The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Daisy Hill Hospital

Southern Health Social Care Trust

28 & 29 January 2014

Assurance, Challenge and Improvement in 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.

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1.0 Summary

An unannounced inspection to Daisy Hill Hospital, Southern Health and Social Care Trust (SHSCT) was undertaken, on 28 and 29 January 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 areas were inspected:

- Emergency Department (ED)
- Female Medicine Ward
- Male Surgery Ward
- Stroke Ward

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

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

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

The report highlights areas of strengths as well as areas for further improvement, including recommendations.

Overall the inspectors felt that ward sisters had demonstrated effective management practices and had raised issues of concern with trust senior staff as necessary. All wards use bank staff to cover staff shortages or ward staff will work extra hours; senior trust staff are aware of this practice. Ward sisters reported difficulties in balancing their clinical and managerial roles and responsibilities and ensuring staff received the appropriate training. Inspectors were informed that the trust has taken numerous steps to increase staffing levels over and above funded levels. A workforce review has also been completed and submitted to HSCB and PHA. The trust has implemented various initiatives to improve patient care which is to be commended.

In general, all wards were busy but clean and calm with welcoming staff. Nurses' stations were easily accessible throughout wards. The environmental layout of all wards is bed bays and single rooms. Wards were either single gender or mixed gender, with patients nursed in designated bays. Inspectors noted that there were no patient day rooms. The fabric of the environment in

some ward areas was old, worn and in need of updating. In some wards there were only a small number of toilet/shower facilities for patients.

In all wards, the majority of staff observed were courteous and respectful to patients and visitors. Generally patients' privacy and dignity were maintained, improvement was required by some staff. In some wards, call bell systems were not present, broken or not answered promptly.

In all wards, patient personal care was generally of a high standard. Patients appeared clean and comfortable.

Protected mealtimes were in place although not always adhered to. There was a good choice of meals which appeared appetising. A system was in place to identify patients who required assistance with their meal, however was not fully implemented. At times there was not enough staff to assist patients with their meals.

Inspectors observed that in some instances adherence to infection prevention and control policies could be improved.

Where there were issues identified with patient placement or patient diagnosis and symptom management, inspectors raised these issues to ward sisters for action.

RQIA inspectors reviewed 10 patient care records in depth and 16 patient bedside charts were examined. The inspectors found similarities in recording gaps in each set of records. Care plans and nursing records reviewed, while showing some good practice, did not fully evidence and demonstrate that an adequate assessment, planning, evaluation and monitoring of patient's needs was carried out. This is vital to provide a baseline for the care to be delivered, and to show if a patient is improving or if there has been any deterioration in their condition. Nurse record keeping did not always adhere to Nursing and Midwifery Council (NMC) and Northern Ireland Practice and Education Council (NIPEC) guidelines. Care records examined failed to fully demonstrate that safe and effective care was being delivered.

Inspectors and lay reviewers undertook a number of periods of observation in all wards to review patient and staff interactions. The results of the periods of observation indicate that 59 per cent of the interactions were positive and staff demonstrated empathy, support, and provided appropriate explanation of care when required. The results indicated that a small number of staff did not always speak with patients appropriately and dignity and respect were not evident in these interactions. Inspectors advised ward sisters of any issues they observed.

During the inspection 29 patients and relatives/carers questionnaires and 4 patient interviews were completed.

Generally feedback received from patients, relatives and carers was positive. Overall patients, relatives and carers thought that staff were 'first class' and

had a positive experience while in hospital. Patients stated they were happy with the standard of care, and had a good relationship with staff. Areas where patients and relatives felt there could be an improvement related to:

- involvement in care planning and decisions
- staff interaction with relatives
- timeliness in answering call bells
- provision of a ward information leaflet
- meal portion sizes were too big

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

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

2.0 Introduction

2.1 Background and Methodology

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

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

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

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

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

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

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

3.1 Unannounced Inspection Process

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

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

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

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

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

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

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

3.2 Reports

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

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

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

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

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

3.3 Escalation

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

4.0 Inspection Team Findings

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

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

4.1 Ward Governance

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

Inspectors' Assessment

Staffing: Nursing

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

The current funded staffing levels (FSL) within the Acute Directorate were set in 2009. Since then, the trust has invested substantial additional resources including an increase in the provision of the flexible workforce. This was in part due to growing cost pressures for nurse staffing which have been drawn to the attention of the commissioners.

The review of the workforce across general medical and surgical wards within trust, indicated that there were variances between the current FSL and the Normative Staffing Ranges (NSR).

On 27 January 2014, the health minister approved the NSR tool which will be used from April 2014 on Adult Medical and Surgical Units. The minister also recognised the supervisory nature of the Ward Sister/Charge Nurse role and the need to have sufficient time to fulfil ward leadership responsibilities.

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

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

Inspectors were informed that there is no medical assessment unit within Daisy Hill, all wards take direct admissions from the ED.

All wards appeared busy and working to full occupancy during the inspection. There is the potential to have outliers from other specialities on designated wards; this was identified in all wards.

Female Medical

In Female Medical there is an acting Band 7 ward sister. Staffing levels for the ward on day one of the inspection were; the ward sister, five nurses and three health care assistants (HCAs), the full quota of staff was not attained. On day two of the inspection, the staffing levels were; the ward sister, clinical ward sister, six nurses, three HCAs and one student nurse.

Inspectors were advised by the acting ward sister that staffing in the evening and night duty drops to a 1:12, nurse to patient ratio. The ward had successfully piloted a twilight staff shift (4.30pm – 11pm) to assist with patient personal care and the administration of medication. The ward was unable to continue to facilitate this shift during the inspection due to staffing levels.

In January 2014, a ward staff workforce review, on staff establishment and vacancies was completed. Two new staff nurses were appointed in January 2014, a further staff nurse was to be appointed in February 2014. This would reduce the current bank vacancy hours from 77 hours to 32 hours a week.

Male surgical

In Male surgical the seconded ward sister had been on the ward for two months and was settling in and adjusting to the role. Inspectors were advised that current staffing levels were good with only one HCA vacancy. The ward has the potential to open two extra escalation beds (extra beds, in a designated bed space, with fully patient facilities). The use of these extra beds can be challenging for staff, due to workload, inspectors were informed that when these beds open there is no provision for an extra nurse. The ward sister advised that it is hard to anticipate service demand and pressure and sometimes it can be difficult to get extra staff. At times, staff from the Day Procedure Unit and Day Surgery can be sent to assist in the ward.

Stroke Ward

In the Stroke Ward, inspectors were advised on day one that the ward was working with a shortage of four staff. Arrangements had been put in place to provide staff cover from other areas. Planned staffing levels were; six nurses and four HCAs. On day two of the inspection the full quota of staff was in place.

The ward sister confirmed that she had raised concerns regarding staffing levels with trust senior staff. Work has been carried out on funded staffing levels, with gaps identified. There was one staff on maternity leave and one WTE vacancy, covered by bank and ward staff working extra hours.

General Staffing issues

The trust have moved to increase staffing levels over and above funded levels at financial risk. Senior staff meet each head of service monthly to review staffing and to agree additional hours were required, to maintain safe cover.

All wards used bank staff to cover shortages or ward staff would work extra hours. Bank staff could be used if staffing levels fell and when a 1:1, nurse to patient ratio was required. This is approved by senior line management. There have been no bed closures due to staff shortage.

At the feedback session, the Director of Nursing advised that the trust was reviewing the role of the Band 7 nurse. It was also the intention to further review the role of Band 6, Band 5 and Band 3 staff. A work shop had been held for Band 7 staff on; care planning, running a ward, multiple demands of the role, organisation, ward rounds and record reviewing. The Female Medical acting ward sister had advised inspectors that this would also take into account the Band 7 workload which incorporated; salary and wages returns, arranging bank staff and a large amount of administration and paperwork.

1. **It is recommended that any identified nursing staff variances are reviewed. This is to ensure that patient care and safety is not compromised due to staffing levels.**

Ward sisters and deputies have no protected time for ensuring paperwork is completed, this is dependent on staffing levels and off duty. It can difficult to balance clinical and managerial role and responsibilities. In Female Medical, inspectors were advised that there was only one Band 6 post on the ward; this is not in line with the other trust acute site.

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

Policies, Procedures and Audits

In all wards, the ward sister was able to provide hard copies or demonstrated intranet site access to policies and procedures. In all wards a number policy, procedure, guidance documents were not able to be sourced.
Examples of policies/procedures not able to be sourced:

- Continence promotion and incontinence management
- Management of dementia/delirium
- Pain management
- Patient discharge/transfer
- Medicine administration
- Patients lack of capacity

Ward sisters confirmed that audits carried out have an action plan developed if compliance was low. In Female Medical the acting ward sister was unaware of any audits on complaints. Results were discussed with staff as part of the safety briefing process.

3. **It is recommended that the trust should ensure all policy, procedure, guidance documents are available for staff.**

Training

All ward sisters advised that mandatory training was on-going; however attendance had fallen, due to a decrease in staffing levels and difficultly in releasing staff to attend training. Training records are logged on a training matrix. The matrix is a tool to support the ward manager in coordinating the release of staff for training.

The ward sister in Male surgical advised that the trust was addressing these issues by providing one day mandatory training days, encompassing all mandatory courses.

In the Stroke Ward records confirmed that in 2013, only 50 per cent of ward staff had attended training on fire safety and moving and handling.

Staff are booked onto training; attendance can be cancelled due to ward pressures. Non - attendance is followed up by the ward sister however there is no computerised system to flag this up.

Ward sisters and deputies have no protected time for educational training. Training opportunities were available and taken however have to be balanced against the ward needs to meet the responsibilities of the role. In Female Medical and Male surgical, inspectors were advised that there was good support from senior management and that the role of ward management support was very valuable to help with administration e.g. booking training. However this is limited to six hours per week. In the Stroke Ward, on day one

of the inspection, due to ward staff shortage the ward sister cancelled attendance at training and worked on the ward.

Inspectors were advised that vulnerable adult training is part of the trusts corporate training days. In the Stroke Ward, no staff had attended training on safeguarding the vulnerable adult and in the Female Medical only a small number of staff had attended this training. This contrasted with Male surgical, where 87 per cent of staff had attended this training up to 31 December 2013. In all wards, no staff had received training on dementia and delirium care, however staff felt this would be of value. The level of staff training on safeguarding the vulnerable adult and dementia and delirium care should be addressed.

Inspectors were informed that while staff appraisals and supervision was being carried out, this was not always up to date.

In Female Medical, the acting ward sister ensured that all new staff were paired with a senior nurse as a mentor and received an induction. It was difficult for the sister to be a mentor due to their role and responsibilities.

Inspectors in Male surgical were informed of the developing role of the Band 3 which would include competency based training on cannulation, ECG and venepuncture.

In the Stroke Ward, it was identified that staff lacked knowledge and required training in the grading of pressure ulcers in accordance with national guidance.

4. **It is recommended that all mandatory training and training on dementia, delirium and safeguarding the vulnerable adult should be carried out for all care staff.**

5. **It is recommended that staff supervision and appraisal should be carried out and up to date.**

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

All incidents and complaints were audited and logged monthly on a spreadsheet. These were sent to the lead nurse and then correlated by the governance department via DATIX. The acting ward sister in Female Medical was not fully aware of this process. Where necessary action plans were developed to address issues and lessons learned were identified. Evidence was available to show discussion with ward staff on incidents and complaints as part of ward meetings, safety briefings or at measure board meetings. Actions could be taken to resolve issues locally and to address specific issues with relevant staff. In Female Medical and Male surgical, staff were unaware of an overall analysis of trends.

Meetings

Wards had ward meetings or safety briefings for cascading information to staff. In Female Medical, due to limited attendance at staff meeting, safety briefings were used to disseminate information. The acting ward sister will try during shifts to speak with staff however this was more information giving, rather than a forum for staff to express their concerns.

Ward sisters met with their designated line manager on a regular basis. Daisy Hill has a weekly ward sisters meeting, to review training, audits, infection prevention and control, human resources, incidents and complaints. Lead nurses attend these meetings. The trust Medical Directorate also has a monthly sisters meeting. This is a forum for shared learning, attended by the head of service and where guest speakers can present.
Multidisciplinary team and whiteboard meetings occurred in all wards. In Female Medical, inspectors were informed that there could be up to seven medical consultant ward rounds in a day, nurses were not always able to be present on these rounds. Communication between nursing and medical staff in relation to care prescribed for the patient could be improved with medical attendance at whiteboard meetings. In Male surgical there were monthly meetings with consultants and in the Stroke Ward relatives could arrange to meet consultants on the ward.

Within the last six months, the ward sister in the Stroke Ward had started to attend monthly Morbidity and Mortality meetings.

6. **It is recommended that good communication between staff and between staff and patients/relatives should be promoted at all times to ensure continuity of safe and effective care e.g. staff meetings, MDT meetings, customer care training.**

Projects/ Improvements

As part of the Releasing Time to Care project, electronic handovers had been introduced in Female Medical and the Stroke Ward. This has improved nurse handover times and standardised information given during nursing report.

In Female Medical, the use of electronic discharge and the HUB intermediate care, patient information system, has speeded up discharge. Some nursing staff however would question the accuracy of all the information on the HUB. Nurses felt that the use of the National Early Warning Scores (NEWS) system allowed for early intervention to patient care when deterioration in condition was identified, and ensured their concerns are listened to. Medical staff have developed a weekend handover sheet to ensure all relevant information is passed on from one medical team to another. The refurbishment of the treatment room, with improved storage facilities and an upgraded stock ordering system has benefited staff.

In Male surgical, the Releasing Time to Care project had not been carried out. Staff viewed the use of the Regional Fluid Balance Sheet and NEWS score system as improvements. There was a variety of link nurses within the ward; palliative care, diabetes, tissue viability, infection prevention and control and learning disability. The introduction of the Abbey pain score, for those patients unable to articulate pain, and the falling star project, to identify those at risk of falling are underway.

The Stroke Ward attained first place in the trusts Excellence Award in 2012 for 'Working together, an award for Excellence in Partnership Working'. The ward was also participating in the falling star project. The Stroke Specialist Nurse was based on the ward and followed patient care into the community. The community stroke team would review patients with complex needs in hospital prior to discharge. The ward had a daily ward based pharmacist to facilitate timely discharges. This service was not available in Male surgical.

There had been no physical ward environmental audit carried out for dementia patients. The Male surgical ward was planning to audit the ward physical environment using an assessment tool developed by the Kings Fund; Enhancing the Healing Environment. Inspectors were informed that while a specific project had not carried out throughout the trust on patient dignity, this was emphasised on all wards.

7. **It is recommended that all wards should have a physical ward environmental audit carried out for dementia patients.**

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) to include; falls prevention, nutrition, pressure ulcer care, record keeping, 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 subject to continuous review to ensure that measurements of quality of nursing care are robust and in line with regional and national standards.

Results of audits were logged onto a dashboard and if compliance was low an action plan was developed and the frequency of audit was increased. Results were circulated to staff for discussion at staff meetings or safety briefings.

Ward trends were generally satisfactory however inspectors identified that record keeping was an area that required attention.

8. **It is recommended that the trust should continue to introduce and monitor nursing quality indicators (NQIs), with particular attention given to record keeping.**

Patient Experience and Customer Care

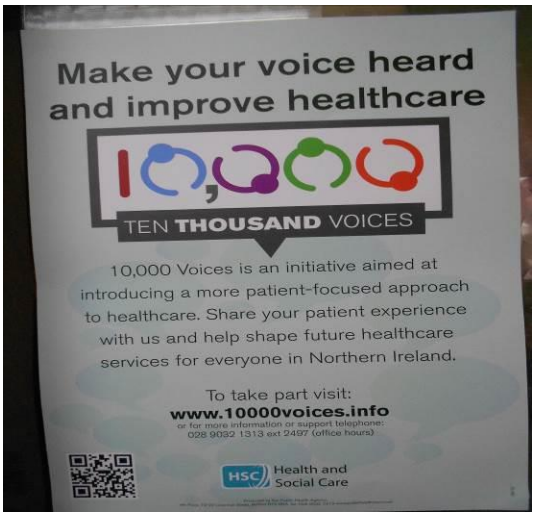
The trust had carried out a patient/client experience survey approximately three years ago. In Female Medical, the acting ward sister was aware of the survey and its results.

In Female Medical and Male surgical inspectors were informed of the trust 'We Value Your View' leaflet which patients or visitors can complete. Any learning from complaints in relation to patient experience was shared with staff during meetings or via safety briefings.

Female Medical was one of three wards within the trust to participate in a four week patient 'Experience of Nursing Care' survey. During this survey patients, on discharge would be given a questionnaire to complete about the care they received while in hospital. Over the four week period, the use of NQIs concerning patient safety outcomes would also be reviewed by the sampling of five random charts per week.

All ward sisters encouraged staff to inform them of any concerns raised by patients. In Female Medical, the acting ward sister advised that she took time to speak personally with patients to ensure they were happy with their care.

Inspectors observed evidence in all wards that the trust was also participating in recently launched Public Health Agency (PHA) "10,000 voices" project [3] (Picture 1). 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.



Picture 1: 10,000 voices poster

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 were informed that the trust undertakes customer care training as part of induction. On discussion with all ward sisters, inspectors were informed that, with the exception of induction training, there had been minimal training for staff in customer care.

Inspectors noted differences in the knowledge of trust advocacy services. All ward sisters advised that advocacy services were arranged through the social worker, who participated in the ward whiteboard meetings, or via the chaplaincy bureau. In the Female Medical and Stroke Ward, staff had not had direct contact with external groups such as the Alzheimer's Society, but were aware of the Patient and Client Council. In Male surgical, the ward sister was aware of the trust Patient and Client Support Group.

9. **It is recommended that all ward sisters should be aware of trust advocacy services, patient experience data and trends in incidents and complaints to identify how their ward is performing.**

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

10. **It is recommended that all wards should continue to participate in ward improvement programmes e.g. LEAN, patient experience surveys, 10, 000 voices.**

Overall Summary

Overall the inspectors felt that ward sisters had demonstrated effective management, and had raising issues of concern with trust senior staff as necessary. However there were difficulties in balancing their clinical and managerial roles and responsibilities and ensuring staff received the appropriate training. The trust has implemented various initiatives to improve patient care which 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.

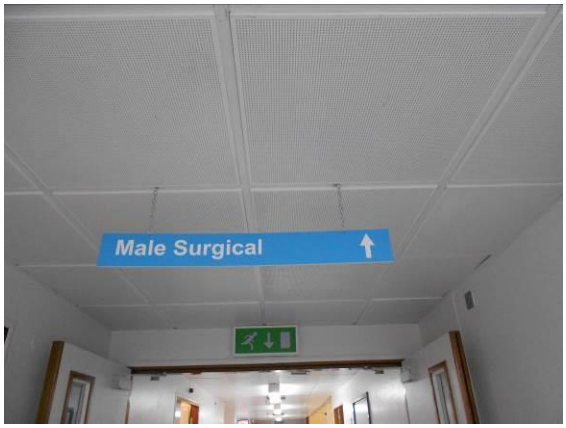
The objective of this exercise was to gather evidence by carrying out ward observation and speaking to staff & patients. This evidence feeds into the overall information gathered to identify whether older patients on the ward are being treated with dignity and respect and their essential care needs are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

Inspectors' assessment

Ward Environment

In general, all wards were busy but clean and calm with welcoming staff. Nurses' stations were easily accessible throughout wards.

The environmental layout of all wards was bed bays and single rooms. Wards were generally single gender but at times bays were mixed gender to accommodate patients requiring more intense observation or high dependency care. Inspectors noted that there were no patient day rooms. The fabric of the environment in some ward areas was old, worn and in need of updating. General signage for visitors was good, however could be improved in the Stroke Ward (Picture 2).



Picture 2: Ward signage

Male surgical was free from clutter, with minimal equipment stored throughout the ward. In Female Medical and the Stroke ward, inspectors identified issues with storage of equipment. In Female Medical patient property was cluttered around patient bed spaces. In the Stroke Ward, the clinical room and clinical store were cluttered and the domestic utility sink required cleaning. In Male surgical there were no handrails along the corridor.

In Male surgical there were no clocks in bays for patients, one confused patient commented on this. Televisions were not switched on in bays; in Bay 2 the television was hanging at an angle and could not easily be seen. Inspectors noted the use of escalation beds. These beds, while extra, were in a designated bed space, with full patient facilities; privacy curtain, locker, call bell.

Information boards were used to display information on infection prevention and control and patient/relative information. All wards had a good supply of relevant information leaflets, mobility aids were positioned near patients

A variety of single rooms were available in all wards for isolation. On day one of the inspection in Female Medical, source isolation signage was not present on all rooms, where a patient was being nursed with an infection. Signage was in place on day two of the inspection. A number of infection prevention and control issues was identified. A patient wash bowl was observed on a bedside table at 11.00am, patient wash water was disposed of down a hand washing sink and communal 'tena' cream was in use. Staff were observed lifting bin lids with their hands, not always decontaminating hands after removing personal protective equipment and having long hair not tied up.

11. **It is recommended that the trust review storage and facilities available for patients. The environment should be clutter free and in a good state of repair. Clocks and televisions should be available and easily seen by patients.**

12. **It is recommended that all staff adhere to the trusts infection prevention and control policies.**

Sanitary Facilities

Sanitary facilities in wards were either designated or mixed gender. Signage on doors was not always present, or was small and could be improved. In Female Medical there was a small number of toilet/shower facilities for patients. Used stacked bedpans were observed in a toilet, these were removed by staff. The shower room had been used for approximately five years as an equipment store (Picture 3). The sink, shower and toilet fittings were still present with a water flushing regime in place; this had not been done since the 16.12.13.

Picture 3: Shower room used as equipment store

In Male surgical, some handrails had been installed in the refurbished shower wet rooms and disabled toilet. In other wards, sanitary areas had hand rails, working door locks, commodes and raised toilet seats.

In the Stroke Ward shower/toilets were used to store hoists and chairs.

13. **It is recommended that trust review the use of mixed gender sanitary facilities to ensure patients privacy and dignity at all times. Sanitary facilities should be clean, used correctly with appropriate signage in place.**

14. **It is recommended that in Female Medical, the use of the shower room should be reviewed and appropriate measures put in place to ensure water safety is maintained.**

Privacy and Dignity

In all wards, there was good use of fabric privacy curtains; these were closed during personal care and interviews with medical, nursing and allied health professionals. Staff were discreet when entering curtains and made themselves known to patients before entering. Curtains did not have 'do not enter' signage.

In Female Medical and the Stroke Ward privacy curtains were of varying length. This creates issues of privacy and dignity when large pieces of equipment are used as curtains can be raised above a dignified height. Some curtains were not hooked up in corners.

Inspectors noted that there were no relatives' rooms available for private conversations; the ward sisters' office could be used. In Female Medical the inspectors observed and overheard medical staff discussing a patient's condition with relatives in the ward corridor.

Patients were able to use personal mobile phones for bedside calls; designated patient portable phones were not available. Staff took messages and patients who were mobile could use the phone at the nurses' station to receive or make a call. In the Stroke Ward, an inspector heard an allied

health professional make a telephone call about a patient. The volume of the conversation allowed details of the patient including name, date of birth and the surgery they had undergone to be heard by patients and visitors in the near by bay.

Name badges were not always worn by staff. When present, some badges were hung off pockets at waist height and difficult to see.

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

Overall, staff in all wards were courteous and respectful to patients and visitors; patients were addressed by their preferred name. In Male surgical and the Stroke Ward, staff did not always introduce themselves before carrying out treatment e.g. taking blood. In Female Surgery and the Stroke Ward staff were overheard using the term 'feeder' when referring to a patient requiring assistance with their meal. In the Stroke Ward staff called information about a patient across a bay for everyone to hear.

16. **It is recommended that all staff should ensure patients are referred to with dignity and respect at all time.**

Inspectors noted variation between wards in the information displayed at the bedside. In the Stroke Ward there was some patient information on speech and language and moving and handling displayed. The patient whiteboard, at the nurses' station could be easily viewed. Staff in the Female Medical ward advised that while no information was present during the inspection, speech and language, moving and handling, falling star, infection control and fasting signs could be placed at patient's bedside, for everyone to view. Although the whiteboard was discreetly positioned at the nurses' station, two interactive patient screens when fully working, would easily be viewed. In Female Medical patient notes were on display at a nurses' station. In Male surgical a 'symbol' key was used to denote patient needs such as referrals.

During ward rounds, discussions were undertaken at the end of the bed and in general, discretion was observed from medical and nursing staff. Staff spoke quietly together before entering a bay to speak with a patient; at times conversations could be overheard. Nursing handovers were not overheard as they were carried out at the nurses' station. Multidisciplinary whiteboard meeting were carried out quietly and with discretion at the nurses' station. In Female Medical, a consultant discussed a patient's condition and transport requirements with staff, in the corridor.

17. **It is recommended that patient information should be discussed in a discreet manner e.g. ward rounds, telephone calls. Information on computer screens should not be easily viewed.**

Person Centered Care

In all wards intentional care rounding was in place. In acute settings there are key aspects of care that are usually checked during these intentional rounds 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 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

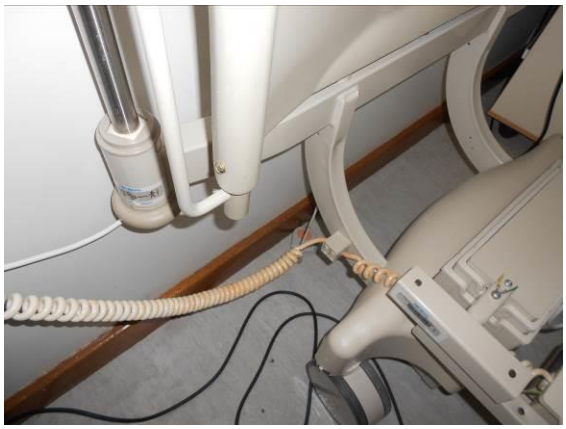
The trust intentional care rounding performa indicated that staff 'tick' to record a care intervention and record details of care in the patients daily evaluation notes or appropriate charts e.g. 24 hour pressure ulcer prevention and management plan. Inspectors noted variation and gaps in how these sheets were completed and that interventions were not always reflected in the care records or on charts. In Female Medical, care rounding sheets and repositioning charts had only recently been introduced, not all staff had received training on completion of this documentation.

18. **It is recommended that staff should ensure care rounding is carried out and documented as per trust protocol. Information identified on care rounds should correspond with patient care plans, daily evaluation records and charts.**

Patient Call Bells

A call bell system was available for patients in sanitary areas and at the bedside. When used, a buzzer sounds and a wall light outside rooms or bays lights up. In Female Medical, not all bed spaces had a call pull cord call bell available and on day one of the inspection, the entire ward buzzer system was not working; the system was fixed by day two. Inspectors were advised that there were continual maintenance issues with the buzzer system. The buzzer noise is very faint and only audible at the main nurses' station. Inspectors were informed and observed that buzzers and lights at single rooms were not visible from the nurses' stations and were not always heard by nursing staff. This creates a potential risk of patients not being attended to in a timely manner, especially during night duty when staffing levels are reduced.

In Female Medical and the Stroke Ward, patient call bells were not always accessible for those who could use them (Picture 4). Patients in Female Medical were not always aware a call bell system was available.



Picture 4: Inaccessible call bell, on floor

In all wards, call bells were generally answered by staff in an appropriate response time. In Male Surgical, inspectors noted little use of the call bell system, however observed a prompt response when the buzzer did sound. In Female Medical, when staff were not in bays, there was a variable response time to patients using the call bell system. Inspectors acknowledge limitations in the call bell system which has been discussed in a previous section of this report.

19. **It is recommended that call systems are audible and in good working order. Call bells should be available for all patients and answered promptly.**

Personal Care

In all wards, patient personal care was generally of a high standard. Patients appeared clean, comfortable and suitably clothed. Disposable gowns rather than gowns and pyjamas were available in Female Medical. The use of pyjamas bottoms for female patients who remove bedclothes can assist in maintaining privacy and dignity.

In the Stroke Ward, inspectors observed a patient with no socks or slippers, seated in a chair and their urinary catheter bag placed onto the floor between their feet. This is unacceptable practice. Attention to detail such as wearing slippers and socks to prevent cold extremities and to provide comfort, and the correct positioning of a urinary catheter bag must be undertaken. In Female Medical, some patients were not comfortable and asked an inspector to help them change position.

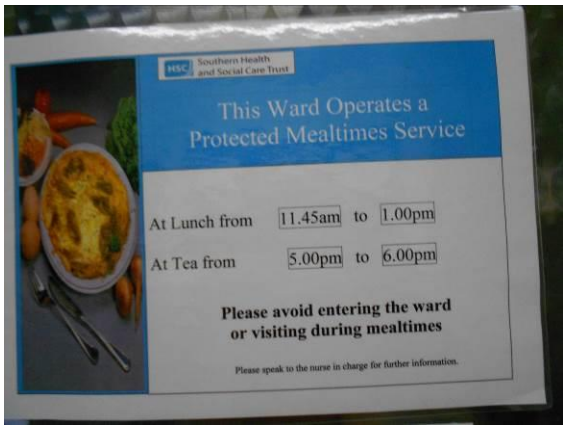
Patients were assisted to the toilet as required, there was no toileting carried out on the wards during meal time. Patient personal mobility aids were within easy reach of the patient in all wards and assistance was provided as appropriate.

Inspectors noted in Female Medical that, despite the efforts of staff, side rooms were not always available for patients who required palliative nursing. These were in use for patients with infection. This situation was discussed with the acting ward sister who advised inspectors that she would liaise with patient flow, review ward patients and speak with the patient and relatives when this situation arises.

In Male Surgical, confused patients were placed in the bay next to the nurses' station and were closely observed and reassured by nursing staff. When speaking to patients with hearing aids, staff bent down and had a quiet face to face conversation. In Female Medical, inspectors were advised that a pictorial book was available on the ward for those patients with difficulty communicating.

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

Food and Fluids



Picture 5: Protected Meal Times

The concept of protected meal times was in place in all wards however was difficult to enforce (Picture 5). It is acknowledged that in some instances emergency procedures and tests must be carried out, irrespective of protective mealtimes; activities observed during this inspection did not equate to this. Inspectors observed in all wards some activity at mealtimes; ward round, cleaning, delivery of personal care, medicine rounds, carrying out patient observations and taking blood.

21. It is recommended that the protected mealtime policy should be reviewed and adhered to by all staff.

A red napkin system was in place to denote those patients who required assistance during meal time. Ward staff 'tick' when ordering on the patient menu if assistance is required, the napkin is put on the tray by catering staff. In Male Surgical, there was no evidence this system was in use. In Female Medical and the Stroke Ward, the napkin was not always in place for patients who required assistance. Speech and language instructions were in place for patients who required pureed/thickened meals and drinks. Adapted cutlery and crockery was available from occupational therapy.

With the exception of Female Medical, patients were given a choice of eating meals in bed or at the bedside. There were no pressure relieving cushions observed to allow patients to sit out on a chair. In Female Medical and the Stroke Ward, inspectors observed some patients not receiving assistance with meals. A mealtime volunteer was available one day a week; availability increased during the summer.

In Female Medical, meals were given out to all patients on the ward, those who required assistance were then helped. Delays were noted in assisting patients and there no attempt to warm up cold soup. Meal trays were put sideways on bedside tables, however while these brought the trays closer to the patient, there was limited support and the potential for trays to be upturned. On day one of the inspection, a nurse was observed writing up notes while a patient, easily observed and who required assistance, attempted to move a hot soup bowl from the food tray. The inspector intervened and moved the soup away from the patient; the nurse continued to write up notes and attended to the patient only when this was completed. On day two of the inspection a 15 minute wait was observed before staff attended to the breakfast trolley. Nursing staff carried out tasks during this time and on occasion left patients, who required encouragement or supervision, to work in other bays.

In the Stroke Ward, inspectors observed some patients left for a time before assistance was given. At breakfast, a nurse was observed cleaning medication residue from a patient's mouth but did not offer the patient any encouragement to eat. The patient was able to feed themselves with supervision. After 25 minutes, when the breakfast had not been eaten, a nurse gave encouragement to the patient. Pureed meals were served appropriately however on two occasions the separate puree portions were mixed together by staff.

These issues were in contrast to Male Surgical; where staff continually encouraged patients to eat and drink. One HCA spent over 30 minutes working between two patients, encouraging them to eat and drink.

In all wards nursing staff give out meals, catering staff collected meal trays. Inspectors were informed that catering staff highlight to nursing staff if meals are not eaten. There was variation between wards, with gaps noted in some areas in the recording of food intake.

22. **It is recommended that staff encourage and set targets for patients' oral intake. Documentation on food and fluid intake should be accurately completed and issues identified should be reported to medical staff and actioned.**

There was a good choice of meals which appeared appetising. Inspectors noted large portion sizes and wastage following meal service. Breakfast could finish around 10.00am and was followed by a three course lunch and three course dinner. In the Stroke Ward, a patient received a nutritional supplement approximately 30 minutes before lunch. This practice is incorrect; meal supplements should be given if meals are not eaten, not before meal service. Staff advised and inspectors noted that meals were very hot on arrival to the wards. Jugs of fresh water were generally within easy reach of patients. In all wards patient encouragement with oral fluid intake was observed and was recorded as part of intentional care rounding.

23. **It is recommended that the trust reviews meal portion size and the system in place to identify patients who require assistance with meals. Sufficient staff should be available to assist and supervise patients.**

In male medical and the Stroke Ward, patients were generally offered hand hygiene before meals and napkins were supplied. In Female Medical, hand hygiene was not offered to patients at the bedside before meals.

It was difficult to assess staff carrying out mouth care on patients, as this was completed during personal care, when privacy curtains were closed. In all wards there were no issues identified with patients mouth care.

Other issues identified

- In Female Medical, a draw sheet and plastic sheet, to protect the bed sheet, were observed under patients with incontinence. This practice should be reviewed with tissue viability, as there is the potential for skin friction and shearing from sheets rolling up. When used on top of a pressure relieving mattress the effectiveness of the mattress may be compromised

- In Female Medical, HCAs were not part of the ward handover. One staff member did not get a report on patients until 08.20am. Staff were given a handover sheet with patient information

24. **It is recommended that the use of draw sheets should be reviewed with the tissue viability.**

25. **It is recommended that all staff are made aware of patients' care needs and participate in nursing handover.**

Overall Summary

In general, all wards were busy but clean and calm with welcoming staff. Nurses' stations were easily accessible throughout wards. The environmental layout of all wards is bed bays and single rooms. Wards were either single gender or mixed gender, with patients nursed in designated bays. Inspectors noted that there were no patient day rooms. The fabric of the environment in some ward areas was old, worn and in need of updating. In some wards there were only a small number of toilet/shower facilities for patients.

In all wards, the majority of staff observed were courteous and respectful to patients and visitors. Generally patients' privacy and dignity were maintained, improvement was required by some staff. In some wards, call bell systems were not present, broken or not answered promptly.

In all wards, patient personal care was generally of a high standard. Patients appeared clean and comfortable.

Protected mealtimes were in place although not always adhered to. There was a good choice of meals which appeared appetising. A system was in place to identify patients who required assistance with their meal, however was not fully implemented. At times there was not enough staff to assist patients with their meals.

Inspectors observed that in some instances adherence to infection prevention and control policies could be improved.

Where there were issues identified with patient placement or patient diagnosis and symptom management, inspectors raised these issues to ward sisters for action.

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 10 patient care records in depth and 16 patient bedside charts were examined for specific details. The inspectors found similar gaps in each set of records.

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

26. It is recommended that the nursing assessment of patients 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.

Inspectors noted in all wards variation in the quality of the risk assessments undertaken.

Inspectors found evidence that risk assessments were not always completed, completed accuracy or updated as required. This was particularly evident for the Malnutrition Universal Screening Tool (MUST), pressure ulcer risk assessment and bedside rail assessment chart. On one occasion, completion of the MUST risk assessment tool did not take into account a patient's history of weight loss, therefore the assessment was incorrect. Following a pressure ulcer assessment, inspectors were unable to evidence commencement of a pressure prevention pathway.

Regular review of risk assessments did not always occur despite 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.

27. It is recommended that all risk assessments should be completed within 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 risk.

In most instances, there were care plans in place within patient notes. The care plans reviewed, however, did not fully reflect the nursing assessment carried out or the care required for the patient, identified on observation. Care plans in place lacked detail on the care to be delivered to the patient and were not routinely referred to within the daily progress notes.

One patient admitted with at least eight identified nursing needs, determined by the inspector on observation and review of their nursing assessment, only had two care plans in place. Another patient had six care needs identified by the inspector, only two care plans were in place.

The care plans and records reviewed did not fully evidence that nurses adequately carried out assessment, planning, evaluation and monitoring of the patient's needs. This is vital to provide a baseline for the care to be delivered, and to show if a patient is improving or if there has been deterioration in their condition. Daily progress records, while generally detailed, did not relate to a care plan and more like a dairy of events. Additional care charts such as fluid balance and 24 hour pressure ulcer prevention, intentional care rounding and management plan repositioning were not always fully completed.

Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines. This is reflective of trust record keeping audit results, which identified work is required to improve compliance in this area.

The care records examined did not evidence that safe and effective care was being delivered.

Improvements in record keeping are required in the following areas:

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

Inspectors identified that medical notes were at times difficult to follow and find relevant information.

Inspectors were advised at the feedback session by the Director of Nursing, that the trust was reviewing record keeping. A regional approach is to be taken on guidance for nursing staff on record keeping and care planning. Work was also being carried out on the format of medical notes to make them easier to use. The new format will be rolled out to wards in a phased approach

28. **It is recommended that care plans should be in place for all identified patient needs. These should be reviewed and updated within the set timescales or in response to changing patient needs.**

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

DNAR (Do not attempt resuscitation)

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 records.

Inspectors' Assessment

In Male Surgical, there were no DNAR orders in place. In Female Medical, two patients had a DNAR decision in place. On reviewing the forms, one was completed correctly. The second form had only the section concerning discussion with family completed, there was no date or other sections of the form completed.

In the Stroke Ward, three patients had a DNAR order in place. In one instance the medical notes did not reflect discussion with the family on the decision to DNAR. On one occasion there was no reference in the nursing and medical notes to the patient having a DNAR order, however a form was present.

30. **It is recommended that the trust policy on "Do not attempt Resuscitation" should be adhered to by all staff.**

4.4 QUIS Observation Sessions

Inspectors' Assessment

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

Inspectors Assessment

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

	Sessions undertaken	**Observations**	**Positive (PS)**	**Basic (BC)**	**Neutral (N)**	**Negative (NS)**
Female Medical	**11**	**59**	**29**	**18**	**2**	**6**
Male Surgery	**5**	**32**	**27**	**4**	**1**	**0**
Stroke	**6**	**44**	**29**	**7**	**1**	**7**
Total	**22**	**135**	**85**	**29**	**4**	**13**

The results of the periods of observation indicate that 59 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.

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

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

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

Positive interactions observed

- Overall there was good interaction between staff and patients
- Generally good communication skills displayed; introduced self, ensuring patient understood, good conversations and assistance with patients for meal service
- Staff engaging and showing interest in the patients, two way conversation
- Phrases used; 'Hello .., I'm .., 'is that too warm for you', 'tell me when you have had enough', 'are you comfortable?', 'can I help you'
- Good explanation of change in medication, side effects, always ensuring patients swallowed medication
- Staff reassuring visibly upset patient, spent time reassuring them and returned a short time later to check on the patient

Basic interactions observed

- Patients assisted with personal care, nutrition support with basic communication
- Staff carrying out observations, limited interaction

Neutral interactions observed

- Medical staff taking blood, did not speak to patient during the process
- Some interactions were task orientated, no communication with patients e.g. administration of medication, giving out meals and carrying out observations

Negative interactions observed

- A nurse carried out clinical observations while a patient was drinking tea during breakfast
- Medication round carried out during breakfast
- Phlebotomist taking blood, the patient was eating
- Observation of lunch. A patient sitting in a chair required assistance with eating. Lunch was placed on the bedside table, on a tray in front of them. A nurse near the beside was writing up notes. The patient attempted to remove a hot soup bowl from the tray; the inspector intervened and moved soup away from patient. The nurse continued to write up notes and when finished assisted the patient
- Domestic cleaning in bays during mealtime
- One staff discussion with another 'I have so many feeders'. Another staff discussion 'she goes out on a steady'
- Staff standing to feed patients
- Nursing auxiliary mixed together mince and potatoes to a 'stew' like consistency and fed the patient. Did not ask patient preference

- Volume of conversation at times could be loud

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

Breakfast trays were set at the bottom of patient beds, patients were still asleep.

A patient with dementia was trying to get out of bed. Nurses who were chatting to each other were alerted by the inspector to this safety issue.

A patient pressed their call bell. Five to six nurses outside the patient's bed bay did not respond.

A patient with no socks or slippers was observed seated in a chair.

Some patients were not comfortable and asked an inspector to help them change position.

Inspectors observed some patients not receiving assistance with meals. On other occasions there was a delay of between 10 – 25 minutes before patients receiving assistance.

31. It is recommended that the trust develop 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 29 patient and relatives/carers questionnaires and 4 patient interviews were undertaken.

Generally feedback received from patients and relatives or carers was positive. Overall they thought that staff were 'first class' and had a positive experience while in hospital. One relative commented that staff remembered her husband from the last time he was in hospital. Questionnaires indicated that communication between staff and patients/carers could be improved upon in relation to involvement in care, not enough staff and staff response times for answering buzzers.

One relative commented that during visiting times nurses wrote up their notes and didn't always have enough time to speak with visitors. They suggested that one member of staff should be available to speak with relatives to keep them updated, rather than relatives 'pestering staff'.

Questionnaires identified that patients felt that meals overall were nice and there was a good choice, however portion size could be 'too big'.

Overall patients felt that visiting hours were suitable. Patients informed the inspection team that they had not received an information leaflet about the ward.

Some positive written comments were:

Nursing staff 'Work very hard'

'I often feel the nurses are under pressure to try and assist all the patients that need help eating. They work very hard under increasing pressure and still manage to do it cheerfully and caringly'

'Everyone very caring and polite, from the highest to the lowest'

Patient Interviews

Overall patients stated they were happy with the standard of care. They felt that staff were delivering very good care, giving reassurance and involving them, 'staff talk to you rather than over your head'. Patients felt that buzzers were answered without delay.

Patients identified that staff were courteous and compassionate. Staff introduced themselves however patients were not aware of the specific staff looking after them.

Patients had no complaints about meals however there was one comment that meals were not satisfactory for coeliac patients. Patients felt that they were kept informed about their care and were happy with visiting times. When patients were asked what can be done differently, they could not think of anything, staff were 'doing everything for me'.

Interview with family members

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

32. **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 twice on the first day of the inspection at 9.30am and 2.30pm. There was one patient over 65 at these times who had been waiting in the ED for more than six hours. This patient was waiting for family to collect and take them home. The ED flimsies were also checked retrospectively at ward level for patients over 65.

In order to improve waiting times and streamline services, inspectors observed two computer display screens in the nurses station, positioned bedside each other. The Oracle screen gave information on patient waiting times, prioritising patients with red, amber, green colours. This screen could be viewed by the hospital patient flow, and was computer linked to the head of service, lead nurses and managers, off site, to allow the trust to monitor patient waiting times. The Northern Ireland Ambulance Service (NIAS) screen, provided details of pending ambulance admissions. This allows the ED staff to prepare in advance for patients being admitted to the department. Inspectors were advised that staff try to triage and prioritise patients over 65.

Inspectors were informed that there was no on site NIAS liaison service however the trust works closely with NIAS for pending admissions and discharges. The ambulance team would phone the ED in advance for patients with sepsis, fractured neck of femur, stroke and heart attack.

A multi-disciplinary 'prevention of admission team' for the ED, comprising of a physiotherapist, occupational therapist and social worker, was available for referrals, Mon – Fri, 9am – 4pm. The role of this team is to:

- Prevent unnecessary admissions of patients to hospital, especially those over 65 years
- Facilitate safe and timely discharge to a home/care setting with follow up as necessary
- Follow up appropriate patients discharged out of hours
- To follow up appropriate patients requiring admission

However, while this team was a valuable asset, it was not available out of hours, weekends and on public holidays. Inspectors were advised that the team could be cautious when making decisions and admit patients unnecessarily.

Patient Documentation and Assessments

In the ED, the sister advised that the nursing assessment was part of the ED flimsy. Details were recorded on mental state, mobility, washing and dressing, feeding and diet and social history. The nursing assessment flimsy only allowed for minimal information to be recorded on the patient care delivered, with no obvious care rounding documentation. In three flimsies reviewed retrospectively, the nursing assessment was not completed. The review of documentation identified no or limited reference to activities of daily living when care intervention would have been required. One patient was admitted with abdominal pain and pyrexia, there was no record of a temperature being taken or pain score assessment being carried out.

Nursing risk assessments were not completed for patients who were pending admission and waiting for more than six hours. The sister advised that there was no standard operating procedure for completing risk assessments in the ED, staff know by experience 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 areas.

In the ED, mental health assessment e.g. AMT4 and Confusion Assessment Method (CAM) Tool, to recognise dementia/delirium, were part of the medical assessment document. Inspectors were advised that if a patient presented with delirium staff would treat the acute episode and cause. Assessment tools were not routinely used.

33. It is recommended that the trust review the current documentation to improve and standardise the assessment in use for nursing common frailty syndromes.

The mental health team psychiatric liaison nurse, was available Monday – Friday, 9.00am – 5.00pm. Out of hours, staff contacted the regional social work service for assistance or patients could be seen at Craigavon ED. Inspectors were advised that the out of hours mental health service resources could be improved. The ED doctor would contact the psycho – geriatrician if required. Mental health, capacity assessment services were not based on site. All wards could access the psycho – geriatrician from the Stroke Ward for advice.

There were no staff within the ED trained on dementia. Inspectors were advised that staff augment care and use their experience to keep patients safe. Sister advised that there could be an issue getting staff for 1:1 nursing. Vulnerable adult training was being carried out from January – May 2014, for all nursing staff.

There was no patient information kept in the department on local social services, healthy eating, benefits and staying warm. Inspectors were advised that a wall mounted computer display screen, in the ED patient waiting area, would l display this information. The IT department had yet to update the screen. A falls and fracture team received referrals and followed up patients over 65. At weekends there was no speech and language service or plans for intermediate care service patients. Regular meals were provided for patients; out of hours, tea and toast could be made. There was no vending machine in the ED; one was available in the main hospital foyer, where there is a shop open from 9.00am – 9.00pm. A coffee bar at the main hospital foyer was open 9.00am – 4.30pm. Sister advised that all the ED trolleys have pressure relieving mattresses and staff could access specialist pressure relieving mattresses when required. If a patient required a bed, this could be accessed from another area of the hospital. There were no bedside tables for patients to have their meals, dressing trolleys were used. The availability of pillows could be an issue.

Inspectors were advised by the patient flow that the Stroke Team carried a bleep and could be alerted by the ED team and patient flow before a NIAS admission. There could be an issue getting transport arranged for patients discharged home; St Johns Ambulance was used when the NIAS was not available.

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

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

35. **It is recommended that the trust should review the services available out of hours and information available for patients.**

5.0 Summary of Recommendations

1. **It is recommended that any identified nursing staff variances are reviewed. This is 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 a balance between clinical and managerial roles and responsibilities.**

3. **It is recommended that all policy, procedure, guidance documents should be accessible for all staff.**

4. **It is recommended that all mandatory training and training on dementia, delirium and safeguarding the vulnerable adult should be carried out for all care staff.**

5. **It is recommended that staff supervision and appraisal should be carried out and up to date.**

6. **It is recommended that good communication between staff and between staff and patients/relatives should be promoted at all times to ensure continuity of safe and effective care e.g. staff meetings, MDT meetings, customer care training.**

7. **It is recommended that all wards should have a physical ward environmental audit carried out for dementia patients**

8. **It is recommended that the trust should continue to introduce and monitor the nursing quality indicators (NQIs), with particular attention given to record keeping.**

9. **It is recommended that all ward sisters should be aware of trust advocacy services, patient experience data and trends in incidents and complaints to identify how their ward is performing.**

10. **It is recommended that all wards should continue to participate in ward improvement programmes e.g. LEAN, patient experience surveys, 10, 000 voices.**

11. **It is recommended that the trust review storage and facilities available for patients. The environment should be clutter free and in a good state of repair. Clocks and televisions should be available and easily seen by patients.**

12. **It is recommended that all staff adhere to the trusts infection prevention and control policies.**

13. **It is recommended that trust review the use of mixed gender sanitary facilities to ensure patients privacy and dignity at all times. Sanitary facilities should be clean, used correctly with appropriate signage in place.**

14. **It is recommended that in Female Medical the use of the shower room should be reviewed and appropriate measures put in place to ensure water safety is maintained.**

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

16. **It is recommended that all staff should ensure patients are referred to with dignity and respect at all time.**

17. **It is recommended that patient information should be discussed in a discreet manner e.g. ward rounds, telephone calls. Information on computer screens should not be easily viewed.**

18. **It is recommended that staff should ensure care rounding is carried out and documented as per trust protocol. Information identified on care rounds should correspond with patient care plans, daily evaluation records and charts.**

19. **It is recommended that call systems are audible and in good working order. Call bells should be available for all patients and answered promptly.**

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

21. **It is recommended that the protected mealtime policy should be reviewed and adhered to by all staff.**

22. **It is recommended that staff encourage and set targets for patients' oral intake. Documentation on food and fluid intake should be accurately completed and issues identified should be reported to medical staff and actioned.**

23. **It is recommended that the trust reviews meal portion size and the system in place to identify patients who require assistance with meals. Sufficient staff should be available to assist and supervise patients.**

24. **It is recommended that the use of draw sheets should be reviewed with the Tissue Viability.**

25. **It is recommended that all staff are made aware of patients' care needs and participate in nursing handover.**
26. **It is recommended that the nursing assessment of patients 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.**

27. **It is recommended that all risk assessments should be completed within 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 risk.**

28. **It is recommended that care plans should be in place for all identified patient needs. These should be reviewed and updated within the set timescales or in response to changing patient needs.**

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

30. **It is recommended that the trust policy on "Do not attempt Resuscitation" should be adhered to by all staff.**

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

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

33. **It is recommended that the trust review the current documentation to improve and standardise the assessment in use for nursing common frailty syndromes.**

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

35. **It is recommended that the trust should review the services available out of hours and information available for patients.**

Appendix 1 QUIS Coding Categories

The coding categories for observation on general acute wards are:

Examples include:

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	**Examples include:** Brief verbal explanations and encouragement, but only that the necessary to carry out the task No general conversation

Staff respect older people's privacy 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	54.5%	18.2%	18.2%	9.1%	0.0%	0	11
I always have access to a buzzer	45.5%	0.0%	18.2%	27.3%	9.1%	0	11
When I use the buzzer staff come and help me immediately	36.4%	18.2%	18.2%	9.1%	18.2%	0	11
When other patients use the buzzer staff come and help them	27.3%	18.2%	0.0%	9.1%	45.5%	0	11
I am able to get pain relief when I need it	54.5%	27.3%	0.0%	0.0%	18.2%	0	11
I am able to get medicine if I feel sick	36.4%	18.2%	0.0%	9.1%	36.4%	0	11
I get help with washing, dressing and toileting whenever I need it	81.8%	0.0%	9.1%	0.0%	9.1%	0	11
Staff help me to carry out other personal care needs if I want them to	81.8%	0.0%	9.1%	0.0%	9.1%	0	11
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	72.7%	9.1%	9.1%	0.0%	9.1%	0	11
If I need any help with my glasses, hearing aid, dentures, or walking aid staff will help me	63.6%	18.2%	9.1%	0.0%	9.1%	0	11

with this							

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	36.4%	9.1%	9.1%	0.0%	45.5%	0	11
I enjoy the food I am given on the ward	54.5%	18.2%	18.2%	0.0%	9.1%	0	11
Staff help other patients to eat or drink if they need assistance	60.0%	20.0%	10.0%	0.0%	10.0%	1	10
I have access to water on the ward	72.7%	18.2%	0.0%	0.0%	9.1%	0	11
Staff always respond quickly if I need help	54.5%	18.2%	18.2%	0.0%	9.1%	0	11
The quality of care I receive is good	90.0%	10.0%	0.0%	0.0%	0.0%	1	10
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%	1	10
Staff will give me time to do the things I need to do without rushing me	81.8%	0.0%	9.1%	0.0%	9.1%	0	11
I feel safe as a patient on this ward	81.8%	18.2%	0.0%	0.0%	0.0%	0	11
Are you involved in your care and treatment	36.4%	27.3%	9.1%	18.2%	9.1%	0	11
Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the	54.5%	18.2%	0.0%	27.3%	0.0%	0	11

ward							

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	63.6%	9.1%	9.1%	18.2%	0.0%	0	11
Staff listen to my views about my care	60.0%	10.0%	10.0%	10.0%	10.0%	1	10
I can always talk to a doctor if I want to	63.6%	18.2%	9.1%	9.1%	0.0%	0	11
I feel I am involved in my care	70.0%	10.0%	0.0%	20.0%	0.0%	1	10
Staff have discussed with me about when I can expect to leave the hospital	20.0%	10.0%	0.0%	70.0%	0.0%	1	10
Staff have talked to me about what will happen to me when I leave hospital	0.0%	11.1%	0.0%	77.8%	11.1%	2	9
Staff always introduce themselves	72.7%	18.2%	9.1%	0.0%	0.0%	0	11
Staff are always polite to me	90.9%	9.1%	0.0%	0.0%	0.0%	0	11
Staff will not try to rush me during meal times	63.6%	0.0%	0.0%	27.3%	9.1%	0	11
Staff never speak sharply to me	63.6%	0.0%	0.0%	27.3%	9.1%	0	11
Staff call me by my preferred name	81.8%	9.1%	0.0%	0.0%	9.1%	0	11
Staff treat me and my belongings with respect	80.0%	10.0%	0.0%	0.0%	10.0%	1	10
Staff check on me regularly to see if I need anything	72.7%	18.2%	0.0%	0.0%	9.1%	0	11
My visitors are made welcome	90.9%	0.0%	0.0%	0.0%	9.1%	0	11

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	83.3%	16.7%	0.0%	0.0%	0.0%	0	6
Staff always have enough time to give care and treatment	50.0%	33.3%	16.7%	0.0%	0.0%	0	6
Staff are knowledgeable about the care and treatment they are providing	83.3%	0.0%	16.7%	0.0%	0.0%	0	6
The ward is a happy and welcoming place	66.7%	16.7%	16.7%	0.0%	0.0%	0	6
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	66.7%	16.7%	16.7%	0.0%	0.0%	0	6
Staff never speak sharply to me or my relative/friend	33.3%	0.0%	16.7%	50.0%	0.0%	0	5
Staff include me in discussions about my relative/friend's care	16.7%	33.3%	50.0%	0.0%	0.0%	0	6
Staff treat my relative/friend with dignity and respect	66.7%	16.7%	16.7%	0.0%	0.0%	0	6

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	50.0%	33.3%	16.7%	0.0%	0.0%	0	6
Staff make me feel welcome on the ward	66.7%	16.7%	16.7%	0.0%	0.0%	0	6
I feel confident to express my views on how my relative is being cared for	50.0%	16.7%	33.3%	0.0%	0.0%	0	6
Staff ask me about my relative/friend's needs or wishes	33.3%	16.7%	16.7%	33.3%	0.0%	0	6
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	50.0%	33.3%	16.7%	0.0%	0.0%	0	6
I know who to speak to about my relative/friend's care	66.7%	16.7%	16.7%	0.0%	0.0%	0	6
I can speak to a doctor when I want to	16.7%	50.0%	33.3%	0.0%	0.0%	0	6
If I chose to be, I am informed if/when my relatives/the patient's condition changes	33.3%	33.3%	16.7%	16.7%	0.0%	0	6

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	60.0%	20.0%	20.0%	0.0%	0.0%	1	5
Staff listen to my views about my relative/friend's care	40.0%	40.0%	20.0%	0.0%	0.0%	1	5

6.0 Quality Improvement Plan

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
1	**It is recommended that any identified nursing staff variances are reviewed. This is to ensure that patient care and safety is not compromised due to staffing levels.**	Nursing Workforce Department	1. On 8th October 2013, the Trust submitted a workforce plan to HSCS and PHA and are awaiting feedback. 2. On a daily basis at 8.45am and 4pm ward staffing levels are reviewed by senior staff within Acute Service and action taken.	**Completed**
2	**It is recommended that ward sisters should have protected time to ensure a balance between clinical and managerial roles and responsibilities.**	Nursing Workforce Department	The Trust proposal to have ward managers as super-numery is incorporated into the Nurse Workforce Plan	**Completed**
3	**It is recommended that all policy, procedure, guidance documents should be accessible for all staff.**	Acute Services	1. All policies are accessible on the Trust Intranet. Training awareness for all staff will be included in the trust current Quality Improvement Initiative Nursing Assessment and Accreditation System (NAAS) Pilot. Appendix 1	1st phase end Nov 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			2. As the NAAS team work with wards, they will work with staff to ensure they are aware of how to access policies	
4	**It is recommended that all mandatory training and training on dementia, delirium and safeguarding the vulnerable adult should be carried out for all care staff.**	Acute Services	1. The Trust maintain a training matrix which identifies all staff trained and includes safeguarding and vulnerable adults training – 2. blue butterfly project being explored through NAAS Project to assist clear identification of at risk patients with dementia	**Ongoing** 1st phase end Nov 2014
5	**It is recommended that staff supervision and appraisal should be carried out and up to date.**	NAAS Team	The NAAS team aim to support ward managers to achieve the completion of supervision and appraisal with all staff	1st phase end Nov 2014
6	**It is recommended that good communication between staff and between staff and patients/relatives should be promoted at all times to ensure continuity of safe and effective care e.g. staff meetings, MDT meetings, customer care training.**	NAAS Team	The NAAS team will support ward managers to help improve communication at all levels. All specialties within the trust have monthly MTD meetings.	1st phase end Nov 2014 On-going

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Daily whiteboard meetings are held on wards with the MDT communicating patient's plan of care. Customer Care training is included in Corporate Induction.	
7	**It is recommended that all wards should have a physical ward environmental audit carried out for dementia patients**	NAAS Team	The NAAS project will carry out baseline audits on pilot wards which will include the ward environment and identify areas where improvement is required for all patients including dementia patients	1st phase end Nov 2014
8	**It is recommended that the trust should continue to introduce and monitor the nursing quality indicators (NQIs), with particular attention given to record keeping.**	MUSC/SEC/ CCS/IMWH	Audit of monthly compliance against NQIs are undertaken and remedial actions taken	**On-going**
9	**It is recommended that all ward sisters should be aware of trust advocacy services, patient experience data and trends in incidents and complaints to identify how their ward is performing.**	MUSC/SEC/ CCS/IMWH	All incidents are recorded and investigated using the trust DATIX reporting system. Trends are discussed at monthly Morbidity and Mortality Meetings which are held monthly. Complaints are investigated and reported by the ward manager and the Head of Service for the division. Feedback is given to staff at their weekly	**On-going**

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			patient safety briefings and at monthly MDT specialty meetings.	
10	**It is recommended that all wards should continue to participate in ward improvement programmes e.g. LEAN, patient experience surveys, 10, 000 voices.**	Acute Services	10,000 voices recommendations being rolled out throughout Trust. Patient support leaflets available throughout the trust "We Value Your View" literature	**On-going**
11	**It is recommended that the trust review storage and facilities available for patients. The environment should be clutter free and in a good state of repair. Clocks and televisions should be available and easily seen by patients**	NAAS Team	The NASS team will review ward environment to identify areas for improvement including any necessary repairs required.	1st phase end Nov 2014
12	**It is recommended that all staff adhere to the trusts infection prevention and control policies.**	Acute Services	1. The trust continue to audit IPC compliance through NQIs	**Ongoing**
13	**It is recommended that trust review the use of mixed gender sanitary facilities to ensure patients privacy and dignity at all times. Sanitary facilities should be clean, used correctly with appropriate signage in place.**	Acute Services	1. Mixed gender sanitary facilities to have clear signage which is updated when required	**Complete**
14	**It is recommended that in Female Medical the use of the shower room should be reviewed and appropriate measures put in place to ensure water safety is maintained.**	Estates	Minor works request for change of shower room to MDT room submitted and funding to be agreed with plan to commence work early 2015	**June 2015**

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
15	**It is recommended that all trust staff should wear name badges which are easily seen and denote the staff designation.**	Acute Services	All staff have been provided with name badges	**Completed**
16	**It is recommended that all staff should ensure patients are referred to with dignity and respect at all time.**	NAAS Team	The trust strive to ensure all patients are referred to with dignity and respect at all times. This will be reinforced through the NAAs Quality improvement Project	1st phase end Nov 2014
17	**It is recommended that patient information should be discussed in a discreet manner e.g. ward rounds, telephone calls. Information on computer screens should not be easily viewed.**	Acute Services	All staff are provided with Data Protection training in corporate induction which includes patient confidentiality.	**On-going**
18	**It is recommended that staff should ensure care rounding is carried out and documented as per trust protocol. Information identified on care rounds should correspond with patient care plans, daily evaluation records and charts.**	Acute Services	Medical Model in DHH to be reviewed to explore Physician of the Week model to facilitate designated nurse on ward round	**June 2015**
19	**It is recommended that call systems are audible and in good working order. Call bells should be available for all patients and answered promptly.**	Acute Services	1. Estates to check all call bells regularly to ensure they are in good working order 2. All ward managers have been advised of the importance of having call bells within reach of patients and this has been	**December 2015** **Completed**

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			cascaded to all staff at safety briefings which are held weekly	
20	**It is recommended that all patients receive the essential care needed at all times.**	Acute Services	The Trust aspires to deliver essential care at all times and will be monitored through the NAAS process	**ongoing**
21	**It is recommended that the protected mealtime policy should be reviewed and adhered to by all staff.**	NAAS Team	The NAAS project will review compliance with protected meal times and reinforce with staff where compliance is poor	1 phase end Nov 2014
22	**It is recommended that staff encourage and set targets for patients' oral intake. Documentation on food and fluid intake should be accurately completed and issues identified should be reported to medical staff and actioned.**	NAAS Team	The NAAS project will support staff in improving target setting for patients oral intake with an emphasis on accurate documentation and appropriate escalation	1 phase end Nov 2014
23	**It is recommended that the trust reviews meal portion size and the system in place to identify patients who require assistance with meals. Sufficient staff should be available to assist and supervise patients.**	Acute Services	Ward managers have spoken to staff regarding ordering of meals with focus on portion size. The use of the "red tray" ordering system to identify patients who require assistance has been reinforced. It is anticipated that approval of the trusts normative staffing levels will help improve this element of care.	**Complete**

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
24	**It is recommended that the use of draw sheets should be reviewed with the Tissue Viability.**	MUSC	Head of Service, MUSC to arrange Tissue Viability Specialist Nurse to present at Ward managers cross site meeting.	**January 2015**
25	**It is recommended that all staff are made aware of patients' care needs and participate in nursing handover.**	Acute Services	All staff to attend nursing handover and receive information on the patients in their care.	**Complete**
26	**It is recommended that the nursing assessment of patients 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.**	NAAS Team	The Trust NAAS project will monitor all nursing documentation regularly to ensure care planning is based on patient's individual needs and is reviewed and updated when required.	1st phase end Nov 2014
27	**It is recommended that all risk assessments should be completed within 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 risk.**	NAAS Team	The Trust NAAS project will monitor all nursing documentation regularly to ensure care planning is based on patient's individual needs and is reviewed and updated when required.	1st phase end Nov 2014
28	**It is recommended that care plans should be in place for all identified patient needs. These should be reviewed and updated within the set timescales or in response to changing patient needs.**	NAAS Team	The Trust NAAS project will monitor all nursing documentation regularly to ensure care planning is based on patient's individual needs and is reviewed and updated when required.	1st phase end Nov 2014

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
29	**It is recommended that nurse record keeping adhere to NMC and NIPEC guidelines.**	NAAS Team	The Trust NAAS project will monitor all nursing documentation to ensure adherence to NMC and NIPEC guidelines.	1st phase end Nov 2014
30	**It is recommended that the trust policy on "Do not attempt Resuscitation" should be adhered to by all staff.**	Acute Services	This is monitored at the Medical Morbidity and Mortality monthly meetings which is a mandatory meeting for medical staff. Audit of compliance to DNAR policy is provided at same	**On-going**
31	**It is recommended that the trust develop measures to improve staff to patient interactions, ensuring that patients are always treated with dignity and respect.**	NAAS Team	The trust NAAS project aims to help improve communication between staff and patient with an added focus on dignity and respect. Customer care training is provided to staff at induction.	1st phase end Nov 2014
32	**It is recommended that the trust acknowledge patient, relative, carer comments to improve the patient experience.**	Acute Services	10,000 voices recommendations being rolled out throughout Trust. Feedback will be provided to staff.	**July 2015**
33	**It is recommended that the trust review the current documentation to improve and standardise the assessment in use for nursing common frailty syndromes.**	Acute Services	Trust will work with regional colleagues to agree a standardised assessment tool for use when nursing common frailty syndromes.	**March 2015**

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
34	**It is recommended that all staff receive training on dementia care and care of the vulnerable adult.**	Acute Services	**1.** The Trust maintain a training matrix identifies all staff trained and includes safeguarding and vulnerable adults training **2.** blue butterfly project being explored through NAAS	**On-going**
35	**It is recommended that the trust should review the services available out of hours and information available for patients.**	Patient Flow	The Hub provides information on patients existing services which is accessible to staff	**On-going**

Southern Health and Social Care Trust

Appendix 1

The Nursing Assessment and Accreditation System (NAAS)

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

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

15 Core Standards include:

Organisation and management of clinical areas

Safeguarding patients

Pain Management

Environmental Safety

Nutrition and Hydration

End of Life Care

Medicines Management

Person-Centred care

Patient Safety

Pressure Ulcers

Elimination

Communication

Infection Control

Dementia Care

Patient Flow

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

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

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