring of the patient's needs. This is vital to provide a baseline for the care to be delivered, and to show if a patient is improving or if there has been any deterioration in their condition. Nurse record keeping did not always adhere to Nursing and Midwifery Council (NMC) and Northern Ireland Practice and Education Council (NIPEC) guidelines. Care records examined failed to demonstrate that safe and effective care was being delivered.

Inspectors and lay reviewers undertook a number of periods of observation in all wards to review patient and staff interactions. The results of the periods of observation indicate that 69.4 per cent of the interactions were positive and staff demonstrated empathy, support, and provided appropriate explanation of care when required. The results indicated that a small number of staff did not always speak with patients appropriately and dignity and respect were not evident in these interactions. Inspectors advised ward sisters of any issues they observed.

During the inspection 17 patients and 14 relatives/carers questionnaires and 19 patient interviews were completed. Generally feedback received from patients, relatives and carers was good. Overall patients, relatives and carers thought that staff were very accommodating, professional, polite and courteous and generally felt that they had received good care during their stay. Areas where patients and relatives felt there could be an improvement related to:

- buzzers not being answered promptly if staff were busy
- more help in getting up in the morning
- more information leaflets
- delays in discharge
- being cold overnight
- difficulty sleeping due to noise from other patients
- more staff to assist at meal times

Inspectors visited the ED twice on the first day of the inspection and once on the second day. There has been significant work undertaken by the trust to comply with departmental targets for waiting times in ED. More work is required to ensure that patients have the appropriate assessments undertaken, particularly if they are waiting in ED for over six hours.

This report has been prepared to describe the findings of the inspection and to set out recommendations for improvement. The report includes a quality improvement plan, submitted by the Southern Health and Social Care Trust in response to RQIA's recommendations.

2.0 Introduction

2.1 Background and Methodology

RQIA carries out a public consultation exercise to source and prioritise potential review topics, prior to developing a planned programme of thematic reviews. Through the use of this approach, a need to review the care of older people in acute hospital wards was identified as part of the 2012-2015 Review Programme.

This review was designed to assess the care of older people in acute hospital wards in Northern Ireland. The review has been undertaken with due consideration to some of the main thematic findings of the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, as they are directly relevant to older people in acute settings.¹

Older people admitted to acute hospitals may have multiple and complex physical and mental health needs, with the added challenge in many instances of adverse social circumstances. Hospitals need to be supported to deliver the right care for these patients, as no one component of the health and social care system can manage this challenge in isolation. Implementation of improved care for older people requires a whole system approach to ensure that safe, efficient, effective and a high quality holistic care is delivered. Staff need to develop their understanding and confidence in managing common frailty syndromes, such as confusion, falls and polypharmacy as well as managing issues such as safeguarding in older people.

Inspection tools used are based on those currently in use by Healthcare Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) and have been adapted for use in Northern Ireland. The following inspection tools have been developed by RQIA.

- Ward governance inspection tool
- Ward observational inspection tool
- Care records inspection tool
- Patient/Relative /Carer Interviews and Questionnaires:
- Quality of Interaction Schedule (QUIS) Observation Sessions
- Emergency Department inspection toolⁱ

More detailed information in relation to each of these tools can be found in the RQIA overview report in the care of older people on acute hospital wards².

¹ Mid Staffordshire NHS Foundation Trust Public Inquiry. <http://www.midstaffsinquiry.com/pressrelease.html>

² RQIA Review of Care of Older People in Acute Hospital Wards: Overview report. (2.0 Background.p7) 2014

2.2 Terms of reference

The terms of reference for this review are:

1. To undertake a series of unannounced inspections of care of older people in acute hospitals, in each of the 5 hospital trusts, between September 2013 and April 2014.
2. To undertake inspections using agreed methodologies i.e. validated inspection tools, observation approaches, meeting with frontline nursing and care staff.
3. To carry out an initial pilot of agreed inspection tools and methodologies.
4. To review a selection of patient care plans for assurances in relation to quality of patient care.
5. To obtain feedback from patient/service users and their relatives in relation to their experiences, according to agreed methodology.
6. To provide feedback to each trust after completion of inspections.
7. To report on findings and produce and publish individual trust reports and one overview report.

3.0 Inspection Format

The agreed format for the inspection was that inspections would be unannounced. Hospitals were categorised dependent upon the number of beds and specialist areas. The number of inspections and areas to be inspected would be proportionate to the type of services provided and the size of the hospital.

The inspection team would visit a number of wards and the Emergency Department. The Patient Flow Coordinator would be contacted on arrival and where necessary during the day, to obtain information on the number of older people waiting for over six hours in the Emergency Departments.

The review team would consist of inspectors drawn from RQIA staff who have relevant experience. The team would also include lay assessors.

It is anticipated that the unannounced inspections would take two days to complete.

3.1 Unannounced inspection process

Organisations received an e-mail and telephone call by a nominated person from RQIA 30 minutes prior to the team arriving on site. The unannounced inspections were generally within working hours including early mornings.

The first day of the inspection was unannounced; the second day facilitated discussion with the appropriate senior personnel at ward/unit level.

On arrival, the inspection team were generally met by a trust representative to discuss the process and to arrange any special requirements. If this was not possible the inspection team left details of the areas to be inspected at the reception desk.

The unannounced inspection was undertaken using the inspection tools outlined in section 2.1.

During inspections the team required access to all areas outlined in the inspection tools, and to the list of documentation given to the ward manager on arrival.

The inspection included taking digital photographs of the environment and equipment for reporting purposes and primarily as evidence of assessments made. No photographs of staff, patients or visitors were taken in line with the RQIA policy on the "Use and Storage of Digital Images".

The second day the inspection concluded with a feedback session, to outline key findings, the process for the report and action plan development.

3.2 Reports

An overview report on the care of older people on acute hospital wards in Northern Ireland will be produced and made available to the public on the RQIA website.

In addition, individual reports for each hospital will be produced and published on the RQIA website. The reports will outline the findings in relation each individual hospital and highlight any recommendations for service improvement.

The hospital will receive a draft report for factual accuracy checking. The Quality Improvement Plan attached to the report will highlight recommendations. The organisation will be asked to review the factual accuracy of the draft report and return the signed Quality Improvement Plan to RQIA, within 14 days of receiving the draft report.

Trusts should, after the feedback session, commence work on the findings of the inspection. This should be formalised on receipt of the inspection report.

Prior to publication of the reports, in line with the RQIA core activity of influencing policy, RQIA may formally advise the DHSSPS, HSC Board and the Public Health Agency (PHA) of emerging evidence which may have implications for best practice.

3.3 Escalation

During inspection it may be necessary for RQIA to implement its escalation policy.

4.0 Inspection Team Findings

For the purpose of this report the findings have been presented in -- sections related to:

- Ward governance
- Ward observation
- Care records
- Patient/Relative /Carer Interviews and Questionnaires
- QUIS Observation Sessions
- Emergency Department

4.1 Ward Governance

Inspectors reviewed ward governance using the inspection tool developed for this purpose. The areas reviewed included, nurse staffing levels and training; patient advocacy; how incidents, serious adverse incidents and complaints are recorded and managed. Some further information was reviewed including quality indicators, audits; and relevant policies and procedures.

Inspectors' assessment

Staffing: Nursing

Inspectors were informed that in June 2013, the SHSCT Director of Acute Services commissioned a review of the acute nursing workforce across general medical and surgical wards within the trust.

The current funded staffing levels (FSL) within the Acute Directorate were set in 2009. Since then the trust has invested substantial additional resources including an increase in the provision of the flexible workforce. This was in part due to growing cost pressures for nurse staffing which have been drawn to the attention of the commissioners. A review by the trust of the workforce across general medical and surgical wards within the trust indicated that there were variances between the current FSL and the Normative Staffing Ranges (NSR).

The trust has submitted a report to the PHA and the Health Social Care Board (HSCB) regarding the variances between the current FSL and the NSR in relation to additional revenue required for nursing posts. Discussions are on-going. In the interim, the trust has taken the decision to recruit 15 whole time equivalent (WTE) permanent nursing staff to the medical and surgical divisions and this has been notified to the HSCB.

As part of the inspection, the staffing complement for each ward was reviewed.

The Medical Assessment Unit (MAU)

The MAU is a 34 bedded unit which mainly takes admissions from the ED. The MAU provides assessment and treatment for a wide range of conditions. Following assessment, patients may be treated within the ward, transferred to a specialist ward or discharged home. The unit is divided into two sides. Staff are allocated to either side, for continuity the ward sister tries to maintain the same staff on each side of the ward. This was very busy ward with a quick turnaround of patients. On the second day of the inspection inspectors were informed that there had been a turnaround of 18 patients from the previous day.

At the time of the inspection, the staffing levels for each side were; six staff from 8am to 1.30pm, five staff from 1.30pm to 5pm, four staff from 4.30pm to 8.30pm plus a twilight nurse between the two sides. Night duty; three registered nurses (RNs) cover both sides of the ward. Band 6 sisters work night duty at times.

The ward manager stated that they currently have eight vacancies there are block bookings that are in place to offset these vacancies. Work has been carried out to review staffing at peak times from 4pm to 12 midnight. A two week study into ward patient dependency levels was undertaken by the trust; this indicated further staffing was required even though MAU is currently staffed in excess to the current funded position, additional twilight and overnight hours have been deployed.

Additionally, the hours worked by ward clerks has been reduced. Previously a ward clerk was employed to work 8am to 8pm. This has changed to two staff, one who works from 8am to 1.15pm and the other works from 8am to 4.10pm. This reduction impacts on nursing time during peak hours.

Ward 2 South Stroke

Ward 2 South has capacity for 17 patients, however the available funding normally will only allow for the operation of 13 beds plus one lysis bed. During the summer 2013, other four beds were opened; staffing levels were increased to support this. The ward sister acknowledged that it was a challenge to ensure staffing levels included suitably experienced staff.

Staffing levels at the time of the inspection were a ward sister, three RNs, one bank RN, one healthcare assistant (HCA). One bank RN failed to attend for the afternoon shift. The duty rota for the week of the inspection indicated that there were 13 shifts that needed to be covered by both RNs and HCAs. Some of these shifts were filled by current ward staff working bank shifts, but the majority were to be filled by staff without the appropriate stroke care experience.

Ortho Trauma Ward

The staffing levels at the time of the inspection were five RNs plus the ward sister and two HCAs. The ward sister stated that staffing can be compromised at weekends due to theatre lists. The complement of RNs drops from five in the morning to four on the evening shift. On the night duty shift, it drops from three RNs and one HCA, to two RNs and two HCAs. This ratio can be increased if staff are

available. The ward frequently uses bank staff; however beds have never been closed due to staff shortages.

Ward 2 South Medical

There were four RNs plus one relief RN in the morning; a HCA came on duty in the afternoon. On the first day of the inspection the ward was short of two HCAs, one failed to be supplied by the bank, one failed to come in. The ward manager stated that staff could be moved to another area particularly at night by the Site Manager where necessary but they would only do so if they felt this was necessary and safe.

The ward sister also has to staff the Ramone unit. This is a separate six bedded care of the elderly unit, in a building outside the main hospital block. The ward sister stated that as it is separate unit, she has to use her experienced senior staff nurses to provide cover, especially at night.

General Staffing Issues

The Trust has moved to increase staffing levels over and above funded levels at financial risk. Senior staff meet each head of service monthly to review staffing and to agree additional hours were required to maintain safe cover. However the wards inspected informed the inspectors of the following issues.

All wards use long term block booking of bank staff to cover shortages, but there are always on-going funding issues regarding staffing, which impact on the running of the ward. The ward sister in MAU had raised concerns in the past with trust senior staff. She has advised that safety can be compromised due to staffing levels and patient dependency. In Ward 2 South Stroke, the ward sister informed the inspection team that there are a number of governance deficits such as recording of care records, audit and staff supervision. This is due to staffing constraints which have given rise to the dilemma of either delivering good care or maintaining good care records.

Inspectors were informed that bank staff are not always appropriately experienced and there is no continuity with regard to agency staff deployed. The ward sister in Ward 2 South Medical stated that she has difficulty in providing adequate staffing levels for patients who require one to one care at short notice. There have been times when they have been unable to obtain staff, and families, if they are agreeable, will supplement shortages.

The inspection team was informed training was poorly attended by bank staff, even those who were block booked for the ward. Bed pressures, bed management targets, and moving patients can all impact on quality of care.

- 1. It is recommended that any identified nurse staffing variances are reviewed, to ensure that patient care and safety is not compromised due to staffing levels.**

Ward sisters and deputies had no protected time for ensuring paperwork is completed and they stated that it was difficult to balance their clinical and managerial responsibilities.

2. It is recommended that ward sisters should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.

Inspectors were informed that Ward 2 South Medical had issues with medical cover. There is a registrar but they only cover geriatric liaison clinics and Lurgan Community Hospital. This can create the potential for delayed discharge, as staff grade medical officers need a consultant to make decisions about discharge and other major care issues. The ward sister states that an increase in psychiatric liaison would also be beneficial.

3. It is recommended that the trust should review the issues with medical cover in Ward 2 South Medical, including an increase in psychiatric liaison.

Policies, Procedures and Audits

Ward sisters provided either hard copies or access to policies and procedures on the intranet site. In all wards, a number of policies and procedures or guidance were not available or could not be accessed by the ward sister. In Ward 2 South Medical the ward sister stated that they can use applicable NICE guidelines.

Examples of policies/procedures not available or could not be accessed by the ward sister:

- A guide/policy to support the management of delirium/cognitive impairment/challenging behaviours/dementia care
- Continence promotion and incontinence management,
- Nutrition

Only the ward sister in the Ortho Trauma ward was able to access the “Consent and Capacity guidelines, Capability procedure” for patients who lack capacity.

4. It is recommended that the trust should ensure policies are available to staff.

Training

Ward sisters discussed their difficulties with ensuring that staff receive the required training. At times staff work pressures have limited their capacity to avail of educational opportunities to meet the responsibilities involved in their role. Any training to date has been facilitated locally.

Inspectors viewed mandatory training records for nursing and healthcare assistants in all wards. The uptake of some mandatory training has been good; however not all staff have attended training on record keeping and safeguarding vulnerable adults. Inspectors were informed that training can be cancelled if the ward is busy. Training records are logged on a training matrix. The matrix is a tool to support the ward manager in coordinating the release of staff for training.

In the MAU, staff had not received training in dementia care; training has been organised for healthcare assistants on the Ortho Trauma ward.

In a report by the Northern Ireland Practice and Education Council (NIPEC) on the Review of the Training for Nurses and Midwives in the Management of Aggression and Violence (April 2011)³, the SHSCT outlined that training was provided for staff working in acute services. There are different levels of MAPA training which are targeted at staff in key areas, for example, ED, MAU, Site Managers and portering staff are priority groups for training. Inspectors were informed that the staff in MAU have received Management of Actual and Potential Aggression (MAPA) training.

With the exception of staff in Ward 2 South Medical, inspectors were informed that all new and longer term staff have received their appraisal. However ward 2 South Medical was the only ward where staff had received their bi annual supervision sessions. Staff spoken with on wards confirmed that they had received a variety of training, including training in the Malnutrition Universal Screening Tool (MUST) assessment screening tool.

In Ward 2 South Stroke, one member of staff has been identified for extra training in nutrition to become the link person or champion for nutrition in the ward. To date there have been limited opportunity to avail of education to meet the responsibilities involved in the role. In Wards 2 South Medical and 2 South Stroke, staff received training from a speech and language therapist (SALT) on how to carry out a swallow assessment. This is especially beneficial at weekends, if they are unable to get SALT assessment.

Staff have attended training on Pressure Ulcer Risk assessment (Braden) and have recently attended workshops on the SSKIN care bundle (Surface, Skin, Keep moving, Incontinence, Nutrition). In Ward 2 South Stroke, inspectors were informed by the ward sister that there is no difficulty getting access to the Tissue Viability Nurse (TVN), and the TVN was on the ward on the first day of the inspection. In Ward 2 South Medical, staff stated that while there were no problems Monday to Friday there was some difficulty getting a TVN at the weekend. The ward sister stated that two staff have completed a tissue viability course and they can also seek advice from staff on other wards.

Staff stated that specific training on continence promotion and incontinence management was not available and a link person had not been identified. Some training on incontinence aids was provided by various companies and urology staff have carried out training in the past. Staff have not received specific training on delirium, dementia and challenging behavior; there are no specific guidelines available for staff on how to manage these conditions.

5. It is recommended that mandatory training should be kept up to date and staff should receive additional training appropriate to the patient's needs.

³ Northern Ireland Practice and Education Council for Nursing and Midwifery Work Plan. April 2012 - March 2015

6. Older people should be appropriately screened and assessed for cognitive impairment, improvements should be made to the ward environment and staff should be appropriately trained.

Management of Serious Adverse Incidents, Incidents, Near misses and Complaints

All incidents and complaints are logged through DATIX, and checked by the ward sister before forwarding to the governance department. Evidence was available that SAIs were discussed at staff team meetings and action plans developed where required in all wards. Inspectors were informed that the governance department would review incidents and devise an action plan if required. The ward sister in 2 South Stroke informed the inspection team that they were not provided with any feedback of incident trends. In MAU incident data identified falls as a key area for action, the unit had plans to introduce the falls care bundle.

In MAU, verbal complaints were addressed as local resolutions and sister stated that she kept a record book, but it was not kept up to date. Inspectors were unable to view this record.

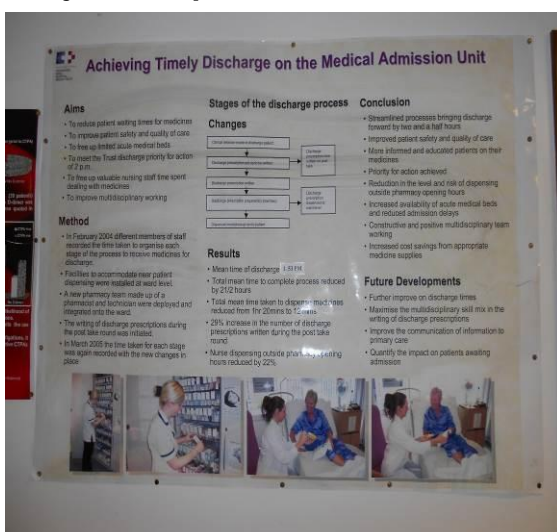
Meetings

All wards had patient safety briefings and there was a “Measure Board” method of cascading information from ward sisters’ meetings to ward staff.

In all wards except for MAU, a multi-disciplinary team meeting was held. In Ward 2 South Stroke this was held weekly and three times a week in the other two wards. The ward sister in MAU stated that these meetings were not held due to the quick turnaround of patients. However geriatric and psychiatric liaison teams were available every day.

In all wards white board meetings were held every morning with patient flow and a weekly bacteriology antibiotic ward round was undertaken.

Projects/ Improvements



Picture 1 Achieving timely discharge in MAU

Inspectors in MAU were informed that LEAN improvement methodology had been undertaken and that the ward sister had been a Lean Healthcare Academy Awards UK finalist. The project related to achieving timely discharge in MAU (Picture 1).

The unit had also gone through the productive ward process.

In 2012 the Ortho Trauma ward has been involved in Releasing Time to Care and Productive Ward and recently began Intentional Rounding as part of the SSKIN bundle. In Ward 2 South Stroke the inspection team were provided with no evidence that there were any improvement methodologies such as LEAN

Ward 2 South Medical had carried out a nurse harmonising project entitled 'A Review of the Patient Day'. This project changed the times that breakfast and dinner were served to provide more support to patients who require assistance with their meals.

None of the wards inspected had a physical environmental audit carried out for dementia patients, however some had yellow coloured signs on toilet doors. In Ward 2 South Medical, the ward sister had requested coloured toilet seats/doors/mural on wall/different coloured rooms conducive to the care of the dementia patient. These were not yet to be approved. In Ward 2 South Stroke, the ward sister arranged for the curtains in the bays to be repositioned. This has increased patients' privacy and dignity during personal care activities.

In the Ortho Trauma ward and MAU there were good link nurse systems in place for infection prevention and control, pain management, bereavement, MUST/nutrition, dementia, tissue viability, and care of the elderly.

In the MAU a new information system called Hub had been made available. This system holds patient information provided by services in the community such as social workers, key workers and district nurses. This system is also linked to the Patient Information System (PAS). It is updated daily and the information is used to inform decisions on discharge.

Quality Indicators

There is more focus than ever on measuring outcomes of care, including documenting how nursing care is provided. Measuring quality and maintaining a quality workforce are daily challenges. In practical terms, use of indicators can help to minimise the risk of a patient getting pressure ulcers or suffering a fall. It can help to reduce the chance of spreading healthcare associated infections, or help a patient to recover more quickly. Measurement can also help inform patients about their own progress, and provide the wider public with information about the impact of nursing care.

The trust has introduced Nursing Quality Indicators (NQIs). There are 26 quality national indicators available; 17 are in use in MAU and the Ortho Trauma ward. Wards 2 South Stroke and 2 South Medical had only introduced three quality indicators at the time of the inspection.

Trends for wards in relation to indicators were generally improving; however the results for record keeping were still low. The MAU's audit findings reflected the inspector's findings in relation to record keeping and care planning. In the Ortho Trauma ward audits showed 100 per cent compliance, was achieved. Inspectors found similar results except in the overuse of abbreviations in record keeping.

In Ward 2 South Medical, inspectors' findings reflected ward audit findings, which show inconsistent staff practice in record keeping. The sister advised that the ward had introduced nurse documentation champions. In Ward 2 South Stroke 89 per cent of staff had attended training on record keeping; however record keeping in relation to care planning was poor.

Results of these audits were e-mailed to the lead nurse; if compliance was low the frequency of the audit was increased. In the Ortho Trauma ward, audit results were posted on the notice board and discussed at staff meetings.

Inspectors were informed that these indicators were still subject to continuous review and refinement to ensure that measurements of quality of nursing care are robust and in line with regional and national standards.

7. It is recommended that the trust continues to introduce and monitor nursing quality indicators (NQIs).

Patient Client Experience and Customer Care

A customer care satisfaction survey has recently been undertaken within the wards inspected. The patient questionnaire was analysed and results were forwarded to ward sisters for review. When data was reviewed, it was shared with ward staff and all members of the multidisciplinary team. In one ward, mealtime volunteers had been introduced as part of feedback from the survey. Other issues identified for trust improvement were: access to mobile phones and sometimes there was poor communication with patients. Staff did not always fully explain what was happening to patients. Feedback indicated that there was limited or poor signage in the hospital, and staff did not wear name badges.

The trust has undertaken customer care training for nursing/domestic staff. Customer care is part of the trust's work to promote privacy and dignity awareness. This training discussed staff self-awareness and attitudes to patients and family members and staff also received feedback relating to patient views. Feedback on customer care training was given at the sisters meeting and as part of a safety briefing for staff.

The trust was also participating in the recently launched Public Health Agency (PHA) "10,000 voices" project.⁴ This is a unique project that offers people the opportunity to speak about their experiences as a patient or as someone who has experienced the health service, and to highlight the things that were important to them which will help direct how care is delivered in Northern Ireland.

The PHA would like patients, families and carers to share their experiences of healthcare and how it has impacted on their lives. They will collect 10,000 stories to inform the commissioning process, enabling the delivery of better outcomes and better value for money in how services are delivered. This will be carried out using a phased approach, beginning with unscheduled care.

⁴ <http://www.publichealth.hscni.net/publications/10000-voices-improving-patient-experience>

Inspectors found that information on the above survey was visible and widely available throughout the hospital and in the wards inspected.

A patient and client support advocacy service was based at the hospital reception and can be involved if required when staff are meeting with patients or their family. There was a patient liaison leaflet available for advocacy services.

Overall Summary

Overall the inspectors felt that ward sisters had demonstrated effective management and had raised concerns with trust senior staff that safety can be compromised due to staffing levels and patient dependency. However there were difficulties in balancing their clinical and managerial roles and responsibilities and ensuring staff received the appropriate training. The trust has implemented various initiatives to improve patient care and the training in customer care is to be commended

4.2 Ward Observation (Treating older people with compassion, dignity and respect)

This inspection tool reviewed, the organisation and management of patient environment; the privacy and dignity afforded to patients, person centred care to ensure that older patients are treated with respect and compassion; and the management of food and fluids.

The objective of this exercise was to gather evidence by carrying out ward observation and speaking to staff & patients. This evidence feeds into the overall information gathered to identify whether older patients on the ward are being treated with dignity and respect and their essential care needs are being met.

Inspectors' assessment

Ward Environment

The first impression of the Trauma Ortho ward and MAU was of a welcoming, clean, well-managed, busy but calm environment. Ward 2 South Stroke and Ward 2 South Medical were small with little circulation space (Picture 2)



Picture - Ward 2 South Medical

In Ward 2 South Stroke the spacing within bays was particularly cramped and would not currently be in line with current recommendations for core clinical space. Despite the spacing constraints, the ward environment appeared well maintained, clean and fresh smelling. The inspection team was informed that the ward is due for planned renovation in the next two years.

Generally, all wards inspected were well maintained. In Ward 2 South Medical there was damage to floors and walls and in the MAU damage was observed to the wall of one of the mixed disabled sanitary facilities.

In the MAU, corridors were cluttered with equipment. On the second day of the inspection, the fast turnover of patients and the need to move furniture and beds at times, created difficulty with movement in the corridors. The main ward thoroughfare of Ward 2 South Stroke was particularly cluttered with patient equipment.

A variety of single rooms was available in all wards for isolation and appropriate isolation precautions were in place if required

In all wards, the patients' bed space area was reasonably tidy; the Ortho Trauma ward had a spacious core clinical bed space (Picture 3).



Picture 3 – Trauma ward had a spacious core clinical bed space

Each bay had a clinical hand wash sink. In the MAU inspectors observed staff disposing of water from patient washes down this sink. This is not recommended practice.

8. It is recommended that staff dispose of water from patient washes in the appropriate manner

In the MAU the fabric privacy curtains, looked faded and worn and in Ward 2 South Medical some of the fabric privacy curtains were ripped at the seam; a few were off their hooks. In Ward 2 South Stroke, fabric privacy curtains had recently been repositioned in the bays to ensure privacy and dignity during personal care activities.

9. It is recommended that the trust ensures that all areas are tidy, clutter free, in good repair and fixtures and fittings replaced where necessary; the spacing within bays should be reviewed to ensure that they are in line with current recommendations for core clinical space.

Sanitary Facilities

There were limited sanitary facilities in Ward 2 South Medical. These were old and had poor adaptations for disabled patients; there were two female toilets, one of which was out of order. The hand rails were not close enough to the toilet to make them easily accessible. The single male toilet was small and did not allow access for staff to give assistance. There was no privacy screen in the single male toilet, so when assistance was required the patient was visible to the ward.

There were no designated male or female toilets in the MAU, only mixed disabled sanitary facilities. There was one equipment store which was a bit cluttered; therefore equipment was stored in the main ward corridor. In the treatment room, the clinical work surface was too small for the number of IV medications to be prepared. The toilets in Ward 2 South Stroke were small, sanitary facilities were old and had limited adaptations for disabled use and were not conducive to the use of a wheel chair. Only one of the two dedicated toilets had a hand rail to assist patients. Staff informed the inspection team that when assisting a patient onto the toilet they have to ask patients to feel for the toilet behind them to provide support. Two shower facilities were available; however only one of these was a step-in shower. This limits its use for patients with mobility constraints, which results in time pressures on the only available wheel chair friendly shower.

The toilets and showers in the Ortho Trauma ward were allocated male or female; shower rooms were well equipped and spacious.

In Ward 2 South Medical on the first day of the inspection, the shower was not in use as it was being used to store equipment. It had not been in use since the previous week. A member of nursing staff and the ward sister stated that the limited facilities can lead to patients receiving bed baths. Inspectors noted that this shower was in use on the second day of inspection. There was one equipment store which was shared with the adjoining ward; therefore equipment was stored in the main ward corridor.

10. It is recommended that the sanitary facilities in some wards, including bathrooms and showers are repaired and appropriate adaptations put in place for disabled use.

In all wards, there was sufficient signage to the ward to direct visitors and some general information leaflets were available for patients and their carers to reference.

Privacy and Dignity

In all wards, there was good use of privacy curtains, these were closed when patients were receiving personal care and during interviews with medical and allied health professionals. In the MAU on the second day of the inspection, the privacy curtains were not always fully closed when patients were washing.

In the MAU and Ward 2 South Stroke there was no quiet visitors' room provided. If patients wished to speak confidentially with staff, relatives or by phone, they could utilise the ward sisters' office and multidisciplinary room in the MAU. In Ward 2 South Medical, an admission waiting room was provided with seven easy chairs, TV and some magazines. The room was bright and in good decorative order.

There was no trolley phone in any of the wards but patients were, if able, to go to the ward telephone to receive calls from relatives. Ward reception staff also took and delivered messages to and from patients and relatives.

Not all staff wore name badges; badges were worn at waist height on the uniform pocket and were not easy to read. Lay reviewers had difficulty distinguishing staff by their uniforms.

In all wards, the majority of staff observed were courteous and respectful to patients and visitors. In the MAU a member of staff in Bay F asked a patient to go back into the bathroom and make sure that he washed under his arms so that he didn't smell. This happened in front of other patients. On the second day of the inspection, at the start of the day shift with 18 new patients, staff did not always introduce themselves to patients. In contrast, inspectors observed the approach taken by one male auxiliary nurse, who was attentive, caring, sensitive, and insightful anticipating the care needs of patients. These incidents were reported to ward sister for action.

In Ward 2 South Medical, a member of staff greeted patients with 'are you not washed yet?' in a scolding manner. These issues were raised with the ward sisters for action.

Patient information was generally displayed in an appropriate manner and privacy was maintained in three of the wards. In Ward 2 South Stroke, computer monitors at the two nursing stations faced outwards along the corridor. Patient information could be viewed by persons not involved in the care of the patient. Patient information that included dietary information and mobility/ assistance needs was displayed on white boards above each bed space. In the MAU there were numerous ward rounds and during these, information about the about patients' medical conditions could be overheard.

Bays were single sex in all wards. These were located near relevant designated toilet areas in all wards except The MAU which did not have designated male or female toilet areas. In Ward 2 South Stroke inspectors asked a staff nurse to attempt to open a locked toilet facility (simulation only). The nurse found it difficult to open the door. An appropriate instrument/ tool to open the door was not readily available, which is vital in the event of an emergency.

In the MAU on the first day of the inspection, a patient with confusion was constantly throwing off their bedclothes leaving themselves exposed. On one occasion a healthcare assistant was seated beside this patient, but had not responded to the need to cover up the patient. Staff response to ensure that this patient's dignity was not compromised could be improved. This could easily have been solved if a pair of pyjama bottoms had been available. One elderly female patient in Ward 2 South Medical close to the nursing station had removed bedclothes and staff did not address this for a considerable period of time.

11. It is recommended that the trust undertakes further work to ensure that all staff provide the appropriate personal care, privacy is maintained at all times and all patients are treated with dignity and respect.

Person Centred Care

In the MAU, Ward 2 South Medical and the Ortho Trauma ward a system based on the principles of care or intentional rounding called "Introduce Yourself" had been introduced. In acute settings, there are key aspects that are usually checked during intentional rounds; these include, making sure the patient is comfortable and assessing the risk of pressure ulcers; scheduling patient visits to the bathroom to avoid risk of falls; asking patients to describe their pain level on a scale of 0 - 10 and making sure the items needed by the patient are within easy reach.

During each round the following behaviours should be undertaken by the nurse:

- an opening phrase to introduce themselves and put the patient at ease
- ask about the areas (from the paragraph above)
- assess the care environment (e.g. fall hazards, temperature of the room)
- ask 'is there anything else I can do for you before I go?'
- explain when the patient will be checked on again and documenting the round

In the MAU, the inspectors viewed a number of these documents and times for recording varied. The ward manager stated that these should be completed every two hours. From the records reviewed this did not always happen, and the completion of the documents did not always reflect the care delivered. Issues identified at care rounding were passed on to relevant staff in the Ortho Trauma ward.

When inspectors spoke with staff in Ward 2 South Medical about using this system, it became clear to the inspectors that some staff see this as a waste of time and merely a tick box exercise. Staff did say that this system was not reflective of the number of times that they did see a patient. It was also observed that staff carried

out the procedure as a tick box exercise as they did not appear to ask the patients all aspects of the information.

12. It is recommended that the trust ensures that staff recording of the “Introduce Yourself” sheets which are based on the principles of care or intentional rounding are fully completed. Staff should ensure they understand the importance of this function.

Patient Call Bells

The patient call system in Wards 2 South Medical and 2 South Stroke were old. When a patient buzzes, a small light goes on outside the door or at bay. A red light goes on in the sisters’ office, but the location is not identified. In Ward 2 South Medical, the light for the buzzer in side room three was not lighting up and had been out of order for over a week. It was repaired on day two of the inspection. Buzzers in the toilets and shower room were tied to the hand rails. It took about three minutes for a buzzer to be answered. On one occasion (at the start of the lunch period) a gentleman had gone to the toilet unaided; he pressed the buzzer for assistance but had to wait in the toilet for some time.

In Ward 2 South Medical, the patient call system was inaccessible for seven patients on the morning of the first day of the inspection (Picture 4).



Picture 4 –Patient call bell out of reach at the back of the bed

One patient indicated that he was not aware there was a call bell and said *“I would feel more comfortable in the knowledge that I could attract help if I need it.”* On the ward there was one call bell unplugged and another that was broken for at least a week but which had been reported by night staff. It was often observed that call bells were on the opposite side of the patient, or around a lamp, or behind a bed. The call bell cord itself was in almost all cases too short for the majority of patient usage.

All call bells were answered promptly over the two days of the inspection. In Ward 2 South Stroke the buzzer in Bay 3 was broken; it had been reported to estates services.

The nurse call system in the shower room outside Bay 3 is located behind the radiator (Picture 5).



Picture 5 Patient call bell behind radiator

The ward sister informed the inspection team, that the cable of the call buttons at the patients' bedsides were too short which caused access problems for patients, especially when they were sitting out of bed.

In the Ortho Trauma ward the response to buzzers was generally appropriate however on one occasion a patient was waiting three to four minutes for the call bell to be answered. The ward very busy and when the patient was questioned was not stressed or concerned. Felt there were other patients more needy and was happy to wait

When inspectors spoke with the patient, the patient stated that there were other patients who required more help and they were happy to wait. In the MAU there were two occasions when there could have been a faster response to patients call bells by staff in the vicinity.

13. It is recommended that old patient call systems are replaced and call bells are within patients reach and answered promptly.

Personal Care

In all wards, patient personal care was generally of a high standard. Patients appeared clean, comfortable and suitably clothed. In Ward 2 South Medical the pyjama top of one patient was stained and two patients were wearing surgical gowns. A patient using the patient call bell waited five minutes for a nurse attend. The inspector observed that there were no fluids (jug of water and glass) beside this patient and the patient's lips and mouth were visibly dry. There was no evidence of oral hygiene maintenance for this patient.

Patients were helped to the toilet if they needed assistance, patients using the commode at the bedside were given privacy and time and dignity was prompted.

Inspectors identified a few instances where this could be improved. In the MAU one patient's pyjamas bottoms fell down while being assisted to the toilet by two members of staff. Staff should ensure that pyjamas are securely fastened to protect patient's dignity. In Ward 2 South Stroke, ward space is limited in bays when staff have to mobilise patients onto commodes. There were only two commodes available. Staff informed the inspection team that the number of commodes was insufficient and has resulted in delays in access to a commode for patients. The ward sister was awaiting delivery of four commodes.

In Ward 2 South Medical some urinary catheter bags could have been emptied more frequently. There were two patients with catheter bags that were extremely full and dragging on the floor. Inspectors brought this to the attention of the staff.

Two patients in the MAU were nil by mouth. Inspectors observed one of these patients receiving mouth care. It was difficult to identify these patients as there was no identification at the bedside.

Patient personal mobility aids, hearing aids and glasses were within easy reach of the patient in all wards and assistance was provided as appropriate. Patients and staff confirmed that appropriate dental care is part of the daily care and in all wards pain relief was given on request.

In Ward 2 South Medical ward, staff stated that confused patients who required one to one supervision did not always have this provided due to staff shortages. However this can sometimes be difficult to accommodate as patients requiring this level of cover can be highlighted at short notice and often during the out of hours period. Every effort is made to supervise these patients appropriately at all times.

In the MAU inspectors observed one to one care for a confused patient for a short time when the patient was agitated. The ward manager stated that if this is required on a constant basis, they correspond with their line manager to secure agreement.

14. It is recommended that all patients receive the essential care needed at all times.

Food and Fluids

Protected meal times were in place, and generally little interruption was observed during meals (Breakfast and Lunch). In the MAU and Ward 2 South Stroke, the phlebotomist carried out venepuncture whilst patients were eating.

15. It is recommended that the trust policy on protected meal times is adhered to by all staff.

Meals were of a good variety, warm and appeared appetising. Patients had a choice to remain in bed and eat their meal, or sit at the bed side. In MAU, one patient who required assistance was served champ; this looked dry and unappetising; and not eaten by the patient.

In Ward 2 South Medical, one patient received a pureed meal, the meal had been reformed into vegetables, potatoes and meat. A member of staff added gravy to the meal and mixed the portions together without giving the patient a choice. Two patients required assistance with their meals; staff used a plastic spoon instead of the appropriate cutlery. One staff was responsible for assisting four patients. Inspectors spoke with a family member who comes in every day to assist her mother at lunch time. A second family member comes in several evenings at tea time.

Patients were not given adapted cutlery or crockery; the ward sister confirmed they were not available. Flimsy disposable plastic clear glasses were used for drinks, and standard white china cups with small handles were used for hot drinks. One patient stated he had difficulty in getting the knife from the food tray as it was flat and he could not grasp it. He used his fork to lever it off the tray. One lady did have two specialised drinking cups, but these were supplied by her family. Sister and a nurse stated they had to rely on family members for assistance in care. They quoted an example where in the previous week a confused lady was on the ward and a family member stayed all night to help care for her. The ward sister confirmed that two ancillary staff have now been engaged to help assist patients at meal times.

Jugs of water were available and changed twice daily, at breakfast and after lunch in all wards. In Ward 2 South Medical some jugs of water at the bedside would be too heavy for patients to lift, some were not within reach of the patients, and patients were observed having to ask for a drink of water. One very elderly patient asked for a drink of water that she was unable to access herself. The inspector heard the nurse say that she would finish her patient observations and then give this lady a drink. In the MAU some jugs were not within the reach of patients and at lunch two patients had to ask for a drink. However inspectors did observe that patients were actively encouraged to drink fluids during observations sessions.

In the other wards, patients were encouraged to drink at meal times and with medication. During the inspection periods, there were several plastic glasses with different levels and types of liquids, water, squash, lemonade thickened drinks, some with straws.

16. It is recommended that there are sufficient staff, on duty to assist and supervise patients with their meals.

17. It is recommended that patients are provided with appropriate crockery and cutlery.

18. It is recommended that pureed, reformed meals are not mixed together unless this is a patient choice.

For patients who required assistance with their meal, there was a hand written paper sheet given to the catering staff. In Ward 2 South Medical the catering staff were unsure if the stars at the names indicated patients who required assistance. In the MAU, catering staff stated that a mustard coloured cover on the plate indicated that help was required.

In the Ortho Trauma ward, a red napkin system was in place for patients requiring assistance. In Ward 2 South Stroke, trays with a white lid are indicative of a normal diet and lids with an orange lid are indicative of a modified diet. Inspectors observed that a sufficient number of staff had been allocated to assist patients with meals.

In Ward 2 South Medical the red tray system to identify patients who required assistance with eating and drinking was not working effectively. Inspectors noted that while a number of patients required assistance, only one patient had a red tray present to indicate this. Information on patient needs had not been communicated between nursing and catering staff. A patient was observed at breakfast time. His napkin had fallen into his porridge and he was unaware of this. This gentleman could have benefited from assistance.

At breakfast time, on the second day of the inspection in MAU Bay F, only one member of staff assisted patients. Two other staff were delivering personal care for a patient for approximately 30 minutes. The majority of patients required some form of assistance to ensure that the bedside table was over the bed. Breakfast had been left by a catering assistant on a bedside table which was not close enough to the patient. In one instance the patient had to lean out of the bed to try to reach the table. This was not noticed by staff, so the inspector had to intervene and ask for assistance. The way this member of staff dealt with the patient frustrated the patient, so the inspector intervened again. Toast delivered to the patients required to be buttered and as a significant number of the patients needed assistance, they had to wait.

19. It is recommended that the trust clarifies the system in place to identify patients who require assistance with their meals.

In all wards, patients were generally offered hand hygiene before meals, and napkins were supplied. Inspectors in the MAU did not observe patients being offered hand hygiene before meals. On the first day, hand wipes on the trays were not available; these were available on the second day.

20. It is recommended that patients are provided with hand wipes at mealtimes

Catering staff deliver and remove the food trays, and inspectors were informed that they would highlight to nursing staff if meals were not eaten. In the Ortho Trauma ward, catering staff were advised which trays they were not allowed to collect. During the inspection food was not served unless a patient was present.

Overall summary

Generally, all wards inspected were clean, tidy and well maintained. Inspectors noted that Wards 2 South Stroke and 2 South Medical were small with little circulation space. In Ward 2 South Stroke the spacing within bays was particularly cramped and would not currently be in line with current recommendations for core clinical space. In some wards sanitary facilities, including bathrooms and showers are in need of repair and adaptations put in place for disabled use.

In all wards, the majority of staff observed were courteous and respectful to patients and visitors and generally patients privacy and dignity was maintained. In some wards inspectors observed that not all staff treated patients with dignity and respect. In some wards the patient call systems were old and needed to be replaced.

Inspectors observed that not all call bells were within patient reach or answered promptly. In all wards, patient personal care was generally of a high standard, although staff need to ensure that stained clothing is changed, all patients have a drink beside them and oral hygiene is undertaken. In some wards more commodes were needed and catheter bags need to be emptied more frequently.

Protected meal times were in place, although not always adhered to. There was a good variety of meals, which were warm and generally appeared appetising. At times there were not enough staff to assist patients with their meals and some patients were not provided with appropriate crockery and cutlery. Inspectors observed that there were varying systems in place to identify patients who require assistance with their meal, and at times these did not appropriately identify patients who needed help.

Inspectors observed that in some instances hand hygiene and the use of personal protective equipment could be improved. On two occasions staff did not comply with the trust's administration of medication policy.

Other issues identified

- In the MAU one member of staff did not change gloves and apron immediately after the episode of care was finished. Another did not remove gloves and wash hands before lifting another patient's care charts. The five moments of care for hand hygiene was not adhered to by two members of staff.
- In Ward 2 South Medical, staff did not wear gloves and aprons in line with guidance; for example an apron was not used when carrying used urinals, when carrying out personal care, or handling used linen.

- Inspectors observed in the MAU that IV medication had been drawn up and left sitting in trays in the open clinical room. This is unsafe practice, allows for unauthorised access and was brought to the attention of the ward manager for action (Picture 6).



Picture 6 Pre drawn up IV medications

- In Ward 2 South Stroke, medicines are administered from the locked compartments in patient bedside cabinets. However there was no evidence that patients and carers were active partners in decisions about medicines prescribed for them. Medicines prescription times were not always adhered to. Of six medicine kardexes referenced, at 09.30, three patients still had not received their 0800 medications.

21. It is recommended that staff should adhere to the trust's infection prevention and control policies

22. It is recommended that staff should adhere to the trust's administration of medication policy

4.3 Review of Care Records

The inspection tool used reviews the patient care records; in relation to the management of patients with cognitive impairment; food, fluid and nutritional care; falls prevention; pressure ulcer prevention; medicine and pain management. Care records should build a picture of why the patient has been admitted, what their care needs are, desired outcomes for the patient, nursing interventions and finally evaluation and review of the care.

Inspectors' assessment

Inspectors reviewed 15 patient care records in depth and 21 patient bedside charts were examined for specific details. The inspectors found similar gaps in each set of records.

Patient information sourced by nurses, was not always reviewed, or analysed collectively to identify the care needs of individual patients. Assessments were not always fully completed or used to inform subsequent care interventions required.

23. It is recommended that the assessment of patients nursing needs should be patient focused and identify individual needs and interventions required. This should be reviewed and updated in response to changing needs of patients.

The nursing documentation in use indicates that there are a variety of risk assessments that should be undertaken. Some examples of these include risk assessments on, nutrition, falls, and pressure ulcer risk. If a risk has been identified a care plan should be devised to provide instruction on how to minimise the risk.

In all wards, there were variations in the quality of the risk assessments undertaken.

Inspectors found that generally risk assessment had been completed and had been undertaken within six hours of admission to the ward. MOST assessments were not always fully completed. In some records, a bedrail risk assessment was not carried out for patients with bedrails in place. In one instance, the nursing notes had recorded that a patient had climbed around the rails on more than two occasions; these had not been recorded as an incident on the DATIX system. Inspectors also found there were instances when other assessments were not always fully completed.

Regular review of risk assessments did not always occur despite significant changes in the patient's condition. Identified risks did not always have a care plan devised to provide instruction on how to minimise the risks.

24. It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a care plan devised to provide instruction on how to minimise the risks.

In most instances, in the patients' notes that were reviewed, there were no nursing care plans in place. The nursing notes reviewed did not always reflect the nursing assessment, or the care required for the patient, identified on observation. Any care plans that had been devised were poorly written, with minimal detail and little direction of the care to be implemented for the patient.

One patient was admitted with at least eight identified nursing care needs. This was determined from observation of the patient and review of their nursing assessment; however, only one care plan was noted to be in place. The observation of delivery of care to this patient was not evidenced within the daily notes recorded by nursing staff. Additional care charts such as fluid balance, intentional rounding and repositioning were not contemporaneous.

Another patient had six identified nursing care needs. This was also determined from observation of the patient and review of their nursing assessment; however, no care plans had been developed.

There were similar findings in all of the care records examined. None of the care plans reviewed evidenced that nurses adequately carried out assessment, planning, evaluation and monitoring of the patient's needs. This is vital to provide a baseline for the care to be delivered, and to show if a patient is improving or if there has been deterioration in their condition. Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines.

Improvements in record keeping are required in the following areas:

- admission assessment should be fully completed
- assessments were not fully used to inform the subsequent care interventions required
- risk assessments should be fully completed
- if a risk is identified, a care plan should be devised to provide instruction on how to minimise the risk.
- care plans should be devised for patients needs
- in the nursing progress notes, entries should be dated and legible. They should reference the care plan, and triangulation of care

The care records examined failed to demonstrate that safe and effective care was being delivered.

25. It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in response to changing needs of patients.

26. It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.

DNAR (Do not attempt resuscitation)

A trust policy was devised based on the joint guidance issued by the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing on decisions in relation to cardiopulmonary resuscitation. As part of the inspection, DNAR decisions and subsequent documentation were reviewed in both medical and nursing records.

Inspectors Assessment

Inspectors found that in Ward 2 South Medical, one of the nursing assessments indicated that a DNAR form was in place. There was no reference in the medical notes that this decision had been discussed with the patient's next of kin, until four days after the decision. This was confirmed by the ward sister who checked the patient notes.

In the MAU, in one nursing assessment at the section on DNAR it was written "do not discuss with relatives". This patient was confused, therefore would not have had the capacity to make a decision in this respect. No DNAR form could be found in the medical notes by inspectors or the nursing staff. In the Ortho Trauma ward the DNAR form was found in the front of medical notes. This was completed and there was evidence of discussion with the family.

27. It is recommended that medical staff comply with the trusts DNAR policy

4.4: QUIS Observation Sessions

Observation of communication and interactions between staff and patients or staff and visitors was included in the inspection. This was to be carried out using the Quality of Interaction Schedule (QUIS).

Inspectors Assessment

Inspectors and lay reviewers undertook a number of periods of observation in the ward which lasted for approximately 20 minutes. Observation is a useful and practical method that can help to build up a picture of the care experiences of older people. The observation tool used was the Quality of Interaction Schedule (QUIS). This tool uses a simple coding system to record interactions between staff, older patients and visitors. Details of this coding have been included in Appendix 1.

	Sessions undertaken	Observations	Positive (PS)	Basic (BC)	Neutral (N)	Negative (NS)
MAU	8	54	38	7	4	5
2South Stroke	4	50	41	6	1	2
Ortho Trauma	3	17	5	10	2	0
2South Medical	6	40	26	1	9	4
Total	21	161	110	24	16	11

The results of the periods of observation indicate that 69.4 per cent of the interactions were positive. Positive interactions relate to care which is over and beyond the basic physical care task, demonstrating patient centred empathy, support, explanation, socialisation etc.

Neutral interactions are brief indifferent interactions, not meeting the definitions of other categories. Basic interactions relate to brief verbal explanations and encouragement, but only that necessary to carry out the task with no general conversation.

Negative interactions relate to communication which is disregarding of the patients' dignity and respect. It was disappointing to note this type of interaction; however this involved a small number of staff. The staff were made known to the ward sister for the appropriate action to be taken.

The narrative results from the four wards have been combined and listed below.

Positive interactions observed

- Overall there was good interaction between staff and patients
- Generally good communication skills displayed; coming down to patient level, speaking slowly, awareness of hearing difficulties, introduced self, repeating information, ensuring patient understood
- Good conversations with patients while carrying out personal care, and when passing thought to deal with other patients
- Ensuring patient comfortable before leaving bedside
- Encouragement, comfort and reassuring behaviour from staff during care tasks
- Staff initiated conversation with patients, listened and spoke respectfully and politely

Neutral interactions observed

- Nurse assistant carried out a morning session of personal care with a patient and did not speak except to say good morning. The patient was unresponsive so nurse assistant didn't engage any further
- Alarm on infusion pump sounded, ignored for 3 minutes then actioned
- Care assistant walked down the bay, quick look around, quickly said 'Alright' to a patient, and walked straight out again
- Some interaction was task orientated, no communication with patients
- A member of staff carried out personal care first thing in the morning for over 15 minutes, only addressed patient once

Basic interactions observed

- A nurse did not address the patient immediately. The nurse was busy getting an apron
- A doctor did not give a full explanation of a cannula site to a patient
- A nurse working behind patient in silence, only responded when patient spoke
- A patient called for a nurse, no immediate response
- A HCA had little interaction with a patient when assisting with breakfast
- A nurse was asking a patient questions sitting on bottom of stool not looking at patient

Negative interactions observed

- A patient informed night staff they needed to use the bedpan. A member of staff acknowledged the request however went off duty without assisting the patient. Day staff appeared unaware of the request and did not attend to the patient until intervention by the inspector
- Staff nurse greeted patients with 'are you not washed yet', scolding manner
- On four occasions no interaction or, conversation whilst assisting patients with their breakfast

- One occasion nurse to patient? “Have you finished?” took wash basin from the patient. Nurse emptied wash water in hand washing sink. Didn’t change gloves or aprons before looking and lifting another patients notes, didn’t wash hands after removal
- A patient was observed attempting to climb around the bed rails. Three nurses had walked past the patient’s bed space without action to assist and maintain the patient’s safety. Action was taken by a member of the nursing staff after being prompted by an inspector.
- Use of colloquial, terms of endearment such as ‘wee sweetie’, ‘boys’

Events

During observations, inspectors noted the following events or important omissions of care which are critical to quality of patients’ care but which do not necessarily involve a ‘direct interaction’. For example, a nurse may complete personal care without talking or engaging with a patient.

An example of an omission of care may be

- a patient repeatedly calling for attention without response,
- a patient left inadequately clothed,
- a meal removed without attempts made to encourage the patient to finish it,
- a patient clearly distressed and not comforted.

Events observed by Inspectors/Lay Reviewers

A patient asked a member of staff who the inspector was while undertaking an observation; a HCA said that the, ‘inspector was a visitor’. Observation was interrupted to explain to the patient the inspector’s role and the purpose of the inspection. (Patient had an RQIA leaflet on the bedside table)

The inspector overheard a staff to staff conversation during an observation period. A HCA was referring to patients as F1, F2, F3, F4 etc. This was in front of patients who would have had no difficulty hearing this.

Outside of the observation period, a member of staff was taking blood from an unresponsive patient in a side room and didn’t speak to the patient at all.

A patient was distressed, shouting out and trying to get up from the bed, the patient’s call bell was not within easy reach.

28. It is recommended that the trust develops measures to improve staff to patient interactions, ensuring that patients are always treated with dignity and respect.

4.5 Patient and Relative Interviews/ Questionnaires

The RQIA inspection included obtaining the views and experiences of people who use services. A number of different methods were used to allow patients and visitors to share their views and experiences with the inspection team.

- Patient /Relatives/Carers Interviews
- Patient Questionnaires
- Relatives/Carers Questionnaires

Inspectors Assessment

During the inspection 17 patient and 14 relatives/carers questionnaires and 19 patient interviews were undertaken.

In the Ortho Trauma ward, six patients and six family/ carer questionnaires were handed out. One family member returned the questionnaire and one patient did not complete the form as they were too tired. The patient asked the inspection team to complete all sections of the questionnaire as excellent.

Generally feedback received from patients and relatives or carers was good. Overall they thought that staff were very accommodating, professional, polite and courteous and generally felt that they received good care during their stay. Questionnaires indicated that staff introduced themselves to patients and included them in conversation. Some indicated that when there are difficult and serious conversations they always get a degree of privacy.

Some patients felt that the meals were enjoyable; others thought that the food could be repetitive.

Overall patients felt that visiting hours were suitable. When questioned patients informed the inspection team that they had not received information leaflets.

Some positive written comments were:

‘We are here to look after my dad’s elderly cousin. He is being well looked after so far and has no complaints. Hopefully he will be soon on the road to recovery and return home. We wouldn’t be in a position to comment on the ward outside of our limited experience, so far so good.

‘I have received the most excellent of care during my stay in hospital, including the right positive approach and response from staff nurses and all investigative staff’

“We are very content with my mother’s hospital experiences, care and medical attention”

“Only good can be said about my experience here”

Patient Interviews

Overall patients stated they were happy with the standard of care, and had a good relationship with day and night staff. There was a general understanding from patients that staff were working to the best of their ability, given the time and staff available. Most patients felt that buzzers were answered reasonably quickly, however some felt that they might have to wait if staff were attending to another patient. Some patients would use their call button a few minutes before they needed assistance to allow a few minutes for delay.

Overall, patients felt that staff took the time to chat with them, although sometimes the introductions were a bit quick. One patient stated “I don’t feel neglected; I can talk to staff if I have a problem”. The majority of patients felt that staff encouraged you to talk about yourself and made you feel that they were interested in you as a person.

Most patients felt that the meals were good. They could choose their meals each day and portion sizes were good. Patients felt that they were kept informed about their care, although one patient, who was not allowed out of bed and didn’t know why, stated that staff ‘don’t tell you too much’. Patients and relatives were happy that family members are able to visit outside visiting times. When patients were asked what can be done differently, the reply received was more help in getting up in the morning and more information leaflets.

Two patients expressed disappointment in the delay in their discharge home. Both patients were waiting for results and resolution of an infection. One patient was cold overnight and had difficulty sleeping, as another patient was calling out.

Interview with two family members.

Inspectors had the opportunity to speak in depth with the daughters of a patient who had been in the ward for over three weeks. They had come in without an appointment specifically to talk to the ward sister about mothers care. They were impressed with the ward sister’s level of knowledge of their mother’s condition without having to refer to her medical and nursing notes. They said nursing staff were fantastic and they had no complaints. They acknowledged that staff worked very hard to deliver care however highlighted that this was constrained by too few staff for the patient needs and numbers.

One daughter visits daily to assist with lunch. One daughter visits several evenings per week to assist at tea time. They said that patients don’t have the feeding aids needed to help themselves with their meals. They did suggest having more ancillary staff to assist at meal times, to allow nursing staff to deliver nursing care.

They stated that they rarely saw staff completing hand hygiene before delivering personal care.

Their final comment was “If you are too sick to have a voice, you can be missed”

29. It is recommended that the trust should action patient, relative and carer comments to improve the patient experience.

4.6 Emergency Department

Inspectors' assessment

Inspectors visited the ED twice on the first day of the inspection at 9.30am and 3pm. At these times there were no patients over 65 who had been waiting in ED for more than six hours. At 9.30 am one patient who had been waiting for 10 hours had just been admitted. On the second day at 10.30am there were two patients who had been waiting in ED for more than six hours. Patients can be transferred from ED to the wards after midnight when beds are available.

One of these patients attended at 03.30am, breached the four hour target at 07.30 am and a decision to admit was made at 7.15am. The admission was delayed as no bed was available.

The second patient attended at 02.58am and breached the four hour target at 06.57am. The patient was to be discharged back to their Nursing Home. An ambulance was booked for 07.00am, and the patient was waiting due to ambulance delay.

The sister informed the inspectors of a recent initiative with the Northern Ireland Ambulance Service (NIAS) who are providing an onsite member of staff for liaison from 11am – 7pm. The sister stated that the Hospital Liaison Ambulance Officer (HALO) is proving to be very beneficial to assist with pending admissions and discharges. This is not a permanently funded post.

30. It is recommended that the trust and NIAS evaluate the impact of this role and agree clearly defined roles and responsibilities.

Patient Documentation and Assessments

The care patients receive in ED is recorded on the ED flimsy. This involved completing a form to record details on social history and next of kin details and for the following care needs; mental state, washing and dressing, mobility, diet and assistance required. Inspectors noted that some of the care delivered by staff was recorded; however a full nursing risk assessment was not undertaken. Pressure ulcer risk, manual handling, falls or MUST assessments were not completed. In contrast patients admitted to the short stay ward were generally admitted for 24-48 hours and had an observation ward booklet completed. This booklet contained information on the general needs of the patient and risk assessments on manual handling.

Patients were not automatically fully assessed for all common frailty syndromes. Older people tend to present to clinicians with non-specific presentations or frailty syndromes. The reasons behind these non-specific presentations include the presence of multiple comorbidities, disability and communication barriers. The ability to recognise and interpret non-specific syndromes is key, as they are markers of poor outcomes. The documentation used by staff should cover these areas.

There was no mental state assessment tool used. A psychiatric liaison nurse was available 09.00am-5pm; however there can be some delays in the out of hours service. This gap was partially covered by the sister from Bluestone Mental Health Unit. Inspectors were informed that gaps in this service between 5-9pm and 06.00 – 09.00am, was covered by the psychiatric registrar. Inspectors were also informed that workload in the ED can increase with GP referrals on days when GPs surgeries close early.

The SAD PERSONS screening tool is used to identify the risk of self-harm. The use of this tool should be reviewed in line with the relevant NICE guideline⁵. Regionally work is being carried out to start screening all older patients for depression. Staff had not received training on care of patients with dementia, delirium, which the sister felt would benefit staff.

31. It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndromes, and the use of the SAD PERSONS screening tool

There was a designated Social Worker from Monday to Friday; there was no patient information kept in the department on benefits and staying warm. Nursing staff could refer patients directly to the geriatric liaison team, which includes an Occupational Therapist and a Physiotherapist. There was access to rehabilitation services and next day appointments for the rapid falls assessment team in Lurgan Community Hospital.

Out of hours, tea and toast were provided for patients, and vending machines were available. There was also a reception coffee bar which opens from 08.00am to 08.30pm. The sister stated that at times there was a lack of pillows and blankets and that out of hour's access to pressure relieving mattresses could be problematic.

32. It is recommended that sufficient supplies of equipment are available.

There has been significant work undertaken by the trust to work within the departmental targets for waiting times in ED. There is work required to ensure that patients have the appropriate assessments undertaken, particularly if they are waiting over six hours.

33. All staff should receive training on dementia care and care of the vulnerable adult.

34. The trust should review the services available out of hours and information available for patients.

⁵ Nice Guidelines - <http://www.nice.org.uk/guidance/index.jsp?action=byType&type=2&status=3>

5.0 Summary of Recommendations

- 1. It is recommended that any the identified nurse staffing variances are reviewed to ensure that patient care and safety is not compromised due to staffing levels.**
- 2. It is recommended that ward sisters should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.**
- 3. It is recommended that the trust should review the issues with medical cover in Ward 2 South Medical, including an increase in psychiatric liaison.**
- 4. It is recommended that the trust should ensure policies are available to staff.**
- 5. It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs.**
- 6. Older people should be appropriately screened and assessed for cognitive impairment, improvements should be made to the ward environment and staff should be appropriately trained.**
- 7. It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs).**
- 8. It is recommended that staff dispose of water from patient washes in the appropriate manner**
- 9. It is recommended that the trust ensures that all areas are tidy, in good repair and fixtures and fittings replaced were necessary; the spacing within bays should be reviewed to ensure that they are in line with current recommendations for core clinical space.**
- 10. It is recommended that the sanitary facilities in some wards, including bathrooms and showers are repaired and appropriate adaptations put in place for disabled use.**
- 11. It is recommended that the trust undertakes further work to ensure that all staff provide the appropriate personal care, privacy is maintained at all times and all patients are treated with dignity and respect.**
- 12. It is recommended that the trust ensures that staff recording of the "Introduce Yourself" sheets which are based on the principles of care or intentional rounding are fully completed. Staff should ensure they understand the importance of this function.**

- 13. It is recommended that old patient call systems are replaced and call bells are within patients reach and answered promptly.**
- 14. It is recommended that all patients receive the essential care needed at all times**
- 15. It is recommended that the trust policy on protected meal times is adhered to by all staff.**
- 16. It is recommended that there is sufficient staff to supervise and assist patients with their meals.**
- 17. It is recommended that patients are provided with appropriate crockery and cutlery.**
- 18. It is recommended that pureed, reformed meals are not mixed together unless this is a patient choice.**
- 19. It is recommended that the trust clarifies the system in place to identify patients who require assistance with their meals.**
- 20. It is recommended that patients are provided with hand wipes at mealtimes**
- 21. It is recommended that staff should adhere to the trust's infection prevention and control policies**
- 22. It is recommended that staff should adhere to the trust's administration of medication policy**
- 23. It is recommended that the assessment of patients nursing needs should be patient focused and identify individual needs and interventions required, this should be reviewed and updated in response to changing needs of patients.**
- 24. It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.**
- 25. It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in response to changing needs of patient**
- 26. It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.**
- 27. It is recommended that medical staff comply with trusts DNAR policy**

- 28. It is recommended that the Trust develops measures to improve staff to patient interactions ensuring that patients are always treated with dignity and respect.**
- 29. It is recommended that the trust should action patient, relative, carer comments to improve the patient experience.**
- 30. It is recommended that the trust and NIAS evaluate the impact of this role and agree clearly defined roles and responsibilities.**
- 31. It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndromes, and the use of the SAD PERSONS screening tool**
- 32. It is recommended that sufficient supplies of equipment are available.**
- 33. All staff should receive training on dementia care and care of the vulnerable adult.**
- 34. The trust should review the services available out of hours and information available for patients.**

Appendix 1 QUIS Coding Categories

The coding categories for observation on general acute wards are:

Examples include:

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic Care: (BC) – basic physical care e.g. bathing or use of toilet etc with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are tailored to the individual, the language used easy to understand, and non-verbal used where appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away <p>Staff respect older people's privacy and dignity by speaking quietly with older people about private matters and by not</p>	<p>Examples include: Brief verbal explanations and encouragement, but only that the necessary to carry out the task</p> <p>No general conversation</p>

talking about an individual's care in front of others • Staff use of curtains or screens appropriately and check before entering a screened area and personal care is carried out with discretion	
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Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.	Negative (N) – communication which is disregarding of the residents' dignity and respect.
Examples include: <ul style="list-style-type: none"> • Putting plate down without verbal or non-verbal contact • Undirected greeting or comments to the room in general • Makes someone feel ill at ease and uncomfortable • Lacks caring or empathy but not necessarily overtly rude • Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact • <input type="checkbox"/> Telling someone what is going to happen without offering choice or the opportunity to ask questions. • <input type="checkbox"/> Not showing interest in what the patient or visitor is saying. 	Examples include: <ul style="list-style-type: none"> • Ignoring, undermining, use of childlike language, talking over an older person during conversations. • Being told to wait for attention without explanation or comfort • Told to do something without discussion, explanation or help offered • Being told can't have something without good reason/ explanation • Treating an older person in a childlike or disapproving way • Not allowing an older person to use their abilities or make choices (even if said with 'kindness'). • Seeking choice but then ignoring or over ruling it. • <input type="checkbox"/> Being angry with or scolding older patients. • Being rude and unfriendly • Bedside hand over not including the patient

Events

You may observe event or as important omissions of care which are critical to quality of patients care but which do not necessarily involve a 'direct interaction'. For example a nurse may complete a wash without talking or engaging with a patient (in silence).

Appendix 2 Patient Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
I have been given clear information about my condition and treatment	13 (81.3%)	0	1 (6.3%)	0	2 (12.5%)	1 person	16
I always have access to a buzzer	12 (80.0%)	1 (6.7%)	1 (6.7%)	1 (6.7%)	0	2	15
When I use the buzzer staff come and help me immediately	10 (71.4%)	0	3 (21.4%)	1 (7.1%)	0	3	14
When other patients use the buzzer staff come and help them	9 (64.3%)	1 (7.1%)	4 (28.6%)	0	0	3	14
I am able to get pain relief when I need it	11 (78.6%)	1 (7.1%)	2 (14.3%)	0	0	3	14
I am able to get medicine if I feel sick	10 (71.4%)	1 (7.1%)	2 (14.3%)	0	1 (7.1%)	1	14
I get help with washing, dressing and toileting whenever I need it	12 (85.7%)	0	0	0	2 (14.3%)	3	14
Staff help me to carry out other personal care needs if I want them to	12 (85.7%)	0	0	0	2 (14.3%)	3	14
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	11 (84.6%)	0	0	0	2 (15.4%)	4	13
If I need any help with my glasses, hearing aid, dentures, or walking aid staff will help me with this	10 (83.3%)	0	0	0	2 (16.7%)	5	12
Staff are aware of the help I need when eating and drinking	7 (58.3%)	1 (8.3%)	0	0	4 (33.3%)	5	12
I enjoy the food I am given on the ward	10 (71.4%)	1 (7.1%)	1 (7.1%)	1 (7.1%)	1 (7.1%)	3	14
Staff help other patients to eat or drink if they need assistance	9 (75%)	1 (8.3%)	0	0	2 (16.7%)	5	12
I have access to water on the ward	12 (85.7%)	0	2 (14.3%)	0	0	3	14
Staff always respond quickly if I need help	12 (85.7%)	1 (7.1%)	0	1 (7.1%)	0	3	14
The quality of care I receive is good	12 (85.7%)	2(14.3%)	0	0	0	3	14
The ward is clean and tidy and everything on the ward seems	16 (100%)	0	0	0	0	1	16

to be in good working order							
Staff will give me time to do the things I need to do without rushing me	14 (93.3%)	1(6.7%)	0	0	0	2	15
I feel safe as a patient on this ward	15 (100%)	0	0	0	0	2	15
Are you involved in your care and treatment	15 (100%)	0	0	0	0	2	15
Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the ward	15 (100%)	0	0	0	0	2	15

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff explain treatment to me so I can understand	14 (100%)	0	0	0	0	3	14
Staff listen to my views about my care	13 (100%)	0	0	0	0	4	13
I can always talk to a doctor if I want to	15 (100%)	0	0	0	0	3	14
I feel I am involved in my care	11 (100%)	0	0	0	0	6	11
Staff have discussed with me about when I can expect to leave the hospital	7 (53.8%)	0	0	2 (15.4%)	4(30.8%)	4	13
Staff have talked to me about what will happen to me when I leave hospital	4 (44.4%)	0	1 (11.1%)	0	4(44.4%)	8	9
Staff always introduce themselves	14 (93.3%)	1 (6.7%)	0	0	0	2	15
Staff are always polite to me	15 (100%)	0	0	0	0	2	15
Staff will not try to rush me during meal times	13 (92.9%)	1(7.1%)	0	0	0	3	14
Staff never speak sharply to me	13 (92.9%)	0	1 (7.1%)	0	0	3	14
Staff call me by my preferred name	13 (86.7%)	0	1(6.7%)	0	1(6.7%)	2	15
Staff treat me and my belongings with respect	15 (100%)	0	0	0	0	2	15
Staff check on me regularly to see if I need anything	10 (76.9%)	2(15.4%)	1 (7.7%)	0	0	4	13
My visitors are made welcome	13 (100%)	0	0	0	0	4	13

Appendix 3 Relative Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff take time to get to know my relative/friend	7 (50.0%)	4 (28.6%)	3 (21.4%)	0 (0.0%)	0 (0.0%)	0	14
Staff always have enough time to give care and treatment	6 (42.9%)	2 (14.3%)	6 (42.9%)	0 (0.0%)	0 (0.0%)	0	14
Staff are knowledgeable about the care and treatment they are providing	8 (57.1%)	2 (14.3%)	3 (21.4%)	0 (0.0%)	1 (7.1%)	0	14
The ward is a happy and welcoming place	5 (35.7%)	5 (35.7%)	4 (28.6%)	0 (0.0%)	0 (0.0%)	0	14
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	6 (42.9%)	6 (42.9%)	2 (14.3%)	0 (0.0%)	0 (0.0%)	0	14
Staff never speak sharply to me or my relative/friend	2 (16.7%)	1 (8.3%)	1 (8.3%)	6 (50%)	2 (16.7%)	2	12
Staff include me in discussions about my relative/friend's care	4 (30.8%)	6 (46.2%)	2 (15.4%)	1 (7.7%)	0 (0.0%)	1	13
Staff treat my relative/friend with dignity and respect	9 (64.3%)	4 (28.6%)	0 (0.0%)	0 (0.0%)	1 (7.1%)	0	14
Staff provide me with sufficient information when I need it/ask for it	10 (71.4%)	2 (14.3%)	2 (14.3%)	0 (0.0%)	0 (0.0%)	0	14
Staff make me feel welcome on the ward	10 (76.9%)	2 (15.4%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	1	13
I feel confident to express my views on how my relative is being cared for	6 (42.9%)	2 (14.3%)	4 (28.6%)	1 (7.1%)	1 (7.1%)	0	14
Staff ask me about my relative/friend's needs or wishes	5 (35.7%)	1 (7.1%)	5 (35.7%)	2 (14.3%)	1 (7.1%)	0	14
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	4 (28.6%)	2 (14.3%)	4 (28.6%)	1 (7.1%)	3 (21.4%)	0	14
I know who to speak to about my relative/friend's care	7 (50%)	3 (21.4%)	3 (21.4%)	1 (7.1%)	0 (0.0%)	0	14
I can speak to a doctor when I want to	3 (21.4%)	2 (14.3%)	7 (50%)	1 (7.1%)	1 (7.1%)	0	14
If I chose to be, I am informed if/when my relatives/the patient's condition changes	5 (38.5%)	3 (23.1%)	1 (7.7%)	3 (23.1%)	1 (7.7%)	1	13

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
If my relative wants me to, I have been fully involved in the discharge planning for when my relative leaves hospital	4 (36.4%)	0 (0.0%)	1 (9.1%)	1 (9.1%)	5 (45.5%)	3	11
Staff listen to my views about my relative/friend's care	4 (30.8%)	4 (30.8%)	2 (15.4%)	0 (0.0%)	3 (23.1%)	1	13
Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
If my relative wants me to, I have been fully involved in the discharge planning for when my relative leaves hospital	4 (36.4%)	0 (0.0%)	1 (9.1%)	1 (9.1%)	5 (45.5%)	3	11
Staff listen to my views about my relative/friend's care	4 (30.8%)	4 (30.8%)	2 (15.4%)	0 (0.0%)	3 (23.1%)	1	13

6.0 Quality Improvement Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1	It is recommended that any the identified nurse staffing variances are reviewed to ensure that patient care and safety is not compromised due to staffing levels.	Nursing Workforce Department	<ol style="list-style-type: none"> On 8th October 2013, the Trust submitted a workforce plan to HSCS and PHA and are awaiting feedback. On a daily basis at 8.45am and 4pm ward staffing levels are reviewed by senior staff within Acute Service and action taken. 	Completed
2	It is recommended that ward sisters should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.	Nursing Workforce Department	<ol style="list-style-type: none"> The Trust proposal to have ward managers as super-numery is incorporated into the Nurse Workforce Plan 	Completed
3	It is recommended that the trust should review the issues with medical cover in Ward 2 South Medical, including an increase in psychiatric liaison.	MUSC Divisional Team	<ol style="list-style-type: none"> Medical Cover on the ward has been addressed by the new medical model in CAH which has resulted in a physician of the week based in each ward who is supported by a dedicated multidisciplinary Trust will review current provision with mental health colleagues and submit a case to commissioner if appropriate 	<p>Completed</p> <p>January 2015</p>

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
4	It is recommended that the trust should ensure policies are available to staff.	Acute Services NAAS Team	<ol style="list-style-type: none"> 1. All policies are accessible on the Trust Intranet. Training awareness for all staff will be included in the trust current Quality Improvement Initiative <u>Nursing Assessment and Accreditation System (NAAS)</u> Pilot. Appendix 1 2. As the NAAS team work with wards, they will work with staff to ensure they are aware of how to access policies 	1 st phase completed end Nov 2014
5	It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs.	Acute Service NAAS Team	All wards hold an electronic training matrix which records up to date records of staff training. An added focus on specific training to dedicated specialties will be incorporated into the first phase of NAAS action plan.	1 st phase completed end Nov 2014
6	Older people should be appropriately screened and assessed for cognitive impairment, improvements should be made to the ward environment and staff should be appropriately trained.	Acute Service NAAS Team	Trust will work with regional colleagues to agree a screening tool for cognitive improvement as this currently is not in place. Training will be undertaken accordingly.	June 2015

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
7	It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs).	MUSC/SEC/CCS/IMWH	Audit of monthly compliance against NQIs IS undertaken and remedial actions taken	Ongoing
8	It is recommended that staff dispose of water from patient washes in the appropriate manner	Acute Service NAAS Team	Infection Prevention Control standards are regularly audited on all wards	Ongoing
9	It is recommended that the trust ensures that all areas are tidy, in good repair and fixtures and fittings replaced where necessary; the spacing within bays should be reviewed to ensure that they are in line with current recommendations for core clinical space.	Senior Management Team	Spacing within bays can only be addressed with the redevelopment of the CAH site. Regular monitoring of ward environment to ensure clean and clutter free is included in Infection Control Audit	2018 Ongoing
10	It is recommended that the sanitary facilities in some wards, including bathrooms and showers are repaired and appropriate adaptations put in place for disabled use.	ESTATES	No ability in current financial situation. To be resubmitted in next financial year under estates	2016
11	It is recommended that the trust undertakes further work to ensure that all staff provide the appropriate personal care, privacy is maintained at all times and all patients are treated with dignity and respect.	Acute Services NAAS Team	The Trust NAAS project will include training for all staff to help improve staffs understanding of patient centred care	1 st phase completed end Nov 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
12	It is recommended that the trust ensures that staff recording of the “Introduce Yourself” sheets which are based on the principles of care or intentional rounding are fully completed. Staff should ensure they understand the importance of this function.	Acute Services NAAS Team	The Trust NAAS project will include regular monitoring of all nursing documentation including intentional rounding recording with remedial actions taken.	1 st phase completed end Nov 2014
13	It is recommended that old patient call systems are replaced and call bells are within patients reach and answered promptly.	Estates	<ol style="list-style-type: none"> 1. Costing for replacement has come back at an excessively high quote. Therefore under the current financial situation no immediate plans to replace. Current system now in working order and being closely monitored . 2. All ward managers have been advised of the importance of having call bells within reach of patients and this has been cascaded to all staff at safety briefings which are held weekly 	<p>N/A</p> <p>On-going</p>
14	It is recommended that all patients receive the essential care needed at all times	All	The Trust aspires to deliver essential care at all times and will be monitored through the NAAS process	1 st phase completed end Nov 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
15	It is recommended that the trust policy on protected meal times is adhered to by all staff.	Acute Services NAAS Team	The NAAS project will review compliance with protected meal times and reinforce with staff where compliance is poor	ongoing
16	It is recommended that there is sufficient staff to supervise and assist patients with their meals.	Nursing Workforce Department	On 8 th October 2013, the Trust submitted a workforce plan to HSCS and PHA and are awaiting feedback. On a daily basis at 8.45am and 4pm ward staffing levels are reviewed by senior staff within Acute Service and action taken.	Complete ongoing
17	It is recommended that patients are provided with appropriate crockery and cutlery.	Acute Services NAAS Team	The Trust has recently distributed crockery designed for patients with separate needs	Complete
18	It is recommended that pureed, reformed meals are not mixed together unless this is a patient choice.	Acute Services NAAS Team	The NAAS standard for substantial choice under Nutrition and Hydration will be reinforced within the electronic handover	1 st phase November 2015
19	It is recommended that the trust clarifies the system in place to identify patients who require assistance with their meals.	All wards	Staff will ensure that all patients who need assistance with meals are identified	End Oct 2014
20	It is recommended that patients are provided with hand wipes at mealtimes	All wards	Ward managers will remind staff to provide hand wipes at meal times	End Oct 2014
21	It is recommended that staff should adhere to the trust's infection prevention and control policies	All wards	The NAAS IPC standard will monitor compliance against these policies	1st phase end Nov 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
22	It is recommended that staff should adhere to the trust's administration of medication policy	All wards	Medication governance is closely monitored within the trust. Any non- compliance is reported immediately through the trust Incident reporting system (DATIX). Nursing staff attend regular medicine management training which is a mandatory requirement	On-going
23	It is recommended that the assessment of patients nursing needs should be patient focused and identify individual needs and interventions required, this should be reviewed and updated in response to changing needs of patients.	Acute Services NAAS Team	The Trust NAAS project will monitor all nursing documentation regularly to ensure care planning is based on patient's individual needs and is reviewed and updated when required.	1st phase end Nov 2014
24	It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition. Identified risks should have a plan of care devised to provide instruction on how to minimise the risks.	Acute Services NAAS Team	The Trust NAAS project will monitor all nursing documentation regularly to ensure care planning is based on patient's individual needs and is reviewed and updated when required.	1st phase end Nov 2014
25	It is recommended that care plans should be devised for all identified patient needs. These should be reviewed and updated within the set timescale, or in in response to changing needs of patient	Nursing Governance	The Trust looks forward to the outcome of regional documentation pilot care plans	June 2015

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
26	It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.	Acute Services NAAS Team	The Trust NAAS project will monitor all nursing documentation to ensure adherence to NMC and NIPEC guidelines.	1st phase end Nov 2014
27	It is recommended that medical staff comply with with trusts DNAR policy	Medical Directorate	This is monitored at the Medical Morbidity and Mortality monthly meetings which is a mandatory meeting for medical staff. Audit of compliance to DNAR policy are provided at same	Ongoing
28	It is recommended that the Trust develops measures to improve staff to patient interactions ensuring that patients are always treated with dignity and respect.	Acute Services NAAS Team	The trust NAAS project aims to help improve communication between staff and patient with an added focus on dignity and respect. Customer care training has been provide to staff at induction.	1st phase end Nov 2014
29	It is recommended that the trust should action patient, relative, carer comments to improve the patient experience.	All wards and departments	10,000 voices recommendations being rolled out throughout Trust. Patient support leaflets available throughout the trust "We Value Your View" literature	On-going
30	It is recommended that the trust and NIAS evaluate the impact of this role and agree clearly defined roles and responsibilities.	Patient Flow	The Trust will feedback to NIAS the benefits of HALO Project	November 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
31	It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndromes, and the use of the SAD PERSONS screening tool	MUSC	The Trust will liaise with Mental Health colleagues to scope regional progress on this project SAD	March 2015
32	It is recommended that sufficient supplies of equipment are available.	MUSC	The Trust will identify with Medstrom the deliveries timescales in out of hours	January 2015
33	All staff should receive training on dementia care and care of the vulnerable adult.		The Trust maintain a training matrix identifies all staff trained and includes safeguarding and vulnerable adults training – blue butterfly project being explored through NAAS	Ongoing 1st phase end Nov 2014
34	The trust should review the services available out of hours and information available for patients.	Patient Flow	The Hub provides information on patients existing services which is accessible to staff.	On-going

Appendix 1

The Nursing Assessment and Accreditation System (NAAS)

The Southern Health and Social Care Trust have recently engaged in the adoption and implementation of the Nursing Assessment and Accreditation System. As a quality improvement strategy, this will focus on increasing the quality of nursing care, reduce patient harm, while including both the staff and patients experience in the audit process.

This model uses a systematic approach to assessment and supports the embedding of practice developed through this Trust's quality-improvement initiative. The approach centres on 15 standards of care, some of which are based on Essence of Care benchmarks (DOH 2001).

15 Core Standards include:

Organisation and management of clinical areas

Safeguarding patients

Pain Management

Environmental Safety

Nutrition and Hydration

End of Life Care

Medicines Management

Person-Centred care

Patient Safety

Pressure Ulcers

Elimination

Communication

Infection Control

Dementia Care

Patient Flow

Each standard consists of three elements- environment, care and leadership- to reflect those aspects of practice that staff thinks are necessary to the efficient running of wards and departments.

Unannounced NAAS assessments will be done after the Ward Managers have reviewed their customised audit template and addressed any issues on the initial baseline audit. The assessments will be completed by one auditor across the Trust. This will ensure that all wards and departments are treated equally and eliminate the potential bias of peer review. The assessments are carried out by observing nursing care and mealtimes and reviewing nursing documentation and interviewing staff and patients (Morris 2012).

References:

Department of Health (2001) The Essence of Care: Patient Focused Benchmarking for Health Care Practitioners. <http://tinyurl.com>

Morris, Fiona (2012) Journal of Nursing Management, Assessment and Accreditation system improves patient safety, 2012 Nov; 19 (7):29-33



The **Regulation** and
Quality Improvement
Authority

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

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk