

Bridgewater Community Healthcare NHS
Foundation Trust

RY2

Community health inpatient services

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RY2	Bevan House		

This report describes our judgement of the quality of care provided within this core service by Bridgewater Community Healthcare NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Bridgewater Community Healthcare NHS Foundation Trust and these are brought together to inform our overall judgement of Bridgewater Community Healthcare NHS Foundation Trust.

Summary of findings

Ratings

Overall rating for the service	Good	●
Are services safe?	Good	●
Are services effective?	Good	●
Are services caring?	Outstanding	☆
Are services responsive?	Good	●
Are services well-led?	Good	●

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider say	8
Good practice	8

Detailed findings from this inspection

The five questions we ask about core services and what we found	9
Action we have told the provider to take	29

Summary of findings

Overall summary

At this inspection we rated community inpatient services as Good overall because;

- The service has a good safety performance record and collected data which was used to drive improvement.
- There was a good culture of openness, reporting and investigation of incidents. There was evidence of positive improvements and changes made as a result of incidents. Learning was taken from the investigations and this was disseminated and shared with staff to prevent future occurrences.
- The environment at Newton Community Hospital was clean and hygienic with low levels of healthcare associated infection and high levels of harm free care. Statistics showed that Newton Community Hospital performed better than similar providers in terms of the safety thermometer data.
- Staff were aware of their responsibilities regarding safeguarding and the correct procedures to follow; training rates were satisfactory and staff could describe the safeguarding processes. There was evidence that safeguarding referrals had been made appropriately.
- At Newton Community Hospital, medicines, including controlled drugs and intravenous (IV) fluids were stored safely and in line with agreed protocols.
- There was good knowledge and application of the duty of candour procedures and patients were The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- At Newton Community Hospital and Padgate House intermediate care facility staffing levels were good and safer staffing records showed a minimum of 95% shift fill rates.
- There was adequate provision for the identification and assessment of patients at risk and those who deteriorated.
- Care and treatment was evidence-based and was provided in line with best practice guidance and evidence based practice.
- At Newton Community Hospital, care plans and clinical care bundles were implemented and reviewed regularly to ensure they were in line with changes in patients' needs and progress.
- Pain, nutrition and hydration were well assessed effectively and were well managed.
- Staff had access to information they required to undertake their roles and were confident and competent to deliver effective care. They received the right training and supervision to enable effective care delivery.
- The multidisciplinary team worked effectively, ensuring the holistic needs of the patient were met, through the evaluation of outcomes and patients' own goals in relation to their rehabilitation.
- Data showed patient outcomes were positive, the majority of patients successfully returned to their homes and many reported improved Barthel scores, which was an established technique used to measure improvement after rehabilitation.
- The staff were trained and competent in consent procedures, the Mental Capacity Act (2005) and the deprivation of liberties safeguards.
- We observed staff treating patients and their relatives with the upmost dignity and respect. Patients told us staff were exceptionally kind, caring and compassionate.
- Staff were exceptionally attentive and responded quickly and compassionately to patients who needed help or assistance, they anticipated the needs of their patients and offered assistance proactively.
- Staff were always positive and receptive about making improvements to patient care, they actively sought ways to make patients stay more pleasant by working with them to identify ways to make things better.

Summary of findings

- Nursing and therapy staff promoted and supported patients' independence, encouraging autonomy whilst remaining supportive and reassuring.
- There was a strong person centred culture and staff were motivated to provide comprehensive holistic support to patients and relatives, taking into account and accommodating their emotional, mental, physical and social needs.
- Feedback from people who used the services was continuously positive, patients and relatives spoke highly of staff and the care that was delivered. Many believed that staff went above and beyond their role in the way they care for their patients.
- We saw many examples of staff going the extra mile for their patients, they showed flexibility and innovation in finding ways to improve the service provided to patients.
- Patients and their relatives were actively involved in their care and treatment and played an active role in determining their care.
- There was a holistic and person-centred care approach to the delivery of care for all patients, attention was paid to individual differences and patients' needs. We saw positive examples that patient's individual needs were accommodated, such as patient activities that were planned and based on their personal preferences.
- Vulnerable patients were identified on admission and staff provided individualised care to meet their needs.
- Staff were aware of the referral criteria for intermediate care and rehabilitation and ensured the patient received the right care to promote the right level of care to match the patient's needs.
- The services worked with local commissioners, community and acute and other healthcare organisations to meet the holistic and individual needs of patients.
- Newton Community Hospital had few complaints, but those that were received were handled effectively and appropriately in line with trust procedures.
- There was an established trust strategy in place and staff were broadly familiar with trust priorities and plans.
- The culture within the services were very positive, most staff stated the organisation was a good employer and they were proud of the work they did and the care they delivered, they found their work meaningful and satisfying.
- Staff stated they felt valued, listened to and felt able to raise concerns without fear of recriminations.
- The trust had acted in response to concerns about the quality of care within the Newton Community Hospital. Managers had made effective changes to the structure and staffing to ensure patient safety, internal governance, risk management and an improved culture.
- We saw that local managers were passionate and enthusiastic leaders, who led by example and inspired their staff to develop and seek improvements in quality, performance and expertise.
- Since our last inspection, we found that there had been major improvements in the culture and governance structures within the service at Newton Community Hospital.
- All of the staff we spoke with told us that the ward manager at Newton Community Hospital had made a positive difference to the culture of intermediate care services. There had been improvements in the sickness rates which had fallen, staff were more engaged and positive and staff reported less conflict than there was previously.
- The service had good methods for engaging with the public and used this information to implement positive changes. There was evidence of positive and effective staff engagement initiatives that had empowered staff to get more involved in seeking and securing improvements in their working environment and care delivery.

Summary of findings

Background to the service

Bridgewater Community Healthcare NHS Foundation Trust intermediate care services comprise of a total of 117 beds across four sites. There is one 30 bedded community inpatient ward based at Newton Community Hospital, this is the only inpatient facility that is registered to Bridgewater Community NHS Foundation Trust. There are also inpatient facilities at Padgate House intermediate care facility with 35 beds, Maple unit with 12 beds and Alexandra Court with 40 beds. These facilities were registered to other providers but Bridgewater did have staff working in these facilities and the trust did have some input into the commissioning and management of these inpatient services to varying degrees.

The primary roles for the community inpatient care services was twofold; to prevent admissions to acute hospitals and to provide rehabilitation for those patients who had received treatment at an acute hospital and who required a period of rehabilitation before returning to their homes or care facility. These were known as 'step up' services for people who needed extra care and help and had to step up their care requirements and 'step down' services for those who no longer required an acute hospital bed.

Admissions were managed by integrated care teams in primary care, the community and within acute hospitals. There was a referral process and then patients were assessed for their suitability to access intermediate care and whether their needs could be met and if the facilities were an appropriate place for them.

There were 1628 admissions in the preceding year across all units within intermediate care, supporting the wider agenda of reducing inappropriate admissions or readmissions to acute hospital beds and supporting the care closer to home agenda. At Newton Community Hospital there were 345 admissions (approximately 30 per month).

Services were provided by a multi-disciplinary team. This was made up of 75 Bridgewater Community NHS Foundation Trust staff working with staff from other health and social care organisations to provide holistic care to patients. Services were commissioned by various clinical commissioning groups.

Our inspection team

Our inspection team was led by:

Wendy Dixon: Inspection Manager, Care Quality Commission

The team included CQC inspectors and a variety of specialists including a nurse and a therapist.

Why we carried out this inspection

We carried out a comprehensive inspection of this service as part of a routine programme of inspections and to rate the service.

How we carried out this inspection

To get to the heart of the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

Summary of findings

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service, performance information received from the trust and asked other organisations to share what they knew.

We carried out an announced visit from 31 May 2016 to 2 July 2016.

As part of the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors and therapists. We observed how care and treatment was provided.

We spoke to 22 patients and relatives on the intermediate care units. We also reviewed care and treatment records of 11 patients who were using the intermediate care service. We also spoke to 25 staff at all levels including managers, senior managers, directorate leads, nurses, care assistants and allied health professionals.

What people who use the provider say

The 22 patients and relatives who overwhelmingly stated they were very pleased with the care and treatment they were given. Many patients felt that the staff went above and beyond their duty in the care they provided.

Good practice

- There was a strong person centred culture and staff were motivated to provide comprehensive holistic support to patients and relatives, taking into account and accommodating their emotional, mental, physical and social needs.
- Feedback from people who used the services was continuously positive, patients and relatives spoke highly of staff and the care that was delivered. Many believed that staff went above and beyond their role in the way they care for their patients.

Bridgewater Community Healthcare NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

We rated community inpatient services as good for safe because;

- The service has a good safety performance record and collected data which was used to drive improvement.
- There was a good culture of openness, reporting and investigation of incidents. There was evidence of positive improvements and changes made as a result of incidents. Learning was taken from the investigations and this was disseminated and shared with staff to prevent future occurrences.
- The environment at Newton Community Hospital was clean and hygienic with low levels of healthcare associated infection and high levels of harm free care. Statistics showed that Newton Community Hospital performed better than similar providers in terms of the safety thermometer data. NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing harm to people and 'harm free care'.
- Staff were aware of their responsibilities regarding safeguarding and the correct procedures to follow; training rates were satisfactory and staff could describe the safeguarding processes. There was evidence that safeguarding referrals had been made appropriately.
- At Newton Community Hospital, medicines, including controlled drugs and intravenous (IV) fluids were stored safely and in line with agreed protocols.
- There was good knowledge and application of the duty of candour procedures and patients were involved in the investigations. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- At Newton Community Hospital staffing levels were good and safer staffing records showed a minimum of 95% shift fill rates.

Are services safe?

- There was adequate provision for the identification and assessment of patients at risk and those who deteriorated.

Safety Performance

- The inpatient service at Newton Community Hospital collected data in line with the NHS Safety Thermometer. The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing harm to people and 'harm free care'. Monthly data was collected on pressure ulcers, urinary tract infections (for people with catheters), blood clots (venous thromboembolism or VTE) and falls. This provides the trust with a 'temperature check' on harm that can be used to measure local and system progress in providing a harm free care for patients. Newton Community Hospital recorded 98.5% harm free care at December 2015, which was above the England average.
- From April 2015 to December 2015 at Newton Community Hospital, there were zero cases of hospital acquired pressure ulcers, zero cases of clostridium difficile (cdiff) and zero cases of methicillin resistant staphylococcus aureus (MRSA). Zero cases of catheter related urinary tract infections (UTIs) since June 2015.
- Data also showed that 100% of patients had been risk assessed for venous thromboembolism (VTE) and that there had been zero cases of VTE.
- At Newton Community Hospital, between April 2015 and March 2016, there were 25 falls recorded which caused harm. Two of these resulted in fractures, one of the hip and one to the arm. The trust and inpatient services had embarked on a 'fall safe' initiative which had reduced the incidence of falls across the trust from 1.09% in May 2015 to 0.21% in February 2016.

Incident reporting, learning and improvement

- Incidents were reported to Bridgewater using an electronic reporting system. However depending on the location and who was the registered provider certain incidents were also reported to another; for example incidents at Padgate House relating to the environment would need to be reported to the local authority and likewise at Maple unit. Nursing incidents at Padgate House and Maple unit were reported to Bridgewater. At Alexandra Court nursing staff were provided from a private company, however therapists were Bridgewater

staff therefore incidents relating to therapy and therapists were reported to Bridgewater. However at Newton Community Hospital, all incidents were reported to Bridgewater.

- Bridgewater staff in all services had a good understanding of the processes to report incidents, they described the process for reporting different types of incidents or "near misses" that occurred and which organisation they should be reported to.
- Data received from the trust confirmed that there were three serious incidents at Newton Community Hospital between February 2015 and January 2016. Two incidents were in relation to falls one resulted in a hip fracture and one resulted in an arm fracture, the other was in relation to a delay in treatment. Information received from the trust confirmed that each incident was logged electronically by staff and actions and learning from incidents was reviewed and monitored by managers across intermediate care services. This gave assurance that the trust was actively monitoring its own safety performance over time in order to improve patient experience.
- Bridgewater incidents were investigated and areas for learning were circulated via team briefings, newsletter, team meetings and safety huddles, emails and use of notice boards.
- Staff including temporary workers were able to report incidents and were able to access the trust's electronic incident reporting system.
- Staff said that they received feedback following incidents; they said they routinely had access to an overview of incidents for their services. This was confirmed by records we reviewed.
- We saw evidence of learning from incidents and improvements made based on outcomes of investigations. For example new procedures around falls and additional training around medicine administration.
- Staff told us if they witnessed poor practice they would have no reservation to raise their concerns to a senior manager, the safeguarding lead, a social worker or the care quality commission. They stated that there was a no blame culture and openness was encouraged.

Are services safe?

- At Newton Community Hospital staff commented that this had changed over the last year and the culture had become much more open with the establishment of the current ward manager who was very supportive and encouraged an open culture.
- We saw examples of root cause analysis investigation, which were conducted appropriately. We also saw that when things went wrong the services were open and transparent with patients and their relatives and we saw evidence of their involvement in the investigation.
- Staff were familiar with the duty of candour legislation introduced in November 2014, outlining the responsibility for staff and spoke about how this had been used during a recent incident.

Safeguarding

- There were trust wide safeguarding policies and procedures in place and there was a trust safeguarding team who could provide guidance and support to staff. At Newton Community Hospital, the safeguarding specialist nurse had undertaken a series of teaching and question and answer sessions regarding vulnerable patients, mental capacity and safeguarding. Staff found this very useful and the sessions are planned to continue. Staff were aware and able to describe how to refer a safeguarding issue to protect patients from abuse.
- All the staff we spoke with were aware of their responsibilities regarding safeguarding of patients and the correct procedures to follow; they could describe how to access the policy on the trust intranet and who to speak to for advice.
- Staff demonstrated that they knew and understood how to identify potential abuse and said they would report any concerns to their manager.
- They told us they were well-supported and would seek advice if they had safeguarding concerns.
- Across all inpatient services safeguarding level 1 training was completed by 92% of staff. However inpatient services were changing the way the safeguarding level 2 and 3 training was delivered and so could not give accurate training figures.

- Newton Community Hospital had bespoke sessions with the safeguarding specialist nurse regarding safeguarding and care of vulnerable patients.
- We saw evidence of cases that had been referred to the safeguarding teams and investigation that had been conducted.

Medicines

- At Newton Community Hospital intermediate care facility specifically in relation to medicines, we spoke to seven patients and looked at nine sets of patient medicine records and checked the arrangements for managing medicines at the service.
- At Newton Community Hospital, controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely with access restricted to authorised staff.
- At Newton Community Hospital, accurate records were maintained and balance checks were performed regularly. We checked medicines and equipment for emergency use and found they were fit for use and a system of checks was in place to ensure this. Emergency oxygen was in date and stored securely.
- The pharmacy service at Newton Community Hospital was provided under a Service Level Agreement. The trust struggled to provide us with the service level agreement when it was provided we found it had expired. As part of this agreement a dedicated technician and pharmacist provided a medicines reconciliation and discharge service each morning.
- At Newton Community Hospital, patients were given their medicines in a timely way, as prescribed, including pain relief. However, for external medicines including creams and bath additives, records were not maintained clearly. Instructions for use were not clearly recorded and on four of the nine charts we looked at staff had ticked to indicate application but not signed which was not in accordance to the trust policy. Staff told us that patients did not self-medicate however we spoke with one patient who showed us devices they used to aid them self-administering their eye drops and inhalers. The self-medicating policy was under review and no formal assessments of people's ability to look after their own medicines were being carried out.

Are services safe?

- Patients and relatives spoke highly of how their medicines were managed at Newton Community Hospital. Patients were familiar with the pharmacy technician and pharmacist attending the ward as they had spoken to them about their medicines.
- At Newton Community Hospital, we saw records that fridge temperatures were regularly checked, recorded and adjusted as appropriate.
- At Newton Community Hospital, we looked at the information provided to patients about their medicines prior to discharge. Take home medicines were efficiently managed and medicines information leaflets were usually supplied with them.
- Patients at Newton Community Hospital told us they had all their medicines explained to them by nursing staff and any changes to treatment were clearly explained. During handover we saw staff highlight that a patient had a new prescription for warfarin and we saw that they arranged an appointment with the pharmacist to provide education and guidance to the patient.

Environment and equipment

- We found that the ward at Newton Community Hospital was well maintained, free from clutter and provided a safe, suitable and pleasant environment for caring for patients.
- Resuscitation equipment at Newton Community Hospital was checked in line with trust policy, trolleys were locked, equipment was in date and records were kept of the unique seal reference numbers.
- At Newton Community Hospital, equipment for use by patients and staff was found to be in date, appropriately packaged and ready for use.
- Newton Community Hospital had a good supply of manual handling equipment such as hoists, slings, sliding sheets and condition-specific equipment such as nebulisers, syringe drivers and monitors, which were well maintained, cleaned and stored ready for use.
- At Newton Community Hospital waste and clinical specimens were handled and disposed of in a way that kept people safe. This included safe sorting, storage, labelling and handling.

- Some bariatric equipment was available if required, any additional item had to be loaned or purchased as necessary.

Quality of records

- As part of this inspection we looked at 11 paper based patient care records and nine prescription records. We found that records were well maintained, comprehensive and updated at timely intervals. We found that each professional had recorded their entries appropriately; documentation was accurate, complete, legible and up to date and there was a plan of care for each patient.
- Documentation audits were completed monthly at Newton Community Hospital, any issues were identified and plans for action implemented to improve performance. Managers conducted spot checks on documentation and highlighted omissions or areas of improvement at meetings and where necessary with individual staff.
- On the wards patient notes were locked away securely to prevent unauthorised access and protect patient confidentiality.
- All the patient records we reviewed contained necessary information, such as risk assessments, to allow staff to carry out their required clinical activities.
- Documents such as observation charts, prescription and medicine administration charts, food and fluid charts and rounding tools were in place at the end of patient's beds for staff to record the care and treatment people received. We found staff had completed charts and other records as required throughout the day and night.
- At Newton Community Hospital there was evidence of record audits to provide assurance of how they monitored the quality of their record keeping.

Cleanliness, hygiene and infection control

- We found the environment at Newton Community Hospital to be visibly clean, hygienic and free from clutter and there was effective cleaning programmes and audit regimes in place.

Are services safe?

- We observed staff following hand hygiene procedures and 'bare below the elbow' guidance. We saw staff using appropriate protective personal equipment, such as gloves and aprons, when delivering care.
- The trust had an infection control team with infection control specialist nurses who were available to staff for training, advice and consultation. Infection control audits were undertaken at Newton Community Hospital periodically and compliance results were good.
- Information provided by the trust showed that there had been zero cases of MRSA and cdiff and catheter related UTI's in Newton Community Hospital inpatient services during the 6 months preceding the inspection.
- Staff were clear on the processes they would follow if an outbreak of infection occurred on the wards. They told us that they had good access to infection control advice both during and outside office hours.
- At Newton Community Hospital we saw that regular cleaning schedules were in place to ensure individual areas within wards were cleaned regularly and that the quality of this cleaning was checked through audits and spot checks. All the cleaning records we reviewed were regularly completed and up to date.
- PLACE assessments recorded a cleanliness assessment of Newton Community Hospital as 99.4% which is better than the England average.
- Infection control policies and procedures were available and accessible to staff and the staff we spoke with were familiar with those policies and where to seek advice if they needed to.
- At Newton Community Hospital clinical and non-clinical waste was managed appropriately. Sharps containers and domestic and clinical waste bins were available in relevant areas of the wards and arrangements were in place for the collection and disposal of all waste from the wards. We saw evidence of damp-dusting. Commodes were visibly clean and labelled appropriately.

Mandatory training

- Mandatory training was updated by attendance on training courses or by training done remotely on a

computer. The subjects classed as mandatory are those which are considered the most important such as basic life support, safeguarding patients, infection control, medicines management and moving and handling.

- The levels of completion of mandatory training varied across the intermediate care units but was 86% overall. At Newton Community Hospital compliance with mandatory training was 96%.
- Staff told us that they were encouraged to complete their mandatory training, which they were able to complete in work time.

Assessing and responding to patient risk

- Patients were assessed for risk upon admission through history taking, assessments, tests and examination. Comorbid conditions, past medical history and lifestyle issues were captured appropriately and care plans were established to deal with any highlighted needs.
- Risk assessments were completed in areas such as manual handling, mobility, falls, skin integrity, venous thromboembolism and wound care.
- At Newton Community Hospital, physiotherapists and occupational therapists undertook frontline assessments within 2 hours and full functional assessment of patients with 24 hours of admission to establish if patients needed any aids or assistance with their activities of daily living.
- In the patient 11 records we reviewed, there was evidence of risk assessments being completed, updated and reviewed and all documents were clear, legible and up to date.
- Staff recorded patients observations along with consciousness and pain levels at intervals through the day and used a recognised early warning score tool to alert if a patient's health deteriorated. This enabled staff to determine the best course of action and provided a framework of appropriate response. The patients score triggered an action, such as increase regularity of observations, inform GP immediately, consider dialling 999 or transfer to an acute hospital.
- 80% of the registered nurses at Newton Community Hospital had undergone intermediate life support training, with the remaining staff being trained in basic life support. This enabled them to deal with an adverse

Are services safe?

incident such as choking, collapse and deterioration. However, in an emergency the policy was to call 999 and an ambulance. This was encapsulated in the policy 'recognition of the deteriorating patient clinical guidelines'.

- Patients were under the care of community general practitioners who would review patients who deteriorated but who were stable, if their condition was not manageable on site, they would be referred to the local acute hospital.
- Patients were not routinely seen by a consultant, if they required a review, would be seen by a visiting consultant or attend an outpatient hospital appointment at an acute hospital. Arrangements could be made by the inpatients staff using an ambulance or patients family or carers to transport if it was deemed safe to do so.

Staffing levels and caseload

- At Newton Community Hospital the service used the nursing acuity tool to measure the acuity of patients and associated staffing establishments. These were reviewed every six months. A minimum of four registered nurses were on duty at any one time, which provided a ratio of better than 1:8.
- Nurse and care safer staffing figures for Newton Community Hospital showed that staffing levels over the preceding 12 months were consistently above 95% - 105% of the planned staffing levels.
- Staffing vacancies at Newton Community Hospital were 5.7 whole time equivalent (WTE) this represented a 11.5% vacancy rate, however the ward manager stated these had been recruited to and staff were due to be in post imminently. At Padgate staff vacancies were 0.8 WTE, a vacancy rate of 3.7%, at Alexandra Court there was one WTE, a vacancy rate of 9.9% and at Maple unit there was no vacancies.
- When staffing levels were short, any gaps were filled by swapping shifts, through internal bank shifts and overtime and as a last resort by the use of agency staff. The use of agency staff had improved greatly at Newton Community Hospital and they had not used agency staff during day shifts in the previous six months, they did however continue to use agency staff to cover shifts at night but the numbers had reduced. At Padgate House there was a variable use of agency staff.

- Sickness rates as at March 2016 were 4.8% at Alexandra Court, 0% at Maple unit, 6.7% at Newton Community Hospital and 4.4% at Padgate House . The average sickness rates for the year May 2015 to April 2016 were 7.2%, 0.3%, 8.9% and 9.5% respectively.
- The medical input for inpatients were provided by local general practitioner practices. There were no nurse prescribers based on the inpatient units.
- Therapy staffing at Newton Community Hospital were not Bridgewater staff, they were provided from another NHS trust. However therapy staff at Maple unit and Padgate House were employed by the trust. Those therapists we spoke with felt that patients would benefit from increased levels of therapy input as currently the time spent on each individual patient equated to just three hours therapy per patient per week. Patients we spoke with also mentioned that they would like more therapy input. This may account for the longer than average lengths of stay for Bridgewater inpatients. We were advised that health care assistants also provided physiotherapy activities with patients in addition to the sessions provided by therapists.
- At Newton Community Hospital, handovers were conducted with the multidisciplinary team and staff were allocated to teams of patients which comprised of registered nurses, support workers and therapists with an overall coordinator. Registered nurses had eight patients within their team.
- The ward manager was supernumerary for 75% of the time at Newton Community Hospital and 100% of the time at Padgate House according to the latest safer staffing records.
- The safer staffing reports show that at both Newton Community Hospital and Padgate House staffing fill rates were between 95% and 100% for the 6 months to December 2015. Staff we spoke with reported that staffing levels were good. Staff reported that they had time to care for patients appropriately.

Managing anticipated risks

- The bed based services at the trust had a risk register. This was updated and reviewed monthly by ward managers.

Are services safe?

- Risk assessments in relation to patients, such as pressure care, falls and nutrition were completed and updated as patient's needs changed.

Major incident awareness and training

- Major incident plans were in place at Newton Community Hospital. The manager had undertaken major incident training involving desktop exercises and mock scenarios.
- Fire and bomb procedures were in place and drills were practised regularly. A drill was recently undertaken during a night shift with the fire service and was deemed to be satisfactory.
- Newton Community Hospital also had contingency plans for infection outbreaks such as norovirus.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

We rated cFommunity inpatient services as good for effective because;

- Care and treatment was evidence-based and was provided in line with best practice guidance and evidence based practice. .
- Care plans and clinical care bundles were implemented and reviewed regularly to ensure they were in line with changes in patients' needs and progress.
- Pain, nutrition and hydration were well assessed and well managed.
- Staff had access to the necessary information to undertake their roles and were confident and competent to deliver effective care. They received the right training and supervision to enable effective care delivery.
- The multidisciplinary team worked effectively, ensuring the holistic needs of the patient were met, through the input of all partners in care. This was evident through the planning, assessing and delivering of patients' care and treatment and reflected ongoing evaluation of outcomes and patients' goals in relation to their rehabilitation.
- Patient outcomes were positive, the majority of patients successfully returned to their homes and many reported improved Barthel scores which was an established technique used to measure improvement after rehabilitation.
- The staff were trained and competent in consent procedures, the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

Evidence-based care and treatment

- Intermediate care services delivered care and treatment in line with evidence-based practice and followed best practice such as recommendations from the National Institute for Health and Care Excellence (NICE).
- The intermediate care services complied with local policies and procedures and followed established care plans for certain concerns, such as falls risk and wound management.

- We saw that clinical care bundles were being followed such as catheter care, pressure area care; venous thromboembolism prophylaxis precautions and intentional rounding tools were in place as necessary. Intentional rounding involves health professionals carrying out regular checks upon individual patients at set intervals.
- Policies and procedures were available online and were accessible to staff.

Pain relief

- In the Newton Community Hospital inpatient facility, pain was assessed as part of the early warning system (EWS). The measuring of pain levels was integral to the EWS scoring system. Whereby each time observations were taken, the patient was asked about their pain levels and a 'score' was recorded.
- Patients were prescribed pain relief in keeping with the World Health Organisation 'analgesia ladder', which advocates an incremental approach to the administration of pain relief. Patients were asked for a score of their pain levels and they were given pain relief commensurate with these scores.
- Patients were given their pain relief prior to their therapy exercises and treatment, to enable them to better participate in their therapy and rehabilitation programme.
- The patients we spoke with were satisfied that their pain was assessed and treated appropriately.

Nutrition and hydration

- Risk assessments were carried out by nursing staff to identify those at risk of malnutrition or dehydration. The Malnutrition Universal Screening Tool (MUST) was completed on admission and at regular intervals to monitor patients' nutritional status.
- The patient's records included all appropriate assessments of nutritional requirements and those patients on fluid and food charts were completed regularly.

Are services effective?

- At Newton Community Hospital, patients at risk of malnutrition or dehydration could be referred to the trust dietician who was available for advice and to prescribe fortified or special diets.
- Patients' weights were recorded upon admission and reviewed and re-weighed weekly or sooner if there was cause to do so.
- The nutritional requirements of individual patients were highlighted during handovers, ward rounds and multi-disciplinary meetings to ensure a holistic approach to care. Those who were on fluid or food charts and those who needed assistance or encouragement with eating and drinking was highlighted above their bed.
- Patients were encouraged and assisted to attend the dining rooms for their meals. There was evidence that using a dining area is not only a more favourable environment for eating, but has been shown to improve appetite and encourage better food intake than eating in bed.
- At Newton Community Hospital, the dining room was a pleasant, communal and social area; there were plenty of staff on hand to assist patients with their needs and to ensure their safety. Patients stated they found the dining area a comfortable and an enjoyable place to eat their meals.
- Hot and cold drinks were offered at regular intervals. At Newton Community Hospital, as part of the listening in action programme, extra drinks rounds were introduced early morning and last thing at night as per patient feedback.

Patient outcomes

- Newton Community Hospital used a quality performance and key performance indicators dashboard to assist which monitoring their performance, identifying areas of weakness and implementing improvement initiatives. This assisted them in improving quality and safety.
- At Newton Community Hospital data shows that year to December 2015, the large majority 76% of patients were successfully discharged to their own homes, 13% were transferred to acute care and 8% were discharged to a continuing care facility.

- As part of their recording of key performance indicators Newton Community Hospital showed improved Barthel scores for 63% of patients. Improved Barthel scores are associated with a greater likelihood of being able to live independently at home following discharge from hospital.
- Ward performance and key performance indicators were displayed at Newton Community Hospital. This showed how they had achieved zero cases of MRSA, zero cases of Clostridium difficile, zero case of acquired pressure ulcers, 100% MRSA screening and 100% VTE assessments.

Competent staff

- Staff said they received good support and supervision from their line managers, in addition to their annual appraisal, they could request meetings with managers and there were always someone to go to for advice and extra tuition. We were told there was supportive and inclusive teamwork and collaborative team spirit.
- There were good opportunities for development and training for nursing and allied professional staff. They were encouraged and supported to develop their expertise and competencies and extend their skills.
- Annual appraisals give an opportunity for staff and managers to meet, review performance and development opportunities which promotes competence, well-being and capability. Data provided by the trust showed that 100% of Bridgewater staff at all four locations had received an appraisal in the last twelve months.
- Patients and their relatives stated they felt they were cared for by staff who were capable, confident and well trained in their roles.
- Therapy staff demonstrated they were experienced, competent, skilled and knowledgeable and demonstrated a good understanding of the needs of their patients.

Multi-disciplinary working and coordinated care pathways

Are services effective?

- There was very good multidisciplinary team working, all necessary partners had input into the planning, assessing and delivering of patients' care and treatment. The patients' holistic needs were assessed and acted upon.
- At Newton Community Hospital, each patient and their family and carers had a full multidisciplinary team meeting within seven days of admission, this meeting set about the priorities for that patient and established plans and for their care. The patient and their relatives were part of this meeting and their preferences and expectations were discussed.
- Care was coordinated and organised well, regular meetings between members of the team were undertaken and each partner was aware of the plan and their roles within that plan.
- Professional respect and collaboration was evident and during handovers and meetings, each team members' contribution was valued and listened to. Communication between members was effective and efficient.

Referral, transfer, discharge and transition

- Referrals into intermediate care units came from local acute hospitals, GPs, and community care teams.
- Upon discharge patients were referred appropriately to community care services, for example district nursing, community intermediate and reablement teams to ensure their ongoing needs were met following discharge. At Newton Community Hospital they operated an outreach service which visited patients for two weeks following discharge to ensure that they were coping and their care needs were met following discharge to their own home or a nursing home.
- Referrals to clinical nurse specialists such as tissue viability nurses, speech and language therapists, falls specialists, diabetic specialists and dieticians were available and provided an in-reach service to wards on request. Staff said the referral process was easy to use and effective and patients did not experience long delays in receiving attention.
- Average lengths of stay for Newton Community Hospital were 30 days from April 2015 to December 2015; this was longer than the England average of 26.8 days in 2015.

Between April 2015 and December 2015, Newton Community Hospital had seven delayed discharges, this equates to 3.3% which was better than the England average.

Access to information

- Important information such as safety alerts, minutes of meetings and key messages were displayed on notice boards in staff areas to help keep staff up to date and aware of issues.
- Staff had access to trust and external information including policies and procedures from the trust's intranet. At Newton Community Hospital, Alexandra Court and Maple unit, there appeared to be sufficient access to terminals, however there was only one Bridgewater computer terminal at Padgate House intermediate care facility and staff found it difficult to gain access to this. We were told that there were laptops available but staff said they were somewhat unreliable.
- Sufficient information was available to update staff on patients arriving from acute hospitals. Patients arriving from the community had copies of relevant primary care notes and assessment documentation from the intermediate care access team.
- Staff used a Trust electronic reporting system to report and obtain updates on incidents.
- Staff could access patient's diagnostic information such as blood results and test results online, some others were hard copies in the patients' records.
- At Newton Community Hospital, discharge summaries were comprehensive and complete, a copy was sent to the patients' GP and a copy to the patient. Discharge discussions were detailed and covered rehabilitation goals, details of medications, how to take them and what they were for and details of the outreach service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had undertaken Mental Capacity Act (2005) training which included the Deprivation of Liberty Safeguards. They appeared to be knowledgeable on the subject and knew the procedure to follow. During our inspection at Newton Community Hospital a patient who they suspected lacked capacity underwent a capacity assessment and was deemed to lack capacity, staff

Are services effective?

made an application for a DoLS authorisation as appropriate and documented all their actions. However at Padgate House we saw a patient who may have lacked capacity, however staff had not undertaken a mental capacity assessment. This was pointed out and appropriate action was taken.

- Staff undertook and documented patients' informal consent to undertake personal care and therapy treatment in the patient's notes. We observed staff seeking consent to interventions during our inspection.

- Staff at Newton Community Hospital arranged ongoing training and question and answer sessions with the trust safeguarding specialist nurse who delivered additional coaching with staff around safeguarding and the application of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.



Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

We rated community inpatient services as outstanding for caring because;

- We observed staff treating patients and their relatives with the upmost dignity and respect. Patients told us staff were exceptionally kind, caring and compassionate.
- Staff were exceptionally attentive and responded quickly and compassionately to patients who needed help or assistance, they anticipated the needs of their patients and offered assistance proactively.
- Staff were always positive and receptive about making improvements to patient care, they actively sought ways to make patients stay more pleasant by working with them to identify ways to make things better.
- Nursing and therapy staff promoted and supported patients' independence, encouraging autonomy whilst remaining supportive and reassuring.
- There was a strong person centred culture and staff were motivated to provide comprehensive holistic support to patients and relatives, taking into account and accommodating their emotional, mental, physical and social needs.
- Feedback from people who used the services was continuously positive, patients and relatives spoke highly of staff and the care that was delivered. Many believed that staff went above and beyond their role in the way they care for their patients.
- We saw many examples of staff going the extra mile for their patients, they showed flexibility and innovation in finding ways to improve the service provided to patients.
- Patients and their relatives were actively involved in their care and treatment and played an active role in determining their care.
- During our inspection we saw that staff within all four intermediate care facilities were very person-centred in caring for their patients. We saw that staff put patients at the centre of everything they did and strived to make patients as comfortable and happy as possible.
- We saw staff anticipated and responded to patients needs promptly and effectively and did so in a patient and kind manner.
- Staff took steps to provide genuine holistic care including their mental, emotional and physical needs. They took time to assess patients mental health needs and intuitively knew if they were feeling down or not themselves. We heard staff discussing a patients needs during handover and suggesting ways in which the patients might be assisted through the help of mental health professionals. We heard staff arranging for a pharmacist to come and help a patient with their medication as they felt she was not coping with her medicine regime.
- Some staff had counselling and cognitive behavioural therapy qualifications which they provided to help patients.
- During our inspection we gathered many examples of instances of staff going the extra mile for their patients which demonstrated their commitment and desire to give the very best care to their patients.
- Members of staff collected relatives on their way into work if they had mobility problems and could not drive.
- Staff bought toiletries out of their own funds, for patients who had no visitors to bring them for them.
- A nurse won the trust 'star of the month' award for her exceptional caring for a patient at the end of their life.
- At Newton Community Hospital, staff promoted and facilitated patients' use of the communal and social areas. They took patients into the garden to give them a change of scenery and the chance to practice walking on different surfaces to build their confidence. They arranged various events and games in the lounge to provide stimulation and interest for patients.

Compassionate care



Are services caring?

- Staff at Newton Community Hospital established at charity fund, they undertook fundraising and arranged community celebratory events such as D-day and nurses day. They invited members of the community, visitors and relatives and baked cakes and provided refreshments. They used the funds to buy additional items to improve the services at the hospital. For example, they bought a fold down bed so relatives could stay with a patient at the end of their life and a computer game which helped patients with fitness and movement.
- Staff at Newton Community Hospital started a 'positivity tree' to improve the emotional welfare of patients, this evolved into a means by which patients could have their say, express ideas and relay thank you messages.
- Newton Community Hospital had a hairdressing service which helped emotional wellbeing and confidence. Staff would often 'set' patients hair themselves to give patients a pamper and boost.
- A member of staff who was passionate about dementia care had delivered sessions to local organisations to promote awareness about dementia.
- At Newton Community Hospital, staff on hearing that patients would like an extra drink early in the morning and last thing at night, changed their shifts to facilitate an early bird and twilight drinks round where a member of staff would come in early and another stay late each evening to do this.
- We observed that vulnerable or frail patients who required extra support were appropriately assisted and were given sufficient extra time and attention, physical and emotional support.
- Interactions between staff and patients was professional and respectful. Staff addressed patients by their chosen name when carrying out treatment or personal care.
- We observed that cubicle curtains were drawn around and single room doors were closed during consultations, interventions and patient care which protected the privacy and dignity of patients. All staff knocked and sought permission before entering patient areas.

- Staff suggested ideas and initiatives to make patients stay more comfortable such as pleasant and quiet seating areas with reading materials along the corridors for patients to have some time to rest or just spend some time on their own away from the ward areas.
- PLACE assessments awarded Newton Community Hospital a score of 90.5% which was better than the England average of 86% for meeting the privacy and dignity needs of patients.

Patient understanding and involvement

- The patients and relatives we spoke with told us they found all members of staff respectful, responsive and approachable. They reported that staff of all levels listened to what they had to say, acted upon their concerns and addressed any issues. Patients said they felt they had sufficient time to ask their questions and had all their questions answered.
- Patients and their carers were involved in decisions about their care at each stage of their rehabilitation. At Newton Community Hospital, upon admission a multi-professional meeting took place with patients and relatives in which plans of care were developed with nurses and therapists. This focussed on expectations and goals, treatment plans and objectives and was used to formulate an individual and realistic plan of care. This plan was discussed and reviewed regularly with patients throughout their stay and progress was measured against objectives.
- The patients records we reviewed confirmed patient and carer involvement, there was evidence of joint discussions involving goal setting, expectations and aspirations.
- Patients were encouraged to be as independent as possible, they were encouraged with activities of daily living and mobility however, support was also provided as required.
- Therapeutic activities were planned for patients; at Newton Community Hospital we saw the timetable for activities such as skittles, bed exercises, dominoes and target ball.
- The views of people using the service was regularly sought through various means, the patient comment tree at Newton Community Hospital, through



Are services caring?

questionnaires and surveys asking for ideas and opinions on plans and changes and through speaking directly to patients and relatives and canvassing opinion.

- We spoke with patients about the involvement of the multi-disciplinary team and allied health professionals such as occupational and physiotherapists. Patients stated that they had been encouraged to undertake exercises by being shown how to do these by staff but that also they were encouraged to undertake exercises when alone, which made them feel empowered to take control of their recovery.
- At Newton Community Hospital the corridors were marked with 'landmarks' to measure distance and as such patients progress against their mobility targets. For example "we reached Paris today, we are aiming to reach New York by the end of next week". This enabled patients to see tangible results and could take ownership of their own rehabilitation.
- The NHS Friend and Family Test results could not be desegregated for inpatient services. However wider trust figures show that 97% of patients would recommend the service to their friends and family; the England average rate was 95%. The survey response rates were very similar to England average response rates.

Emotional support

- Staff within the inpatient facilities were on hand to offer emotional support to patients and were very happy to offer a listening ear. They could also refer patients to more formal services as necessary.
- Staff were able to give emotional support to relatives and carers and were seen to be compassionate and understanding to their needs. Some staff had counselling and therapy qualifications which they provided to patients.
- There were many examples of 'thank you' cards, expressing the gratitude of patients and relatives for the care and support they had received whilst an in-patient or visiting the intermediate care units across all locations.
- Counselling services were available to patients who experienced emotional and mental health problems. Newton Community Hospital had a mental health nurse on staff who was able to give counselling to patients as necessary.
- Condition specific advice and support was available from specialist nurses such as stoma nurses, cardiac and heart failure nurses and diabetes nurses.
- Bereavement counselling was available for families and carers through trust bereavement support schemes.
- Chaplains and spiritual care support was available upon request.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

We rated community inpatient services as good for responsive because;

- There was a holistic and person-centred care approach to the delivery of care for all patients; attention was paid to individual differences and patients' needs. We saw positive examples that patient's individual needs were accommodated, such as patient activities that were planned and based on their personal preferences.
- Vulnerable patients were identified on admission and staff provided individualised care to meet their needs.
- Staff were aware of the referral criteria for intermediate care and rehabilitation and ensured the patient received the right level of care to match the patient's needs.
- The services worked with local commissioners, community and acute and other healthcare organisations to meet the holistic and individual needs of patients.
- The services had few complaints, but those that were received were handled effectively and appropriately in line with trust procedures.

Planning and delivering services which meet people's needs

- The services were planned and delivered to meet the needs of local people by providing an alternative to acute hospital care.
- The facilities and environment at Newton Community Hospital were suitable for the provision of the services it delivered.
- Information provided by Newton Community Hospital showed that from April 2015 to December 2015, that on average their patients were made up of 31.4% step up patients (patients admitted from the community) and 68.6% step down patients (patients from acute hospital care).
- Staff understood the different needs of the people they cared for and acted on these to plan and deliver appropriate individualised care and treatment.

- The areas we inspected were compliant with same-sex accommodation guidelines, we observed that males were cared for in separate areas to females and there were no reported breaches to this policy.
- The services worked well with local commissioners, community organisations, acute, community and other healthcare organisations to meet the holistic needs of patients and overcame potential barriers to implement effective individualised care.

Equality and diversity

- The trust provided language interpreting and translation services to patients whose first language was not English. The trust had both face to face interpreter services available with prior booking along with access to a telephone interpreting service for all other times.
- We found that any staff were adept at identifying potential cultural or individual needs and these were recognised and recorded as part of the assessment of care and treatment plan, such needs were catered for accordingly and appropriately.
- Staff received training for equality and diversity on induction and every three years as part of corporate mandatory training. Data provided by the trust showed that 97% of staff in inpatient services had completed this training up to the end of December 2015.

Meeting the needs of people in vulnerable circumstances

- We saw evidence across all four services that staff considered the individual needs of patients particularly those in vulnerable circumstances such as those living with dementia, learning difficulties and mental health problems. The services were able to make reasonable adjustments to accommodate their needs and were flexible in their approach. Staff had access to community teams who were able to support and advise on individual needs.
- Care pathways were designed to be flexible to make sure that different services worked together to meet the patient's changing needs.

Are services responsive to people's needs?

- At Newton Community Hospital, we saw that patients with do no attempt cardiopulmonary resuscitation were clearly marked on the records and on the large whiteboard in the staff office. Staff had received extra training on DNACPR orders and the procedure had been changed to make them more effective and less ambiguous.
- We saw that at Newton Community Hospital, during handover individual patient issues such as those on DNACPR orders, those at high risk of falls, those on a special diet etc. were highlighted.
- At Newton Community Hospital the ward had appointed ward champions and link nurses including ones for people living with dementia, heart failure, palliative care, infection control, tissue viability, chronic obstructive pulmonary disease, falls, nutrition, continence and diabetes. This provided a point of contact and expertise to accommodate the individual needs of patients with particular needs. Champions undertook teaching sessions and shared guidance and facts about their area on the notice board. This was to raise awareness and improve knowledge and competence in dealing with patients' individual needs and other aspects of care.
- A mental health registered nurse was employed at Newton Community Hospital; this provided a source of expertise and knowledge that was shared to accommodate the needs of those with mental health needs. We observed that staff were attentive and responsive to those patients with mental health needs and made appropriate referrals to resources in the community. At Newton Community Hospital during a handover we observed a discussion regarding the needs of a patient; we saw that the multidisciplinary team arranged cognitive behavioural therapy for the patient.
- Many of the staff at Newton Community Hospital had undertaken additional training and were 'dementia friends'.
- Newton Community Hospital had a 'double' room. This had an internal adjoining door. This was used for couples who were admitted at the same time and was used recently for a couple one of whom was living with dementia and become very unsettled being apart from their partner.
- People were able to access the right care at the right time. The referral systems to the intermediate care unit were generally robust and effective and enabled patients to access the right care at the right time.
- The use of the intermediate care facilities prevented unnecessary admissions through accident and emergency departments of local acute hospitals and provided a more suitable environment to meet the needs of these patients.
- They also catered for the needs of patients who had been discharged from acute care but required a further period of rehabilitation before returning to their long term residence, this provided a more appropriate environment to recuperate.
- There was a consistent approach to managing referrals, assessments, bed allocation and use of inpatient provision; plans were in place to tackle any problems identified.
- Staff we spoke with on the wards stated that very occasionally they admitted patients who were not always suitable for rehabilitation, in order to support local acute trusts, primary care and clinical commissioning groups.
- Data received from the trust showed that between April 2015 and December 2015 there were seven delayed transfers of care at Newton Community Hospital.
- Multi-disciplinary team working was very well co-ordinated so that the needs of the patients' could be recognised and met in a timely manner. The intermediate care services had GP cover arrangements for the review of patients, prescribing of medication and ordering of suitable tests if necessary.
- Bed occupancy at Newton Community Hospital was 94.2% between April 2015 and December 2015.

Complaints handling and learning from feedback

- Staff told us about the trust complaints policy and procedures and how they would advise people using the service to make a complaint.
- We noted that information on how to make a complaint was visible in the corridors on the Newton Community

Access to the right care at the right time

Are services responsive to people's needs?

Hospital inpatient facility. The inpatient unit at Newton Community Hospital received just two complaints in the last six months. These were answered appropriately and issues discussed with the complainant themselves.

- Across intermediate care services we saw many examples of compliment letters and thank you cards displayed in ward areas.

- At Newton Community Hospital the team sought feedback from patients and visitors by arranging a comments tree, patients and visitors wrote their thoughts on a leaf and pinned it to the tree.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

We rated community inpatient services as good for well-led because;

- There was an established trust strategy in place and staff were broadly familiar with trust priorities and plans.
- The culture within the services were very positive, most staff stated it was a good place to work and they were proud of the work they did and the care they delivered, they found their work meaningful and satisfying.
- Staff stated they felt valued, listened to and felt able to raise concerns without fear of recriminations.
- The trust had acted in response to concerns about the quality of care within the intermediate care service. Managers had made effective changes to the structure and staffing to ensure patient safety, internal governance, risk management and an improved culture.
- We saw that local managers were passionate and enthusiastic leaders, who led by example and inspired their staff to develop and improve quality, performance and expertise.
- Since our last inspection, we found that there had been major improvements in the culture and governance structures within the service at Newton Community Hospital.
- All of the staff we spoke with told us that the ward manager at Newton Community Hospital had made a positive difference to the culture of intermediate care services. There had been improvements in the sickness rates, which had fallen, staff were more engaged and positive and staff reported less conflict than there was previously.
- The service had good methods for engaging with the public and used this information to implement positive changes.
- There was evidence of positive and effective staff engagement initiatives that had empowered staff to get more involved in seeking and securing improvements in their working environment and care delivery.
- The trust's strategic objectives were focussed around 'quality, innovation, sustainability and people'. Their mission was "to improve local health and promote wellbeing in the communities we serve. We will do this by working closely with local people and partners to promote good health and to be a leading provider of excellent community healthcare services in the North West".
- During our inspection we saw posters at various locations reminding staff of the values and objectives. Staff were broadly aware of the trust strategy, though this was somewhat diluted due to the influence of various organisations that worked together within the same facilities. However, they were fully aware of the trust mission statement and core values.
- There was some uncertainty over the strategy for the future within some areas due to potential changes in management and ownership of some intermediate care services.

Governance, risk management and quality measurement

- Inpatient services had an effective clinical and corporate governance structure; they had a system for measuring their key performance indicators to measure quality and determine ways to improve the quality and service provided.
- There was evidence of effective clinical governance procedures and quality measurement processes, these enabled risks to be captured, identified and escalated to inpatient services management. This supported the dissemination of shared learning and service improvements and an avenue for escalation to the trust board.
- Inpatient services had monthly meetings to share information, review their performance and learn from each other.
- A risk register for inpatient services was maintained, reviewed and updated regularly. This showed common

Service vision and strategy

Are services well-led?

risks and themes across locations and which were separated into individual locations as necessary, it clearly highlighted the owner of that risk and who was responsible for it.

- Incidents and concerns relating to patient safety were reported and fed through to the trust's quality committee. Managers attended trust governance meetings. Newton Community Hospital used performance dashboards to measure their performance and identify areas for improvements. Information was used to benchmark themselves against other services. Newton Community Hospital participated in the national intermediate care audits.
- Audits were undertaken for falls, timing of intentional rounding, cleaning, medicines, DNACPR, hand hygiene, and MRSA screening, amongst others. Any issues identified were reviewed and action plans implemented to improve figures.

Leadership of this service

- Staff at Newton Community Hospital thought very highly of the ward manager who they said has lead the ward through a difficult time and that the ward is now a much better place for patients and staff.
- Staff in the inpatient areas at Padgate House, Alexandra Court and Maple unit spoke very highly of their respective managers.
- Staff felt that they had very positive leadership and were supported by their immediate line manager. Without exception staff said they would not hesitate approaching their line managers for advice, assistance, to raise concerns or to seek guidance on both work and personal matters.
- Staff were proud of the care they provided and managers led by example.
- Staff stated they felt supported by senior trust management. Staff at Newton Community Hospital said that the chief executive had visited the ward regularly and had participated in the listening in action programmes that had been undertaken there. Staff in other locations felt slightly isolated from trust executives as they had not visited their facilities. But they were aware of the executive team and knew ways in which they could access them if they needed to.

- The local managers and the inpatient services managers were very visible and approachable and visited their staff at the location on a regular basis.

Culture within this service

- Staff were overwhelming in their praise of the change in culture at Newton Community Hospital, all staff spoke highly of their respective managers.
- Staff in all locations stated they felt very happy and supported in their day to day work and believed they made a positive difference to patients' lives, which they found rewarding.
- Staff stated they felt empowered and had been pleased to be involved in recent initiatives such as listening into action. They stated they now felt more engaged and involved in decisions and changes in their working practices and environment. They said it was a positive initiative to listen to their ideas and act on what they suggested.
- Staff said there was a no blame culture and were happy to raise concerns. Staff at Newton Community Hospital stated that previously there was a reluctance to raise concerns but that this culture had changed in the last 18 months.
- We were advised of a culture of working beyond one's contracted hours in order to complete mandatory tasks. We sought feedback from a range of staff to check if this was common practice, but this view was not supported across the services.

Public engagement

- At Newton Community Hospital staff regularly canvassed opinion on potential changes to be implemented to gain feedback on whether these were viable and if a good idea. They had implemented many suggestions made by patients and visitors such as additional early morning and evening drinks rounds, which necessitated introducing a new shift pattern whereby one member of staff came in early to perform the drinks round and similarly a member of staff stayed late to perform the late drinks rounds.
- The trust conducted the Friends and Family Test (FFT) which measured the experiences of care at inpatient facilities. However we could not obtain specific

Are services well-led?

feedback for individual locations. Overall 97% of patients would recommend the service but this was across Bridgewater trust services. The average rate of recommendation across England was 95%.

- Information on how the public could provide feedback was displayed on the ward at Newton Community Hospital and information on how to engage with the trust was provided on their website.
- At Newton Community Hospital they arranged open days for the public, patients, families and friends. They had an event to celebrate ‘nurses day’ and staff get dressed up, made cakes and put on events. It was well attended and appreciated and raised money for charity.
- A member of staff at Newton Community Hospital provided dementia awareness sessions to community groups and organisations in the local area.
- Newton Community Hospital set up a comments tree to gain feedback, comments from patients and visitors could be posted on ‘leaf’ notes and attached to the tree.

Staff engagement

- The trust engaged with staff through listening in action events. Several of these events have taken place at Newton Community Hospital with the chief executive taking part. A multitude of ideas and initiative were generated through this initiative and many have been implemented successfully. Staff told us these events have increased their feeling of inclusion and engagement with the trust and their working environment which in turn has increased their job satisfaction. They felt listened to and included in decision making.

- Staff surveys were undertaken yearly and results were analysed and published. Action plans were implemented to address areas of concern.
- The latest NHS staff Friends and Family Test results for Bridgewater as a whole showed that 42% of staff would recommend the trust as a place to work, compared to England average of 62%; and 85% of staff would recommend it as a place to receive treatment, compared to an England average of 79%. These results were based on a 5.4% completion rate, the England average response rate was 11.4%.
- Staff said they were well supported across all locations. They said they could seek guidance, advice, raise concerns and contribute suggestions to their managers and they were acknowledged, listened to and acted upon.
- Newton Community Hospital had a staff suggestion box where ideas and suggestions could be posted.

Innovation, improvement and sustainability

- Staff at Newton Community Hospital had embraced the ‘listening in action’ initiative. It gave them the opportunity to reassess the way the unit ran and ways they could influence improvements. The benefits of this were two-fold; the service made improvements to the service for patients and cost savings, but also improved the engagement and inclusion of staff, which has in turn improved staff morale and satisfaction.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.