Bridgewater CHCT - Padgate House

Quality Report

Vulcan Close
Padgate
Warrington
Cheshire
WA2 0HL
Tel: 01925 821639
Website: www.bridgewater.nhs.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected, information we hold about quality, and information given to us from patients, the public and other organisations.

Summary of findings

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Summary of findings

Overall summary

Padgate House is situated near Warrington. It provides intermediate care and nursing support for up to 31 people and a further four people needing neurological rehabilitation. The service provides short-term support for up to six weeks in a residential setting to help people regain daily living skills and independence. It is provided jointly by Warrington Borough Council and Bridgewater Community Healthcare NHS Trust. There is a registered manager in post, employed by Warrington Borough Council.

During our inspection we talked with patients and staff throughout Padgate House. We observed how patients were being cared for and talked with carers and/or family members. We reviewed personal care records. We found there were systems and processes in place to keep people safe; including incident reporting. Patients' needs were assessed and evidence from records indicated that care was provided to meet those needs.

There were audit systems in place to check on the quality of care, including the prevention of infections, and Padgate House was visibly clean and well maintained. We saw staff complying with hand washing procedures and staff had access to alcohol hand gel.

The care at Padgate house was focused on the needs of patients. Staff were following best practice guidelines when treating and supporting people. There was evidence that practice and service delivery audits had taken place.

We found that the care at Padgate House was delivered by caring and compassionate staff. All the patients we spoke with were positive about their care and treatment. We observed staff treating patients with dignity and respect.

Padgate House had been responsive to the needs of people who used the service. Staff were able to give us examples of how services had been developed in response to patients' feedback – for example the main meal time had been changed to the evening.

Padgate House was well-led. Staff told us they felt able to raise concerns and felt supported to carry out their job role. Staff were very passionate and proud to work at the service. We saw evidence of close integrated partnership working and proactive monitoring of the quality of the service being delivered.

Summary of findings

The five questions we ask and what we found at this location

We always ask the following five questions of services.

Are services safe?

There were systems and processes in place to keep people safe. Staff were aware of the incident reporting system and were encouraged to report incidents and near misses. The registered manager monitored the findings and action plans resulting from audits on subjects such as falls and record keeping. Patients' needs were assessed and records showed that care was provided to meet those needs. Appropriate risk assessments were in care records, to identify and minimise potential harm to individual patients.

There were systems in place to ensure the safe running of the building and all activities within the building, such as maintenance and infection prevention and control.

Are services effective?

The services at Padgate House were generally effective and focused on the needs of patients. We found staff were following best practice guidelines when treating and caring for patients. There was evidence of both service provision and clinical practice being audited.

Are services caring?

Care at Padgate House was delivered by enthusiastic and caring staff. All the patients we spoke with were positive about their care and treatment. We observed staff treating patients with dignity and respect. We also saw clear evidence of patient feedback on the service, which had been positive overall. The service had a dignity champion who had organised a social event called "Digni-Tea" to promote awareness of the importance of dignity in care.

Are services responsive to people's needs?

Staff at Padgate House had been responsive to the needs of people who used the service, and staff told us of the different ways they did this. Personalised care records and patient contracts showed that care and treatment was provided in a way that supported the individual needs of people using the service.

Staff were able to give us examples of how services had been developed in response to patients' feedback. For example the main meal time had been changed to the evening in response to feedback from patients.

Are services well-led?

Padgate House was well-led. Staff said they felt able to raise concerns and felt supported to carry out their roles. Staff were passionate and proud to work at the service. We saw evidence of initiatives to improve services and of regular monitoring of the quality of the service. We saw evidence of close integrated partnership working across different partner organisations.

Staff were encouraged to take ownership of ideas. For example, the dignity champion was involved in the training their colleagues.

Summary of findings

What we found about each of the core services provided from this location

Community inpatient services

Padgate House provides individual room accommodation with hand washing facilities. Bathroom and toileting facilities were easily accessible throughout the unit.

During our inspection we talked with seven patients and their relatives at Padgate House. We observed how people were being cared for, talked with carers and/or family members, and reviewed personal care records. We also spoke with eight members of staff.

Systems were in place to ensure the safe running of the building and all activities within the building such as maintenance and infection prevention and control. We found there were systems and processes in place to keep patients safe. Staff were aware of the incident reporting system and were encouraged to report incidents and near misses. The registered manager monitored the findings and action plans resulting from audits on subjects such as falls and record keeping.

Padgate House was visibly clean and well maintained. We saw staff complying with hand washing procedures and staff had access to alcohol hand gel. There were also ample hand washing facilities and liquid soap and hand towel dispensers were adequately stocked.

The care at Padgate House was focused on the needs of patients. We found that staff were following best practice guidelines when treating and caring for people. An audit of practice had taken place and staff were able to describe how outcome measures were used to identify improvements in care and practice.

The care at Padgate House was delivered by caring and compassionate staff. All the patients we spoke with were positive about their care and treatment. We observed staff treating people with dignity and respect. We also saw examples of how people's views on the service had been captured and this feedback was available at the service.

Staff at Padgate House had been responsive to the needs of people who used the service. Staff were able to give us examples of how services had been developed in response to patients' feedback.

Padgate House was well-led. Staff told us they felt able to raise concerns and felt supported to carry out their job role. Staff were very passionate and proud to work at the service and monitoring of the quality of the service was taking place. However, the ownership and operational arrangements for Padgate House meant that the registered manager role was not always clearly connected to the management processes at the trust overall.

Summary of findings

What people who use the community health services say

The trust had several methods to ask patients for feedback, including regular meetings, and surveys when being discharged from the service.

We look at all the quarterly reports for 2012/13 and the first two quarters for 2013/14. All the respondents felt they had benefited from their stay at Padgate House. Most said that the attitude and encouragement from staff had helped in their recovery. The first two quarters of 2012/13 did have comments relating to staff being busy, but there were no references in the last six months.

Some patients had commented on the beds being uncomfortable. All the respondents referred to the importance of the nursing and therapy staff in making a difference to both the speed and extent of their recovery, and in reaching their rehabilitation goals. All of the respondents said that they would choose to stay at Padgate House again.

Good practice

The dignity champion at Padgate House told us of social event to raise awareness of dignity and respect issues. This was a good example of staff being supported to start new developments. This good practice helps support staff to take on leadership roles.

Bridgewater CHCT - Padgate House

Detailed findings

Services we looked at:
Community inpatient services

Our inspection team

Our inspection team was led by:

Chair: Fiona Stephens, Clinical Quality Director, Medway Community Healthcare

Head of Inspection: Adam Brown, Care Quality Commission

The team included CQC inspectors, and a variety of specialists: a school nurse, health visitor, dentist, GP, consultant geriatrician, community midwife, nurse, occupational therapist, senior managers, and 'Experts by Experience'. Experts by Experience have personal experience of receiving care or caring for someone who uses the type of service we were inspecting.

Background to Bridgewater CHCT - Padgate House

Padgate House is situated in the Warrington area. It provides intermediate care and nursing support for up to 31 people and a further four people requiring neurological rehabilitation. The service provides short-term support for up to six weeks in a residential setting to help people regain daily living skills and independence. The service is provided jointly by Warrington Borough Council and Bridgewater Community Healthcare NHS Trust. There is a registered manger in post, employed by Warrington Borough Council. Padgate House is a separately registered location with the CQC and was last inspected in May 2013 and found to be meeting all the standards checked.

Why we carried out this inspection

Bridgewater Community Healthcare NHS Trust was inspected as part of the first pilot phase of the new inspection process we are introducing for community health services. We used the information we held and gathered about the provider to decide which services to look at during the inspection and the specific questions to ask.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

The inspection team always looks at the following core service areas at each inspection:

1. Community services for children and families – these include universal services such as health visiting and school nursing, and more specialist community children's services.
2. Community services for adults with long-term conditions – these include district nursing services, specialist community long-term conditions services and community rehabilitation services.
3. Community inpatient services for adults
4. Community services for people receiving end-of-life care.

Before visiting, we reviewed a range of information we held about Bridgewater Community Healthcare NHS Trust and asked other organisations to share what they knew

We carried out an announced visit between 3 and 6 February 2014. During our visit we held focus groups with a range of staff (district nurses, health visitors and allied health professionals). We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients.

We visited 26 locations including two community inpatient facilities at Padgate House and Newton Community Hospital. The remaining locations included six dental practices, and two walk-in centres, St Helens' Walk-in Centre and Leigh Walk-in Centre. We carried out unannounced visits on 5 and 6 February 2014 to Newton Community Hospital, Padgate House and the Wheel Chair Centre.

As part of our inspection visit to Padgate house we included a specialist advisor and Expert by Experience. We were able to review documents held at the location by both partner organisations for the operational management of the unit. We carried out an unannounced inspection and were able to meet with seven people and their relatives who used the service and six staff who supported them.

Community inpatient services

Information about the service

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Summary of findings

Padgate House provides individual room accommodation with hand washing facilities. Bathroom and toileting facilities were easily accessible throughout the unit.

During our inspection we talked with seven patients and their relatives at Padgate House. We observed how people were being cared for, talked with carers and/or family members, and reviewed personal care records. We also spoke with eight members of staff.

Systems were in place to ensure the safe running of the building and all activities within the building such as maintenance and infection prevention and control. We found there were systems and processes in place to keep patients safe. Staff were aware of the incident reporting system and were encouraged to report incidents and near misses. The registered manager monitored the findings and action plans resulting from audits on subjects such as falls and record keeping.

Padgate House was visibly clean and well maintained. We saw staff complying with hand washing procedures and staff had access to alcohol hand gel. There were also ample hand washing facilities and liquid soap and hand towel dispensers were adequately stocked.

The care at Padgate House was focused on the needs of patients. We found that staff were following best practice guidelines when treating and caring for people. An audit of practice had taken place and staff were able to describe how outcome measures were used to identify improvements in care and practice.

The care at Padgate House was delivered by caring and compassionate staff. All the patients we spoke with were positive about their care and treatment. We observed staff treating people with dignity and respect. We also saw examples of how people's views on the service had been captured and this feedback was available at the service.

Staff at Padgate House had been responsive to the needs of people who used the service. Staff were able to give us examples of how services had been developed in response to patients' feedback.

Community inpatient services

Padgate House was well-led. Staff told us they felt able to raise concerns and felt supported to carry out their job role. Staff were very passionate and proud to work at the service and monitoring of the quality of the service was taking place. However, the ownership and operational arrangements for Padgate House meant that the registered manager role was not always clearly connected to the management processes at the trust overall.

Are community inpatient services safe?

Safety in the past

Staff at all levels were aware of the incident reporting system and were encouraged to report incidents and near misses. Results from infection control audits demonstrated a 95% compliance rate, and Padgate House appeared visibly clean and well maintained.

We were told and records demonstrated that the service had identified some concerns with an increase in the number of medication errors in the past year. As a result of this the service had introduced the use of a red tabard worn by the nurse giving out medication to ensure that they were not disturbed. This meant there was less risk of medication errors taking place, and records demonstrated that no medication errors had been reported in the last four months since the action plan had been implemented.

Learning and improvement

Staff had received appropriate training to allow them out carry out their roles. For example, infection and prevention control moving and handling and tissue viability. Staff we spoke with were knowledgeable in their management of safeguarding concerns at Padgate House and reported in a timely and appropriate manner.

Findings and action plans resulting from audits such as falls and record keeping were monitored by the registered manager. For example, as a result of the medication administration errors the manager described the work undertaken by the service to introduce a clinical competency framework for administering medicines. Staff confirmed that they had to demonstrate competence in the management of medication. We found that this improvement initiative had resulted in no medication errors in the last 4 months.

Systems, processes and practices

We found there were systems and processes in place to keep patients safe. Staff at all levels were aware of the incident reporting system and were encouraged to report incidents and near misses. Appropriate risk assessments were also in place within care records to identify and minimise potential harm to individual people using the service.

We saw evidence of systems in place to ensure a safe discharge from Padgate House. A comprehensive discharge

checklist was in place including arrangements for support on discharge from other services such as a care provider and a full outline of medication/ prescriptions for discharge.

Systems were in place to ensure the safe running of the building and all activities within the building such as maintenance and infection prevention and control. We observed staff complying with hand washing procedures and staff had access to alcohol hand gel. There were also ample hand washing facilities and liquid soap and hand towel dispensers were adequately stocked.

Monitoring safety and responding to risk

Staff told us that daily handovers took place to ensure that all new patient issues were communicated across the staff team. We saw the service was managing patient risks such as falls, pressure ulcers and infections. This information was monitored monthly and action plans put in place to manage the risks. We found that the service had identified that some falls had occurred in a specific corridor. The service had made improvements to the lighting in this area which had resulted in a decrease in the number of falls.

Anticipation and planning

We were told of improvement initiatives being carried out by the service such as the introduction of intentional rounding and clinical competency assessments for different job roles. The service had a standard operating procedure for contingency plans for low nursing/ care staff levels. The service also had business continuity plans including exceptional weather plans and flu plans.

Are community inpatient services effective?

(for example, treatment is effective)

Evidence-based guidance

The delivery of care and treatment was based on guidance issued by professional bodies and expert bodies such as the National Institute for Health and Care Excellence, for example the management of pressure ulcers. Staff we spoke with told us about the appropriate recording and management of tissue viability. Staff were knowledgeable in the underpinning knowledge and records confirmed that regular update training had taken place.

Staff were able to describe the process for assessing patient's mental capacity. Staff were aware of the need for best interest meetings and were able to describe how they worked with patients and their families to ensure the care was provided in line with the provisions of the Mental Capacity Act.

Monitoring and improvement of outcomes

There was a multidisciplinary review of all service users on a weekly basis. All the staff we spoke with felt that they worked well as a team and had worked hard to introduce joint record keeping and to share partnership information.

We were told that medical cover was available for all the intermediate care nursing beds from a GP practice. There was consultant medical cover for the neurological patients who also provided medical cover for 18 intermediate care beds on a weekly basis.

The service had adapted the Nursing Risk Assessment Tool to meet the needs of their patients. Pre and post treatment outcomes were measured including the Bartell outcome measure and the Elderly Mobility Scale scores. Regular record audits were undertaken and the service was able to demonstrate the outcomes of care for patients following their stay at Padgate House and the effectiveness of their therapeutic intervention on the Intermediate care unit.

Staff told us and records demonstrated that staffing throughout the unit was adequate to meet the needs of the patients using the service. We were told that agency staff had been used however the manager told us that they used the same staff to ensure continuity for people using the service.

Sufficient Capacity

Staff told us and records confirmed that staffing throughout the unit was adequate to meet the needs of the patients using the service. We were told that agency staff had been used to cover a staff vacancy; however the manager told us that they used the same staff to ensure continuity for people using the service.

The service had a standard operating procedure for contingency plans for low nursing/ care staff levels. The service also had business continuity plans in place and winter weather plans.

Multidisciplinary working and support

We saw evidence of close integrated working between the partner organisations. Therapy and social work staff had

co-located to an office which staff told us had improved joint working. We saw that teams met at various times throughout the day, both formally and informally, to review patient care and plan for discharge.

The Multidisciplinary team worked together to ensure that peoples care was well coordinated. Staff told us that a member of the therapy team attended the nursing handover each day to ensure clear communication between the staff groups to improve patient care. Policies and procedures were in place for both partner organisations. Staff were able to describe the process for reporting a safeguarding concern; and which policies and procedures to follow. The manager was clear which policies and procedure to follow and although the dual policies and procedures could impact on their workload felt that the service was protected by the two partner organisations.

Access to the local authority patient record system had improved information sharing and use of the electronic equipment inventory service had improved access to equipment in a timely manner.

Are community inpatient services caring?

Compassion, dignity and empathy

We spoke with 7 patients during our inspection, who told us that they were very happy with the service they received. We received only positive comments about the care and support at Padgate House from patients

We saw staff treating people with dignity and respect. Staff maintained privacy by ensuring that doors were closed and knocking before entering a person's room. We were shown examples of work to raise awareness of maintain people's dignity for example staff training sessions had been held and the service had a dignity champion. We saw posters for a tea party to be held the next day "Digni-Tea" in order to raise awareness of the need to respect people and treat them with dignity and respect.

Involvement in care and decision making

The patients we spoke to told us they were fully involved in their care and that they understood what was happening to them and they were involved in planning their own treatment goals. Staff told us and records confirmed that patient contracts were signed and up to date. Patients said that before they had signed their patient contract form, staff had explained their treatment and care. In the records we examined, we saw that staff had documented discussions about consent and treatment pans.

Staff told us and records confirmed that regular patient meetings had been held to seek the view of patients using the service. We also saw examples of patient feedback including information from questionnaires given to patients on discharge. We saw that written information on patient feedback was available for patients to read in the reception area at Padgate House. We noted that in response to patient feedback the main meal of the day had been moved to the evening.

Trust and respect

We saw examples of the general information folders that were kept in each room. Patients were also given more specific information in regards to their own rehabilitation goals. Patients told us that information was communicated to them in a way that they could understand. They told us they were treated with kindness and encouraged to ask questions, should they wish to do so.

We observed two members of staff attending to an individual and saw that they encourage independence at all times and allowed the person to be engaged in their rehabilitation programme.

Emotional support

Patients told us that they were on a journey to go home. They felt supported to get better and achieve their goals if at all possible. One person told us "The staff are just like family". Staff told us that care records were updated regularly and that any new issues were discussed at the daily handover to ensure that all the staff team were aware of the needs of individuals and any particular emotional or wellbeing issues. Staff we spoke with were able to talk to us confidently about patients in their care and were aware of their current individual needs.

Are community inpatient services responsive to people's needs?
(for example, to feedback?)

Meeting people's needs

We found evidence that Padgate House had been responsive to the needs of people who used the service. Staff were able to give us examples of how services had

been developed in response to patient feedback, such as the review of the meal time experience. In response to patients identifying when they would prefer to have the main meal of the day, the service had responded and now served the main meal in the evening. We were also told that the service had provided radios and CD players for patients to borrow to use in their own rooms as an alternative to watching the television in the communal area.

Staff told us of the different ways they had responded to the varied needs of people who used the service. For example the service was able to accommodate serving breakfast for patients who preferred to get up later in the morning. The patients were then available to participate in their rehabilitation programmes.

The use of personalised care records and patient contracts meant that care and treatment was provided in a way that supported the individual needs of people using the service. The individual patient contracts had been agreed with patients to ensure that staff and patients were working together to meet the persons own rehabilitation goals. These plans were kept in the patient's own room which meant that patients and their families had access to the plans at all times.

Access to services

We were told that people could visit any time up to ten o'clock when the doors would be secured for safety reasons. People using the services told us that visitors had been made welcome and the staff were always available to discuss any concerns.

We observed and staff told us that patients were always asked for their consent before carrying out procedures. Patients of adult age who were assessed as requiring intermediate care were referred from the acute hospital, GPs, rapid response services and social services into Padgate House. We did not see any restrictions on access to the service. All the rooms were on the ground floor so physical access was good and suitable for patients with mobility issues.

Vulnerable patients and capacity

Systems were in place to safeguard vulnerable people. Staff were knowledgeable about the processes to follow in response to a safeguarding concern. Risk assessments were completed appropriately to assess the mental capacity of people to assist them to make decisions with their care. We were able to track a safeguarding incident and found that staff had followed all the appropriate actions they needed to take.

Leaving Padgate House

Systems were in place to ensure that discharge arrangements met the needs of patients. We saw evidence of liaison with other providers as required and staff ensured that care packages were in place and the appropriate equipment had been ordered as part of the discharge process. We reviewed completed discharge checklists which included evidence of communication with the patient and families to confirm discharge plans and the planned date of discharge.

Learning from experiences, concerns and complaints

Patient meetings were held regularly and patients were asked to complete a feedback form on discharge. For example the service had undertaken a review of the meal time experience in response to patient's comments about evening mealtimes and menus. We saw many examples of compliment letters and thank you cards around the service. This information was published as part of the service annual report, and the feedback was positive. The manager also outlined a "you said we did" response to any concerns or issues that had been raised. The manager described how they had looked into ensuring that patients who wanted to discuss a specific issue with a doctor could request an appointment by asking either a nurse or the administration staff.

Are community inpatient services well-led?

Vision, strategy and risks

The bespoke operational structure of Padgate House meant that it was connected to both partner organisations strategy and visions. The manager was employed by Warrington Borough Council but worked closely with both organisations. The manager was aware of the risk and governance process for the trust and completed all the necessary incident and quality reporting tools. We found there were clear systems in place for monitoring risk.

Quality, performance and problems

The manager of the service held regular team meetings and was able to seek advice from both partner

organisations. An annual report was jointly published. We were told that following a number of medication administration errors the medical director had been available for advice and support to make improvements. The service also has access to the specialist departments within Bridgwater such as infection prevention staff and tissue viability staff.

We saw examples of performance data collected by Padgate House. The service had an average of 33 admissions per month. The average length of stay was 28 days. The average length of stay for a Neuro patient had reduced from 30 days in the previous year to 24.

Leadership and culture

Staff were aware who their manager was, and the registered manager was clear about the reporting lines both to the trust as well as Warrington Borough Council. Staff we spoke with spoke of an open culture at Padgate House with regard to incident reporting, and were encouraged to develop ideas and take part in service improvement initiatives. For example the staff had been fully engaged with recent changes to the care records to improve the communication across all the professionals.

All staff worked well in an integrated team. Patients told us that everyone worked closely together to help them get better. The service held weekly multidisciplinary team meetings (MDT) at which patients, staff and their families met to discuss and review care plans.

Patient experiences and staff involvement and engagement

We observed a proactive approach by staff to seeking the views of patients at Padgate House. There was easy access to information about the service and people were encouraged to be part of their care planning and feedback on how the quality of the service could be improved.

Staff told us they were passionate about the care they provided and told us that they had presented their work last year at an event to share best practice and demonstrate the effectiveness of their team working. They told us the access to information technology systems had improved information sharing and helped to create a seamless service for patients.

We saw clear patient involvement from both partners. Both organisations sought feedback from patients and published feedback in newsletters and reports. We saw that an event “Digni-Tea” had been planned to raise awareness with staff, patients and partner organisations to highlight that respecting patient’s dignity is everyone business.

Learning, improvement, innovation and sustainability

We reviewed the comprehensive training records held by the manager. All the staff had an annual appraisal and had regular supervision. Mandatory training was up to date or programmed to take place. Training was ongoing and the manager had clear mechanisms in place to ensure that staff complete relevant training in a timely manner.

The manager had carried out a training need analysis to ensure that all the staff had the correct competence to carry out their job role. One person showed us their training passport which was completed and up to date. This meant that they knew which training they had completed for that year.

One staff member told us “CPD is part of Bridgewater culture.”