The Regulation and Quality Improvement Authority

Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Royal Victoria Hospital

Belfast Health and Social Care Trust

13 & 14 May 2014

informing and improving health and social care
www.rqia.org.uk

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	Mary McClean
Inspector	Sheelagh O'Connor
Inspector	Lyn Gawley
Inspector	Thomas Hughes
Inspector	Margaret Keating
Inspector	Lyn Buckley
Inspector	Linda Thomson
Inspector	Sharon McKnight
Lay Reviewer	Liz Duffin
Lay Reviewer	Elizabeth Knipe
Lay Reviewer	Niall McSperrin
RQIA Project Administrator	Anne McKibben

Contents

1.0	Summary	1
2.0	Introduction	4
2.1	Background and Methodology	4
2.2	Terms of Reference	5
3.0	Inspection Format	6
3.1	Unannounced Inspection Process	6
3.2	Reports	7
3.3	Escalation	7
4.0	Inspection Team Findings	8
4.1	Ward Governance	8
4.2	Ward Observation (Treating older people with compassion, dignity and respect)	18
4.3	Review of Care Records	28
4.4	QUIS Observation Sessions	31
4.5	Patient Interviews and Questionnaires	34
4.6	Emergency Department	36
5.0	Summary of Recommendations	40
6.0	Quality Improvement Plan (QIP)	51

1.0 Inspection Summary

An unannounced inspection to Royal Victoria Hospital, Belfast Health and Social Care Trust (BHSCT) was undertaken, on 13 and 14 May 2014. 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
- Ward 7A & 7B Acute Medical Unit
- Ward 4D (Respiratory)
- Ward 6D (Medical-Hepatology)
- Ward 6E & F (Stroke)

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 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 at times, in balancing their clinical and managerial roles and responsibilities and ensuring staff received appropriate training. The trust has implemented various initiatives to improve patient care.

Generally all wards were clean and well maintained; the nurses' station was a busy focal point for all staff. With the exception of Ward 4D, the nurses' station became more congested at meal times. Inspectors noted that there were particular issues associated with lack of adequate storage facilities in Ward 6D and the stroke unit, where clutter impacted on the environment.

In the stroke unit, sanitary facilities were in need of repair and appropriate adaptations put in place for disabled patients. Infrequently used water outlets should be flushed or run regularly. The only mixed bay on the ward is the Hyper-Acute bay; all other bays are single sex bays.

In all wards, the majority of staff were courteous and respectful to patients and visitors, patients privacy and dignity were maintained. In some wards inspectors observed that not all staff treated patients with dignity and respect**.** 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.

Protected meal times were not in place in all wards, or the policy not always adhered to. There was a good choice of meals, these were warm and generally appeared appetising. Issues were identified with meal service in all wards. Meal times appeared to be poorly organised. Only the stroke unit had a system in place to identify patients who required assistance with meals but, at times, this did not appropriately identify these patients. On many occasions there was not enough staff to assist patients with their meals, and some patients were not provided with appropriate crockery and cutlery.

Jugs of water were available and generally in reach of the patient. Not all fluid balance charts were up to date. Patients in all wards were encouraged to drink at meals times, and with medication. Inspectors observed that in some instances hand hygiene and the use of personal protective equipment could be improved.

RQIA inspectors reviewed 13 patient care records in depth, and 29 patient bedside charts were examined for specific details. The inspectors found similarities in recording gaps in each set of records. None of the care records reviewed 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 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. The 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 to review patient, staff interactions in all wards. The results indicate that 57per cent of the interactions were positive and staff demonstrated empathy, support, and provided appropriate explanation where required. The results indicated that a small number of staff did not always speak with patients appropriately, and dignity and respect was not evident in these interactions. Inspectors advised staff of any issues they observed.

During the inspection 14 patient and relatives/carers questionnaires and 17 patient interviews were undertaken. 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 and were involved in their treatment and care during their stay. Areas where patients and relatives felt there could be an improvement:

- buzzers not answered promptly when staff were busy
- more information leaflets
- tea and coffee were not warm
- no cold water to brush teeth
- visiting times

Inspectors visited the ED three times during the inspection period. There has been significant work undertaken by the Trust to work within the departmental targets for waiting times in the ED. There is work required to ensure that patients have the appropriate assessments undertaken, particularly if they are waiting 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, developed by the Belfast 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 areas for review. 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 tool [i]

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 wards[2].

[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 Department.

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

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

3.1 Unannounced inspection process

Organisations received an email 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 2.3.

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 Department of Health, Social Services and Public Safety (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 the BHSCT has been actively participating in phase one normative staffing work stream was commissioned by the DHSSPS, led by PHA and supported by NIPEC. Prior to the inspection, an announcement had been made by the Health Minister, which indicated that this work should be supported from April 2014. At the time of inspection, the BHSCT was awaiting news from the normative staffing steering group, on how the recommendations within this work would be progressed, inclusive of the funding implications to be met.

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

The Acute Medical Unit (AMU)
The AMU has a capacity for 60 beds and mainly takes admissions from the ED. The AMU provides assessment and treatment of a wide range of conditions. After the assessment, patients may be treated within the ward, transferred to a specialist ward or discharged home in 48 hours. This was a very busy unit. On the first day of the inspection the inspectors were informed that there had been 22 admissions and discharges, on the second day there were 18. There were also many patients who had been in the unit for longer than 48 hours, one patient had been in 25 days.

On both days of the inspection, 69 per cent of the patients were over 65 years. The unit was divided into two zones. Staff were allocated to either zone, for continuity the ward sister tries to maintain the same staff on each side of the unit.

There has been a recent improvement in staffing revels in the AMU. In October 2013 the department was staffed at a nurse to bed ratio of 1:1.3. The trust advised that on benchmarking with other similar units, the range for nurse to bed staffing is from 1.4-2.17. Recruitment was commenced at this time.

On 31 January to 3 February 2014, a team of RQIA inspectors carried out an unannounced inspection of the RVH ED and AMU. The subsequent RQIA Report of Unscheduled Care in BHSCT[3] included recommendations in regard to nurse staffing levels, the role of the ward sister and handover of patients. As a consequence of this, nurse staffing was further increased.

At the time of the inspection, the staffing levels for the unit were 10 registered nurses (RNs) and five healthcare assistants (HCAs). The Band 6 and 7 RNs were supernumerary. On night duty, 10 RNs and five HCAs cover both sides; there was not always a Band 6 on night duty. On both days of the inspection, the unit was short of one RN and one HCA.

Fourteen newly qualified band 5 RNs have commenced working in the unit, additional nursing staff have been offered posts. On completion of staff recruitment, the skill mix will be 74 per cent registered staff to 26 per cent non-registered nursing support staff. The new Band 5 RNs were all on perceptorship, some still required completion of the trust induction programme. The trust also intended to recruit six Band 6 RNs and more Health Care Assistants (HCAs). The additional Band 6 RNs would facilitate the ward coordinator role always being covered by a band 6 RN, including night duty.

Ward 2F had been opened temporarily and was being covered by experienced AMU staff (two RNS and two HCAs per shift). This had resulted in AMU staffing levels being covered with bank and agency staff and many RNs still on perceptorship,

Ward 6E & 6F (Stroke Unit)

Wards 6E & 6F are the central stroke care and rehabilitation unit for the BHSCT. It was previously two services, one from the Belfast City Hospital (BCH) and one from the RVH. Since this central service was created 13 months ago, a significant challenge has been to integrate the two bodies of staff and the services provided. The ward sister has worked diligently to implement many innovative initiatives within the unit; however there is still a

[3] http://www.rqia.org.uk/cms_resources/RVH%20Inspection%20Report%20for%20Publication%20on%20Website%208%20Apr%2014.pdf

considerable amount of work remaining to achieve the vision within the Northern Ireland stroke strategy.

Optimal staffing levels for the 34 bedded unit were eight RNs and four HCAs on day duty, and six RNs and two HCAs on night duty. Actual staffing levels during the inspection were seven RNs and four HCAs on day duty and six RNs and two HCAs on night duty. The ward sister commented that she struggled to have eight RNs throughout the day due to staff sickness levels and covering staff leave. Inspectors were informed that an average of 50 hours per week was covered by bank and agency staff. Sister was supported by the assistant service manager (ASM) in booking bank and agency shifts, however the availability of staff to cover these shifts was a challenge. Stroke specialist nurses provided secondary prevention advice to patients, liaised with carers and relatives, provided in house training to staff, assisted in thrombolysis calls in ED. Stroke specialist nurses were available to assist ward staff at busy times.

Ward 6D Medical Hepatology

Ward 6D has 25 beds. The staffing levels on the first day were five RNs and two HCAs. A student nurse was supernumerary. The complement of nurses dropped to four RNs and two HCAs for the afternoon and evening shifts, and three RNs and two HCAs at night.

The trust advised that from the staff acuity review, ward staffing levels should have been six RNs and one HCA in the morning, five RNs and one HCA in the afternoon and evening. Night shift would be four RNs and one HCA. The increase in staffing would improve the nurse to bed ratio (NTBR) from 1.2 to 1.5. The trust is actively reviewing and recruiting staff and the ward was waiting for six Band 5 RNs and three HCAs to take up post. The Director of Nursing had suggested an additional Band 6 post in the future.

Following concerns raised by staff over staffing levels and the ward in general, a Listening Event was held in April 2014 with the Director of Nursing and senior management staff. There was a planned update meeting from this event and the ward was having a Team Development Training Day on the 28 May 2014. This away day was to be facilitated by the Band 7/6 and nurse development lead.

Ward 4D Respiratory

Ward 4D is the only respiratory ward in the RVH. There is a capacity for 18 beds and on both days of the inspection the majority of patients were over 65 years. The ward has moved three times in the past year from 7B, to 2F and then 4D. The ward has two sisters, one with part time hours; both were present on the first day of the inspection.

There were no staffing vacancies in Ward 4D. The acuity study for nurse staff ratio (NSR) identified the need for two additional staff. Optimal staffing levels were four RNs and two HCAs on day duty, and two RNs and two HCAs to

cover night duty. At the time of inspection, one RN was on a career break, one was about to go on maternity leave and two Band 2 HCAs were on long term sick leave. On the first day there were three RNs and two HCAs on duty, one member of staff had called in sick.

The biggest challenge was the size of the ward; during the winter pressures they can have more than 30 outliers (respiratory patients in other wards). Staff reported there was discussion about the ward being moved again to create more beds. This would have an impact on staffing levels.

General Staffing Issues

There had been recent high level of sickness and planned leave in AMU, 6D and the Stroke Unit in the last number of months. Sickness levels had started to improve and a number of staff had returned to duties.

All ward managers could access and book bank and agency staff to cover staff shortages and for 1:1 nurse-patient observation. Ward managers generally reported that they were supported by their immediate line manager in requesting bank staff when the ratio of staff needed to be increased.

There had been no bed closures due to staff shortage in any of the wards.

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.**

In the AMU, the recent increase in staffing levels has alleviated the pressure of ward sisters to balance clinical and managerial duties and improved their supernumerary status. In Ward 6D however, the Band 7 ward sister was not supernumerary and would work on the floor to supervise staff. Sisters in the stroke unit and Ward 4D commented that they were supported by their line manager to attend appropriate educational opportunities in order to undertake the responsibilities of their role. This could be difficult at times due to the daily demands of the ward.

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.**

Policies, Procedures and Audits

It is commendable that all wards had prepared a file which contained hard copies of policies and procedures relevant to the inspection. Staff were also able to demonstrate access to the trust intranet site on the relevant policies, procedures or guidelines. In Ward 4D there was no policy available on the management of pain, only one on peripheral block, however an assessment tool was available.

Training

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

The two week induction programme for new staff in the AMU, included training on dementia. Newly appointed staff were supernumerary for two weeks, followed by six months perceptorship. Senior nurses and RNs worked together to organise and ensure training stayed up to date. The increased staffing levels have contributed to the Band 7s having more time for educational training, work related to introducing new initiatives, and protected time for managerial duties. All legacy ward (Care of the Elderly) HCAs have the University of Stirling Dementia course. Uptake and attendance at mandatory training had improved following the increase in staffing levels.

Within the stroke unit, in house training was provided for all staff. Subjects included continence assessment and management, positioning and handling, dysphagia management and swallow screens. Nursing staff and the ward sister attendance at mandatory training was poor. There were three staff members who attended a two day specific training on dementia care. The ward sister felt it would be beneficial for all members of staff to undertake dementia training and plans to secure places on available courses.

Staffing levels in Ward 6D have impacted on the attendance of staff at training. Mandatory training attendance was poor and a ward link nurse system was not in place. Work was ongoing on the re-establishment of this, and two link nurses had been identified for tissue viability. At times, the band 7 RN was included within the daily staff nursing complement, however had protected time for managerial and educational duties. Fifty five per cent of staff attended vulnerable adult training; staff have not received training on dementia/delirium however this was to commence. Staff informed inspectors more work was required in the ward to facilitate the needs of the older person. Six staff members in Ward 4D have received training on dementia care. It was encouraging that the link nurses had protected time to attend training, however staff attendance at mandatory training needs improvement.

In all wards, mandatory training was booked through the training administration system (TAS). The ward sister was updated of attendance by the nurse development lead, and the training database would be updated by the ward support officer. Training records were recorded on DATIX. This system flags up non-attenders to the lead nurses and is then followed up by the ward sister.

All wards were still in the process of ensuring all staff received supervision and appraisal, although in Ward 6D, only one RN and one HCA had not received their appraisal.

Staff spoken with on the wards confirmed that they had received a variety of training. Examples include training in the MUST assessment screening tool, Pressure Ulcer Risk assessment (Braden) and workshops on the SSKIN (Surface, Skin, Keep moving, Incontinence, Nutrition) care bundle.

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

Management of SAIs, Incidents, Near misses and Complaints

The BHSCT uses the DATIX web-based system for incident and complaint reporting. The person who identifies the incident completes the IR1 form. This system allows prompt reporting, review and recording of action taken, so learning from the incident can be disseminated to staff. DATIX can also provide trend reports.

Information on trend analysis of incidents was not disseminated to ward staff in the stroke unit. Evidence was available that SAIs were discussed at staff team meetings in the AMU and Ward 4D, and at the quarterly older person's governance meeting in the stroke unit. There was limited evidence in Ward 6D that feedback was discussed at staff meetings.

4. **It is recommended that trends analysis of incidents is disseminated to staff in all wards.**

In all wards specific incidents could be addressed with a staff member and action plans formulated.

Meetings

All wards had patient safety briefings at the nursing handover. There was a daily 11.00 multi-disciplinary team (MDT) huddle in the AMU, and post take ward rounds took place at 8.00am. At 11.45 and 4.00pm, medics, patient flow and the ward coordinator met to update on patient placement and bed state. There was a handover on Friday for week end medical cover.

Sister in the stroke unit commented daily safety briefs were used to discuss and report key ward performance data, issues and individual incidents as it was difficult to have regular nursing staff team meetings. Band 6 staff met with the ward sister to discuss various ward issues although these meetings had no set scheduling. MDT meetings were held on Monday and Thursday, clinical leads' meeting with medical, ancillary health professional and nursing leads, occurred monthly. It was anticipated that stroke governance meetings would be incorporated within this meeting in the future.

In Ward 6D there was a daily gastrointestinal ward round and a hepatology ward round on Tuesdays and Thursdays. On the first day of the inspection, three ward rounds took place; two hepatology and one gastrointestinal. Weekly MDT meetings met on Fridays however there was no nursing input.

Sisters in Ward 4D met weekly with the ASM and lead nurse to discuss KPIs, audits, incidents, complaints, staffing, training and new initiatives. There was a daily MDT meeting.

The medical directorate holds regular ward manager meetings and all ward managers attend the trust ward managers' forum. This is attended by different speakers and topics also focus on support and the role of staff.

Projects/ Improvements

In 2012, LEAN improvement methodology had been undertaken in the AMU; staff had found this beneficial. One of the benefits had been the introduction of the ward Coordinator post which has freed up the ward manager from specific duties such as bed management within the ward. This position was in place at the first inspection. The ward sister and deputies were intending to re-commence the Productive Ward initiative.

There have been many new initiatives and improvements undertaken in AMU since the inspection carried out 31 January to 3 February 2014. There was a Service Improvement Initiative trialling, the 'Big Hand', to reduce waiting time for discharge letters. All first year doctors have a bleep, there has been a review and supply of equipment and resources, and additional weekend access to cardiac echoes, ultrasounds and CT scans. A very productive away day was held for the Band 6 and 7s and it was the intention to hold an away day for the Band 5 RNs.

To complement existing stroke services in the stroke unit, patients could access a clinical psychologist and a cognitive therapy room. Cognitive therapies were facilitated by occupational therapists, with the aim of improving on specific cognitive abilities of patients post stroke. Occupational therapy and neuropsychology staff had put forward an entry to the Chairman's Award entitled 'Mindfulness based stress reduction in acute stroke care'. The BHSCT stroke service provides a trust educational initiative 'Core skills for Stroke Care' which is open to all staff members within the trust.

In 2012/13, corporate nursing held training days for Ward 6D Band 6 and 7 staff, to look at the role of the nurse, supports and challenges. An away day was planned for staff and senior nursing were engaged in a review of staff allocation. The ward facilitates the use of the programme treatment unit (PTU) for patients requiring biopsy, paracentesis taps and there is a fibroscan room on the ward. Two hepatology specialist nurses run clinics for patients and they can also provide specialist advice on care.

Staff in Ward 4D have had away day workshops to improve care planning, complaints and incidents. In 2013, a hygiene inspection conducted by RQIA had an initial poor result. The follow up visit showed excellent compliance and it is commendable that this has been maintained. One of the sisters sits in the dementia strategy group for the hospital, and discussions have taken place on introducing the butterfly scheme to the ward.

Both sisters in Ward 4D attended Wellness Recovery Action Plan (WRAP) training and found this to be very beneficial; it is the intention to send other staff. They were also involved in a project concerning the displaying of information on the ward for staff, patients and relatives.

None of the wards inspected had a physical environmental audit carried out for dementia patients however some had yellow dementia friendly signs on toilet doors.

5. **It is recommended that a physical environmental audit for dementia patients is carried out.**

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 a range of the 26 national Nursing Quality Indicators (NQIs). These include falls prevention, nutrition, pressure ulcer care, record keeping, national early warning scores, complaints and incident reporting, infection control care bundles. Inspectors noted that all wards were working hard to implement these indicators.

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.

A range of validation audits was carried out by senior nurses across wards for national early warning scores (NEWS), surface, skin, keep moving, incontinence and nutrition (SSKIN) care bundle, Malnutrition Universal Screening tool (MUST), Braden scale for predicting pressure sore risk, and hand hygiene. With the exception of 6D, audits were displayed for visitors and patients to view. The ‘Falls’ bundle is to be rolled out in June 2014; incidents of falls will go on DATIX.

Staff reported that ward trends were generally satisfactory, however inspectors identified that record keeping, and completion of care records, were areas that required attention in some wards.

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

Patient Client Experience and Customer Care

With the exception of specific training during induction, nurses were not aware of any customer care training, however all staff are encouraged to promote a good customer care approach.

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."

Inspectors found that information on the above survey was visible and widely available throughout the hospital, however it had not been rolled out in the stroke unit and Ward 4D.

In all wards the social worker acts as the protagonist link for patient advocacy services. In the stroke unit and the AMU, social workers were on the ward daily and liaised with community groups as required. Independent advocacy service leaflets were available. Examples in the stroke unit included chest heart and stroke, patient and client council, citizen's advice bureau leaflets. In Ward 6D external groups such as the British Liver Support Group come into the ward and engaged with patients, if appropriate (Photo 1).

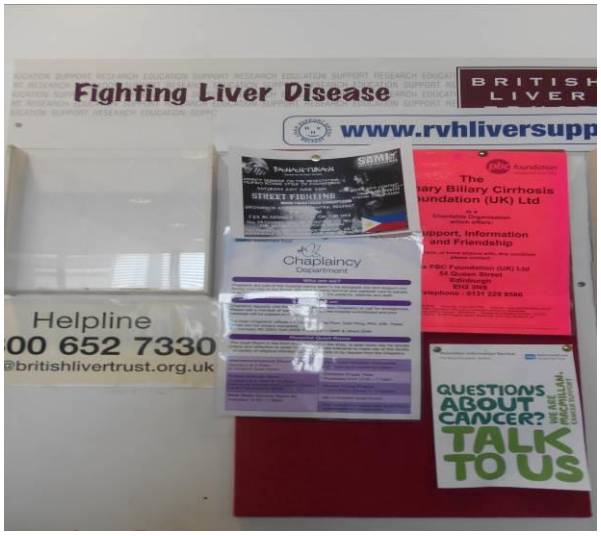

Photo 1 Example of external services

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

Overall Summary

Overall the inspectors felt that ward sisters had demonstrated effective management and had raised concerns with trust senior staff advising that safety can be compromised due to staffing levels and patient dependency. However, there were difficulties in balancing 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 AMU and Ward 4D was of a welcoming, clean, well-managed but busy environment. Ward 6D, while bright and clean, was cluttered at the entrance, with boxes of stores and red linen bags. Some wall damage was noted in the clean utility room. Storage areas and the veranda were cluttered; the veranda was inaccessible to patients (Photo 2). Three ward rounds conducted at the same time contributed to an overall busy environment with a large footfall.

Photo 2 Cluttered verandah, Ward 6D

In all wards, the nurses' station was a busy focal point for all staff. With the exception of Ward 4D, at meal times, the heated meals' trolley was positioned at the nurses' station. This caused an obstruction. There was insufficient work space which meant in the AMU that some containers of food were positioned on top of the water dispenser.

A purpose built occupational and physiotherapy area was being constructed at the entrance to the stroke unit. Impressions on first entering the unit were of a clean and bright, but very large, noisy and cluttered ward. Staff congregated around the nurses' station and at times discussions became quite loud. The inspectors commented on this during the inspection.

The ward had storage cupboards, but these were inadequate, as equipment was being stored openly on floors of staff offices, in sanitary facilities and in ward corridors (Photo 3). Large patient chairs in the corridor completely blocked the ward fire escape. Although patient bays were sufficiently well-spaced, they appeared untidy, as patient property and clinical equipment were stored around the patients' bed space.

Photo 3 Cluttered corridors

A variety of single rooms was available in all wards, and appropriate isolation precautions were in place if required. In the stroke unit not all single rooms had toilet facilities. In the AMU, two single rooms were out of commission as en-suite facilities were being installed.

7. **It is recommended that the trust ensures that all areas are tidy, clutter free and in good repair; adequate storage facilities should be available.**

Sanitary Facilities

With the exception of the stroke unit, each ward bay had a toilet and shower facility with grab rails, raised toilet seats and available shower chairs. Bays were generally single sex, therefore toilets and showers were designated for the patients in that bay. Yellow dementia friendly signs were posted on the doors identifying their use.

Inspectors had concerns in regard to the sanitary facilities in the stroke unit. Toilets and shower rooms were small, and not all side rooms had en-suite facilities (Photo 4). The spatial constraints of the sanitary facilities presented issues for independent and assisted wheelchair users, and those patients requiring moving and handling equipment. This did not promote independence and dignity as patients had to use a commode at the bedside. This was evidenced by inspectors during the inspection.

Photo 4 Small shower room in the stroke unit

The ward had a number of disability shower rooms, side room and corridor toilets. Toilets were all located at one end of the ward, making access difficult for patients at the opposite end of the ward. Toilets were clean and with grab rails, although there were no raised toilet seats in the disabled toilets.

Equipment was stored in a disused bath and other disused toilet spaces in the ward; some shower rooms had been out of use for some time. One disused toilet and shower room still had running water from taps, and a toilet that could be flushed. There was no ward record of how this system was being maintained.

In all wards a ceiling pull cord and/or push button call system was available for patients in sanitary areas. Bathrooms and toilets could be locked from the inside and unlocked from the outside.

8. **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. Infrequently used water outlets should have a flushing programme in place.**

In all wards, there was sufficient signage to direct visitors to the ward. General information leaflets for patients and their carers were not available in Ward 6D and AMU.

Privacy and Dignity

In all wards, disposable curtains with 'do not enter' symbol were used to maintain privacy and dignity. Curtains were clean, of an appropriate length. Generally, privacy curtains were used effectively; they were closed when patients were receiving personal care and during interviews with medical and allied health professionals. There were a few occasions in the AMU when the curtains were not fully closed.

None of the wards provided a quiet visitors' room, however patients could use sisters' office to speak confidentially with staff or relatives. The 'glass room' was available at times in the AMU.

Only the AMU has a public telephone at the entrance to the unit. There was no trolley phone in any of the wards; patients could use the ward telephone to receive calls from relatives. Staff delivered messages to and from patients and relatives, and patients could make calls with their mobile phone at the bedside.

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

In all wards, the majority of staff observed were courteous and respectful to patients and visitors. A few exceptions were noted. In Ward 6D, not all staff introduced themselves before delivering care. In the stroke unit, medical staff working in the ward used discretion when speaking to patients and their families about sensitive matters. However, a female locum referred disrespectfully about patients who had been discharged from the ward. The inspector, who witnessed this, approached and addressed this issue with the consultant.

9. **It is recommended that trust staff wear name badges which are easily seen and denote the staff designation.**

Medical staff during ward rounds were generally discreet concerning patient details. Patient information observed on ward electronic whiteboards was generally displayed in an appropriate manner, and privacy was maintained in three of the wards. In the stroke unit, detailed information about individual patient's conditions was on notices above the patient's bed which could compromise patient privacy, dignity and respect.

Patient bays in the stroke unit tended to be single sex although at times, the hyper acute lysis, four bedded bay was mixed gender to facilitate the needs of the patient. Toilets and shower rooms were identified as single sex, but were used by both male and females as required.

Bays were single sex in Wards 6D and 4D. These were located near relevant designated toilet areas. The bed bays were mainly single gender in AMU. On two occasions bays were mixed, this was to accommodate ill patients in the higher dependency areas.

10. **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 acute settings, intentional care rounds are used to check key aspects of care and 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 a patient needs 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 above 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.

All wards carried out a form of intentional care rounding using a modified SSKIN care bundle (patient care rounding and repositioning schedule). Inspectors noted slight differences in the care rounding documentation in use in the hospital. In all wards there was a variance in the frequency of checking a patient and there was no assessment of pain included in the bundle. In the AMU, staff were completing two versions of the bundle, this was highlighted to the lead nurse. The photocopied sheets were also of a poor quality and it was difficult at times to see actions recorded.

From the records reviewed the completion of the documents did not always reflect the care delivered.

11. **It is recommended that staff ensure that care rounding is carried out as per trust protocol and documentation fully completed. Staff should ensure they understand the importance of this function.**

Patient Call Bells

A ceiling pull cord and/or push button call system (buzzer) was available for patients in sanitary areas and at the bedside. With the exception of one bay in the AMU and at some bedsides in Ward 6D, patient bedside buzzers were generally within reach, this improved during the inspection.

Inspectors were advised that in rooms 13/14 of Ward 6D; the buzzer sounded indistinct and could default to Ward 6C. This issue had been raised previously, however even when fixed, defaulted back.

Buzzers were generally answered within a reasonable period of time, although there were examples of when patients had to wait for unacceptable periods. In the AMU, there were delays in staff responding to buzzers; on occasions patients gave 15/16 buzzes before the call was answered. In the stroke unit on the second day of the inspection, a patient was observed waiting for 30 minutes before staff responded to their request.

12. It is recommended that 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. There was a shortage of available night wear in Ward 6D; disposable gowns were supplied. In the AMU, one patient wore a disposable gown which was stained.

Patient personal mobility aids, hearing aids and glasses were generally within easy reach of the patient in all wards and assistance was provided as appropriate. Patients and staff confirmed that the appropriate dental care was part of the daily care and incorporated into the SSKIN care bundle.

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 promoted.

There was no planned toileting during meal times in the stroke unit however the spatial constraints in toilets resulted in patients using commodes at the bedside. At times this occurred during meal times. Inspectors also observed that at busy times such as meal times, toileting and the monitoring of patients, RNs who were carrying out specific duties, were not always available to assist the HCA in the patient bays.

Nurses were observed to be generally responsive to patient needs but there were a few instances that could be improved upon. In the stroke unit a patient who required pain relief, had to wait for over 30 minutes until a nurse administered the medication. Similarly in the AMU, a confused and restless patient appeared to be in pain when staff were carrying out personal care.

Inspectors were advised by staff in Ward 6D that a pictorial book for patients with communication difficulties was available from occupational therapy but not kept on the ward. A colourful poster was available in the stroke unit (Picture 5).

Photo 5: Ward 6E/Laminated poster to aid patients with communication difficulties

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

Food and Fluids

With the exception of Ward 4D, protected meal times were not in place or adhered to. Staff were observed performing venepuncture, monitoring vital signs and administering medication. In the AMU a physiotherapist worked with a patient between soup and the main course, ward rounds took place at breakfast.

14. 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. With the exception of the stroke unit, patients were offered a choice to remain in bed and eat their meal or sit at the bed side. There were issues identified with meal service in all wards.

In the AMU, a member of nursing staff coordinated food service; however food trays were delivered by catering and domestic staff before the patients had been positioned. In one bay, after food was served, inspectors observed a patient being assisted into a chair and another patient who was lying flat in the bed required assistance in sitting up. The RN assisted the patient to sit up and then commenced the medication round. A HCA assisted another patient with their meal however was interrupted by a RN from another bay. The HCA finished feeding the patient before leaving to assist the RN.

In Ward 6D, inspectors observed minimal nursing input at meal service. On the first day at lunch, a patient was lying flat on their back in a side room. Requests had been made to nursing staff from PCSS staff and an inspector to

assist the patient to sit up. It took a period of ten minutes before the patient was attended to.

Over the two day inspection, meal times were not supervised or coordinated in the stroke unit. Meal trays were removed from the hot trolley by kitchen staff before care staff were available to assist patients with their meal. Food trays removed from the hot trolley should not be left for a period of longer than 30 minutes. If food does not maintain the required temperature it should be discarded, under no circumstances should it be re-heated. Inspectors observed that food trays were left on some patient tables for at least 10-15 minutes at a time before assistance was provided. This occurred at breakfast and as a result some breakfast meals had to be reordered to ensure patients received hot food.

Similarly in Ward 4D, RNs did not manage and supervise meal times. There was a query regarding a patient requiring pureed food. Fortunately a RN overheard the conversation and intervened, otherwise the patient would have been served the wrong type of modified diet, with the potential of increasing their risk of choking.

In all wards lunch started with soup. In the AMU, soup was delivered in an insulated container; however the lid was not replaced as the trolley moved throughout the unit. Soup was served to the patient in a tea cup with a dessert spoon; there was soup dripping down the outside of the cup.

Patients were not given adapted cutlery or crockery. Ward sisters confirmed they were available from the occupational therapy department but not kept on the ward.

Jugs of water were available and changed twice daily, at breakfast and after lunch in all wards. Not all were in easy reach of patients in Ward 6D, and not all fluid balance charts were up to date. Patients in all wards were encouraged to drink at meals times and with medication.

15. **It is recommended the trust reviews the delivery and service of meals.**

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

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

Only the stroke unit had a process in place to identify those patients requiring assistance with meals. Catering staff delivered and removed the food trays, and inspectors were informed that they would highlight to nursing staff if meals were untouched. There was no specific system for catering staff to be informed of patient preference/special diet. Catering staff looked at any signage behind the patient's bed, on the side room door or asked the patient. This is unsatisfactory and could lead to patients being fed incorrectly. At

breakfast time in the AMU, a notice on a patient's door stated the patient was fluids only; however the patient was observed eating a full breakfast. When staff were questioned, they said the notice on the door had not been updated.

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

In the stroke unit and Ward 6D, alcohol gel/napkins were available on patient trays but these were not observed to be opened for some patients who required assistance. Patients in the AMU were offered the opportunity to wash hands before meals.

19. **It is recommended that staff encourage, and assist when necessary, hand hygiene before meals.**

Overall summary

Generally all wards inspected were clean and well maintained. The nurses' station was a busy focal point for all staff with an increase in footfall, equipment and activity at meal times. Inspectors noted that there were particular issues associated with lack of adequate storage faculties in Ward 6D and the stroke unit, where clutter impacted on the environment.

In the stroke unit, sanitary facilities were in need of repair and appropriate adaptations put in place for disabled use. Infrequently used water outlets should be flushed regularly.

At times, bays were not single sex but this was to accommodate ill patients in the higher dependency areas. 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**.** 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.

Protected meal times were not in place in all wards, or the policy not always adhered to. There was a good variety of meals, these were warm and generally appeared appetizing. Issues were identified with meal service in all wards. Meal times appeared to be poorly organised, only the stroke unit had a system in place to identify patients who required assistance with their meals but at times this did not appropriately identify these patients. On many occasions there was not enough staff to assist patients with their meals and some patients were not provided with appropriate crockery and cutlery.

Jugs of water were available and changed twice daily, at breakfast and after lunch in all wards. Not all jugs were in easy reach of patients in Ward 6D and fluid balance charts were not maintained up to date. Patients in all wards were encouraged to drink at meals times and with medication.

Inspectors observed that in some instances hand hygiene and the use of personal protective equipment could be improved.

Other issues identified

- In the AMU, cleaning of the environment is carried out daily. On two occasions, members of domestic staff were observed using single use disposable cloths for multiple surfaces and cleaning of taps, using the one cloth. A member of staff cleaning in a bay used a single cloth to clean the clinical hand wash sink, dispensers and surround, window ledge, trunking behind two patients' beds, two patients' lockers and tables. The cloth was then re-dipped and wrung out.

- A patient who was self-caring and wishing to brush her teeth could not access cold water in the en-suite taps as they were sensor operated.

- In Ward 6D there was an issue with unlocked doors and broken keypads. In the domestic store and clean utility room, chemicals could be accessed and in the treatment room, IV antibiotics were accessible.

- Some infection prevention and control issues were identified. There was inappropriate wearing of gloves by an agency HCA, aprons were not worn when changing beds, staff carried clean linen against their uniform and there was medical staff non adherence to uniform policy. Long hair not tied up, hooped earrings and not 'bare below the elbow'. A domestic poured water from drinking jugs down a clinical sink in a bay, contact isolation precautions were not always identified in the nursing handover and hand washing was not carried out by staff before meal service.

- In the stroke unit, nine of the 18 large orthopaedic chairs were recorded as either broken or out of use; there was no documented date for follow up. The ward sister said that the chairs were the responsibility of the Occupational Therapy department. These chairs had been broken for approximately a month; their unavailability impacted on the mobilisation of patients.

- In Ward 4D, medical staff did not always adhere to the use of PPE, did not always wash their hands between patients or after carrying out a procedure. Inspectors observed two medical staff with long hair not tied back and a different two medics wearing nail varnish.

20. It is recommended that staff should adhere to the trust's infection prevention and control polices, and COSHH regulations.

21. It is recommended the trust ensures equipment is in good repair.

22. It is recommended that medicines are stored in accordance with trust 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 13 patient care records in depth, and 29 patient bedside charts were examined for specific details. The inspectors found similarities in recording 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 assessments had not all been fully completed, some had been left blank. In a set of records reviewed, the infection prevention and control assessment had a line run through it and none of the questions were answered. MUST assessments were not always fully completed and in some records the identification of patient needs were not identified as a ‘yes’ or ‘no’. Those risk assessments completed were undertaken within six hours of admission to the ward.

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.**

The care plans reviewed did not always reflect the nursing assessment carried out, or the care required for the patient and identified on observation. Core care plans and individualised care plans were noted by inspectors. Core care plans in use were standardised templates and were not always tailored to suit individual patient needs.

Individualised care plans had minimal detail on the care to be implemented for the patient, some care plans covered multiple goals. In some instances care plans were not always in place for all identified patient needs and were not routinely referred to within the daily progress notes.

One patient had a number of complex psychological and physical needs to be met. Relevant risk assessments had not been completed. From observation of the patient, and review of their nursing assessment, the inspector identified nine care plans should be in place however, no care plans had been developed.

There was a variance in the daily progress notes. Some were well managed and referred to the care plans; some were more a narrative of the care the patient had received on the day.

These findings would be reflective of other care records reviewed. None of the care plans reviewed 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 deterioration in their condition. Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines.

Improvements to 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 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)
Background

A trust policy was devised based on the joint guidance. As part of the inspection, DNAR decisions and subsequent documentation were reviewed in both medical and nursing notes.

Inspectors Assessment

In the stroke unit, DNAR forms were reviewed in three patient's medical notes. All were fully completed and there was evidence of discussion with the family. However the DNAR section in the nursing records was not completed.

Similarly in the AMU, two of the three DNAR forms reviewed evidenced nursing staff were not completing this section of the admission booklet.

In Ward 6D a DNAR form for a patient with capacity did not document if discussion with the patient had taken place. There was good documentation in the medical notes about decision and communication with the family.

27. **It is recommended that staff comply with the trust's DNAR policy.**

4.4: QUIS Observation Sessions

Observation of communication and interactions between all staff and patients or visitors was included in the inspection. This was 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)
AMU	**9**	**75**	**57**	**17**	**1**	**0**
Ward 6E&F	**9**	**27**	**13**	**8**	**2**	**4**
Ward 6D	**6**	**80**	**27**	**34**	**9**	**10**
Ward 4D	**5**	**29**	**23**	**3**	**2**	**1**
Total	**29**	**211**	**120**	**62**	**14**	**15**

The results of the periods of observation indicate that 57 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 patents' dignity and respect. It was disappointing to note this type of interaction however this involved a small number of staff. The staff involved 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

- Good interaction with patients, friendly, conversational, engaging, listening, respectful of patient's dignity e.g. 'Morning …, how are you? Are you in pain? I have a couple of painkillers for you'
- HCA trying to encourage a difficult patient to eat
- HCA sitting facing a patient when assisting patient to eat, good conversation
- Dignity and respect generally maintained
- Good communication skills displayed – 'Morning …'
- Assisting patient who was sick; caring nature
- Some quiet, discreet conversation
- Some conversation about personal life, showing interest in the patient
- Patient wanted to delay their personal care. This request was accommodated by the RN who returned later to assist the patient

Basic interactions observed

- Patient repositioned for breakfast after tray delivered, no conversation
- Nurse giving suction to patient with little engagement
- Communication was minimal when HCA assisted a patient with a meal
- Patient was getting soup. The HCA helped patient to take the soup but remained standing
- Lunch was being served but there was limited information given to patients on what was available
- Engagement with patients during tasks; venepuncture, clinical observations, assisting a patient to eat was only what was necessary to complete the task
- RN and HCA were making a bed and spoke briefly to the patient. There was brief conversation

Neutral interactions observed

- HCA interrupted RN who was taking vital signs on a patient. There had had been good interaction between the patient and RN
- Completing observation charts- little communication
- Assistance with meals- little communication
- Taking blood for a glucose tolerance test- no communication with the patient

Negative interactions observed

- Patient returned from x-ray. A porter left the patient with "there you go". The porter did not ask if the patient needed assistance or call a member of nursing staff for assistance
- RN took blood from a patient, no communication with patient at all
- Offhand comment such as, 'Here, what do you want for breakfast?'
- Task oriented –not always engaging with patients
- Doctors entered a bed space without asking permission. RN was assisting the patient with personal care

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

On the first day at lunch time, a patient was observed lying flat on their back in a side room. The Inspector observed a lapse of at least 10 minutes and two requests from PCSS staff to nursing staff and a request from the inspector, before the patient was attended to.

Staff appeared task orientated. Independent patients in side rooms were not routinely engaged with unless for a specific task e.g. administering medication. Staff carrying out a medication round in bays, were observed not interacting with patients.

During breakfast, a patient in a side room asked a nurse for cutlery. The nurse was dispensing medication and directed the patient to go to catering staff and ask for the cutlery.

Doctors were observed carrying out ward rounds and physiotherapist carried out care between soup and the main course. Medical staff entered a screened bed area (where personal care was being delivered) without checking before they opened the curtain. They did not fully close the curtain on exiting the area.

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 14 patient and relatives/carers questionnaires and 17 patient interviews were undertaken. Inspectors noted in some wards, opportunities were limited to carry out interviews and questionnaires.

In Ward 4D, six family/carer questionnaires were handed out and only two were returned. In the stroke unit, many patients had communication difficulties and were unable to, or were uncomfortable with completing the questionnaire or participating in an interview.

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 and were involved in their treatment and care during their stay. Questionnaires indicated that staff introduced themselves to patients and included them in conversation.

Some patients felt that the meals were enjoyable; others thought that the food could be better. Overall patients felt that visiting hours were suitable. When questioned, patients informed the inspection team that they had not received information leaflets.

Some written comments were:

"Great care nurses 100%"

"Social worker very good" "Staff listen, especially the medical staff"

"Meals beautiful that's the only thing I will miss"

" Can't say a bad word about them, they are all very nice"

"I would like to praise the attitude and treatment received from the ambulance men and paramedics, they were truly excellent. I also appreciate the wonderful care given by all staff."

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.

Overall patients felt that staff introduced themselves each time they came to the patient, took the time to chat with them but when it was busy they had to attend to other patients.

Most patients felt that the meals were good. One patient stated the food was beautiful, they cleared their plate and staff asked if they were drinking plenty. Another patient said the tea and coffee were not warm.

Patients and relatives were happy that family members were able to visit outside visiting times; one patient said visiting times did not suit their daughter. When patients were asked what can be done differently, the reply received was more information leaflets and cold running water to wash their teeth as the tap in the bathroom was a one spout cylinder type motion activated mixer tap.

Interview with family members

There was no opportunity during the inspection for inspectors or lay reviewers to interview family members.

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

.

4.6 Emergency Department

Inspectors' assessment

Inspectors visited the ED three times during this inspection period, for information specifically related to care of the older person. During this time five patients over 65 were identified waiting in ED for more than 6 hours.

On reviewing the patients' records and waiting times, it was identified that patients waited between seven to 11 hours in the ED. In all cases the patient admission was delayed, as there was no admission bed available.

The environment in ED was inadequate to meet the current footfall of patients. Due to the volume of patients, the available space was congested and facilities were not sufficient to meet patient needs. Work is underway for a new ED, which is scheduled to open in January 2015.

In order to improve ED waiting times and streamline services that impact on patient care, a range of new initiatives since the inspection on 31 January to 4 February 2014 had, or were, in the process of being implemented. Some of the most notable include:

- the pilot, introduction of 'real time' take by acute physicians, with an acute medical team based in the ED
- increase in medical cover in the respiratory team
- establishing a direct assessment and admission facility for frail elderly in the Belfast City hospital
- to implement a rapid access neurology clinic to improve patient access to specialist opinion
- enhanced internal transport from the ED to other trust sites, with nurse escort

Nursing staff within the ED were developing their skills to improve the care delivered to patients. Some nurses could administer medication under a PGD (Patient Group Directive), and refer to X- ray from triage.

Staff advised that they try and prioritise older people, based on clinical need. If a patient with dementia presents with a fractured femur, it is assumed that the patient's pain level is severe and a higher triage Category 2 is recorded. A new IT patient information software system was due to be implemented; this would immediately highlight older patients on the system.

Inspectors were informed of an initiative with the Northern Ireland Ambulance Service (NIAS) who was providing an onsite member of staff for trust liaison. This was proving to be very beneficial in assisting with pending admissions and discharges. However staff advised that accessing an ambulance for discharging at night could be an issue.

Patient Documentation and Assessments

In the ED, inspectors were advised that the nursing assessment was part of the ED flimsy. This involved completing a form to record patient details; name, address, next of kin, triage time and GP. Clinical details included; presenting complaint, observations, pain score, allergies, investigations, pressure risk assessment, cannula insertion time. The nursing assessment did not include an assessment of the patient's activities of daily living, with only a small space available on the flimsy to record any care interventions. No obvious care rounding documentation was evident. The review of documentation identified only limited reference to the delivery of personal care when further care interventions would have been required e.g. nutrition, pressure care.

Inspectors were advised that the ED was piloting the use of a new patient assessment document. The nurse would use this to assess the patient's activities of daily living, with sufficient space available to document care. The trust has carried out an audit on the completion of flimsies.

A review of documentation evidenced that nursing risk assessments were not always completed for patients who were pending admission and waiting for more than 6 hours. The infection prevention and control risk assessment was not always completed; the pressure ulcer risk assessment was not carried out. The ED had developed a pressure ulcer risk prevention plan; however this was not initiated for patients identified by inspectors as requiring assessment. Pain assessment and score, while part of the initial triage flimsy assessment, was not regularly monitored as part of clinical observations. Staff were not familiar with the Abbey Pain Score for patients unable to articulate their pain, the pain ruler was part of the triage assessment tool. A patient with dementia, admitted for pain relief and possible fracture after a fall, was not regularly assessed for pain, or prescribed pain relief. Observation identified that the patient was not co- operative with staff during personal care, pain potentially a contributory factor to this behaviour.

Inspectors were advised that there was no standard operating procedure for completing risk assessments in ED, staff stated by experience, knew patient care needs. This was in contrast to patients who were admitted to the ward, where risk assessments are carried out.

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. There is a need to ensure that the documentation used by all staff takes into account these requirements.

In the ED, mental health assessment e.g. AMT4 and Confusion Assessment Method (CAM) Tool, to recognise dementia/delirium, were not part of the assessment document. Inspectors were advised that if a patient presented with delirium, clinicians would use their own experience to carry out this assessment. Assessment tools were not routinely used.

30. **It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndrome.**

Inspectors were advised that ED staff had access to the mental health team in and out of normal working hours. The team aimed to see a patient within four hours of referral from ED. If a mental health issue had been identified at triage, a mental health assessment form was completed and interventions were carried out based on the mental health algorithm and patient risk status. Staff advised that there could be delays in patients being assessed.

The ED nurse consultant, clinical educator and Band 6 sister took the lead as dementia champions. Sister has completed a module in dementia care. Some information on dementia was available for staff; the butterfly project had not been introduced. In the ED, 11 out of 123 staff had received dementia training, approximately 63 per cent of nurses attended training in safeguarding vulnerable adults.

31. **It is recommended that all staff receive training on dementia care and care of the vulnerable adult.**

There was access to a range of practitioners; physiotherapist, occupational therapist, and social worker. Social services could be contacted out of hours. On Saturdays, out of hours physiotherapist and occupational therapist services were available until 1pm via the Assessment Medical Unit. Patients presenting with a fall or who have had a recent fall would have a mobility falls assessment carried out by the physiotherapist and occupational therapist. Out of hours, nurses would assess patients ability to mobilise unaided and their pain threshold. An over 65 falls support project was carried out in the community. If a patient presented with a stroke, the stroke assessment form was completed.

In the ED, there was no patient information kept on local social services, healthy eating, benefits, staying warm and information for carers of frail older people. Regular meals were provided for patients. Out of hours, vending machines were available, tea and toast could be made however this was dependent on staff workload. Drinks were not served with lunch and dinner; there was no provision for a ‘soft diet’ out of hours. The hospital canteen and shop were also available, these closed overnight. Sister advised that all ED trolleys had pressure relieving mattresses and staff could access specialist pressure relieving mattresses with a bed when required. The availability of laundry, especially at night and in the winter, can be an issue. With the exception of the short stay unit, there were no bedside tables for patients to

have their meals. Patient call bells were not available for every patient; patients who needed continual observation were placed near the nurses' station. There was some pictorial signage on toilet doors.

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

33. **It is recommended that the trust reviews the services and information available for patients.**

Staff continue to work within the constraints of the department to deliver care with privacy and dignity. However due to space constraints, volume of patients and the lack of facilities and equipment this was not always maintained.

There has been work undertaken by the trust to work within the departmental targets for waiting times in the ED. In order to improve patient flow and care delivered to patients all initiatives must integrate to work effectively. There is work required to ensure that patients have the appropriate assessments undertaken, particularly if they are waiting over six hours.

5.0 Summary of Recommendations

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.**

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 mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs**

4. **It is recommended that trends analysis of incidents is disseminated to staff in all wards.**

5. **It is recommended that a physical environmental audit for dementia patients is carried out.**

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

7. **It is recommended that the trust ensures that all areas are tidy, clutter free and in good repair; adequate storage facilities should be available.**

8. **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. Infrequently used water outlets should have a flushing programme in place.**

9. **It is recommended that trust staff wear name badges which are easily seen and denote the staff designation.**

10. **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.**

11. **It is recommended that staff ensure that care rounding is carried out as per trust protocol and documentation fully completed. Staff should ensure they understand the importance of this function.**

12. **It is recommended that call bells are within patients' reach and answered promptly.**

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

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

15. **It is recommended the trust reviews the delivery and service of meals.**

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

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

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

19. **It is recommended that staff encourage, and assist when necessary, hand hygiene before meals.**

20. **It is recommended that staff should adhere to the trust's infection prevention and control polices and COSHH regulations.**

21. **It is recommended the trust ensures equipment is in good repair.**

22. **It is recommended that medicines are stored in accordance with trust 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 care plan 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 in response to changing needs of patients.**

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

27. **It is recommended that staff comply with the trust's 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 acknowledge patient, relative, carer comments to improve the patient experience.**

30. **It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndromes.**

31. **It is recommended that all staff receive training on dementia care and care of the vulnerable adult.**

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

33. **It is recommended that the trust reviews the services and information available for patients.**

Appendix 1 QUIS Coding Categories
The coding categories for observation on general acute wards are:

Examples include:

Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.	**Basic Care: (BC) –** basic physical care e.g. bathing or use if 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.
• 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 were 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 Staff respect older people's privacy	**Examples include:** Brief verbal explanations and encouragement, but only that the necessary to carry out the task No general conversation

and dignity by speaking quietly with older people about private matters and by not 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	

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: • 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 • Telling someone what is going to happen without offering choice or the opportunity to ask questions. • Not showing interest in what the patient or visitor is saying.	**Examples include:** • 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. • 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	50.0%	33.3%	0.0%	16.7%	0.0%	0	6
I always have access to a buzzer	100.0%	0.0%	0.0%	0.0%	0.0%	0	6
When I use the buzzer staff come and help me immediately	66.7%	0.0%	16.7%	0.0%	16.7%	0	6
When other patients use the buzzer staff come and help them	50.0%	0.0%	16.7%	0.0%	33.3%	0	6
I am able to get pain relief when I need it	83.3%	0.0%	16.7%	0.0%	0.0%	0	6
I am able to get medicine if I feel sick	50.0%	0.0%	0.0%	0.0%	50.0%	0	6
I get help with washing, dressing and toileting whenever I need it	50.0%	0.0%	0.0%	0.0%	50.0%	0	6
Staff help me to carry out other personal care needs if I want them to	66.7%	0.0%	0.0%	0.0%	33.3%	0	6
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	50.0%	16.7%	0.0%	0.0%	33.3%	0	6
If I need any help with my glasses, hearing aid, dentures, or walking aid staff will help me with this	50.0%	0.0%	0.0%	0.0%	50.0%	0	6

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff are aware of the help I need when eating and drinking	33.3%	0.0%	0.0%	0.0%	66.7%	0	6
I enjoy the food I am given on the ward	16.7%	33.3%	33.3%	16.7%	0.0%	0	6
Staff help other patients to eat or drink if they need assistance	83.3%	0.0%	0.0%	0.0%	16.7%	0	6
I have access to water on the ward	100.0%	0.0%	0.0%	0.0%	0.0%	0	6
Staff always respond quickly if I need help	100.0%	0.0%	0.0%	0.0%	0.0%	0	6
The quality of care I receive is good	100.0%	0.0%	0.0%	0.0%	0.0%	0	6
The ward is clean and tidy and everything on the ward seems to be in good working order	100.0%	0.0%	0.0%	0.0%	0.0%	0	6
Staff will give me time to do the things I need to do without rushing me	83.3%	0.0%	0.0%	0.0%	16.7%	0	6
I feel safe as a patient on this ward	83.3%	16.7%	0.0%	0.0%	0.0%	0	6
Are you involved in your care and treatment	60.0%	40.0%	0.0%	0.0%	0.0%	1	5
Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the ward	33.3%	33.3%	0.0%	16.7%	16.7%	0	6

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	80.0%	0.0%	0.0%	20.0%	0.0%	1	5
Staff listen to my views about my care	60.0%	20.0%	20.0%	0.0%	0.0%	1	5
I can always talk to a doctor if I want to	40.0%	0.0%	60.0%	0.0%	0.0%	1	5
I feel I am involved in my care	50.0%	16.7%	16.7%	0.0%	16.7%	0	6
Staff have discussed with me about when I can expect to leave the hospital	50.0%	16.7%	16.7%	16.7%	0.0%	0	6
Staff have talked to me about what will happen to me when I leave hospital	66.7%	0.0%	16.7%	0.0%	16.7%	0	6
Staff always introduce themselves	83.3%	0.0%	0.0%	16.7%	0.0%	0	6
Staff are always polite to me	83.3%	16.7%	0.0%	0.0%	0.0%	0	6
Staff will not try to rush me during meal times	66.7%	0.0%	0.0%	0.0%	33.3%	0	6
Staff never speak sharply to me	100.0%	0.0%	0.0%	0.0%	0.0%	0	6
Staff call me by my preferred name	100.0%	0.0%	0.0%	0.0%	0.0%	0	6
Staff treat me and my belongings with respect	83.3%	16.7%	0.0%	0.0%	0.0%	0	6
Staff check on me regularly to see if I need anything	83.3%	16.7%	0.0%	0.0%	0.0%	0	6
My visitors are made welcome	83.3%	16.7%	0.0%	0.0%	0.0%	0	6

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	28.6%	28.6%	42.9%	0.0%	0.0%	1	7
Staff always have enough time to give care and treatment	42.9%	14.3%	42.9%	0.0%	0.0%	1	7
Staff are knowledgeable about the care and treatment they are providing	57.1%	42.9%	0.0%	0.0%	0.0%	1	7
The ward is a happy and welcoming place	57.1%	28.6%	0.0%	0.0%	14.3%	1	7
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	57.1%	14.3%	28.6%	0.0%	0.0%	1	7
Staff never speak sharply to me or my relative/friend	28.6%	0.0%	14.3%	57.1%	0.0%	1	7
Staff include me in discussions about my relative/friend's care	57.1%	28.6%	14.3%	0.0%	0.0%	1	7
Staff treat my relative/friend with dignity and respect	87.5%	12.5%	0.0%	0.0%	0.0%	0	8

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff provide me with sufficient information when I need it/ask for it	75.0%	25.0%	0.0%	0.0%	0.0%	0	8
Staff make me feel welcome on the ward	75.0%	25.0%	0.0%	0.0%	0.0%	0	8
I feel confident to express my views on how my relative is being cared for	71.4%	14.3%	14.3%	0.0%	0.0%	0	8
Staff ask me about my relative/friend's needs or wishes	42.9%	14.3%	28.6%	14.3%	0.0%	1	7
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	57.1%	14.3%	28.6%	0.0%	0.0%	1	7
I know who to speak to about my relative/friend's care	37.5%	12.5%	50.0%	0.0%	0.0%	0	8
I can speak to a doctor when I want to	42.9%	14.3%	28.6%	0.0%	14.3%	1	7
If I chose to be, I am informed if/when my relatives/the patient's condition changes	42.9%	28.6%	14.3%	0.0%	14.3%	1	7

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	42.9%	28.6%	0.0%	0.0%	28.6%	1	7
Staff listen to my views about my relative/friend's care	71.4%	14.3%	14.3%	0.0%	0.0%	1	7

6.0 Quality Improvement Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
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.**	Unscheduled & Acute Care	Recruitment has been completed and identified nursing vacancies have been filled.	Complete and ongoing
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**	Older Peoples Services and Directorate team supported by Central Nursing	The current staffing budget and daily allocation permits protected time for the ward sisters to be supervisory. The Nurse in Charge (NIC) will determine the ability to maintain protected time on a daily basis and will allocate staff based on patient need.	On going and Complete
3.	**It is recommended that mandatory training should be kept up to date and staff should receive training appropriate to the patient's needs**	Unscheduled & Acute Care/ASMs	The availability of mandatory training for staff is an ongoing priority for the Trust. The ability of the service to release staff for training remains an ongoing challenge. There are a number of e-learning training packages available to staff. An action plan has been developed for wards to ensure that all staff complete mandatory training. Training is reviewed as part of management team meetings.	Ongoing Review date December 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Mandatory training dates advertised at ward level Staff are made aware of own personal responsibility with regards to mandatory training compliance Records of staffs mandatory training held at ward level on training matrix updated by the Ward Sister /CN Support Officer.	
4.	**It is recommended that trends analysis of incidents is disseminated to staff in all wards.**	Unscheduled & Acute Care/ ASMs	Currently developing and implementing a new standardised ward-based performance scorecard which will present trended measures in a range of performance areas including reported incidents. Monthly management team meetings are in place. Agenda items include feedback to staff from SAIs, IR1s, complaints, patient compliments and staffing developments. Staff at all levels are reminded of the need to have staff meetings and ensure cascade to all team members.	Ongoing Review date October 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
5.	**It is recommended that a physical environmental audit for dementia patients is carried out.**	Unscheduled & Acute Care/ ASMs/ Older Peoples Services	All wards will be advised to complete a mock 'review of the care of the older people in acute hospital' inspection, using RQIA audit tools. Learning outcomes and action points from this initiative should be presented to staff.	Review date December 2014
6.	**It is recommended that the trust continues to introduce and monitor the nursing quality indicators (NQIs).**	Unscheduled and Acute care with support from Central Nursing	Wards and Departments across the Trust monitor a range of Nursing Key Performance Indicator data. These include, Health Care Associated Infections, Falls and Pressure Ulcers data. These are communicated to staff using various methods, including board displays.	Complete and ongoing
7.	**It is recommended that the trust ensures that all areas are tidy, clutter free and in good repair; adequate storage facilities should be available.**	Directorates/ PCSS/ ASMs	Cleaning schedule for area in place. Frequency of PCSS inspections/audits of public areas increased. Damaged fittings repaired on a reporting basis. Environmental walkround in progress across all sites. Key challenge remains in ensuring that the right staff are available to attend the walkround. This is currently being reviewed in light of the recommendations in the RQIA report.	Ongoing Review date October 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
8.	**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. Infrequently used water outlets should have a flushing programme in place.**	Unscheduled and Acute Care/ Estates/ PCSS	The BHSCT new building strategy is developed in adherence to building regulations for health care facilities. Changes to the ward facilities will completed in line with this strategy and subject to the availability of capital funding. Outlet taps are flushed as part of the cleaning regime for each area. In augmented care areas, the majority of outlets are automatic and flus automatically. Outlets which do not have an automatic flushing device are part of a high intensity cleaning regime which ensures that they are flushed on a scheduled basis.	On going.
9.	**It is recommended that trust staff wear name badges which are easily seen and denote the staff designation.**	Nurse in Charge ASM	All staff are issued with a name badge and are advised that it is to be clearly displayed on their uniform at all times. Members of staff who do not wear a Trust name badge are reminded to do so by the Nurse in Charge.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
10.	**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.**	Unscheduled & Acute Care / Central Nursing/ ASMs	Staff endeavour to maintain patient privacy and dignity at all times. This is assessed on an ongoing basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained at all times. Work is underway with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients. Action plans are being developed by wards following the analysis of the 10k Voices stories.	Ongoing
11.	**It is recommended that staff ensure that care rounding is carried out as per trust protocol and documentation fully completed. Staff should ensure they understand the importance of this function.**	Unscheduled and Acute Care / Older Peoples Services with support from Central Nursing	Staff will be reminded of the importance of care rounding and that all documentation is fully completed. **Please refer to section 23 for additional information**	On going Review date December 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
12.	**It is recommended that call bells are within patients' reach and answered promptly.**	Unscheduled & Acute Care/Older People's Services	Staff will be reminded of the importance of responding to patient needs. This will be addressed at team meetings and assessed as part of the ongoing leadership walkround.	Ongoing 2014 December 2014
13.	**It is recommended that all patients receive the essential care needed at all times**	Unscheduled & Acute Care/Older People Services	Staff reminded of the importance of responding to patient needs. This will be addressed at team meetings and assessed as part of the on -going leadership walk round.	On going Review date December 2014
14.	**It is recommended that the trust policy on protected meal times is adhered to by all staff.**	Unscheduled & Acute Care	Staff will be reminded of the importance of protected meal times for patients. This will be addressed at team meetings and assessed as part of the ongoing leadership walkround. The protection of patient meal times is overseen by the Nurse in Charge.	Ongoing 2014 December 2014
15.	**It is recommended the trust reviews the delivery and service of meals.**	Unscheduled & Acute Care / Patient Client Support Services	It is the responsibility of nursing staff to identify patient requirements at meals times and to ensure they are provided with adequate support and assistance. This is overseen by the Nurse in Charge.	Complete and ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
16.	**It is recommended that there are sufficient staff on duty to assist patients with their meals.**	Unscheduled & Acute Care / Patient Client Support Services/ Nurse in Charge	It is the responsibility of nursing staff to identify patient requirements at meals times and to ensure they are provided with adequate support and assistance. Nursing staff supervise patient mealtimes. Food trollies are kept on the ward to keep patient meals warm until they can be assisted by a member of staff. Support is provided to carers who have expressed an interest in supporting their relative at mealtimes.	Complete and ongoing
17.	**It is recommended that patients are provided with appropriate crockery and cutlery.**	Unscheduled & Acute Care / Patient Client Support Services/ Nurse in Charge	It is the responsibility of nursing staff to identify patient requirements at meals times and to ensure they are provided with adequate support and assistance. Staff are reminded to ensure that sufficient eating utensils are kept on the ward for patients. This is overseen by the Nurse in Charge.	Complete and ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
18.	**It is recommended that the trust clarifies the system in place to identify patients who require assistance with their meals.**	Unscheduled & Acute Care / Patient Client Support Services/ Nurse in Charge	It is the responsibility of nursing staff to identify patient requirements at meals times and to ensure they are provided with adequate support and assistance. This is overseen by the Nurse in Charge.	Complete and ongoing
19.	**It is recommended that staff encourage, and assist when necessary, hand hygiene before meals.**	Unscheduled & Acute Care with support from Central Nursing Central Nursing/ Nurse in Charge	The management of effective Infection Prevention and Control measures, particularly in relation to procedures on handwashing remains an ongoing imperative for the Trust. Staff are reminded to offer patients hand hygiene at mealtimes.	Ongoing
20.	**It is recommended that staff should adhere to the trust's infection prevention and control polices and COSHH regulations.**	Unscheduled & Acute Care /with support from Central Nursing	The management of effective Infection Prevention and Control measures, particularly in relation to procedures on handwashing remains an ongoing imperative for the Trust. Appropriate Infection Prevention and Control policies are part of mandatory training and updates. The Infection Prevention and	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Control Team works closely with staff to support effective infection prevention and control on an ongoing basis across all disciplines. Adherence to COSHH is assessed via the Belfast Risk Audit and Assessment Tool (BRAAT). This audit is completed by the Nurse in Charge and ASM.	
21.	**It is recommended the trust ensures equipment is in good repair.**	Directorates/ PCSS/ ASMs	Cleaning schedule for area in place. Frequency of PCSS inspections/audits of public areas increased. Damaged fittings and equipment are repaired on a reporting basis. Environmental walkround in progress across all sites. Key challenge remains in ensuring that the right staff are available to attend the walkround. This is currently being reviewed in light of the recommendations in the RQIA report.	Ongoing Review date October 2014
22.	**It is recommended that medicines are stored in accordance with trust policy.**	Unscheduled & Acute Care/Nurse in Charge	Staff are reminded of the requirement to adhere to the Trust's administration of medicine policy. This is addressed at staff meetings.	Ongoing Review date December 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
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.**	Central Nursing/ Unscheduled & Acute Care/ Older People's Services	Outcome-focused management plan and Nursing Care Plan are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC Record Keeping Guidance. Following the RQIA review, documentation audits have taken place in some areas and learning has been disseminated to staff. The following actions are being implemented to support nursing staff and increase awareness of the responsibility of staff to complete patient documentation. Nursing and Midwifery Induction Programme to include nursing documentation and care planning.	December 2014 December 2014. January 2015.

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Mandatory/professional nursing programme being developed for 2015 and will include a session on nursing documentation. Nursing documentation master class sessions in progress commenced 2014 by NDL. Care plan example in each ward for reference. NDLS are undertaking spot checks of charts. A new documentation audit bundle has been developed and will be piloted in MAU. NIPEC guidelines on documentation were circulated 19th September 2014.	June 2015. October 2014. October 2014 November 2014. September 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
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.**	NIC supported by clinical coordinator and Central Nursing	The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation. Nursing staff will be reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by Nurse in Charge. Audit of same to take place. In addition, the following actions are being implemented; Nursing documentation master class sessions in progress commenced 2014. A new documentation audit bundle has been developed and will be piloted in MAU. Audits of risk assessments to be included in quarterly independent audits.	Ongoing June 2015. November 2015. November 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
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 patients**.	Central Nursing/ Unscheduled & Acute Care	Outcome-focused management plan and Nursing Care Plan are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC Record Keeping Guidance. Following the RQIA review, documentation audits have taken place in some areas and learning has been disseminated to staff. A process for completion of nursing documentation audits will be developed. A new documentation audit bundle has been developed and will be piloted in MAU.	December 2014 Nov 2014
26.	**It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.**	Nurse in Charge supported by Clinical Coordinator and Central Nursing	Nursing staff will be reminded of the NMC guidelines re: record keeping. NIPEC AND NMC are referenced in documentation master classes. A nursing documentation group is to be set up within the Trust and will be led by Central Nursing.	Ongoing June 2015. December

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Documentation section to be added onto The HUB and will include NMC and NIPEC guidelines.	2014**.**
27.	**It is recommended that staff comply with the trust's DNAR policy.**	Nurse in Charge	Staff are reminded of the importance of complying with the Trust's DNAR policy. This issue will be addressed via ward staff meetings.	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.**	Unscheduled & Acute Care supported by Central Nursing	Staff endeavour to maintain patient privacy and dignity at all times. This is assessed on an ongoing basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained Staff are reminded of the importance of adhering to the Patient Privacy and Dignity Policy. Work is underway with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
29.	**It is recommended that the trust acknowledge patient, relative, carer comments to improve the patient experience.**	Directorate team supported by Central Nursing/ Unscheduled & Acute Care	The Trust continues to monitor the patient and client experience through a number of tools, including 10k Voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. A presentation of 10k Voices and patient experience was presented to the public Trust Board on 13 March 2014.	Ongoing
30.	**It is recommended that the trust reviews the current documentation to improve assessments for nursing common frailty syndromes.**	Unscheduled Care	Nursing documentation for the ED is currently being reviewed to incorporate a holistic approach to the assessment of the care of the elderly. An improvement process is underway to ensure that patient stay in the ED is minimised to the four-hour target.	Ongoing
31.	**It is recommended that all staff receive training on dementia care and care of the vulnerable adult.**	Unscheduled & Acute Care/ ASMs	The availability of mandatory training for staff is an ongoing priority for the Trust. The ability of the service to release staff for training remains an ongoing challenge. There are a number of e-learning training packages available to staff. An action plan has been developed for wards to ensure that all staff complete mandatory training. Training is reviewed	Ongoing Review date December 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			as part of management team meetings.	
32.	**It is recommended that sufficient supplies of equipment are available.**	Unscheduled & Acute Care/ ASMs/ Older People's Services	All equipment acquired from the Physiotherapy Department. Extra aids not permitted on ward unless in use.	Complete and on-going
33.	**It is recommended that the trust reviews the services and information available for patients. (i.e., R/V health promotion information for patients and the provision of appropriate snacks out of hours(for patients)**	Nursing	Health Promotion Information for patients - a key part of the role of the Stroke Specialist Nurses on the Stroke Unit is to give every patient advice and information on secondary prevention and one of the man aspects of secondary prevention is health promotion relating to diet, exercise etc. Appropriate snacks out of hours – if a patient is admitted after mealtimes or has missed a meal because they have been away for investigations for example, ward staff will go to the kitchen and organise a meal for the patient. If a patient is hungry out of hours, after the Trust kitchen has closed, the ward staff have access to	Complete and ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			making light snacks for patients on the ward i.e. cereal, toast, pancakes, yogurts, tea and coffee.	

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