



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

The Care of Older People in Acute Hospitals

Unannounced inspection

Belfast City Hospital

Belfast Health Social Care Trust

11 & 12 March 2014

The Regulation and Quality Improvement Authority

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

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

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

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1.0 Inspection Summary

An unannounced inspection to Belfast City Hospital, Belfast Health and Social Care Trust (BHSC) was undertaken, on 11 and 12 March 2014. The inspection reviewed aspects of the care received by older people in the acute hospital setting, within the terms of reference of the review, to provide a report of current practice. The following wards were inspected:

- Ward 2 North, OG/Colorectal
- Ward 6 North, Acute Medicine
- Ward 7 South, Acute Care of the Elderly

The 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. There was no emergency department in the Belfast City Hospital (BCH) for inspectors to visit.

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 raised concerns with trust senior staff advising that safety can be compromised due to inadequate staffing levels and patient dependency. Ward sisters reported difficulties in balancing their clinical and managerial roles and responsibilities and ensuring staff received appropriate training. The trust has implemented various initiatives to improve patient care for example the opening of a GP assessment area in Ward 6 North and an older peoples assessment (OPTIMAL 7: Older People's Timely Intervention, Management and Admission Service on Level 7 South BCH) unit in Ward 7 South.

Generally wards were clean, tidy and well maintained. Wards 6 North and 7 South had day rooms; the day room in Ward 2 North was mainly being used by nursing staff as a staff room and equipment store. Store rooms on Ward 2 North were untidy and storage facilities in the bed bays were underutilised.

In all wards during observations the majority of staff observed were courteous and respectful to patients and visitors. Staff felt that they had time to care for the patient. Generally patients' privacy and dignity was maintained. Improvement was required by some medical staff during ward rounds as screens were not pulled. The patient call system in Ward 6 North was old and scheduled for replacement. There was a good range of mobility aids

available. In Ward 7 South mobility aids were not always within easy reach for the patient.

Patients appeared clean, comfortable and suitably clothed. Personal items were within easy reach. A confused patient who was constantly moving was at all times supervised by staff in a kind, calm manner.

Protected mealtimes were in place although not always adhered to. There was a good choice of meals, which were warm and generally appeared appetising. Patients in general were assisted when required in a timely manner. In Ward 6 North the ward sister or nurse in charge led and directed the meal service. Staff should ensure that patients on a food or fluid restriction have suitable signage. A patient in Ward 2 North who was nil by mouth had not been informed that their procedure had been cancelled and they could eat and drink.

RQIA inspectors reviewed nine patient care records in depth and 15 patient bedside charts were examined. Inspectors found similar inconsistencies in recording in the nursing records. Generally the patients' assessment was commenced at the time of admission, however in some cases the nursing assessment was not always fully completed and did not always identify the patients' needs.

While some care records evidenced that nurses demonstrated by their recording that they had adequately carried out assessment, planning, evaluation and monitoring of the patient's needs, some care records examined needed improvement. As a result, on occasions, records failed to demonstrate that safe and effective care was being delivered. 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.

Inspectors and lay reviewers undertook a number of periods of observation in all wards to review patient and staff interactions. The results indicate that 73 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. The inspectors advised ward sisters of any issues they observed.

During the inspection four patients and eight relatives/carers questionnaires and 13 patient interviews were completed.

Generally feedback received from patients and relatives or carers was good. Overall patients, relatives and carers thought that staff were very accommodating, professional and courteous. Patients generally felt that they had received good care during their stay.

Areas where patients and relatives felt there could be an improvement related to:

- communication about condition and care
- more variety of food for special diets
- timeliness in answering buzzers
- provision of a ward information leaflet

Patient flow staff in the BCH advised that balancing the request for beds from the Royal Victoria Hospital's Emergency Department (ED) and Acute Medical Unit (AMU) could be difficult. Availability of specialist regional beds such as renal, haematology, oncology, urology was an ongoing issue.

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

2.0 Introduction

2.1 Background and Methodology

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

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

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

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

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

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

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

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

2.2 Terms of reference

The terms of reference for this review are:

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

3.0 Inspection Format

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

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

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

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

3.1 Unannounced inspection process

Organisations received an e-mail and telephone call by a nominated person from RQIA 30 minutes prior to the team arriving on site. For this review, 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
- Patient flow

4.1 Ward Governance

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

Inspectors' assessment

Staffing: Nursing

Inspectors were informed that the BHSCT has been actively involved in the outworking of the phase one normative staffing work stream commissioned by the DHSSPS, led by PHA and supported by NIPEC. An announcement was made by the Minister of the Department of Health, Social Services and Public Safety, which has indicated, that this work be supported from April 2014. The BHSCT awaits news from the normative staffing steering group how the recommendations within this work will be progressed, inclusive of the funding implications being met.

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

Ward 2 North (OG/Colorectal)

Ward 2 North was a 23 bedded ward, if required it can take an escalation bed in bay D. At the time of the inspection staffing levels were six registered nurses (RNs) and two health care assistants (HCA) for the morning shift, five RNs and two HCAs in the afternoon, between 5-9pm this reduces to four RNs and two HCA. Three RNs and one HCA cover the night shift. The ward sister could on occasions be included in the staffing complement. During the two days of inspection there were two student nurses on duty but not counted in the staff levels. The sister advised that due to patient dependency, staffing levels had recently improved from five RNs to six RNs for the morning shift. This extra shift was covered by a bank nurse but was not yet a permanent position. Patients can be very ill post operatively and following discharge from the Intensive Care Unit (ICU) need High Dependency Unit (HDU) care. Staff

were considering adapting the HDU model of care for these patients. At the time of inspection senior staff were monitoring the need for an extra RN.

The ward could access extra bank staff for 1:1, nurse to patient care, for patients who require constant observation. The ward was using bank staff to cover between 40-50 hours per week.

Ward 6 North Acute Medical and GP Assessment Unit.

Ward 6 North has capacity for 26 beds but was currently only funded for 20 beds. On the second day of the inspection, two escalation beds brought the bed numbers up to 22. Bay L had recently been reconfigured into a GP assessment unit. This opens Monday to Friday and has capacity for three trolleys and four chairs (Picture 1).



Picture 1: GP assessment unit

The GP assessment unit was previously located in 5 North. When this ward was transferred, ward staff were divided between Ward 6A in the RVH (winter pressure ward) and Ward 6 North in BCH. A review of staffing levels to facilitate the opening of the GP assessment area within the Ward 6 North had been undertaken.

Staffing levels (Monday – Friday) inclusive of the GP assessment unit were four RNs and two HCAs (7.30am -4.30pm), three RNs and two HCAs (4.30-9.00pm). Two RNs and two HCAs cover the night shift. On Saturday and Sunday, staffing was reduced to three RNs on the morning shift and one HCA for the afternoon and evening shift. Over the two days of the inspection, there were two student nurses on the ward; both students were not counted within staff levels. Optimal RN staffing levels were not achieved due to sickness.

With the exception of the ward sister who was not supernumerary but working on the ward, there did not seem to be an issue with staffing levels.

There was no heavy reliance on bank and agency staff, sickness levels had improved. The ward could access extra bank staff for 1:1 nurse-patient observation or for those patients that display challenging behaviour.

Sister was supported by the Assistant service Manager (ASM) in booking bank and agency shifts. However the ward sister stated that obtaining bank and agency staff quickly could be difficult. On a number of occasions the shift had not been filled when extra beds had been opened within the ward.

Ward 7 South Acute Care of the Elderly

Ward 7 South was a 21 bedded unit with additional capacity for six patients in the Optimal 7 unit (Picture 2).



Picture 2: Optimal 7 Unit

This additional unit was designed to improve services for Frail Older People from the BHSCT area, who require assessment and treatment by a geriatrician and care of the elderly team. The primary goal is for frail older people who may require admission to come directly to the Older Peoples Services rather than to the EDs. The patient must be over 65 and have had a prior assessment by their primary care team to ensure suitability of admission. The unit was staffed from 8am – 9pm by Ward 7 South nursing staff. Referrals can be made Monday to Friday between 9.0am and 5.00pm.

On day one of the inspection there were two respiratory outliers on the ward. Outliers are patients who are placed in other specialty wards due to the lack of beds in their designated specialty ward. The staffing levels at the time of the inspection were five RNs, three HCAs for the morning and afternoon shift, in the evening there were four RNs and three HCAs and at night three RNs and one HCA.

During the two day inspection, one patient required 1:1 observation. A band two HCA was rostered to this shift. This was in addition to the above staffing levels. There was one student nurse on the ward; the student was not counted within staff numbers.

The sister works on the floor daily and was counted in the ward numbers.

The ward sister had changed over the past seven months. The band 6, who had joined the ward in September 2014, took up the acting band 7 post in January 2014. The acting band 6 post would be interviewed 20 March 14.

The ward could access extra bank staff for 1:1 observation; this was approved by the senior nurse manager. Bank staff could be used if staffing levels fell. However getting nurse cover could be difficult. There was a weekly reliance on bank staff. On the week commencing the 3 March 2014; 40 staff nurse hours were outstanding. Staff stated that in the past there have been bed closures due to staff shortage.

The inspectors noted a good working relationship between the care of the elderly wards to share information, learning and development of new ideas. Staff stated that communication between medical and nursing staff could be an issue. There were no set times for ward rounds and nurses were not always present. Some medical staff left the ward after only writing in the patients notes rather than informing nursing staff of any changes in patient care.

Two teams of nurses worked across the ward. Inspectors observed that when necessary, staff assisted in all areas for example drugs round.

General Staffing Issues

All wards had gone through recent changes. In Ward 2 North colorectal services had been transferred from the RVH. This had resulted in different consultants and nursing staff moving site. Ward 6 North had opened a Monday to Friday GP Assessment Unit and Ward 7 South had the new Optimal 7 unit. Staffing levels had been reviewed for these changes.

On Wards 6 North and 7 South, ward sisters had no protected time to ensure paperwork was completed. Staff stated that it was difficult to balance clinical and managerial role and responsibilities. On Ward 2 North the ward sister can at times be counted in numbers, the band 6 was always counted in numbers.

Each of the wards had only part time pharmacy cover which meant that the pharmacy point of delivery system had not been fully implemented. The ward staff still utilised the mobile medication trolley for those patients that had been recently admitted to the ward and for “as required medications” such as pain relief.

- 1. It is recommended that any identified nurse staffing variances are reviewed. This is to ensure that patient care and safety is not compromised due to staffing levels.**
- 2. It is recommended that wards sisters should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.**

Policies, Procedures and Audits

The ward sisters provided either hard copies or accessed policies and procedures on the intranet site.

In Ward 2 North audits were carried out on pressure ulcers, fluid and food intake, incidents and complaints. Sister confirmed that audits were not carried out on falls. The ward sister carried out checks on care plan documentation; however the trust scorecard was not used.

Staff on Ward 6 North had put together an 'Older Peoples Resource Folder' which included policy/procedure/guidelines for the care of older people. The Nurse Development Lead (NDL) for the ward carried out a one off Northern Ireland Practice and Education Council (NIPEC) audit of records in 2013, outcomes were disseminated to staff for learning. On a quarterly basis, Support, Improvement and Accountability Framework (SIAF) audits are carried out, based on five trust corporate themes. These assessments reviewed compliance with complaints, dress code policy, cleanliness of the environment, and safety targets, for example the completion of Malnutrition Universal Screening Tool (MUST). There was no formal auditing of fluid balance charts (FBC); sister would carry out spot checks of these documents.

On Ward 7 South audits were carried out on falls, pressure ulcers, incidents and complaints but not on fluid intake or care plans

In all wards joint environmental cleanliness audits are carried out between the ward nursing lead and Patient and Client Support Services supervisory staff.

- 3. It is recommended that the trust should ensure policies are available are available to staff.**
- 4. It is recommended that in all wards a standardised audit programme is implemented. Action plans should be developed were issues are identified.**

Training

Mandatory training was booked through the training administration system (TAS) by the ward sister or the ward support officer. Ward sisters would be updated on training attendance by the NDL and the training database would be updated by the ward support officer. Staff had to produce a certificate of attendance for each training session which was added to their personal file. The inspectors were informed that there was overall good attendance at mandatory training. Sisters stated that attendance could be affected by staffing levels.

In Ward 2 North, the majority of staff had received Vulnerable Adult Training, no staff had received dementia/delirium training. As there had been an increase in the number of aggressive patients on the ward, staff were to receive Management of Actual or Potential Aggression (MAPA) training.

In Ward 7 South, only a small number of staff had attended dementia/delirium training.

The sister on Ward 6 North was supported by her line manager to attend appropriate educational opportunities. The sister had recently attended a course on Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN). The sister stated that her own attendance at mandatory training had suffered because of the needs of the ward and a number of staff required mandatory training updates. No staff members had received training on delirium, dementia or challenging behaviour; five staff were attending training on dealing with aggression.

Ward sisters carried out staff supervision and appraisal sessions. In Ward 2 North, not all staff have had appraisal, all staff had received supervision sessions. In Ward 6 North, 70 per cent of staff had yearly appraisal and 100 per cent had two sessions of supervision.

The sister on Ward 7 South carried out supervision, assisted by the ND. Not all staff had two supervision sessions. The majority of staff have had an appraisal.

- 5. It is recommended that mandatory training should be kept up to date and staff should receive additional training appropriate to the patient's needs.**
- 6. It is recommended that staff appraisals and supervision should be carried out and up to date.**

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

The BHSCT trust uses the DATIX web-based system for incident and complaint reporting. This system allows prompt reporting, review and recording of action taken, so learning from the incident can be disseminated to staff. When a paper incident form (IR1) was completed it was sent to the ward governance lead and the ASM.

Reports can be generated from Datix for trend analysis which are reviewed at the monthly 'local governance and quality meetings'.

Evidence of incident feedback for staff was provided for the inspection team. Information on incidents and action plans were shared at staff meetings and patient safety briefs and used for supervision sessions. For example on Ward

6 North as a learning outcome from a serious adverse incident, staff now carryout handover of patients at the bedside.

In all wards, complaints come to the ward from the complaints manager. Sisters investigate and respond to the complaints department of the outcome of the investigation. Staff stated they try and resolve complaints locally. In Ward 6 North, the ward sister stated that local complaints were documented within nursing notes however the inspection team were informed that these were not transcribed into a complaints book. This prevents retrospective analysis and the ability to identify trends in complaints.

7. It is recommended that a process is put in place to capture and identify trends from local complaints.

Meetings

All wards had patient safety briefings and a “Measure Board” method of cascading information from ward sisters meetings to ward staff. Multi-disciplinary team (MDT) meetings were held daily Monday to Friday in Wards 6 North and 7 South. The MDT meeting on Ward 2 North took place once a week on a Friday.

The ASM for Ward 6 North met with the ward sister twice a day Monday – Friday and attended a monthly ‘local governance and quality meeting’. These meetings reviewed the key performance indicators, complaints, incidents, and mandatory training attendance. Feedback on agreed actions was provided to the ward sister and cascaded to ward staff at team meetings and safety briefs.

In Ward 7 South, there was monthly MDT Care of the Elderly Modernisation Group and Ward Development Group meetings. There were plans to merge these two groups to have representation from all disciplines. The monthly nutritional group was to commence for all three care of elderly wards.

Only Ward 7 South held regular monthly staff meetings. In Ward 2 North the last meeting was in October/November 2013, when the ward was re-organised. Staff were keen to have a meeting by the end of March/early April 2014. The ward sister in Ward 6 North stated staff meetings rarely occurred, it was difficult to achieve good staff attendance due to ward demands. The ward sister used daily safety briefs to discuss and report key ward performance data, issues and incidents.

Projects/ Improvements

In Ward 2 North, inspectors were advised that the colorectal services had been streamlined, to improve the delivery of patient care. Senior staff were working closely with NDJs on nursing documentation and adherence to NIPEC guidelines on record keeping. The butterfly system which is used to identify patients with dementia was being rolled out. The ward sister support officer, updated training records, and inputs audit information, freeing up

senior staff for clinical duties. Staff used an electronic handover to ensure standardisation of information during the nursing handover.

Inspectors observed a large whiteboard facing the nurses' station. This informed patients and relatives of the nurse in charge, deputy nurse, and doctors on duty. A Stoma and clinical nurse specialist have offices on the ward; a dedicated dietician and social worker were available.

In Ward 6 North, the ward sister and ASM carried out a mock 'review of the care of the older people in acute hospital' inspection, using RQIA audit tools. Learning outcomes and action points from this initiative were presented to staff. An 'Older Peoples Resource Folder' which included policy/procedure/guidelines for the care of older people had been compiled.

The GP Assessment Area (Bay L) had been introduced, taking referrals from GPs, the BCH general outpatient department and cancer treatment centre, Bridgewater suite. The benefit of this initiative was that patients could bypass the ED and have direct access to clinical investigations and consultant advice. The ward had participated a number of years ago in the LEAN project; the multidisciplinary 'white board' meeting was introduced as one of the initiatives from the project.

Ward 7 South had introduced an electronic staff handover. The ward hoped to reduce the number of ward based consultants to improve communication between medical and nursing staff. Staff planned to introduce a patient personal information sheet to gather information that will improve staff conversations with patients; hobbies, likes and dislikes. Pilots for a 'nurse in charge' badge and for a Falls Safe Project had commenced. Staff had identified the need for sensory training and swallow assessment training. The ward sister was keen to start the Releasing Time to Care project.

The BHSCT provided an Older Persons Assessment and Liaison Service (OPALS). Patients identified as being frail with complex needs were reviewed on the wards by the OPALS team. Patients had a comprehensive assessment of their medical problems. A plan would be made so that the patient would receive prompt rehabilitation and that any social needs identified would be addressed during admission.

None of the wards have been involved in Everyone Matters or Sustaining Dignity projects. Physical environmental audits had not been carried on any of the wards for dementia patients, all staff were keen to have this.

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

Quality Indicators

There is more focus than ever on measuring outcomes of care, including documenting how nursing care is provided. Measuring quality and maintaining a quality workforce are daily challenges. In practical terms, use of

indicators can help to minimise the risk of a patient getting pressure ulcers or suffering a fall. It can help to reduce the chance of spreading healthcare associated infections, or help a patient to recover more quickly. Measurement can also help inform patients about their own progress, and provide the wider public with information about the impact of nursing care.

The trust has introduced a range of the 26 national nursing quality indicators (NQIs). Ward 2 North carried out audits on 14 indicators, hand hygiene audits were validated externally. Ward 6 North audited seven NQIs. The ward sister provided evidence of action plans for low key ward performance scores. Failing scores were highlighted during patient staff safety briefs. Issues identified with low scores were used for staff supervision sessions to generate learning and an action plan. The ward sister kept an electronic spread sheet that identified all staff members who have had this type of supervision session. Scores for key performance indicators were on public display at the entrance to the ward and were updated monthly. The ward sister was able to provide the inspection team with retrospective results from NQIs.

Ward 7 South audited 12 NQIs. The ward had carried out a local review of care plans using the RQIA audit tool. This had identified deficits in record keeping which the ward sister was planning to address with support from the NDL. The NDL had agreed to complete a nursing assessment booklet for staff to reference as a 'how to' guide. The ward staff had also identified the need to work as a team and review how they write care plans. The ward sister was part of the NIPEC record keeping users group.

9. It is recommended that the trust should continue to introduce and monitor nursing quality indicators (NQIs).

Patient Client Experience and Customer Care

Ward sisters, deputies and staff spoke to patients to ensure they were happy with their care. There was no documentation available to evidence that an overall trust patient satisfaction survey had been carried out. In Ward 2 North the stoma team had carried out a patient satisfaction survey and an annual patient event.

Ward 7 South piloted the introduction of a patient satisfaction survey between October to November 2013. Formal introduction of patient satisfaction surveys started 14 March 2014, the results of the pilot were on display. From the findings it was hoped to identify themes and develop an action plan to address issues identified by patients. The findings were discussed at staff meetings and as part of the development group. There were future plans to run an Older People staff study day and to acknowledge older peoples nursing as a speciality.

Inspectors reviewed evidence that Wards 2 North and 7 South were participating in the recently launched Public Health Agency (PHA) "10,000 voices" project. It was due to commence in Ward 6 North. This is a unique project that offers people the opportunity to speak about their experiences as a patient or as someone who has experienced the health service, and to highlight the things that were important to them which will help direct how care is delivered in Northern Ireland.

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

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

In all wards, the social worker acted as the link for patient advocacy services and routinely networked with Age NI to provide services for older patients. The social worker could also network with the community social worker within the trust to initiate a carers' needs assessments. This assessment helps the trust look at ways to support carers.

The oesophageal nurse specialist on Ward 2 North offers advice and guidance to patients and relatives. On Ward 7 South a variety of services were available on site: volunteer service, people who will chat to patients, go to the shop and fill in menus. Volunteers offered a companion service and would visit those patients with no visitors. In Ward 7 North, the meal time companion service was being piloted. This was to encourage the patient at mealtime, but not to get directly involved in feeding. If successful this would be rolled out to Ward 7 South. Families could assist patients at mealtimes.

Overall Summary

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

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

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

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

Inspectors' assessment

Ward Environment

Ward 2 North was bright and airy, with a mix of bed bays and side rooms. There was sufficient space between beds to maintain patient dignity and for staff to carry out care and clinical treatments. Inspectors noted better use could be made of storage facilities such as additional patient cupboards available at the entrance to the bays. One patient had numerous plastic bags filled with clothes lying around his bed and locker however his cupboard was empty. The dayroom was used as both a staff room with staff fridge and microwave and a storage facility for ward equipment such as blood pressure machines. The large ward store rooms were untidy with opened boxes of stock lying on the floor rather than placed on the shelves.

Bedrails were in use as required, privacy curtains were in good order and patient hoists were accessible.

An elderly female patient had been asked to fast as she was going for a scan. The scan was subsequently cancelled however the patient was not told when the scan would take place or the reason for the cancellation. She expressed her anxieties to members of the inspection team as she was keen to get her scan and to get home. The inspectors were informed that the patient's scan had been cancelled because the forms had not been filled in correctly by the doctor; this information was not given to the patient.

Ward 6 North consisted of four, four bedded bays plus six side rooms with toilet facilities and a visitors/relatives room. The ward was clean, well decorated and free from clutter. However the GP unit did not have bedside lockers to store personal possessions. The six single rooms with toilet facilities could be used for isolation purposes if required, precaution signs were in place for patients with infections.

The small lounge in Ward 6 North was equipped with chairs, a settee, a bed settee and television. Each patient bed area had its own entertainment system, with integrated phone; the system also had internet connection.

The ward had converted a bathroom to an equipment store. There was good signage on the ward bays, side rooms were alphabetised, mobility aids and hoists were all available. General information leaflets were available, three patients with planned admissions received information about their condition in the pre admission assessment clinic. The disposable bedside privacy curtains were a good length but some were hanging off their hooks, staff stated there was a problem with the fittings.

Ward 7 South was clean, calm and welcoming; the area around the nurses' station was very busy. There was no signage to direct visitors to the nurses' station or bays, signage to orientate patients to the day and date was not updated. Isolation signs were in place on side rooms where patients were being nursed under isolation precautions. Equipment such as a hoist and chair were stored in the side corridor. Mobility aids were not always near patients who were independent, oxygen was not available at all bed spaces. Hand rails were in the sanitary facilities, but not in ward corridors. Window air vents could be noisy; patients' notes were stored on the windowsill, even though a sign said not to. Staff were observed sitting on the windowsill when writing up notes.

In Ward 7 South, there was a day room/relatives room available for patients with notice boards offering a good supply of relevant patient information on carer support services. These included bone and healthcare, activity support group, footwear, Ward 7 South, infection prevention and control and Alzheimer's Group.

The Optimal 7 unit comprised of one bay and one en-suite side room. The inspectors noted the unit was intended for six patients, however on inspection there were only four curtained spaces with a call bell and an oxygen point. There was only one bed and high back chairs for patients to use.

10.It is recommended that staff fully inform patients of changes in their care and ensure mobility aids are easily accessible.

11.It is recommended that fixtures and fittings are in good repair and areas are clutter free. Signage should be available to direct patients, relatives and visitors throughout the ward.

12.It is recommended that the trust reviews the environment of Optimal 7 to ensure each bed space is suitably equipped for patient care.

Sanitary Facilities

In Ward 2 North, there was a separate disabled shower and toilet facility, showers and toilets had hand rails and the facilities were appropriately signed.

Ward 6 North, had a mix of old and refurbished sanitary facilities (Picture 3). A shower room with toilet was available for patients who required assistance with personal care. Door signage was in place.



Picture 3: 6N Refurbished sanitary facility

Ward 7 South had two wash rooms with toilets and sinks and two shower rooms with toilets. The signage on toilet/shower door was small.

In all wards sanitary facilities could be locked from the inside but were easily accessible from the outside in the event of an emergency.

Privacy and Dignity

In all wards there was good use of privacy curtains, in general staff maintained patient dignity and privacy and they were discreet when administering personal care. Privacy curtains were closed when patients were receiving personal care and interviews with medical and allied health professionals. On occasions, staff could be over heard when carrying out a medical or nursing hand over round.

In Ward 6 North, it was noted on some occasions that medical staff only partly pulled curtains, not round the end of the bed. On occasions when ward rounds were in progress, medical staff went behind the screens before checking if the patient was suitability clothed. The nurses' station was located in the centre of the ward; the area was screened off when the MDT meeting was carried out. Every effort was made to ensure patient confidentiality; ward rounds and patient hand overs were carried out in a discreet manner. Patients were managed in single sex bays, with designated sanitary facilities.

Each ward had a patient day room available which could be used for private conversations. However in Ward 2 North this room was used more by staff than by patients.

Hospital staff were clearly identified and name badges were visible. Staff were compassionate when delivering care. In all wards staff felt that they had time to deliver nursing care correctly.

White boards were present on wards and contained the patient's name, consultant's name, and patient's diet, MUST and Braden review date.

In Ward 2 North, there was an electronic information board at the nurses' station which was kept updated on a daily basis by the nurse in charge. This was erected at a discreet angle which did not compromise patient confidentiality. There was staff information available which was laminated and made easily available e.g. phlebitis scale; ward information packs for patients with Peripherally Inserted Central Catheter (PICC) lines.

During the inspection on Ward 2 North it was observed that medical rounds were carried out without patient curtains being pulled around the bed. When the patient needed examined the screens were pulled.

In Ward 7 South, the whiteboard was discreetly positioned behind the nurses' station, but details on computer screens were visible. Symbols to denote patient needs e.g. falls/barrier nurse/diabetic/ill were present. There was no symbol for assistance with eating. Speech and language therapist instructions for patients with swallowing difficulties were on the wall behind the patient's bed. The ward was mixed sex, but single gender bays. Bedside pay phones were available; patients could also use the phone at the nurses' station or the pay phone in the relative's room.

13. It is recommended that patients' privacy and dignity is maintained at all times.

Person Centred Care

In acute settings, there are key aspects that are usually checked during intentional rounds; these include, making sure the patient is comfortable and assessing the risk of pressure ulcers; scheduling patient visits to the bathroom to avoid risk of falls; asking patients to describe their pain level on a scale of 0 - 10 and making sure the items needed by the patient are within easy reach.

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

- an opening phrase to introduce themselves and put the patient at ease
- ask about the areas (from the paragraph above)
- assess the care environment (e.g. fall hazards, temperature of the room)

- ask 'is there anything else I can do for you before I go?'
- explain when the patient will be checked on again and documenting the round

Throughout the inspection, teams on each ward observed staff practices to assess if patients fundamental care needs highlighted as aspects of the intentional care rounding process were being met.

In all wards intentional care rounding was being carried out as part of the 24 hour Surface, Skin, Keep moving, Incontinence, Nutrition (SSKIN) care bundle. This bundle did not fully assess all elements of care rounding such as pain. The tools in use should be reviewed as in Ward 7 South inspectors noted that a patient's requirement for pain relief had not been assessed. The patient was in pain and the prescription had not been changed from 'as required' to 'regular'.

The SSKIN care bundle was only implemented for those patients assessed as having a risk of developing skin pressure damage. Patients who were not assessed as at risk were not included in care rounding.

Overall completion of the SSKIN care bundle documentation was completed at the appropriate time intervals and recorded in patient notes.

14. It is recommended that the trust review its care rounding protocol to include all patients within the ward. The SSKIN care bundle should be reviewed to include all elements of the intentional rounding process.

Patient Call Bells

In all wards a patient call bell system was available in patient bed areas and sanitary facilities. In Ward 6 North staff advised that the call bell system was old and unreliable. An upgrade of the system would take approximately two – three weeks and was due to commence. In Ward 7 South male toilet, the pull cord was at the door and not easily accessible.

In Ward 2 North, patients were generally independent; call bell use was minimal. In Ward 6 North call bells were not routinely used as staff were available on the ward to assist patients with care activities such as walking to the toilet or bathroom. A nurse was observed demonstrating the call bell system to a patient. Patients in Ward 7 South were aware of the call bell system, nurses responded in good time. One patient had no call bell, this was rectified by staff.

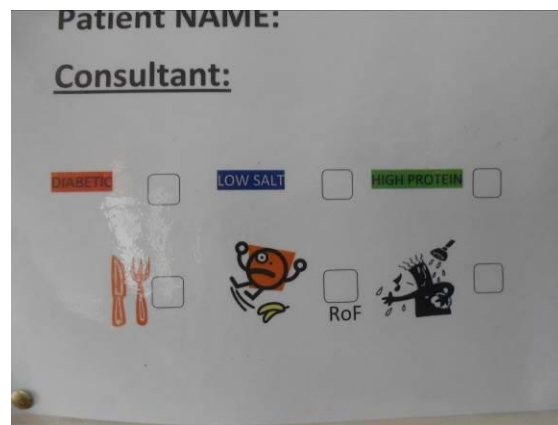
15. It is recommended that patient call bell systems are working correctly and fit for purpose. Call bells should be available and in easy reach for all patients.

Personal Care

In all wards patient personal care was of a high standard. Patients appeared clean, comfortable and suitably clothed. There was no inappropriate toileting during meal times.

In Ward 2 North, patient's personal possessions were within easy reach. Most of the patients on the ward were mobile and appeared pain free.

In Ward 6 North, all patients had an A4 sheet above their bed outlining assistance required for activities such as eating or walking (Picture 4).



Picture 4: Patient assistance information notice

Male patients were given the option of a wet or dry shave, and patients were assisted with dentures. Staff asked if patients were comfortable and warm. The ward had a limited stock of emergency bed clothes; sister advised that it could be difficult to maintain a supply of pyjamas.

There was a confused patient who liked to walk and move around the ward, accompanied at all times by nursing staff. Staff managed his activity in a calm, gentle manner. A patient interviewed said she was in a lot of pain but it was well managed by staff.

On Ward 7 South, nurse handover sheets identified patient's preferred names for staff to use. Dentures and glasses were within easy reach. Mouth care was evident, but only for those patients where personal care record sheets were completed. There were limited supplies of full pyjamas and no hospital gowns available.

Some staff on Ward 7 South had been trained on care of a patient with the dementia/delirium, but no pictorial books were available on the ward for those with communication difficulties. Interpreting services could be accessed as required.

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

Food and Fluids

All wards had protected meal times in place where patients could eat their meals without interruption by staff or visitors. It is acknowledged that in some instances emergency procedures and tests must be carried out, irrespective of protective mealtimes. This was adhered to in Wards 2 North and 7 South. However, in Ward 6 North a phlebotomist interrupted some of the patients at breakfast to take bloods and a doctor interrupted a patient during lunch.

Fresh water in covered jugs and glasses were available and patients who required encouragement to drink were prompted. During meal service, patients had a choice to either sit at the bedside or stay in bed; none of the wards had a dining room. The meals observed were appetising and hot, (Picture 5) the choice was varied including special diets, and patients had the choice of a large, medium or small portion.



Picture 5: Meal served to patient

In Ward 2 North, some patients stated that food was occasionally cold. There was evidence that 'Nil Orally' signs were not being used as required. One patient who was going to theatre for a gastrostomy did not have a nil orally sign at his bed. On another occasion an elderly female patient had been asked to fast as she was going for a scan. There was no signage at her bed, to indicate that she was allowed fluids, but not food.

Patients were given assistance at meal times when required. In Ward 6 North, the ward sister or deputy oversaw the meal service, staff were aware of patients' meal preferences and special diet requirements. Inspectors observed staff in bays during meal service checking if patients required assistance. Nursing staff removed food trays and recorded the patients' intake in food and fluid balance charts.

In Ward 7 South, there was no signage to denote which patient required assistance with eating and drinking. Nursing staff gave out meals to independent patients; patients who required assistance were then served. Metal hot lids were available to keep food warm. With the exception of one patient who waited ten minutes, there was no delay in assisting patients to eat

and drink. Hand hygiene was not observed as being offered to patients at lunch on Day 1, but was offered on Day 2 for all meals.

Inspectors observed one patient leaning to the side while being fed by a student nurse; this was identified to the ward sister who helped reposition patient. Catering staff collected the patient's food trays and report to nursing staff if food was not eaten. However there is the potential for error with this system as catering staff may collect trays before nursing staff have recorded the patient's intake. This was evidenced during the inspection as charts inspected after lunch were not fully completed.

17. It is recommended that the trust policy on protected meal times is adhered to by all staff. The trust should review meal service to ensure the accurate recording of patients' oral intake.

18. It is recommended that staff ensure patients who require assistance at meal times are identified, suitably positioned and given timely assistance.

Overall summary

Generally wards inspected were clean, tidy and well maintained. Inspectors noted that in Ward 2 North some areas were cluttered. Sanitary areas were clean, however signage could be improved.

The majority of staff observed were courteous and respectful to patients and visitors and generally patients' privacy and dignity was maintained. Patients appeared clean, comfortable and suitably clothed. In all wards, patient personal care was generally of a high standard, all patients had a drink beside them and oral hygiene was undertaken. There was little use of the call bell system, staff were visible and addressed patient needs. The call bell system on Ward 6 North was to be replaced.

Protected meals were in place although not always adhered to. There was a good choice of meals including special diets, which were warm and generally appeared appetising. Patients were given assistance when required. In Ward 7 South there was no method of identifying patients who required assistance with eating and drinking.

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

4.3 Review of Care Records

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

Inspectors reviewed 9 patient care records in depth and 15 patient bedside charts were examined for specific details. The inspectors found similar gaps in each set of records.

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

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

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

Inspectors found inconsistencies in the completion of risk assessments. Those risk assessments which were completed, were completed within the appropriate time frame. Some risk assessments were incomplete and did not always clearly identify the patient's needs.

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

20. It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition.

Daily evaluation notes did not always relate to the core care plan and were just a narrative of the care for the patient on the day. There was little evidence of care plan review or evaluation of care presented. Care plans were not always in place for identified needs, some care plans were poorly written, with minimal detail and little direction of care to be implemented for the patient.

In a set of records reviewed, a patient had seven identified nursing care needs. This was determined from observation of the patient and review of the nursing assessment. The review of the nursing care records indicated that an additional three care plans should be in place.

In Ward 2 North, one of the care records reviewed was well documented. Risk assessments had been completed; care plans were in place for identified needs and had been reviewed.

Overall, inconsistencies were observed in the care records examined. Not all of the care plans reviewed evidenced that nurses adequately carried out assessment, planning, evaluation and monitoring of the patient's needs. This is vital to provide a baseline for the care to be delivered and to show if a patient is improving or if there has been deterioration in their condition.

Nurse record keeping did not always adhere to NMC and Northern Ireland Practice and Education Council (NIPEC) guidelines.

Improvements in record keeping are required in the following areas:

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

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

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

In September 2013, staff in Ward 6 North pro-actively conducted an audit of care plans and staff have been working hard to act on the issues identified for improvement. From the review of the records, although some areas still required work, inspectors were able to evidence improvement in; care planning based on the patient's assessment of needs on admission, identification of the changes in patients' needs and recording of referrals to healthcare professional specialist services.

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 Wards 2 North and 6 North there were no DNAR orders in place. In Ward 7 South three patients had a DNAR decision in place. On reviewing the forms, two were completed correctly. The third form did not evidence a discussion with the family.

23. It is recommended that medical staff comply with the trust's DNAR policy.

4.4: QUIS Observation Sessions

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

Inspectors Assessment

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

	Sessions undertaken	Observations	Positive (PS)	Basic (BC)	Neutral (N)	Negative (NS)
2 North	4	36	20	15	0	1
6 North	5	44	36	5	2	1
7 South	16	108	82	15	3	6
Total	25	188	138	35	5	8

The results of the periods of observation indicate that 73 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

- Patient uncomfortable, nurse made patient comfortable, good conversation and ensured patient was comfortable before leaving
- Nurse making a patient's bed carried out a conversation about sleep, asked patient if they had any pain
- Patient in shower, nurse knocked on door and called out before re-entering the room
- Nurse making a bed for one patient included all the patients in the bay in the conversation. Patients enjoyed the verbal exchange
- Overall good interaction between staff and patients – nursing/medical/AHP/porter
- Good communication skills displayed; social interaction, introducing self – 'Hello ..., let us know how those painkillers worked with you'
- Nurse was observed assisting a patient back to bed after a shower. The nurse held out her hand which the patient took and then the patient hugged the nurse's arm as they walked along the corridor. Quiet chatting took place
- Encouraging independence of the patient
- Generally quiet, discreet conversation

Basic interactions observed

- Patient queried their scan procedure. Brief explanation was given
- Staff engaging with only two of the patients in a bay of four
- Phlebotomist, basic conversation when carrying out a procedure
- Limited engagement from staff when making patients comfortable, assisting with personal care or carrying out observations

Neutral interactions observed

- Patient was out of bed and staff were making the bed, did not speak to the patient until the inspector arrived
- Nurse attending to patients IV line and no conversation
- Staff giving out meal trays, no conversation

Negative interactions observed

- Use of terminology 'good girl' when talking to an elderly female
- Feeding patient with dementia – no interaction
- Giving out medication – no interaction
- Referring to patient by bed space position rather than name

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

An elderly male patient was being assisted with his meal by a student nurse. The patient was leaning over to one side in the bed. Inspector intervened and spoke to the ward sister who immediately addressed the situation and repositioned the patient.

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

4.5 Patient and Relative Interviews/ Questionnaires

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

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

Inspectors Assessment

During the inspection four patient and eight relatives/carers questionnaires and thirteen patient interviews were undertaken.

Generally feedback received from patients and relatives or carers was good. Overall they thought that staff were very accommodating, professional, polite and courteous and generally felt that they received good care during their stay.

Patient Questionnaire

Questionnaires indicated that staff introduced themselves to patients and included them in conversation. One questionnaire did state that communication about their condition and care could be better.

Some positive comments were:

'Care is good and friendly staff'

'Excellent, beyond the call of duty'

'Care is very good. Food is brilliant'

'Happy and content'

Patient Interviews

In patient interviews, comments were generally very positive. Overall they thought staff were friendly, and the care given was good. Patients did not always know staff's names but knew "their faces". Most patients thought staff response time to answer call bells and give assistance was timely; one patient did comment that call bells were not always answered immediately.

One patient was unhappy with a doctor's attitude and stated that the doctor had spoken to him in a condescending manner. The patient said he had immediately addressed this issue with the doctor.

Some patients felt that the meals were enjoyable. One patient thought the food was excellent and very well cooked, another patient complained about limited food on offer for special diets. A patient, who was diabetic, said the food choice was poor, but “yesterday’s food was ok”.

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

Relative’s questionnaires

In general, most of the questions were answered positively; there were a few negative comments. A relative was concerned that staff were too busy and did not have long periods to spend with elderly patients who may be confused. Another relative indicated that communication and information about condition and care could be better. One family member answered a few “sometime” responses in regard to staff providing information when needed and acknowledging information given about the relative.

A complaint about care was discussed with the ward sister. The complaint was in relation to a patient being assisted with feeding and spoken to inappropriately. The ward sister was already aware of the issue and had already addressed it with the ward staff.

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

4.6 Emergency Department

The Belfast City hospital does not have an Emergency Department; the patient flow team co-ordinate the movement of patients from the RVH to the Belfast City hospital.

The inspectors spoke with patient flow staff regarding the challenges they found in relation to their role. They stated that bed availability within the BCH had reduced from 460 beds in 2013 to 388 beds in 2014. Balancing the request for beds from ED/AMU (RVH) and having availability of specialist beds as the regional unit for many specialist services e.g. renal, haematology, oncology and urology could be difficult.

A GP direct assessment unit had been attached to Ward 5, the ward had transferred to the Royal Victoria site in December 2014 and the GP unit was moved to Ward 6 North. Patients can be referred directly to the unit for either treatment or admission. Over the two days of inspection one patient used the unit.

The availability of ambulances was a major challenge. There was a heavy reliance on St. John's ambulance service. There could be major delays in the internal ambulances transferring patients between the RVH and BCH, up to 12 hours; this could block a bed on each site.

Patient care packages could delay the discharge of patients and the availability of beds in nursing and residential care could also be factor.

The patient flow has the authority 'out of hours' to book bank staff for those patients that require 1: 1 care e.g. challenging behaviour. The availability of bank staff could be an issue. Staff stated in the last week there were 64 outstanding bank shifts for the BHSCT.

5.0 Summary of Recommendations

- 1. It is recommended that any identified nurse staffing variances are reviewed. This is to ensure that patient care and safety is not compromised due to staffing levels.**
- 2. It is recommended that wards sisters should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.**
- 3. It is recommended that the trust should ensure policies are available are available to staff.**
- 4. It is recommended that in all wards a standardised audit programme is implemented. Action plans should be developed were issues are identified.**
- 5. It is recommended that mandatory training should be kept up to date and staff should receive additional training appropriate to the patient's needs.**
- 6. It is recommended that staff appraisals and supervision should be carried out and up to date.**
- 7. It is recommended that a process is put in place to capture and identify trends from local complaints.**
- 8. It is recommended that all wards have a physical ward environment audit carried out for dementia patients.**
- 9. It is recommended that the trust should continue to introduce and monitor nursing quality indicators (NQIs).**
- 10. It is recommended that staff fully inform patients of changes in their care and ensure mobility aids are easily accessible.**
- 11. It is recommended that fixtures and fittings are in good repair and areas are clutter free. Signage should be available to direct patients, relatives and visitors throughout the ward.**
- 12. It is recommended that the trust reviews the environment of Optimal 7 to ensure each bed space is suitably equipped for patient care.**
- 13. It is recommended that patients' privacy and dignity is maintained at all times.**

- 14. It is recommended that the trust review its care rounding protocol to include all patients within the ward. The SSKIN care bundle should be reviewed to include all elements of the intentional rounding process.**
- 15. It is recommended that patient call bell systems are working correctly and fit for purpose. Call bells should be available and in easy reach for all patients.**
- 16. It is recommended that all patients receive the essential care needed at all times.**
- 17. It is recommended that the trust policy on protected meal times is adhered to by all staff. The trust should review meal service to ensure the accurate recording of patients' oral intake.**
- 18. It is recommended that staff ensure patients who require assistance at meal times are identified, suitably positioned and given timely assistance.**
- 19. It is recommended that the assessment of patients nursing needs should be patient focused and identify individual nursing needs and interventions required. This should be reviewed and updated in response to changing needs of the patient.**
- 20. It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition.**
- 21. It is recommended that care plans should be completed for all identified patient risks and needs. These should be reviewed and updated within the set timescale, or in response to changing needs of patients.**
- 22. It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.**
- 23. It is recommended that medical staff comply with the trust's DNAR policy.**
- 24. It is recommended that the trust develops measures to improve staff to patient interactions, ensuring that patients are always treated with dignity and respect**
- 25. It is recommended that the trust should action patient, relative and carer comments to improve the patient experience.**

Appendix 1 QUIS Coding Categories

The coding categories for observation on general acute wards are:

Examples include:

<p>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</p>	<p>Basic Care: (BC) – basic physical care e.g. bathing or use of toilet etc with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</p>
<ul style="list-style-type: none"> • Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc (even if the person is unable to respond verbally) • Checking with people to see how they are and if they need anything • Encouragement and comfort during care tasks (moving and handling, walking, bathing etc) that is more than necessary to carry out a task • Offering choice and actively seeking engagement and participation with patients • Explanations and offering information are tailored to the individual, the language used easy to understand, and non-verbal used where appropriate • Smiling, laughing together, personal touch and empathy • Offering more food/ asking if finished, going the extra mile • Taking an interest in the older patient as a person, rather than just another admission • Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away <p>Staff respect older people's privacy</p>	<p>Examples include: Brief verbal explanations and encouragement, but only that which is necessary to carry out the task</p> <p>No general conversation</p>

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

Events

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

Appendix 2: Patient Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
I have been given clear information about my condition and treatment	63.6%	27.3%	0.0%	9.1%	0.0%	0	11
I always have access to a buzzer	100.0%	0.0%	0.0%	0.0%	0.0%	0	11
When I use the buzzer staff come and help me immediately	72.7%	0.0%	9.1%	0.0%	18.2%	0	11
When other patients use the buzzer staff come and help them	36.4%	0.0%	0.0%	0.0%	63.6%	0	11
I am able to get pain relief when I need it	54.5%	0.0%	0.0%	9.1%	36.4%	0	11
I am able to get medicine if I feel sick	18.2%	18.2%	0.0%	18.2%	45.5%	0	11
I get help with washing, dressing and toileting whenever I need it	54.5%	9.1%	0.0%	9.1%	27.3%	0	11
Staff help me to carry out other personal care needs if I want them to	90.9%	0.0%	0.0%	9.1%	0.0%	0	11
If I need help to go to the toilet, staff give me a choice about the method I use e.g. toilet, commode, bedpan	63.6%	9.1%	0.0%	0.0%	27.3%	0	11
If I need any help with my glasses, hearing aid, dentures, or walking aid staff will help me with this	45.5%	9.1%	0.0%	0.0%	45.5%	0	11

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	18.2%	0.0%	0.0%	0.0%	81.8%	0	11
I enjoy the food I am given on the ward	36.4%	18.2%	18.2%	9.1%	18.2%	0	11
Staff help other patients to eat or drink if they need assistance	20.0%	0.0%	0.0%	0.0%	80.0%	1	10
I have access to water on the ward	90.9%	9.1%	0.0%	0.0%	0.0%	0	11
Staff always respond quickly if I need help	100.0%	0.0%	0.0%	0.0%	0.0%	0	11
The quality of care I receive is good	90.9%	9.1%	0.0%	0.0%	0.0%	0	11
The ward is clean and tidy and everything on the ward seems to be in good working order	90.9%	9.1%	0.0%	0.0%	0.0%	0	11
Staff will give me time to do the things I need to do without rushing me	100.0%	0.0%	0.0%	0.0%	0.0%	0	11
I feel safe as a patient on this ward	90.9%	9.1%	0.0%	0.0%	0.0%	0	11
Are you involved in your care and treatment	81.8%	18.2%	0.0%	0.0%	0.0%	0	11
Staff have talked to me about my medical condition and helped me to understand it and why I was admitted to the ward	81.8%	9.1%	0.0%	9.1%	0.0%	0	11

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	90.9%	0.0%	0.0%	0.0%	9.1%	0	11
Staff listen to my views about my care	72.7%	18.2%	0.0%	0.0%	9.1%	0	11
I can always talk to a doctor if I want to	90.9%	9.1%	0.0%	0.0%	0.0%	0	11
I feel I am involved in my care	81.8%	9.1%	9.1%	0.0%	0.0%	0	11
Staff have discussed with me about when I can expect to leave the hospital	60.0%	10.0%	0.0%	10.0%	20.0%	1	10
Staff have talked to me about what will happen to me when I leave hospital	60.0%	20.0%	0.0%	0.0%	20.0%	1	10
Staff always introduce themselves	90.9%	9.1%	0.0%	0.0%	0.0%	0	11
Staff are always polite to me	100.0%	0.0%	0.0%	0.0%	0.0%	0	11
Staff will not try to rush me during meal times	81.8%	9.1%	0.0%	0.0%	9.1%	0	11
Staff never speak sharply to me	90.9%	0.0%	0.0%	9.1%	0.0%	0	11
Staff call me by my preferred name	100.0%	0.0%	0.0%	0.0%	0.0%	0	11
Staff treat me and my belongings with respect	100.0%	0.0%	0.0%	0.0%	0.0%	0	11
Staff check on me regularly to see if I need anything	81.8%	9.1%	0.0%	9.1%	0.0%	0	11
My visitors are made welcome	100.0%	0.0%	0.0%	0.0%	0.0%	0	11

Appendix 3: Relative Survey Responses

Patient Experience questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff take time to get to know my relative/friend	75.0%	25.0%	0.0%	0.0%	0.0%	0	8
Staff always have enough time to give care and treatment	62.5%	25.0%	0.0%	0.0%	12.5%	0	8
Staff are knowledgeable about the care and treatment they are providing	50.0%	50.0%	0.0%	0.0%	0.0%	0	8
The ward is a happy and welcoming place	62.5%	37.5%	0.0%	0.0%	0.0%	0	8
I am confident that my relative/ the patient is receiving good care and treatment on the ward.	75.0%	12.5%	12.5%	0.0%	0.0%	0	8
Staff never speak sharply to me or my relative/friend	37.5%	12.5%	0.0%	50.0%	0.0%	0	8
Staff include me in discussions about my relative/friend's care	62.5%	12.5%	12.5%	0.0%	12.5%	0	8
Staff treat my relative/friend with dignity and respect	87.5%	12.5%	0.0%	0.0%	0.0%	0	8

Questions	Always	Often	Sometimes	Not at all	Don't Know/ Not relevant	Skipped question	Answered question
Staff provide me with sufficient information when I need it/ask for it	75.0%	12.5%	12.5%	0.0%	0.0%	0	8
Staff make me feel welcome on the ward	75.0%	25.0%	0.0%	0.0%	0.0%	0	8
I feel confident to express my views on how my relative is being cared for	62.5%	37.5%	0.0%	0.0%	0.0%	0	8
Staff ask me about my relative/friend's needs or wishes	42.9%	42.9%	0.0%	14.3%	0.0%	1	7
When I give information about my relative, it is acknowledged and recorded so I do not have to repeat myself.	62.5%	0.0%	12.5%	12.5%	12.5%	0	8
I know who to speak to about my relative/friend's care	75.0%	0.0%	12.5%	0.0%	12.5%	0	8
I can speak to a doctor when I want to	42.9%	14.3%	14.3%	0.0%	28.6%	1	7
If I chose to be, I am informed if/when my relatives/the patient's condition changes	62.5%	0.0%	0.0%	12.5%	25.0%	0	8

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	50.0%	0.0%	12.5%	0.0%	37.5%	0	8
Staff listen to my views about my relative/friend's care	87.5%	0.0%	12.5%	0.0%	0.0%	0	8

6.0 Quality Improvement Plan

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
1	It is recommended that any identified nurse staffing variances are reviewed. This is to ensure that patient care and safety is not compromised due to staffing levels.	Unscheduled & Acute Care & Older Peoples Services	Recruitment has been completed and identified nursing vacancies have been filled.	Complete and ongoing
2	It is recommended that wards sisters should have protected time to ensure that there is a balance between clinical and managerial roles and responsibilities.	Older Peoples Services/ Unscheduled & Acute Care and the Directorate team supported by Central Nursing	The current staffing budget and daily allocation permits protected time for the ward sisters to be supervisory. The NIC will determine the ability to maintain protected time on a daily basis and will allocate staff based on patient need.	December 2014
3	It is recommended that the trust should ensure policies are available to staff.	Unscheduled & Acute Care Older Peoples Services	All policies are available to staff on the policies and documents site on the Trust intranet. Nurse Development Leads are working directly with the Ward Sisters, Nurse in Charge (NIC), and Assistant Service Managers (ASMs) to ensure that staff are aware of the policies and how they can be accessed.	Ongoing Review date October 2014

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
4	It is recommended that in all wards a standardised audit programme is implemented. Action plans should be developed were issues are identified.	Unscheduled & Acute Care supported by Central Nursing	Wards are compiling an 'Older Peoples Resource Folder' which included policy/procedure/guidelines for the care of older people. On a quarterly basis, Support, Improvement and Accountability Framework (SIAF) audits are carried out, based on five trust corporate themes. These assessments reviewed compliance with complaints, dress code policy, cleanliness of the environment, and safety targets, for example the completion of Malnutrition Universal Screening Tool (MUST).	On-going Review date December 2014
5	It is recommended that mandatory training should be kept up to date and staff should receive additional training appropriate to the patient's needs.	Unscheduled & Acute Care/ Older Peoples Services/ ASMs	<p>The availability of mandatory training for staff is an ongoing priority for the Trust. The ability of the service to release staff for training remains an ongoing challenge. There are a number of e-learning training packages available to staff. An action plan has been developed for wards to ensure that all staff complete mandatory training. Training is reviewed as part of management team meetings.</p> <p>Mandatory training dates advertised at ward level Staff are made aware of own personal responsibility with regards to mandatory training compliance Records of staffs mandatory training held at ward level on training matrix updated by the Ward Sister /CN Support Officer .</p>	Ongoing Review date December 2014

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
6	It is recommended that staff appraisals and supervision should be carried out and up to date.	Unscheduled & Acute Care/ASMs supported by Central Nursing	Staff are reminded that appraisals and supervision should be completed in line with the Trust policy. All wards/Departments to report quarterly compliance with Appraisal and Supervision targets' Compliance to be discussed at Governance meetings Nursing Development Leads to support Ward Sisters / CNs to deliver on KPIs, where non-compliant assist in the formation of robust action plans. NDLS in conjunction with Ward Sister /CN identify training needs and deliver training for Supervision and Appraisal. Ward Sister /CN Support officer to update training records monthly and forward quarterly returns as requested	On going Review date December 2014
7	It is recommended that a process is put in place to capture and identify trends from local complaints.	Unscheduled & Acute Care And Older People Services	Currently developing and implementing a new standardised ward-based performance scorecard which will present trended measures in a range of performance areas including reported incidents. Monthly management team meetings are in place. Agenda items include feedback to staff from SAIs, IR1s, complaints, patient compliments and staffing developments. Staff at all levels are reminded of the need to have staff meetings and ensure cascade to all team members.	Ongoing Review date October 2014

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
8	It is recommended that all wards have a physical ward environment audit carried out for dementia patients.	Unscheduled & Acute Care/ ASMs	In Ward 6 North, the ward sister and ASM carried out a mock 'review of the care of the older people in acute hospital' inspection, using RQIA audit tools. Learning outcomes and action points from this initiative were presented to staff. An 'Older Peoples Resource Folder' which included policy/procedure/guidelines for the care of older people had been compiled. All wards will be advised to complete same.	Review date December 2014
9	It is recommended that the trust should continue to introduce and monitor nursing quality indicators (NQIs).	Unscheduled & Acute Care And Older People Services with support from Central Nursing	Wards and Departments across the Trust monitor a range of Nursing Key Performance Indicator data. These include, Health Care Associated Infections, Falls and Pressure Ulcers data. These are communicated to staff using various methods, including board displays.	Complete and on -going
10	It is recommended that staff fully inform patients of changes in their care and ensure mobility aids are easily accessible.	Unscheduled & Acute Care/ Older People's Services	<p>Work has commenced on implementing a new Patient information Leaflet which informs patients/carers that staff will discuss their care regime and any changes. This has been formally raised at staff meetings, Ward Sister meetings and Ward Sister 1-1 meetings.</p> <p>Re Walking Aids – patients advised to use buzzer to seek staff assistance in accessing mobility aids. Where possible, allowing for space at bedside, aids are placed for patients</p>	<p>Patient Information Leaflet completion by 31 Oct 2014</p> <p>On-going</p>

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
			to access.	
11	It is recommended that fixtures and fittings are in good repair and areas are clutter free. Signage should be available to direct patients, relatives and visitors throughout the ward.	Directorates/ PCSS/ ASMs/ Older People Services	Cleaning schedule for area in place. Frequency of PCSS inspections/audits of public areas increased. Damaged fittings repaired on a reporting basis. Environmental walkround in progress across all sites. Key challenge remains in ensuring that the right staff are available to attend the walkround. This is currently being reviewed in light of the recommendations in the RQIA report. Staff are encouraged to review their ward signage and address any requirements as necessary.	Ongoing Review date October 2014
12	It is recommended that the trust reviews the environment of Optimal 7 to ensure each bed space is suitably equipped for patient care.	Older People Services	From 15 th October Optimal 7 in 7 South will close and a new Assessment and Treatment Unit – BCH Direct – will open in Level One.	15 th October 2014
13	It is recommended that patients' privacy and dignity is maintained at all times.	Unscheduled & Acute Care with support from Central Nursing/Older People Services BCH	Staff endeavour to maintain patient privacy and dignity at all times. This is assessed on an ongoing basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained at all times. Work is underway with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.	Ongoing

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
			Action plans are being developed by wards following the analysis of the 10k Voices stories. Learning from the 10k voices programme is shared with all staff.	
14	It is recommended that the trust review its care rounding protocol to include all patients within the ward. The SSKIN care bundle should be reviewed to include all elements of the intentional rounding process.	Unscheduled & Acute Care / Central Nursing/ Older People Services	Completion of SKINN bundles is monitored and reviewed by ASMs on an ongoing basis. Staff will be reminded of the importance and requirement to assess and record compliance with the SKINN bundles.	Ongoing October 2014
15	It is recommended that patient call bell systems are working correctly and fit for purpose. Call bells should be available and in easy reach for all patients	Unscheduled & Acute Care /Older People Services/ ASMs	Staff will be reminded of the importance of responding to patient needs. This will be addressed at team meetings and assessed as part of the ongoing leadership walkround.	Ongoing 2014 Review date December 2014
16	It is recommended that all patients receive the essential care needed at all times.	Unscheduled & Acute Care/Older People Services	Staff reminded of the importance of responding to patient needs. This will be addressed at team meetings and assessed as part of the on -going leadership walk round.	On going Review date December 2014
17	It is recommended that the trust policy on protected meal times is adhered to by all staff. The trust should review meal service to ensure the accurate recording of patients' oral intake.	Unscheduled & Acute Care/ Older People Services/ Nurse in Charge	Staff will be reminded of the importance of protected meal times for patients. This will be addressed at team meetings and assessed as part of the ongoing leadership walkround. The protection of patient meal times is overseen by the Nurse in Charge. Older People Nutritional Work Group underway	Ongoing Review date December 2014

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
18	It is recommended that staff ensure patients who require assistance at meal times are identified, suitably positioned and given timely assistance.	Unscheduled & Acute Care/ Older People Services/ Nurse in Charge	Staff will be reminded of the importance of responding to patient needs. This will be addressed at team meetings and assessed as part of the on-going leadership walk-round.	On-going 2014 Review date December 2014
19	It is recommended that the assessment of patients nursing needs should be patient focused and identify individual nursing needs and interventions required. This should be reviewed and updated in response to changing needs of the patient.	Central Nursing/ Unscheduled & Acute Care/ Older People Services	<p>Outcome-focused management plan and Nursing Care Plan are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC Record Keeping Guidance.</p> <p>Following the RQIA review, documentation audits have taken place in some areas and learning has been disseminated to staff. A process for completion of nursing documentation audits will be developed. The following actions are being completed to support ward staff in the development and maintenance of patient focused management plans;</p> <p>Nursing and Midwifery Induction Programme to include nursing documentation and care planning.</p> <p>Mandatory/professional nursing programme being developed for 2015 and will include a session on nursing documentation.</p>	<p>December 2014</p> <p>December 2014.</p> <p>January 2015.</p>

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
			<p>Nursing documentation master class sessions in progress commenced 2014 by NDL.</p> <p>Care plan example in each ward for reference.</p> <p>NDLS are undertaking spot checks of charts.</p> <p>A new documentation audit bundle has been developed and will be piloted in MAU.</p> <p>NIPEC guidelines on documentation were circulated 19th September 2014.</p>	<p>June 2015.</p> <p>October 2014.</p> <p>October 2014</p> <p>November 2014.</p> <p>September 2014</p>
20	<p>It is recommended that all risk assessments should be completed within the set timescales. These should be reviewed and updated on a regular basis, or when there are changes in the patient's condition.</p>	<p>Nurse in Charge supported by clinical coordinator and Central Nursing Older People Services /</p>	<p>The risk assessments required to be undertaken are identified as part of the nursing admission documentation with the relevant assessment templates included in this documentation. Nursing staff will be reminded of the need to ensure all relevant risk assessments are undertaken and this will be monitored by Nurse in Charge. Audit of same to take place.</p> <p>Audits of risk assessments to be included in quarterly independent audits.</p> <p>Please see section 19 for additional information.</p>	<p>Ongoing</p> <p>November 2014</p>

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
21	It is recommended that care plans should be completed for all identified patient risks and needs. These should be reviewed and updated within the set timescale, or in in response to changing needs of patients.	Central Nursing/ Unscheduled & Acute Care/ Older People Services	<p>Outcome-focused management plan and Nursing Care Plan are put in place for all patients. Staff will be reminded to complete, update and amend as appropriate to reflect the changing care needs of patients as per trust policy and NMC and GMC Record Keeping Guidance.</p> <p>Following the RQIA review, documentation audits have taken place in some areas and learning has been disseminated to staff. A process for completion of nursing documentation audits will be developed.</p> <p>A new documentation audit bundle has been developed and will be piloted in MAU.</p>	<p>December 2014</p> <p>Nov 2014</p>
22	It is recommended that nurse record keeping should adhere to NMC and NIPEC guidelines.	Nurse in Charge supported by clinical coordinator and Central Nursing/ Older People Services	<p>Nursing staff will be reminded of the NMC guidelines re: record keeping.</p> <p>NIPEC AND NMC are referenced in documentation master classes.</p> <p>A nursing documentation group is to be set</p>	<p>Ongoing</p> <p>December 2014</p> <p>June 2015.</p> <p>December 2014.</p>

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
			<p>up within the Trust and will be led by Central Nursing.</p> <p>Documentation section to be added onto The HUB and will include NMC and NIPEC guidelines.</p>	
23	It is recommended that medical staff comply with the trust's DNAR policy.	Nurse in Charge/Unscheduled and Acute Care/ Older People Services	Staff are reminded of the importance of complying with the Trust's DNAR policy. This issue will be addressed via ward staff meetings.	Ongoing
24	It is recommended that the trust develops measures to improve staff to patient interactions, ensuring that patients are always treated with dignity and respect.	Unscheduled & Acute Care / Central Nursing / Older People Services	<p>Staff endeavour to maintain patient privacy and dignity at all times. This is assessed on an ongoing basis and staff are supported to mitigate risk and ensure dignity and privacy is maintained</p> <p>Staff are reminded of the importance of adhering to the Patient Privacy and Dignity Policy.</p> <p>Work is underway with staff to identify and address any barriers to providing the appropriate level of privacy, respect and dignity to patients.</p>	Ongoing

Reference number	Recommendations Common to Both Wards	Designated department	Action required	Date for completion/ timescale
25	It is recommended that the trust should action patient, relative and carer comments to improve the patient experience.	Directorate team supported by Central Nursing/ Unscheduled & Acute Care Older People Services /	The Trust continues to monitor the patient and client experience through a number of tools, including 10k Voices and the patient and client experience standards. Local areas then agree all action plans within their directorate. A presentation of 10k Voices and patient experience was presented to the public Trust Board on 13 March 2014.	Ongoing



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