The Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Antrim Area Hospital

Northern Health and Social Care Trust

28 & 29 October 2013

The Regulation and Quality Improvement Authority

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

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

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

Membership of the Team

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

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1.0 Inspection Summary

An unannounced inspection to Antrim Area Hospital, Northern Health and Social Care Trust (NHSCT) was undertaken, on 28 and 29 October 2013. The inspection reviewed aspects of the care received by older people in the acute hospital setting, within the terms of reference of the review, to provide a report of current practice. The following areas were inspected:

- Emergency Department (ED)
- Ward B1 - Medical Admissions Unit
- Ward A1 - Stroke
- Ward A4 - Respiratory Medicine
- Ward C5 - Surgery

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.

Inspectors felt that ward sisters had demonstrated effective management practices, and had raising issues of concern with trust senior staff as necessary. All wards use bank staff to cover shortages; senior staff are aware of this practice. Ward sisters reported difficulties in balancing their clinical and managerial roles and responsibilities and ensuring staff received appropriate training. The trust has implemented various initiatives to improve patient care which is to be commended.

In general all wards were clean, tidy and well maintained. Wards were busy but calm with welcoming staff. In C5 there was limited circulation space around the patient's bedside and in B1; bay 1 appeared cramped and smaller than other bays. With the exception of A4, inspectors identified equipment storage issues in all wards; however patient bed areas were clutter free. In A4 the multi-purpose clinical room was very busy, untidy and cluttered. In all wards inspectors observed mixed gender sanitary facilities. In some wards

there were a small number of toilet/shower facilities for patients, refurbishment programmes were underway.

Overall staff in all wards during observation, were courteous and respectful to patients and visitors. Generally patients privacy and dignity were maintained. Improvement was required by some staff. In some wards the patient call bell systems were not present, broken or answered promptly.

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

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 require assistance with their meal. At times there were not enough staff to assist patients with their meals and some patients were not provided with appropriate crockery and cutlery.

Inspectors observed that in some instances the use of personal protective equipment and adherence to the regional dress code policy could be improved. On one occasion inspectors identified the potential risk of unauthorized access to unlocked medicine cupboards and unattended medications on a clinical work surface.

RQIA inspectors reviewed 13 patient care records in depth and 13 patient bedside charts were examined. The inspectors found similar gaps in each set of records. Care plans and nursing records reviewed, while showing some good practice, did not fully evidence adequately, 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 indicate that 60 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 23 patients and relatives/carers questionnaires and 15 patient interviews were completed.

Generally feedback received from patients, relatives and carers was positive. Overall patients, relatives and carers thought that staff were 'very good' 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
- time for staff to deliver care
- timeliness in answering buzzers
- provision of a ward information leaflet
- access to shower facilities
- dealing with disruptive patients

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 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 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 Northern Health and Social Care Trust in response to RQIA's recommendations.

2.0 Introduction

2.1 Background and Methodology

RQIA carries out a public consultation exercise to source and prioritise potential areas for review. A need to review the care of older people in acute hospital wards was identified as part of the 2012-2015 Review Programme.

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

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

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

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

More detailed information in relation to each of these tools can be found in the RQIA overview report in the care of older people on acute hospital wards[2].

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[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 Inspections Format

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

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

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

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

3.1   Unannounced inspection process

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

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

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

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

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

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

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

3.2   Reports

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

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

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

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

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

3.3   Escalation

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

4.0 Inspection Team Findings

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

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

4.1 Ward Governance

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

Inspectors' assessment

Staffing: Nursing

Inspectors were informed by the Director of Nursing and User Experience that with regard to the Normative Staffing paper, this has not yet been approved by the Minister for Health, however, the principles of normative staffing has been applied within the Northern Trust.

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

Ward B1

Ward B1 is a busy 26 bedded medical assessment unit. The ward had a quick patient turnaround and continually received admissions from the ED before transfer to specialised care wards; over the 24 hour period. On the second day of inspection the ward had 10 overnight admissions.

Daily staffing levels for the ward at the time of inspection were; the ward sister, five nurses and two health care assistants (HCAs). A twilight nurse was available from 6pm to 12 midnight. The ward sister advised that getting twilight staff cover can be a challenge.

Inspectors were advised by the sister that the trust has agreed staffing levels within the ward can be increased however as yet the budget has not been agreed to fund this, bank staff will be used in the interim. This will result in an additional 2.63 staff.

Ward A1

In A1, the acting ward sister stated that there were vacancies for one ward sister, two nursing staff and 1.8 HCA staff. These were in the recruitment process. The acting sister believed that current staffing levels were adequate to meet patient needs. Staff absence levels for sickness were good.

Ward C5

In C5 inspectors were advised by the deputy ward sister that current staffing levels were good however there had been some issues during the summer with maternity leave and sickness. This had been covered by experienced ward bank staff and staff from Whiteabbey Hospital. At present the ward is considering reconfiguring some of the HCA shifts to allow two HCAs to be on night duty, this was in response to night staff request for additional help. When staff shortages cannot be filled by bank or agency the ward sister will work on the floor and look after a bay and side room.

Ward A4

In A4 inspectors were advised that the ward has three staff vacancies, which were in the recruitment process and with three staff on long term sick. Throughout the inspection the full staff quota was in place. The staff ratio can be increased if staff are available.

General Staffing issues

In 2013 a Nursing Accountability Framework that enables ward sisters to identify, monitor and manage staffing variances such as long term absence and vacancy was introduced to all wards. This is formally monitored through a trust steering group.

All wards raise staffing issues and requests for staff to cover shifts as part of the weekly accountability framework. All wards use bank staff to cover shortages. In B1 bank staff can be used if staffing levels fall and when a 1:1 nurse to patient ratio is required. However, getting bank staff can pose a problem as the need for them cannot be pre-empted. There can be occasions when bank staff arrive on the ward and the patient has left due to their short stay, bank staff will follow the patient to another ward for 1:1 nursing. In C5 beds are closed when short staffed, this would only be as a last resort and for part of a shift. Incident forms are completed when there are staff shortages.

Inspectors were informed in all wards that escalation beds (an extra bed, above the ward bed capacity) can be used when there are bed pressures for admissions from ED. A risk assessed is carried out prior to placing a patient in an escalation bed to ensure the patient suitability for this bed. The use of these extra beds can be challenging for staff due to workload. Inspectors were advised in C5 that no extra staff are provided when an escalation bed is required.

1. **It is recommended that any identified nursing staff variances continue to be 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.

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, ward sisters or deputy was able to provide hard copies or demonstrated intranet site access to policies and procedures.

In C5 inspectors were advised that letters are issued to staff with details of new policies. The letters contain a tear off strip to be signed by staff.

Ward sisters or deputies confirmed that audits carried out have an action plan developed. Results are discussed with staff as part of the safety briefing process or at staff meetings.

Training

All ward sisters and deputies advised that mandatory training is on-going, with the majority of staff trained. Staff book themselves onto training; attendance can be cancelled due to ward pressures. Staff non-attendance at training is flagged up on a computerised training record and is followed up by the ward sister.

Ward sisters and deputies have no protected time for educational training. Training opportunities are available and taken however have to be balanced against the ward needs to meet the responsibilities of the role.

Inspectors were advised that protection of vulnerable adult training is part of the trusts mandatory training programme. The trust is planning to extend mandatory training for learning disability; butterfly scheme, dementia and capacity. Training on dementia care has been carried out within wards, not all staff have attended.

In A4 'pop up' training is carried out by the dietician, respiratory nurses and respiratory registrar. In B1 the ward sister is planning training for HCAs on wound care, infection prevention & control, nutrition and communication. Staff in A1 have requested and received specific stroke care training.

Inspectors were informed that while staff appraisals and supervision was being carried out, this was not always up to date. Ward sisters and deputies cited trust structure change and sick leave as factors influencing this process.

In C5 inspectors were informed that there had been limited training provided during the introduction of the SSKIN (Surface, Skin, Keep moving, Incontinence Nutrition) care bundle. At the feedback session the Director of Nursing and User Experience assured that this would be addressed.

In B1 inspectors were informed that newly qualified nursing staff are linked to another ward nurse as a preceptor and receive a detailed induction. Staff new to the ward were also linked to a mentor but did not get as detailed induction. Supervision is part of ward meetings. The sister is encouraging staff to take ownership of staff meetings and centre them on a learning experience. In C5 staff recently attended a study day on patient centred care, this allowed discussion relating to ward issues.

3. **It is recommended that dementia training should continue for all care staff.**

4. **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 are audited and logged monthly on a dashboard. These are then correlated by the governance department and where necessary action plans developed to address issues. Evidence was available to show discussion with ward staff on incidents and complaints as part of ward meetings and safety briefings. In A1 verbal complaints are recorded as local resolutions, trust written responses to complaints are disseminated to ward staff for information sharing and learning. In B1 the ward sister will address specific issues with relevant staff. In A1 and B1 inspectors were advised, that while the governance department give good feedback on serious adverse incidents, lesser complaints were not drill down into. Trend analysis is available on falls, pressure ulcers, incidents and complaints. In A4 staff were unaware that audit trends were available.

Meetings

All wards have ward meetings and safety briefings for cascading information to staff. Ward sisters meet weekly with their designated line manager. The trust has a monthly ward sisters meeting/forum to discuss trust and ward issues that impact on service delivery. This forum is also used for share learning and to inform others about how different services run. The forum feeds into the nurse executive team.

In A1, A4 and C5 there are daily multidisciplinary team meetings. B1 has a variety of ward rounds each morning and can link with allied health

professionals daily, as required. Due to the diverse range of patients admitted to B1 from ED, ward staff link with specialists if advice is needed to facilitate care and meet specific patient needs, for example stroke care. Geriatric and psychiatric liaison is accessible for all wards.

Projects/ Improvements

In all wards there has been the introduction of the Butterfly scheme and wards are working on improving the care for dementia patients. This encompasses staff training, designated nurse champions, a dementia care guidance manual and an information box held at ward level.

Wards have introduced intentional care rounding, where patients position, personal needs, pain and placement are assessed as part of the SSKIN care bundle.

Ward B1 has participated in ward A3 LEAN project to work more efficiently and effectively. This identified that many of the principles of LEAN were already in place within the ward for example multidisciplinary working, estimated date of discharge and the use of the whiteboard for information. Ward A1 has participated in the productive ward and Ward A4 the LEAN project. In ward C5 inspectors were provided with no evidence that improvement methodologies such as LEAN were undertaken.

Wards A1, A4 and B1are participating in the pilot of the 'Open Ward' bed management system. This system identifies, using symbols on a wall mounted screen, patients infection status, falls risk, feeding assessment and dementia. The screen can be used in a way that patient names are hidden from view, with only ward staff able to access (Picture 1). When imbedded it is planned to use this system to print out information as part of nursing handovers.
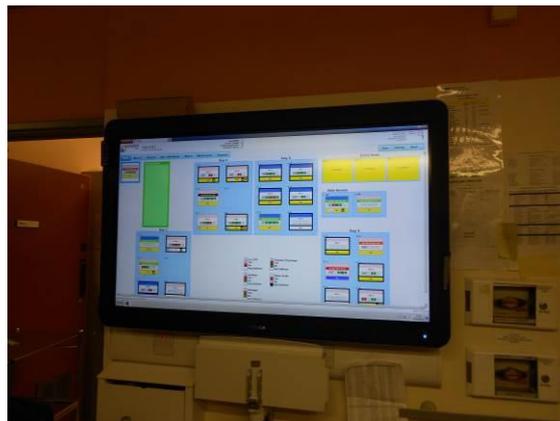
Picture 1 - 'Open Ward' board

With the exception of ward A1 there has been no physical ward environmental audit carried out for dementia patients. However, there has been improved signage in bays and sanitary areas. Inspectors were informed that while a specific project was not carried out throughout the trust on patient dignity, this is emphasised on all wards.

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

In ward A1 significant work has been undertaken in relation to nutrition, in A1 and A4 'wander' bracelets for patients with dementia are used, with consent from families or carers.

Inspectors identified improvements groups within the trust for example Dementia Taskforce and Work Group, the Frail Elderly Working Group and the production of the Primary and Community Care for Older Peoples Services Newsletter.

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 continuously review to ensure that measurements of quality of nursing care are robust and in line with regional and national standards.

Results of audits are logged onto a dashboard and if compliance is low an action plan is developed and the frequency of audit is increased. Results are circulated to staff either by posting on the ward notice board, discussion at staff meetings or via safety briefings.

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

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

Patient/Client Experience and Customer Care

The trust has recently carried out a patient experience survey however wards have yet to receive feedback on the results.

In B1 the ward sister advised that to participate in this survey patients have to be in the ward for 24 hours. This has implications for the ward as due to the fast patient turnaround they do not stay in the ward long enough to be part of the survey. The sister was aware of issues brought up by patients in the past around restricted visiting, communication of staff with patients and multiple moves. Any learning was shared with staff via safety briefings.

Inspectors in C5 were informed that as an action from visitor's complaints, the ward has taken the initiative to place a table in the bays for staff to use and to facilitate visitor's questions during visiting time. Nursing report is held just before the afternoon visiting time so that staff have the most contemporary information. In B1 tables were present in the bays.

Ward A4 has carried out work on the 'Patient client Experience and the Journey (2012)'. A patient experience questionnaire, to give patients on discharge, has been devised but not yet implemented. Inspectors saw evidence in A4 that the trust is also participating in recently launched Public Health Agency (PHA) "10,000 voices" project[3]. This is a unique project that offers people the opportunity to speak about their experiences as a patient or as someone who has experienced the health service, and to highlight the things that were important to them which will help direct how care is delivered in Northern Ireland.

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

The trust undertakes customer care training for nursing and domestic staff. Nurses receive this training as part of communication and patient centred care training. In B1 inspectors were advised that this training is part of communication training for healthcare assistants however it is limited. Staff who attend customer care meetings give feedback to other staff. In A4 senior nurses have attended customer care training and have carried out cascade training with ward staff.

Inspectors noted differences in the knowledge of trust advocacy services. In B1 inspectors were advised that there is a trust carer liaison service which gives guidance on resources available for carers. In A4 patient advocacy leaflets were available. Staff will refer patients who required advocacy services to the social worker. In A1 staff were have not used and were not familiar with advocacy services available.

7. **It is recommended that all ward sisters are aware of trust advocacy services and trends in incidents and complaints audited to know how their ward is performing.**

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

8. **It is recommended that all wards should 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 clean, tidy and well maintained. Wards were busy but calm with welcoming staff.

In C5 there was limited circulation space around the patient's bedside and in B1; bay 1 appeared cramped and smaller than other bays. With the exception of A4, inspectors identified equipment storage issues in all wards; however patient bed areas were clutter free. In A1 the multi-purpose clinical room was very busy, untidy and cluttered. The clinical work surface is inadequate for clinical activity; preparing intravenous medication. As the 'Open Ward' information board is located in this room, the room is accessed by medical, nursing, portering and administration staff. This is of concern due to the potential risk, at times, of unauthorized access to unlocked medicine cupboards and unattended medications on the clinical work surface (Picture 2).

Picture 2 - Unattended medication

9. **It is recommended that the trust review storage and ensure that all areas and work surfaces are clutter free. The bed spacing within bays should be examined to ensure that they are in line with current recommendations for core clinical space.**

10. **It is recommended that medication is stored securely in a locked cupboard. Medication should not be left unsecured or unattended when not in use.**

In wards A1, A4 and B1 mixed gender bays were observed. Inspectors were advised that this was only done to facilitate patient admission and when possible staff will move patients and position them appropriately. In A1 there was a limited supply of chairs available for staff and visitors to use to enable them to assist patients during mealtimes.

Inspectors noted that within wards, mobility aids were positioned near patients, posters and written and pictorial signage were present on doors and walls. There were no handrails available in corridors.

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. However, in ward B1 a domestic mopping the floor did not identify that the floor was wet to the patients.

In all wards inspectors identified the use of escalation beds. In B1 and C5 the use of these beds block the fire exit. Inspectors were informed that this has been risk assessed and deemed acceptable by the trust fire safety officer. In B1 the fire exit in bay 4 was blocked by the portable linen cupboard. In A4 the fire exit was blocked by a table and chairs.

11. **It is recommended that the trust fire safety officer reviews the blocking of fire exists with beds and equipment.**

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

In B1 staff were observed leaving patients during the delivery of personal care to get equipment without removing/changing gloves and aprons. On one occasion patient wash water was disposed of down a clinical hand washing sink. In A1 not all medical staff adhered to the regional dress code policy; tie and long sleeves were observed.

12. **It is recommended that staff adhere to the trusts infection prevention and control polices in relation to use of personal protective equipment, adherence to dress code policy and disposal of wash water.**

Sanitary Facilities

In all wards inspectors observed mixed gender sanitary facilities. In A4, B1 and C5, there were a small number of toilet/shower facilities for patients. In B1 bathroom refurbishment was underway and in C5 the bathroom is scheduled to be refurbished (Picture 3).

Picture 3 - Schedule refurbishment

Raised toilet seats, commodes and handrails were available in sanitary areas, all within patient reach.

Privacy and Dignity

In all wards privacy curtains had 'do not enter' labels present and were used well; closed during personal care and interviews with medical, nursing and allied health professionals.

The use of escalation beds raise issues with patient privacy and dignity. Patients who are placed in an escalation bed have been risk assessed as suitable for this type of bed. However, the patient does not have a designated call bell and privacy screens, observed, were inadequate to protect patient privacy (Picture 4). Screens were either too short or were drawn from the adjacent beds with a portable screen used at the foot of the bed. In A1 privacy curtain ceiling rail tracks were available, but curtains had not been hung. The placement of escalation beds does not promote patient privacy and dignity.
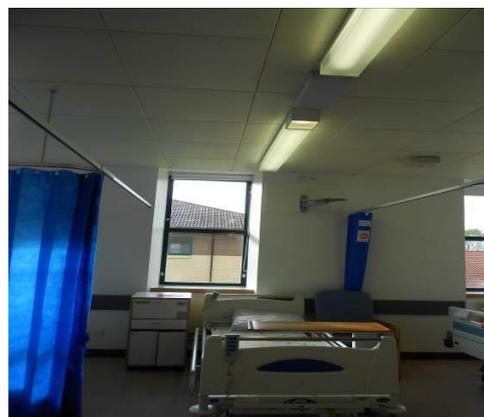
Picture 4 - Escalation bed

13. It is recommended that the trust review the use of mixed gender facilities and escalation beds to ensure patient privacy and dignity is maintained. Suitable privacy curtains and a call system should be available for all patients.

In A4 an eight bedded annex is available for winter bed pressures. This was empty during the two day inspection.

In A1, on the first day of inspection a confused patient was observed constantly throwing the bedclothes off, leaving themself exposed. Staff could have responded more promptly, to ensure the patient dignity was maintained. The use of pyjama bottoms would also have ensured that the patient remained covered, even when the bed clothing was not insitu. In B1and C5 staff should ensure patients wearing night dresses, which can be short and made of flimsy material, are covered with a dressing gown or blanket at the bedside or when walking to the toilet. This is especially necessary when patients are nursed in mixed bays. In A4 a female patient was wearing a disposable gown as nightdresses had not arrived in the linen supply. Inspectors were advised that the supply of night clothes is a recurring issue particularly for those patients who do not have a relative to wash their clothes.

None of the wards inspected had a quiet visitor's room. If patients wish to speak confidentially with staff or relatives they use the ward sisters' office. However, this room is generally in use and can be subject to interruption from staff. In A1 the quiet areas in each bay were used to store equipment.

Patients were able to use personal mobile phones or ward portable phones for bedside calls. In B1 the portable phone was out of order.

Name badges were not always worn by staff. When present the badges were hung off pockets at waist height and difficult to see. A lay reviewer had difficulty distinguishing staff uniforms and designation.

14. It is recommended that 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. In A1 inspectors noted some staff using specific terms of endearment, only with older patients, that verged on treating them as children. Some staff used these terms with all patients. Clothing protectors/napkins were referred to as bibs. In B1 two nursing auxiliaries; one permanent and one bank staff were discourteous to patients, scolding them in an annoyed manner during the delivery of care. This was reported to the ward sister for immediate action. In B1 and C5 staff occasionally raised the volume and tone of their voice for patients with hearing difficulties rather than speaking to the patient at the head of the patient's bed. These issues will be discussed further with a recommendation made in section 4.5 of this report.

In wards A1, A4 and C5, patient information was displayed appropriately. In B1 on day one of the inspection, patient names were not hidden on the 'Open Ward' screen behind the nurses' station. Patient details were also visible on the portable computer terminals in the bays by persons not involved in the care of the patient.

Inspectors noted variation between wards in the information displayed above each patient bed space. In A1 the speech and language feeding instructions were present as was the butterfly and falling star symbols for those with dementia or a risk of falling. Patients names, weights and MUST score were on an easily viewed list on the ward. In A4, B1 and C5 information present was minimal as these wards are piloting the 'Open Ward' screen. A dinner plate symbol was used to identify assistance required with eating and drinking.

In A1 ward rounds were generally undertaken from the centre of the bay and from the end of the bed. Information about the patients' medical condition could be heard during these ward rounds. In contrast medical staff in A4, B1 and C5 was discreet when participating in ward rounds. In A4 and C5 nursing hand overs were not overheard as they were carried out at the nurses' station. In B1 nursing handovers were carried out discreetly at the nurses' station however in the bays a further nursing round up was carried out. Patient details could be overhead by other patients and other staff not participating in patient care.

15. It is recommended that patient information should be discussed in a discreet manner e.g. ward rounds, nurse handover. Information on computer screens should not be easily viewed.

In wards A1, A4 and B1 mixed gender bays and sanitary areas, compromise patient privacy and dignity. Inspectors noted the movement of patients within wards to try and alleviate this issue. Door locks were present and in working order in sanitary areas.

Person Centred Care

In all wards intentional care rounding was in place and documented as part of the SSKIN care bundle (Picture 5). In acute settings intentional care rounds are used to check key aspects of care and include; making sure the patient is comfortable and assessing the risk of pressure ulcers; scheduling patient visits to the bathroom to avoid risk of falls. Asking patients to describe their pain level on a scale of 0 - 10 and making sure the items a patient needs are within easy reach.

Picture 5 –Care rounding and care bundles in place

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

Inspectors observed posters and were advised by staff that care rounding should be completed 2 hourly between 8am and 10pm, and 2 - 4 hrly between 10pm and 8am. In wards A1 and A4 there were lapses in this process with gaps noted in documentation. In ward C5 care rounding was not being carried out on the first day of inspection. In A4 issues noted in the care rounding documentation were not always taken forward as a care plan.

16. **It is recommended that staff should ensure that care rounding is carried out and documentation as per trust protocol. Information identified on care rounds should correspond with patient care plans.**

Patient Call Bells

A pull cord and/or push button call system was available for patients in sanitary areas and at the bedside. In B1 the shower and toilet ceiling pull cords were broken, this had been reported to maintenance. Due to the position of the wall push button, adjacent to the shower, there is the potential for some patients to be unable to reach this when in the shower.

Generally all patient call systems (buzzers) were easily accessible. Inspectors noted that escalation beds do not have a call bell system; patients are risk assessed before being placed in this bed.

In all wards call bells where generally answered by staff in an appropriate response time. Inspectors in B1 and C5 noted that due to staff presence in bays the call system was minimally used. However, in B1 a nursing auxiliary, on one occasions, ignored a patient's call for assistance. On another occasion a patient waited an extended length of time for the same staff member to attend to his toileting needs; 8.35am to 9.05am. Inspectors reported these incidents to the ward sister.

In A4 the call bell sound was low and difficult to hear. There were two occasions when a buzzer could have been responded to faster and where buzzers were inaccessible to patients. It was identified that one elderly female patient was unable to use the call system and had to shout for staff attention. On another occasion a physiotherapist entered a patient's room to retrieve a chair, the buzzer and light were on but the physiotherapist did not speak to the patient or call for assistance.

17. **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. In B1 one patient had a stained top. Another patients family member advised that her mother had been in hospital for 24 hours and although clean nightwear was available, her mother's nightdress was heavily stained.

Patients were assisted to the toilet as required. Hand hygiene was offered to patients at the bedside after toileting. Patient personal mobility aids were within easy reach of the patient in all wards and assistance was provided as appropriate. In A1 and A4 wander bracelets were used to monitor the movement of confused patient, this is done with family consent.

In C5 staff used good communication skills when talking to a patient with hearing difficulties and a confused patient was regularly checked on. This is in contrast to B1, where patients with hearing difficulties were spoken to in a louder voice. Staff did not always go to the patient's bedhead or check if the patient had a hearing aid in place. In B1 inspectors were advised that a red cross book with signs and symbols was present on the ward for patients with communication difficulties. In A1 and C5 there were no communication aids for those with communication difficulties.

18. **It is recommended that all patients receive the essential care needed at all times. Patients should be suitably attired in clean clothing, night clothes should be available.**

Food and Fluids

Picture 6 - Protected mealtimes

With the exception of C5 protected meal times while in place, were difficult to enforce (Picture 6). It is acknowledged that in some instances emergency procedures and tests must be carried out, irrespective of protective mealtimes. However, inspectors observed and were advised by staff ward rounds, ECGs and a lumbar puncture being carried out.

> 19. **It is recommended that the protected mealtime policy should be reviewed and adhered to by all staff.**

In all wards a dinner plate system is used on the wall behind the patients' bed to denote the level of assistance the patient requires during mealtime.

In ward B1 and A1 inspectors observed some patients not receiving assistance with breakfast. In B1 patients were given breakfast, (tea/toast /porridge) by a member of catering staff. In bay 2, a nurse assisted one patient to butter toast; however three patients had no assistance for three minutes. During this period a doctor had removed the breakfast tray from in front of one patient, as the patient stated that she did not want any more. This lady was confused and had received no assistance and encouragement to eat, the doctor was unaware of this. A family member in B1 highlighted on a review questionnaire that they observed a patient, who could not feed themselves, waiting ½ hour for assistance to eat their lunch. Assistance was provided by the patient's family when they arrived for visiting. In A1 a patient required assistance to butter toast, this was given by a physiotherapist as a member of nursing or care staff could not be located.

In A4 an elderly patient struggled to get into a seated position to access breakfast, no assistance was available. In B1 patients who had the ability to sit out of bed, were not always asked if they preferred to, when eating.

These issues are in contrast to C5; patients were continually asked if they required assistance and encouraged to eat.

Inspectors were advised at the feedback session that the trust is reviewing the time meals, especially breakfast, are served and ward rounds are carried out to minimise clashes.

In wards A4 and B1 catering staff collect meal trays. Inspectors were informed that catering staff highlight to nursing staff if meals are not eaten, however there was no guidance for catering staff on quantities of food e.g. 1 cup = XX mls.

In B1 and C5 adapted cutlery or crockery, was not readily available for patients. The ward sister in B1 advised that these could be accessed from other wards.

> **20. It is recommended that the trust need to review the system in place to identify patients who require assistance with meals. Sufficient staff should be available to assist and supervise patients and appropriate adapted cutlery and cutlery available.**

There was a good choice of meals which appeared appetizing; only one patient in A1 stated meals could be warmer. Jugs of fresh water were generally within easy reach of patients. In all wards patient encouragement with oral fluid intake is recorded as part of care rounding on the SSKIN care bundle.

In B1 staff encouragement and record keeping for oral fluid intake could be improved. In care records multiple recording of 'ensure patient has adequate fluid intake' was noted. There was no indication in the records of what adequate was for each specific patient, an intake target or the need to report and action any changes in intake with medical staff. In A4 a patient on nil by mouth had a jug of water on the bedside table; this was identified and removed by staff. In A1 fluid balance charts were not always totalled or evaluated by nursing staff in the patient's progress notes. This was in contrast to C5 were no issues were identified.

> **21. It is recommended that staff encourage and set targets for patients' oral intake. Documentation on fluid intake should be accurately completed and issues identified should be reported to medical staff and actioned.**

In all wards patients were generally offered hand hygiene before meals and napkins were supplied. In A4 inspectors only observed patients receiving hand hygiene, hand wipes were present on meal trays during day two of the inspection.

It was difficult to assess staff carrying out mouth care on patients as this was done during personal care, when privacy curtains were closed. In A4 it was observed that two patients who were nil by mouth required mouth care. No issues were identified with patients in the other wards. Eating well for people with Dementia - a guide for carers, information leaflet was available on the ward.

Overall Summary

In general all wards were clean, tidy and well maintained. Wards were busy but calm, with welcoming staff. In C5 there was limited circulation space around the patient's bedside and in B1; bay 1 appeared cramped and smaller than other bays. With the exception of A4, inspectors identified equipment storage issues in all wards; however patient bed areas were clutter free. In A4 the multi-purpose clinical room was very busy, untidy and cluttered. In all wards inspectors observed mixed gender sanitary facilities. In some wards there were a small number of toilet/shower facilities for patients; refurbishment programmes were underway.

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

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

Protected meal times 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 require assistance with their meal. At times there was not enough staff to assist patients with their meals and some patients were not provided with appropriate crockery and cutlery.

Inspectors observed that in some instances the use of personal protective equipment and adherence to the regional dress code policy could be improved. On one occasion inspectors identified the potential risk of unauthorized access to unlocked medicine cupboards and unattended medications on a clinical work surface.

4.3 Review of Care Records

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

Inspectors' assessment

Inspectors reviewed 13 patient care records in depth and 13 patient bedside charts. 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. Inspectors noted variations in the quality of the nursing assessments undertaken within wards.

Due to the quick turnaround time patients the sister in B1 advised inspectors that trust management has agreed to review what aspects of the initial nursing assessment plan must be completed on the ward and what aspects of the assessment are not immediately required. It is envisaged that B1 staff will prioritise care and complete the relevant care needs assessment and risk assessment, rather than the whole nursing assessment booklet.

> 22. **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 found that generally risk assessments had been completed. However in all wards there were variations in the quality of the risk assessments undertaken.

The Malnutrition Universal Screening Tool (MUST) assessments while carried out were not always acted upon. Inspectors were concerned about a patient who had lost 20 per cent of their body weight in the 10 days from admission. Delays were also noted in decision making, referrals to relevant disciplines and the action taken. This was raised with the ward sister and at the feedback session. The Director of Nursing and User Experience stated that she was aware of this patient and was taking action. Inspectors found instances when other assessments were not always fully completed.

Regular review of risk assessments did not always occur despite changes in the patient's condition. In a patient's falls risk assessment it was recorded 'patient drowsy'. Inspectors noted that the patient was restless however the risk assessment had not been updated to take this change of condition into account.

Identified risks did not always have a care plan devised to provide instruction on how to minimise the risks.

23. **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 risks.**

Care plans were not always in place for all identified patient needs and were not routinely referred to in the daily progress notes. The care plans that were reviewed did not always reflect the nursing assessment carried out or the care required for the patient, identified on observation. Core care plans and individualised care plans were in place. Core care plans in use were standardised templates and had not been tailored to suit individual patient needs. Individualised care plans had minimal detail on the care to be implemented for the patient.

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

Overall the assessment of patients nursing needs was not individualised and in most instances all individual needs were not appropriately identified or used to direct care and interventions required. The evaluation of care was not always responsive to the changing needs of patients. Daily progress records, while generally detailed, did not relate to a care plan and were more like a dairy of events. Additional care charts such as fluid balance and repositioning were not always fully completed.

The records reviewed did not always clearly indicate that patients were involved in decisions about their care. There was some discussion with next of kin in relation to the patient's condition; the detail of conversations and involvement in the patient care decisions was limited.

Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines. In nursing records signatures were not always legible, initials were in use. The signature list on the care records did not always contain the name of all nurses delivering care.

This is reflective of wards A4 and B1 NIPEC audit results, which show inconsistent staff practice. Ward A1 and C5 audit results indicate good staff practice, however inspectors' review of documentation would challenge these findings.

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 were advised at the feedback session that the Director of Nursing and User Experience had met with the Chief Nursing Officer in relation to record keeping. A regional approach is to be taken on record keeping guidance for nursing staff.

The trust is to introduce a care records review programme to the address issues identified.

In ward A4, inspectors observed a care pathway for Delirium in an Acute Setting.

24. **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. Core care plans should be individualised and patient centred.**

25. **It is recommended that nurse record keeping adhere to NMC, 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 A1 the DNAR section of the nursing assessment was completed. On reviewing medical notes, with ward nursing staff, DNAR forms were not present. In A4 one patient had no DNAR form present in the notes, there was also no record present in the nursing notes.

26. **It is recommended that the trust policy on "Do not attempt Resuscitation" should be adhered to by all staff, with appropriate documentation completed.**

4.4 QUIS Observation Sessions

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

Inspectors Assessment

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

	Sessions undertaken	Observations	Positive (PS)	Basic (BC)	Neutral (N)	Negative (NS)
A1	8	87	53	19	6	9
A4	9	61	35	17	4	5
B1	9	75	34	7	22	12
C5	4	33	32	0	1	0
Total	30	256	154	43	33	26

The results of the periods of observation indicate that 60 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; coming down to patient level, speaking slowly, awareness of hearing difficulties, introduced self, repeating information, ensuring patient understood
- Generally good conversations with patients while carrying out personal care, and when passing thought to deal with other patients
- Phrases used; 'If you need anything you have your buzzer', 'Hello, how are you, my name is …', 'How are you feeling today', 'Can you see me, I'm here on your left'
- Good explanation of changes in medications

Basic interactions observed

- Nursing auxiliary offers patient lunch choice. Sprays patients hands with alcohol gel.
- Nurse helping patient to remove oxygen so they can go to toilet
- Nursing auxiliary found glasses and gave buzzer to patient
- Patients assisted with personal care
- Assisting patients with nutrition

Neutral interactions observed

- Some interaction was task orientated, no communication with patients
- A member of nursing staff was taking blood from a patient. There was no conversation during the clinical practice
- Staff delivering personal care, assisting with nutrition, no conversation

Negative interactions observed

- Two nursing auxiliary sharing information about breakfast 'I'm doing him'
- Patient, calling and gesturing for help. Eye contact made by nursing auxiliary, who ignored request
- Nurse shouted loudly at patient regarding assistance required with meal
- Patient requested a commode at the bedside from a nursing auxiliary - a bedpan 'liner' was inappropriate offered. The patient waited extended length of time 08.35 – 09.05 am – toileting needs were not attended to
- Some patients not assisted with breakfast
- Nursing report given in the centre of a bay – all patients could hear details
- Nurse attending to personal care – a second nurse went behind the curtain and gave report to the first nurse

- Nursing auxiliary (night duty) was assisting a patient with personal care in a bay, in close proximity to other patients and a relative - scolding/annoyed/frustrated manner 'You have pee'd over the back of it', Have you no clean nighties'. Abruptly left care mid-way through and said to other staff 'I am off duty, you need to change sheet- soaked again from wet nightdress'. No comment to patient as they left the bedside
- Nurse conversation to a patient interrupted during administration of medication by doctor – no acknowledgement to patient by doctor
- Nursing auxiliary assisting with toileting in bed – 'have you used it', 'you said you needed the toilet but you haven't done anything'. When patient responded ' I'm shaking', response back 'sit down then'
- A patient calling for assistance, ignored by a nursing auxiliary
- Nurse did not excuse themselves when interrupted another nurse to speak with the patient
- Discussion at end of bed about care of patient – all in ward able to hear this
- Use of colloquial, terms of endearment such as 'good girl'

Events

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

An example of an omission of care may be
- a patient repeatedly calling for attention without response,
- a patient left inadequately clothed,
- a meal removed without attempts made to encourage the patient to finish it,
- a patient clearly distressed and not comforted.

Events observed by Inspectors/Lay Reviewers

A patient called for assistance 'please help me', none was available.

Patients required assistance with feeding; this was not always readily available. Patients waited five minutes and nine minutes on separate occasions.

A patient pressed a call bell which lights up, staff very slow to respond (3- 4 minutes +), the inspector asks nursing staff for assistance.

A patient's oxygen mask had slipped up onto the patient's nose and forehead, this looked very uncomfortable for patient. This was not identified by nursing staff.

27. **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 23 patient and relatives/carers questionnaires and 15 patient interviews were undertaken.

Generally feedback received from patients and relatives or carers was positive. Overall they thought that staff were 'very good' and had a positive experience while in hospital. Questionnaires indicated that communication between staff and patients/carers could be improved upon in relation to involvement in care, staff time to give care and staff response times for answering buzzers.

Patients felt that overall meals were good, with a variety of choice.

Overall patients felt that visiting hours were suitable.

Patients informed the inspection team that they had not received information leaflets about the wards. A generic leaflet that provides patients and relatives with information on how to raise any concerns is available.

One patient expressed concern about fear before coming into hospital, based on negative television coverage. One expressed concern while in hospital about confused patients becoming violent.

Some positive written comments were:

'For the short space of time I have been in this ward the staff have shown great respect and care to myself and the other elderly patients who have been in the ward'

'Staff have been very helpful'

Outstanding care from both medical and non-medical personnel in relation to communication about relative's condition

Patient Interviews

Overall patients stated they were happy with the standard of care, and had a good relationship with staff. There was a general understanding from patients that staff were working to the best of their ability given the time and staff available. Patients generally felt that buzzers were answered reasonably quickly, although there could be delays.

Patients identified that staff talked to them, but they were very busy. Staff were courteous, respectful and 'explain what is happening'. One patient who had difficulty hearing advised that staff explained everything about her condition to her daughter.

Patients felt that the meals were good, with a choice of food. One patient advised that the kitchen can be contacted if the meal choice was not suitable. Patients felt that they were kept informed about their care. Patients were happy with visiting times; however this can be an issue for those travelling a distance. When patients were asked what can be done differently, there was only one suggestion relating to the frequency of having a shower. One patient advised that they 'had only one shower since Tuesday - this is Monday'.

One patient was very aggrieved that a noisy young drunk person, who was struggling with nursing staff and required security staff to help settle them, was admitted to the ward. Privacy curtains were pulled around other ward patients and made them feel 'like being in prison'.

One patient expressed disappointment in having their operation cancelled to another date.

Interview with family members

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

Other issues identified

- In B1, during discussion with the ward lay reviewer, two separate and unrelated patients, made personal disclosures in relation to their person life, one was related to the present admission. This was reported by the lay reviewer to the RQIA inspector on the ward. The inspector reported these incidents to the ward sister, who in turn assured RQIA that these would be escalated for action. The inspector also reported this to the lead RQIA inspector.

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

Inspectors' assessment

Inspectors visited the ED twice on the first day of the inspection at 9.30am and 2pm. There were four patients over 65 at these times who had been waiting in ED for more than six hours. In all cases patient admission was delayed as there was no admission bed available.

In order to improve ED waiting times and streamline services inspectors were informed of several patient admission routes/areas which are located adjacent to the main ED department, feeding into the ED service. Following triage in the major's area, patients can be transferred to either the emergency department decision area (EDDA) to wait for an available inpatient bed or admitted to the observation ward for a short, usually 24 hour stay. Patients can be admitted directly to the elderly assessment unit (EAU) if triaged as care of the elderly, and beds are available. An admission unit/discharge lounge is also available for patients admitted via the GPs route. Inspectors visited and spoke to staff in all areas.

Inspectors were informed of a recent pilot initiative with the Northern Ireland Ambulance Service (NIAS) who is providing an onsite member of staff as a trust liaison. This is proving to be very beneficial in assisting with pending admissions and discharges.

Patient Documentation and Assessments

In ED, the sister advised that the nursing assessment and the care patients receive in ED majors is recorded on the ED handover sheet. This sheet is based on the safety briefings concept. Details are recorded on allergies, admitting complaint, nutrition needs, past history, social circumstances, infection status, mobility/safety, skin condition, resus status, indwelling devices, investigations, medical plan, PEWS score and has a patient transfer checklist. There is no reference to the assessment of pain, elimination or communication needs. The sheet only allows for minimal information to be recorded on the patient care delivered, with no obvious intentional care rounding documented. No nursing risk assessments are completed for patients who are pending admission and waiting for more than 6 hours e.g. pressure ulcer risk. In the EDDA, documentation completed is as described in the ED major's area. A nurse in EDDA advised inspectors that risk assessments maybe carried out however this was subjective and dependant on the nurse looking after the patient.

In the observation ward an admission checklist outlining risk assessment to be carried out in 6 hours is completed. In the EAU patients are fully admitted to the hospital using the nursing assessment documentation booklet. Risk assessments are carried out in these areas e.g. Braden, manual handling, MUST, falls, infection prevention and control and bedrails.

In the admission unit/discharge lounge the standard operating procedure states not to complete the full nursing assessment booklet for patients, an admission sheet is completed. Staff are however instructed to complete patient risk assessments after 4 to 6 hours in the lounge. There were no prompts on the admission sheet for staff to complete the relevant risk assessments. The sister advised that she would guide staff on which risk assessments to complete, however this is person based and dependant on her being on duty.

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

In the ED, mental health assessment tools e.g. AMT4 and Confusion Assessment Method (CAM) Tool, to recognise dementia/delirium, are part of the medical assessment document. The sister was not aware of this assessment. Nursing staff are currently working with the mental health team to enable them to assess patients with mental health issues on admission, as part of triage. This will allow for the mental health referral process to be initiated and facilitate patients being seen quicker. There is a dedicated team for elderly mental health issues, a crisis response team is also available; it is planned that the psychiatric liaison will move on site.

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

There are two dementia nurse champions within the ED. A dementia box with information on the butterfly project was available. Dementia training has yet to be rolled out to all staff, only a few staff have received vulnerable adult training.

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

There is access to a physiotherapist, occupational therapist and social worker Mon – Fri, 9-5pm. Out of hours services are available. There is no patient information kept in the department on local social services, healthy eating, benefits and staying warm. A falls pack is available. Regular meals are provided for patients. Out of hours, tea and toast can be made and vending machines are available. A coffee bar is present in ED reception; 11am-3pm, 5pm-8pm. Sister advised that all ED trolleys have pressure relieving mattresses and staff can access specialist pressure relieving mattresses when required. The availability of laundry at weekends can be an issue.

Inspectors were advised by patient flow that the psycho-geriatrician is part of the daily morning review of patients. This involvement is very beneficial as expertise can be used, especially for dementia patients, to pick up delays in the system and facilitate referrals, discharges and care packages as appropriate. Home helps can be arranged via the ED. The out of hour's social work service, while improving, could be smoother to prevent social admissions.

There has been significant work undertaken by the trust to work within the departmental targets for waiting times in 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.

31. **It is recommended that the trust review the out of hour's social work services and information available for patients.**

5.0 Summary of Recommendations

1. It is recommended that any identified nursing staff variances continue to be 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 dementia training should continue for all care staff.

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

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

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

7. It is recommended that all ward sisters are aware of trust advocacy services and trends in incidents and complaints audited to know how their ward is performing.

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

9. It is recommended that the trust review storage and ensure that all areas and work surfaces are clutter free. The bed spacing within bays should be examined to ensure that they are in line with current recommendations for core clinical space.

10. It is recommended that medication is stored securely in a locked cupboard. Medication should not be left unsecured or unattended when not in use.

11. It is recommended that the trust fire safety officer reviews the blocking of fire exists with beds and equipment.

12. It is recommended that staff adhere to the trusts infection prevention and control polices in relation to use of personal protective equipment, adherence to dress code policy and disposal of wash water.

13. It is recommended that the trust review the use of mixed gender facilities and escalation beds to ensure patient privacy and dignity is maintained. Suitable privacy curtains and a call system should be available for all patients.

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

15. It is recommended that patient information should be discussed in a discreet manner e.g. ward rounds, nurse handover. Information on computer screens should not be easily viewed.

16. It is recommended that staff should ensure that care rounding is carried out and documentation as per trust protocol. Information identified on care rounds should correspond with patient care plans.

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

18. It is recommended that all patients receive the essential care needed at all times. Patients should be suitably attired in clean clothing, night clothes should be available.

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

20. It is recommended that the trust need to review the system in place to identify patients who require assistance with meals. Sufficient staff should be available to assist patients to assist and supervise patients and appropriate adapted cutlery and cutlery available.

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

22. 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.

23. 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.

24. 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. Core care plans should be individualised and patient centred.

25. It is recommended that nurse record keeping adhere to NMC, NIPEC guidelines.

26. It is recommended that the trust policy on "Do not attempt Resuscitation" should be adhered to by all staff, with appropriate documentation completed.

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

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

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

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

31. It is recommended that the trust review the out of hour's social work services and information available for patients.

Appendix 1 QUIS Coding Categories

The coding categories for observation on general acute wards are:

Examples include:

Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.	Basic Care: (BC) – basic physical care e.g. bathing or use if toilet etc with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.
• Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are☐ tailored to the individual, the language used easy to understand ,and non-verbal used were appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away	**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	64.3%	7.1%	7.1%	14.3%	7.1%	1	14
I always have access to a buzzer	100.0%	0.0%	0.0%	0.0%	0.0%	0	15
When I use the buzzer staff come and help me immediately	80.0%	20.0%	0.0%	0.0%	0.0%	0	15
When other patients use the buzzer staff come and help them	84.6%	7.7%	0.0%	0.0%	7.7%	2	13
I am able to get pain relief when I need it	66.7%	20.0%	0.0%	0.0%	13.3%	0	15
I am able to get medicine if I feel sick	86.7%	13.3%	0.0%	0.0%	0.0%	0	15
I get help with washing, dressing and toileting whenever I need it	78.6%	7.1%	0.0%	0.0%	14.3%	1	14
Staff help me to carry out other personal care needs if I want them to	92.9%	0.0%	0.0%	0.0%	7.1%	1	14
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	80.0%	6.7%	0.0%	0.0%	13.3%	0	15
If I need any help with my glasses, hearing aid, dentures, or walking aid staff will help me with this	78.6%	7.1%	0.0%	0.0%	14.3%	1	14

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	73.3%	0.0%	0.0%	0.0%	26.7%	0	15
I enjoy the food I am given on the ward	64.3%	14.3%	21.4%	0.0%	0.0%	1	14
Staff help other patients to eat or drink if they need assistance	76.9%	7.7%	0.0%	7.7%	7.7%	2	13
I have access to water on the ward	100.0%	0.0%	0.0%	0.0%	0.0%	1	14
Staff always respond quickly if I need help	78.6%	21.4%	0.0%	0.0%	0.0%	1	14
The quality of care I receive is good	93.3%	6.7%	0.0%	0.0%	0.0%	0	15
The ward is clean and tidy and everything on the ward seems to be in good working order	92.9%	7.1%	0.0%	0.0%	0.0%	1	14
Staff will give me time to do the things I need to do without rushing me	93.3%	6.7%	0.0%	0.0%	0.0%	0	15
I feel safe as a patient on this ward	100.0%	0.0%	0.0%	0.0%	0.0%	3	12
Are you involved in your care and treatment	60.0%	10.0%	0.0%	10.0%	20.0%	5	10
Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the ward	75.0%	8.3%	8.3%	0.0%	8.3%	3	12

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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	75.0%	16.7%	0.0%	8.3%	0.0%	3	12
Staff listen to my views about my care	78.6%	14.3%	7.1%	0.0%	0.0%	1	14
I can always talk to a doctor if I want to	84.6%	7.7%	0.0%	7.7%	0.0%	2	13
I feel I am involved in my care	75.0%	8.3%	8.3%	0.0%	8.3%	3	12
Staff have discussed with me about when I can expect to leave the hospital	66.7%	0.0%	0.0%	33.3%	0.0%	3	12
Staff have talked to me about what will happen to me when I leave hospital	40.0%	0.0%	0.0%	30.0%	30.0%	5	10
Staff always introduce themselves	76.9%	15.4%	0.0%	0.0%	7.7%	2	13
Staff are always polite to me	100.0%	0.0%	0.0%	0.0%	0.0%	1	14
Staff will not try to rush me during meal times	85.7%	0.0%	0.0%	14.3%	0.0%	1	14
Staff never speak sharply to me	85.7%	0.0%	0.0%	14.3%	0.0%	1	14
Staff call me by my preferred name	92.9%	7.1%	0.0%	0.0%	0.0%	1	14
Staff treat me and my belongings with respect	100.0%	0.0%	0.0%	0.0%	0.0%	1	14
Staff check on me regularly to see if I need anything	100.0%	0.0%	0.0%	0.0%	0.0%	1	14
My visitors are made welcome	92.3%	7.7%	0.0%	0.0%	0.0%	2	13

Appendix 3 – Relative Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff take time to get to know my relative/friend	55.6%	22.2%	0.0%	11.1%	11.1%	1	9
Staff always have enough time to give care and treatment	50.0%	0.0%	30.0%	20.0%	0.0%	0	10
Staff are knowledgeable about the care and treatment they are providing	80.0%	10.0%	10.0%	0.0%	0.0%	0	10
The ward is a happy and welcoming place	66.7%	0.0%	22.2%	11.1%	0.0%	1	9
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	60.0%	10.0%	10.0%	20.0%	0.0%	0	10
Staff never speak sharply to me or my relative/friend	60.0%	0.0%	0.0%	20.0%	20.0%	0	10
Staff include me in discussions about my relative/friend's care	60.0%	20.0%	0.0%	20.0%	0.0%	0	10
Staff treat my relative/friend with dignity and respect	60.0%	10.0%	0.0%	20.0%	10.0%	0	10

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	80.0%	10.0%	0.0%	10.0%	0.0%	0	10
Staff make me feel welcome on the ward	66.7%	11.1%	11.1%	11.1%	0.0%	1	9
I feel confident to express my views on how my relative is being cared for	80.0%	10.0%	0.0%	10.0%	0.0%	0	10
Staff ask me about my relative/friend's needs or wishes	40.0%	20.0%	0.0%	40.0%	0.0%	0	10
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	70.0%	0.0%	0.0%	10.0%	20.0%	0	10
I know who to speak to about my relative/friend's care	77.8%	11.1%	11.1%	0.0%	0.0%	1	9
I can speak to a doctor when I want to	40.0%	10.0%	10.0%	20.0%	20.0%	0	10
If I chose to be, I am informed if/when my relatives/the patient's condition changes	60.0%	10.0%	0.0%	20.0%	10.0%	0	10

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	44.4%	0.0%	0.0%	22.2%	33.3%	1	9
Staff listen to my views about my relative/friend's care	80.0%	20.0%	0.0%	0.0%	0.0%	0	10

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 continue to be reviewed. This is to ensure that patient care and safety is not compromised due to staffing levels.**	A1,ED,B1,C5, A4	The Trust is implementing the Normative Staffing recommendations as per the Chief Nurse. All medical and surgical wards have had their budgets built up to 1:1.3. Ward Sisters will continue to use the recently introduced Ward Staffing Accountability Framework in order to identify staffing variances and to seek approval for alternative staffing arrangements through their line management structures. Vacancies will continue to be processed against normative staffing levels.	Ongoing
2	**It is recommended that ward sisters should have protected time to ensure a balance between clinical and managerial roles and responsibilities.**	A1, ED, B1, C5, A4	The Normative Staffing recommendation is that all Ward Sisters will be supernumerary. Consideration is being given to this directive by the Executive Team; however, the Trust endeavours to ensure a Ward Sister has time in her weekly schedule to address her managerial responsibilities.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
3	**It is recommended that dementia training should continue for all care staff.**	A1, ED, B1, C5, A4	350 staff on the Antrim site attended awareness sessions on the Butterfly scheme in October 2013. From this a number of champions were identified in each ward as follows: A1-5, ED-2, B1-2, C5-2 and A4 -2. A pilot Dementia Training and Development Strategy was formulated which focuses on training and supporting staff in the care of patients with dementia. Wards A1, A3 and B1 are the pilot wards with a vision to roll out to all acute wards.	31/03/15
4	**It is recommended that staff supervision and appraisal should be carried out and up to date.**	A1, ED, B1, C5, A4	The Trust achieved 96% compliance with the CNO Supervision Standards and will work to maintain this standard. Staff appraisals are conducted on an ongoing rolling programme and the Trust confirm that the following staff appraisals were completed- B1 80% ED 70 % C5 72.5% A4 28% A1 have had all appraisals completed to June 2014. A new ward sister has been	31/03/15

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			appointed and these are planned to be updated.	
5	**It is recommended that all wards have a physical ward environmental audit carried out for dementia patients.**	A1, ED, B1, C5, A4	Ward A1 has had a physical environment audit carried out and a programme of audit for remaining seven medical wards will be complete by 1 October 2014	01/10/14
6	**It is recommended that the Trust should continue to introduce and monitor the nursing quality indicators (NQIs), with particular attention given to record keeping.**	A1, ED, B1, C5, A4	The Trust has embedded a Nursing Quality Dashboard to measure quality indicators, including record keeping. Lead Nurses, as directed by the Director of Nursing, will continue to monitor and improve care through the Care Quality Assurance Audits.	Complete & Ongoing
7	**It is recommended that all ward sisters are aware of Trust advocacy services and trends in incidents and complaints audited to know how their ward is performing.**	A1, ED, B1, C5, A4	Lead Nurses on a monthly basis discuss trends in incidents and complaints. Patient and client experience audits on a rolling basis in wards and departments. Feedback is provided to wards immediately followed up with a written report. Advocacy services are not available in the Northern Trust but Nursing staff will link with Alzheimer's society, Gateway and The Patient and	01/12/14

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			Client Council.	
8	**It is recommended that all wards should participate in ward improvement programmes e.g. LEAN, patient experience, surveys 10, 000 voices.**	A1, ED, B1, C5, A4	Patient and Client Experience audits are facilitated by Corporate Nursing have been conducted on a rolling basis in all wards and departments, including the 10,000 Voices work. Feedback is provided immediately to wards, followed up by a written report.	Complete
9	**It is recommended that the Trust review storage and ensure that all areas and work surfaces are clutter free. The bed spacing within bays should be examined to ensure that they are in line with current recommendations for core clinical space.**	A1, ED, B1, C5, A4	There is a rolling 'Declutter programme' in the Trust. The Assistant Director of Support Services conducts an announced inspection to all wards and departments on a yearly basis, where instant feedback is given. IPC Nurses visit wards on a daily basis and provide feedback where required in relation to clutter. Bed capacity is kept under daily review at the recently introduced Site Safety Meeting.	Complete
10	**It is recommended that medication is stored securely in a locked cupboard. Medication should not be left unsecured or unattended when not in use.**	A1, ED, B1, C5, A4	Lead Nurses will conduct spot audits of all medication cupboards and fridges to ensure compliance in relation to medicines safety and security.	30/09/15

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
11	**It is recommended that the Trust fire safety officer reviews the blocking of fire exists with beds and equipment.**	A1, ED, B1, C5, A4	Fire Officer, in partnership with Directors of Nursing and Acute, has assessed the positioning of escalation beds at fire exits and a protocol is in place.	Complete
12	**It is recommended that staff adhere to the Trust infection prevention and control polices in relation to use of personal protective equipment, adherence to dress code policy and disposal of wash water.**	A1, ED, B1, C5, A4	IPC nurses conduct on going audits of compliance with PPE. Link Nurses provide support and challenge within the care setting. A memorandum highlighting the correct disposal of water post patient hygiene has been issued to all wards.	Complete
13	**It is recommended that the Trust review the use of mixed gender facilities and escalation beds to ensure patient privacy and dignity is maintained. Suitable privacy curtains and a call system should be available for all patients.**	A1, ED, B1, C5, A4	Ward Sisters report to the Executive Director of Nursing on a weekly basis in relation to the use of mixed gender accommodation. A Privacy and Dignity Policy is in place and adherence to the policy is monitored by Ward Sister and Lead Nurse. Escalation beds have portable screens in place to ensure dignity. Call bell system – it is not possible to institute a call bell system at escalation beds; however, only those patients who are mobile will be placed in these beds.	Ongoing

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
14	**It is recommended that Trust staff should wear name badges which are easily seen and denote the staff designation.**	A1, ED, B1, C5, A4	Name badges have been ordered for all frontline staff. Ward Sisters will order additional badges where required.	31/12/14
15	**It is recommended that patient information should be discussed in a discreet manner e.g. ward rounds, nurse handover. Information on computer screens should not be easily viewed.**	A1, ED, B1, C5, A4	In order to promote patient involvement in their care, a handover is conducted in the bay, as are medical rounds. Staff will be reminded to ensure patient confidentiality when using computer screens.	30/09/14
16	**It is recommended that staff should ensure that care rounding is carried out and documentation as per trust protocol. Information identified on care rounds should correspond with patient care plans.**	A1, ED, B1, C5, A4	Intentional Rounding is in place in all wards. Care Quality Assurance Audits will be conducted by Lead Nurses to ensure compliance.	01/12/14
17	**It is recommended that call systems are audible and in good working order. Call bells should be available for all patients and answered promptly.**	A1, ED, B1, C5, A4	Audits to be conducted in all wards to ensure call bells are audible and in good working order. This has been brought to the attention of staff by twice daily safety briefings, feedback on patient experience and at staff meetings.	30/09/14

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
18	**It is recommended that all patients receive the essential care needed at all times. Patients should be suitably attired in clean clothing, night clothes should be available.**	A1, ED, B1, C5, A4	An emergency supply of pyjamas and gowns are available for inpatients that do not have their own. Tracksuits are available for patients on discharge.	Complete
19	**It is recommended that the protected mealtime policy should be reviewed and adhered to by all staff.**	A1, ED, B1, C5, A4	Protected Mealtime Policy is in place and audited by Lead Nurses in the Care Quality Assurance Audits.	Complete
20	**It is recommended that the Trust needs to review the system in place to identify patients who require assistance with meals. Sufficient staff should be available to assist and supervise patients and appropriate adapted cutlery and cutlery available.**	A1, ED, B1, C5, A4	On admission a comprehensive assessment of all patients conducted using the MUST Tool in the nursing documentation. Where assistance is identified a care plan will be put in place / symbols such as the plate scheme is in use as is the Intentional Rounding Tool. Patients are identified on a daily basis if they require assistance to eat. The nurse in charge will allocate staff at mealtimes to ensure that the resources available to them are maximised to ensure that patients are fed. Adapted Cutlery will be order were required.	01/11/14

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Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
21	**It is recommended that staff encourage and set targets for patients' oral intake. Documentation on fluid intake should be accurately completed and issues identified should be reported to medical staff and actioned.**	A1, ED, B1, C5, A4	Intentional Rounding is in place. Auditing of compliance continues via the Care Quality Assurance Audits.	Complete
22	**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.**	A1, ED, B1, C5, A4	The Nursing Strategy 'Quest for Excellence' clearly outlines our pledges to our patients Assurance of compliance with this strategy is provided to the Executive Director of Nursing and Nursing Executive Team meeting. This was launched at the Trust Nursing Conference attended by Ward nursing staff and disseminated at operational staff meetings.	Complete
23	**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.**	A1, ED, B1, C5, A4	Documentation is in place which clearly stipulates timescales for completion of risk assessments. Concordance is monitored through Care Quality Assurance Audits that are implemented by Lead Nurses.	Complete

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
24	**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. Core care plans should be individualised and patient centred.**	A1, ED, B1, C5, A4	Care Bundles have been reviewed and updated. The updated care bundles have been tested and are currently being piloted on two wards. A post pilot roll out programme is in place.	31/03/15
25	**It is recommended that nurse record keeping adhere to NMC, NIPEC guidelines.**	A1, ED, B1, C5, A4	Care Quality Assurance Audits are in place and improvements will be monitored.	Complete
26	**It is recommended that the Trust policy on "Do not attempt Resuscitation" should be adhered to by all staff, with appropriate documentation completed.**	A1, ED, B1, C5, A4	.Awareness of DNR Policy will be brought to the attention of all ward teams and an audit of compliance will be conducted.	01/11/14
27	**It is recommended that the Trust develop measures to improve staff to patient interactions, ensuring that patients are always treated with dignity and respect.**	A1, ED, B1, C5, A4	Hello 'My Name Is' Campaign launched September 2014. Ward Sisters conduct patient rounds on a frequent basis throughout the course of the day. Care Quality Assurance Audits continue.	01/12/14
28	**It is recommended that the Trust acknowledge patient, relative and carer comments to improve the patient experience.**	A1, ED, B1, C5, A4	The importance of using patient feedback to positively improve the care we deliver will be highlighted to ward staff. Feedback is obtained by learning from complaints, comments and incidents. This is taken place via supervision	30.9.14

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			sessions, governance meetings and action planning from 10,000 voices.	
29	**It is recommended that the Trust review the current documentation to improve and standardise the assessment in use for nursing common frailty syndromes.**	A1, ED, B1, C5, A4	The Trust use regionally agreed documentation, this is to provide consistent understanding, documentation and care across the region. ED nursing documentation has been revised and a new version is currently being piloted. This nursing documentation addresses assessment of common frailty syndromes inducing, falls, dementia and or the risk of pressure sore damage.	31/03/15
30	**It is recommended that all staff receive training on dementia care and care of the vulnerable adult.**	A1, ED, B1, C5, A4	In October 2013, 350 Antrim Area Hospital staff had a Butterfly awareness session. Champions of Dementia care have been identified as follows: A1-5 Champions, ED -2 champions, B1-2 Champions, C5-2 Champions and A4- 2 Champions. A pilot Dementia Training and Development Strategy has been formulated which focuses on training and support for staff in the care of patients	31/03/15

Reference number	Recommendations	Designated department	Action required	Date for completion/ timescale
			with dementia in Wards A1, A4 and B. A plan is in place for the roll out to all acute wards.	
31	**It is recommended that the Trust review the out of hour's social work services and information available for patients.**	ED	Work is planned by Head of Hospital Social Work to review the out of hours social work emergency response to the social needs of patients who present at the Trust Emergency Departments. This will include a review of information for patients.	31/12/14