Peterborough and Stamford Hospitals NHS Foundation Trust

Stamford and Rutland Hospital

Quality Report

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

Ratings

Overall rating for this hospital	Good
Accident and emergency	Good
Medical care	Good
Surgery	Good
Outpatients	Good

Summary of findings

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Summary of findings

Overall summary

Stamford and Rutland Hospital was opened in 1828 as the result of a bequest by local surgeon and benefactor Henry Fryer and has a long history of providing healthcare for the town. Today it forms part of the Peterborough and Stamford Hospitals NHS Foundation Trust and provides inpatient services for up to 22 patients, outpatient services, day surgery services and a minor injuries unit.

The hospital clearly has its own identity within the trust and staff and patients enjoy working there and using the services it provides. Feedback from patients shows that they appreciate having a small and dedicated hospital that serves the local communities. The minor injuries unit sees approximately 30 to 40 patients a day and is a dedicated nurse-led unit. At our inspection on 5 March 2014, we found that the hospital was meeting expected standards of care.

The hospital does not provide main accident and emergency (A&E) services; however, the minor injuries unit is reported under this section as staff rotate between the two areas.

Stamford Hospital was last inspected in July 2013, when it was found to be non-compliant in respect of 'Outcome 4: Care and welfare of people who use services', 'Outcome 13: Staffing' and 'Outcome 16: Assessing and monitoring the quality of service provision'. These regulations relate to the assessment of patients' needs, completion of care records and adequate staffing being available to provide care. At this inspection, we found that all actions taken to address these breaches in regulation had been taken and that both hospitals were compliant.

Staffing

The staffing levels maintained at the hospital were appropriate to meet the needs of patients using the service. Emergency nurse practitioners in the minor injuries unit rotated through the trust's main hospital A&E department, which allowed them to maintain their skill base. The ward manager in the John Van Geest unit had used her staffing budget in innovative ways to ensure that the needs of patients were met by sufficient numbers of staff on duty. The outpatients department had the appropriate number of staff on duty and they were familiar with the procedures and specialties that held clinics at the hospital.

Cleanliness and infection control.

The hospital was clean and tidy throughout. The John Van Geest unit had its own housekeeper who ensured that the ward was kept clean and free of clutter. Staff in the minor injuries unit reported that cleaning staff were quick to respond to ad hoc cleaning requests and this ensured that the department was able to function effectively. Cleaning schedules were in line with national guidance and there have been no reported methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia or Clostridium difficile (C. difficile) infections since May 2013. The average cleaning score on the John Van Geest unit was 99.4%.

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

Good

Services at Stamford and Rutland Hospital are safe because the departments ensure that they maintain services that fit the criteria for their area. The emergency nurse practitioners ensure that they work to the protocols for their area and that patients who do not fit their criteria are stabilised and sent to the main A&E department.

The hospital has a low rate of accidents and incidents and staff know how to report these when necessary. Action is taken to address issues and lessons are learned. There are good systems in place to maintain the hospital equipment and facilities, which result in a safer working environment.

Are services effective?

Good

Where practicable, national guidance is in place and staff work to these guidelines. Patient outcomes are good with quality monitoring systems that reflect good practice.

All teams work well with local stakeholders to ensure that patients receive appropriate and timely care. Staff are supported through appraisals, supervision sessions and training to provide good care to patients.

Are services caring?

Good

Staff were seen to be caring, maintaining privacy and dignity and carrying out care with compassion. Patients felt involved in decisions about their care and treatments were explained to them in detail. On the John Van Geest ward, staff had time to talk to patients while carrying out care and to ascertain how they felt about the care they received.

Are services responsive to people's needs?

Good

Patients liked using the services at the hospital. They felt that it was a personalised service through which they received excellent care. Staff were aware of the issues facing people who were vulnerable and adapted care to meet their needs.

Waiting times were minimal and within the targets set. Where there were breaches, all staff could explain the reason for these. The care provided was close to home for many patients, which they appreciated. However, they were aware that the main hospital site was approximately 20 minutes away.

Summary of findings

Are services well-led?

Good

The local management teams ensured that staff felt supported through supervision and appraisal. The staff reported that a good system was in place to disseminate information from the trust and they understood what was happening at the main site.

Leaders at the site had good systems in place to review the quality of care provided and had innovative ways of sharing information with the staff on site.

Summary of findings

What we found about each of the main services in the hospital

Accident and emergency

Good

The minor injuries unit provides safe services to the people of Stamford and the surrounding villages. This is because the staff are familiar with the services the unit provides and act swiftly to refer patients to the main A&E unit if required after a period of stabilisation. Nursing staff are well qualified to undertake the roles in the department and benefit from clinical supervision to ensure that their practice is in line with the trust's protocols.

The department's re-attendance rate is low as treatment is often provided on first attendance. However, a number of patients return to have their dressings checked or changed. Local trust protocols are in place and reflect national guidance on the treatment of injuries.

Staff were seen to be caring and responsive to the needs of individual patients. Due to the small size of the team there is good cohesion and team working between the staff on duty and those within the rest of the hospital. We saw good examples of multidisciplinary working.

Medical care (including older people's care)

Good

The John Van Geest unit provided safe care for patients. Their individual needs were highlighted on care plans and on IT systems to ensure that everyone was aware of these. There were systems in place to learn from incidents and accidents and to ensure that action was taken to improve services.

Local audits showed that the unit provided effective care and did so safely. Results from infection prevention and control audits were excellent, with no MRSA or C. difficile infections in the past nine months. Staff on the unit were caring and respectful of patients' privacy and dignity. Staff knocked on patient room doors and called when entering to ensure that they did not surprise sometimes very elderly patients.

The ward manager had been in post for approximately 18 months and had set up good systems to ensure that staff were kept informed and felt involved in the management of the ward. She had introduced a process called 'flooding the ward' which occurred every morning and ensured that all staff were up to date with the issues for that morning.

Summary of findings

Surgery

Good

We saw caring staff and the patients we spoke with told us that staff were kind and gentle. One told us: “I’ve been here lots of times for various things. It’s not only excellent, it’s an ideal place for Stamford.”

All patients were invited to a pre-assessment clinic prior to their surgery. This was to ensure that they were suitable for attending a small unit for their day surgery or procedure.

Surgical services were provided in a clean and hygienic environment in line with recognised guidance. This helped protect patients from the risk of infection, including hospital-acquired infections.

We saw that appropriate equipment checks and maintenance were carried out.

Staff were well trained, confirmed that they felt well supported, and had received an appraisal within the last 12 months.

Patients we spoke with, some of whom had visited the department on several previous occasions, were complimentary about their care and the staff’s attitude.

Outpatients

Good

Outpatient services were safe, caring and met the needs of patients. There were no major safety concerns within the department. Staff knew how to report concerns and felt that action would be taken if they did so.

Patients liked coming to the department as they were seen on time and received the same treatment that they would have received at the main hospital site. Monitoring systems were in place and reviewed in order to improve the quality of the service.

The department was responsive to the needs of patients using it. Complaint numbers were low and accolades increasing. This meant that patients were satisfied with the care provided in the department.

The department was well led and staff and the manager felt supported. The only concern was that the department staff felt that they were not seen as equals by staff at the main Peterborough City Hospital site.

Summary of findings

What people who use the hospital say

The NHS Friends and Family Test relates only to the John van Geest ward at this hospital, and shows that most patients are 'likely' or 'extremely likely' to recommend the ward to their family and friends.

We received 18 comment cards on the day of our inspection and all contained very positive comments about the hospital and the services it supplies. Patients spoken to during the visit were very complimentary about staff and the service they received.

Good practice

Our inspection team highlighted the following areas of good practice:

Ward "flooding"
The ward manager on the John van Geest ward had introduced a system whereby once the team had ensured that patients had had breakfast and handover had been taken from the night staff, the whole team sat down at the ward table for 10 minutes to discuss the activities of the day and to receive feedback about the management of the ward or trust. This ensured that staff were informed of issues within the ward and trust and that everyone knew what was happening with all patients.

Stamford and Rutland Hospital

Detailed Findings

Services we looked at:
Accident and emergency;Surgery, Medical care (including older people's care); Outpatients

Our inspection team

Our inspection team was led by:

Mark Pugh, Chief Executive, Isle of wight NHS Trust and Fiona Allinson, Head of Hospital Inspection, CQC

Background to Stamford and Rutland Hospital

Stamford Hospital was opened in 1828 as the result of a bequest by local surgeon and benefactor Henry Fryer and has a long history of providing healthcare for the town. Today it forms part of the Peterborough and Stamford Hospitals NHS Foundation Trust and provides inpatient services for up to 22 patients, day surgery, outpatient services and a minor injuries unit.

Stamford Hospital was last inspected in July 2013, when it was found to be non-compliant in respect of 'Outcome 4: Care and welfare of people who use services', 'Outcome 13: Staffing' and 'Outcome 16: Assessing and monitoring the quality of service provision'. These regulations relate to the assessment of patients' needs, completion of care records and adequate staffing being available to provide care. At this inspection, we found that all actions taken to address these breaches in regulation had been taken and that both hospitals were compliant.

Why we carried out this inspection

We inspected this hospital as part of our in-depth hospital inspection programme. We chose this hospital because they represented the variation in hospital care according to our new intelligent monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations. Using this model, Peterborough and Stamford Hospitals NHS Foundation Trust was considered to be a low risk service.

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?

Detailed Findings

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

The inspection team always inspects the following core services at each inspection:

- Accident and emergency
- Medical care (including older people's care)
- Surgery
- Outpatients

Before visiting, we reviewed a range of information we hold about the hospital and asked other organisations to share what they knew about it. We carried out an announced visit on 5 March 2014. During our visit at the main trust site we held focus groups with a range of staff in the hospital, including nurses, doctors, physiotherapists, occupational therapists, porters, domestic staff and pharmacists. We talked with patients and staff from all areas of both hospitals, including the wards, the outpatient departments and the A&E departments. We observed how people were being cared for and talked with carers and/or family members and reviewed patients' personal care or treatment records. We held a listening event at which patients and members of the public shared their views and experiences of the location.

Good

Accident and emergency

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

Stamford Hospital provides a minor injuries unit (MIU) that is open from 9am to 5pm, Monday to Friday. The opening hours are displayed on the trust's website and well known locally. The service is led by emergency nurse practitioners (ENPs) who rotate to the unit from their home base in the A&E department in Peterborough. The ENPs spend one week at a time in Stamford. The same nurses attend the unit on a regular basis. Two ENPs and one staff nurse are on duty at all times. The unit does not assess or treat minor illnesses such as abdominal pain, skin diseases or childhood illnesses. It only provides services for minor injuries such as broken bones and sprains and wound care.

The MIU sees around 30 to 40 patients a day; however, on the first day of our visit, it saw 50 patients during the day. This was exceptional. The unit sees adults and children and refers on to the main A&E department if required.

Summary of findings

The MIU provides safe services to the people of Stamford and the surrounding villages. This is because the staff are familiar with the services the unit provides and act swiftly to refer patients to the main A&E unit if required after a period of stabilisation. Nursing staff are well qualified to undertake the roles in the department and benefit from clinical supervision to ensure that their practice is in line with the trust's protocols.

The department's re-attendance rate is low as treatment is often provided on first attendance. However, a number of patients return to have their dressings checked or changed. Local trust protocols are in place and reflect national guidance on the treatment of injuries.

Staff were seen to be caring and responsive to the needs of individual patients. Due to the small size of the team there is good cohesion and team working between the staff on duty and those within the rest of the hospital. We saw good examples of multidisciplinary working.

Good

Accident and emergency

Are accident and emergency services safe?

Good

Services are safe at Stamford Minor Injuries unit.

Safety in the past

The unit had not reported any serious incidents in the previous year. The staff were aware of how to report incidents and did so when necessary. The trust uses an IT system called Datix to capture incident reporting. Staff could show the inspection team incidents that had been reported by staff working at the unit. The numbers of these were very low. Staff are aware of how to report safeguarding issues to the relevant authorities but this rarely happens at the unit.

Learning and improvement

Due to the scarcity of incidents within the department, staff were unable to identify where practice had changed as a result of an incident in this department. As they were part of the larger A&E team, the ENPs were able to discuss how incidents were investigated and lessons learned at the main unit. It was rare for these to have an impact on the MIU.

Systems, processes and practices

The department was very compact but remained clutter-free. The unit comprised three 'spaces' (curtained areas for treatment) and two treatment rooms. One of these was designated as the resuscitation room. This room contained the resuscitation trolley, which was checked daily by the staff.

The unit was damp dusted each morning by the staff as part of their infection prevention and control procedures. Sharps bins were placed discreetly outside curtains and elevated to ensure that children did not mistake them for Lego boxes. Equipment, both large and small, was stored appropriately and the environment was clean and tidy and with enough space for treatment to be provided.

The department had access to sufficient equipment for its needs. All areas had the basic patient monitoring equipment with those areas that specialised having the relevant equipment, for example the resuscitation trolley or a slit lamp (for eye assessments). Medicines were stored appropriately and in line with national guidance. A pharmacist visits once a week to ensure that stock is up to date and good storage maintained.

Monitoring safety and responding to risk

The unit always has two ENPs and one staff nurse on duty. This staffing level is maintained from the main A&E department. While the ENPs rotate between the two sites, the constant employee is the staff nurse, who always works at Stamford Hospital. Handover between staff is good as there is a small, distinct team of individuals working within the unit. When changes are suggested a team meeting convenes to discuss the practicalities of the proposed change and support is given. This ensures a timely reshaping of the service and consistency of approach.

Anticipation and planning

Until January 2013, the MIU had a medical presence at the unit. However, when this ceased the unit became nurse led. Despite advertising this within the hospital and on the trust's website, occasionally inappropriate patients attend the unit. When this occurs, the ENPs refer the patient back to their own GP or to the main A&E unit in Peterborough.

Are accident and emergency services effective?

(for example, treatment is effective)

Not sufficient evidence to rate

The minor injuries unit was inspected but not rated in this area.

Evidence-based guidance

The ENPs work to protocols set by the trust in line with national guidance. This includes guidance from the College of Emergency Medicine. They are the main part of the resuscitation team at the hospital and as such are trained in advanced life support. The Resuscitation Council guidance was seen on the wall in the resuscitation room and the resuscitation trolley complied with this guidance. Infection control standards were high and these were audited in line with the code of practice for health and adult social care on the prevention and control of infections and related guidance.

Good

Accident and emergency

Monitoring and improvement of outcomes

This unit does not actively participate in any national clinical audits at present. Local audits are undertaken to ensure that the department is functioning in line with trust policy. Infection control audits, hand washing audits and medication audits are undertaken on a regular basis within the department. Staff were able to describe both the findings of these audits and actions taken as a result.

Sufficient capacity

The staff on duty in the unit were appropriately trained and experienced to ensure an effective service. ENPs had had the required extended training in order to be able to diagnose and treat minor injuries. The ENPs were also able to prescribe medication from the trust's list of medications. This meant that patients were seen by appropriately trained staff.

Supervision and appraisal of these staff were undertaken through the senior staff at Peterborough A&E department. Clinical supervision was undertaken at the main site and consisted of a review of practice to ensure that the ENPs were working to the guidelines.

Stamford Hospital had its own facilities arrangements and staff reported that faulty equipment or repairs to the building were undertaken very quickly because the staff were on site. We did not see any equipment needing repair during our visit.

Multidisciplinary working and support

We saw good examples of multidisciplinary working both internally and externally by staff working in the department. Staff and the receptionists on the front desk worked closely to ensure that patients were safe. While reception staff did not formally triage patients, they would flag to the nursing staff when a patient appeared to be very unwell. The staff at the MIU had excellent working relationships with the local GP receptionists. Should a patient be sent to the unit who required medical input, the staff from the MIU would contact the GP receptionist to book an appointment for the patient. Most receptionists knew the staff from the MIU and assisted them in securing a GP appointment for the patient.

Are accident and emergency services caring?

Good

Staff in the minor injuries unit provide a caring service.

Compassion, dignity and empathy

Patients were treated compassionately and sensitively within this department. Patients waiting in the waiting area were called through to treatment areas where curtains were in use to protect patients' privacy. The treatment rooms were private and staff knocked prior to entry into the treatment area. Patients were rarely in the department for more than a few hours so there was no system of intentional rounding in place. This is a system where there is a planned care round attending to patients basic needs at a frequency stated by the hospital.

Involvement in care

Patients we spoke to felt that they were involved in their care and decision making. Staff explained what was going to happen to people and ensured that they understood their treatment options. We saw a number of information leaflets available for patients to take home with them. These were generally in English and staff told us that they did not have a problem with communicating with their patients. However, they were aware of how to obtain a translator should one be required.

Trust and respect

Staff spent time talking to patients to develop a rapport with them. Some patients returned to the department on a number of days to have their wounds re-dressed. Staff were open and honest about the treatments and supported patients with treatments that impacted on their daily life.

Emotional support

Staff in the MIU rarely saw anyone who required emotional support, as all major trauma went to the main A&E site in Peterborough. However, some staff were able to describe when a patient had entered the unit with chest problems and required stabilisation prior to transfer to the main site. Staff stated that they took care of the patient's relatives during this time.

Are accident and emergency services responsive to people's needs?

Good

Accident and emergency

(for example, to feedback?)

Good

Services were responsive to the needs of patients.

Meeting people's needs

The MIU works well with the local GP surgeries. If a patient presents with a minor illness, the nursing staff will ring and book a GP appointment for the patient. Many of the GP receptionists are familiar with the staff at the MIU and quick to facilitate such requests. Similarly, if a patient requires A&E services, the nursing staff will ensure an effective handover between departments.

Access to services

Staff working on the MIU were able to describe the processes for ensuring the safety of patients with reduced capacity, with a learning disability or with a physical disability. The service was accessible to people with a physical disability. The unit rarely saw aggressive patients but staff were confident that support would be provided to them in a timely manner by the security staff.

Vulnerable patients and capacity

The receptionist takes the patient's details when they walk into the hospital and enters them on the computer system. The patient is then directed down the corridor to the MIU. A small waiting room is provided for patients. The unit achieves the four-hour wait target almost all the time. Having reviewed data for the previous two months, we saw that a breach had occurred only once during this period. Such a breach was so infrequent that nursing staff could inform the inspection team of what was wrong with the patient and why they were delayed without looking up the notes on the system. Delays in treatment are usually due to waiting for a bed in the main hospital. However, this does not happen often. Patient arrival times are RAG rated (rated red, amber or green) according to the length of time in the department so that nursing staff can see how long a patient has been waiting. Despite us talking to one member of staff, patients were being seen within 15 minutes on the day of the inspection.

Leaving hospital

Staff ensured that people left the department with the correct discharge information and any instructions that they required for care at home. This information was available in written format in English only.

Learning from experiences, concerns and complaints

The department had had no incidents, complaints or concerns over the past 12 months. However, staff were able to identify issues that had resulted in changes to practice at the main A&E site.

Are accident and emergency services well-led?

Good

The service was well led

Vision, strategy and risks

The department had a risk register that fed into the main A&E risk register; however, this is a low-risk department. Staff were very familiar with the scope of practice and what injuries they were able to treat. Staff were clear about the role and future plans for the department. They had been working at the hospital for some time so were also aware of the history of the unit, having gone from being a medically led service to a nursing-led service. Staff were able to talk about and demonstrate the values of the trust in that they were caring, creative and worked well with local stakeholders.

Quality, performance and problems

There was a clear structure for reporting at an operational level to the senior team at the main unit at Peterborough City Hospital. The unit staff were conscious of their targets for quality and took pride in the fact that they usually achieved the targets set. When a breach in the four-hour wait target had occurred, staff could explain why this had happened: for example, the previous week one patient waited more than four hours due to transport issues.

The MIU undertook regular auditing of the services the department offered. Staff from the main Peterborough City Hospital visited the unit to audit areas such as pharmacy and cleanliness.

Good

Accident and emergency

Leadership and culture

There were five ENPs who rotated between the main A&E unit and the MIU at Stamford. No one ENP was in charge of the service. The group worked well and issues were resolved within this group and with the staff nurse who was a permanent member of the staff at Stamford and Rutland Hospital. There was a good team spirit within the department and staff worked well together. There was pride in the way in which the department worked and the service that they provided.

Patient experiences and staff involvement and engagement

Patients spoken to at the unit felt that the care was good and that the staff involved them in discussions about the care provided. Patients used the unit rather than travel to the main Peterborough site as they felt that the service at this unit was more personalised and that they received treatment in a more timely manner. The trust had a policy called 'Raising concerns in a safe environment'; the staff we spoke with told us they were aware of the policy and felt confident in reporting concerns if they needed to.

The major change to the unit in January 2013 was the move to being a nurse-led service. This proposal had been consulted on with the local population and the nursing team. ENPs felt supported in maintaining this service.

Learning, improvement, innovation and sustainability

Staff reported good access to training to support their roles within the unit. They felt empowered to make changes within the unit to improve services for patients. If an ENP had a suggestion, this was discussed within the group, approval sought if necessary from the management team, and then implemented. This meant that changes could be made in a timely manner.

The ENPs had supervision from their line managers at the Peterborough City Hospital site. The regular staff nurse working at Stamford received supervision from the ENPs and from her line manager.

Good

Medical care (including older people's care)

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

The John Van Geest ward accepts patients from the main Peterborough City Hospital in order to provide rehabilitative services to ensure that patients return to as able a life as they can achieve following illness or injury. The unit has 22 beds for patients referred to it.

Summary of findings

The John Van Geest unit provided safe care for patients. Their individual needs were highlighted on care plans and on IT systems to ensure that everyone was aware of these. There were systems in place to learn from incidents and accidents and to ensure that action was taken to improve services.

Local audits showed that the unit provided effective care and did so safely. Results from infection prevention and control audits were excellent, with no MRSA bacteraemia or C. difficile infections in the past nine months. Staff on the unit were caring and respectful of patients' privacy and dignity. Staff knocked on patient room doors and called when entering to ensure that they did not surprise sometimes very elderly patients.

The ward manager had been in post for approximately 18 months and had set up good systems to ensure that staff were kept informed and felt involved in the management of the ward. She had introduced a process called 'flooding the ward' which occurred every morning and ensured that all staff were up to date with the issues for that morning.

Good

Medical care (including older people's care)

Are medical care services safe?

Good

Services on the ward ensure the safety of patients.

Safety in the past

The ward had reported two falls during which the patient had sustained serious harm in 2012. This included a patient who dislocated their shoulder. The ward accepts very immobile patients and encourages them to become as independent as possible. With patients' high levels of acuity, there is a high risk of falls on the ward. However, the ward manager has instigated a number of systems to ensure that patients who do fall are highlighted. There have been five falls during 2013; the most recent one was in January 2014. None of these were classed as falls with serious harm.

Learning and improvement

The ward manager and her staff were able to describe the practices in place to prevent people falling and to lessen the risk of serious injury when patients fall. These systems included flagging a potential to fall on the corporate IT system, placing a large 'F' marker on the patient's door to highlight the fall risk to staff and others, and encouraging identification of patients at risk at verbal handovers. Physical equipment such as cot sides, crash mats and low-level beds were also being used to address this issue.

Systems, processes and practices

Environment and equipment

The ward is a relatively modern building and is split into three main corridor areas. Staff work in pairs to ensure that they can meet the needs of patients. There was sufficient equipment available to provide appropriate care for patients. However, storage areas were at a premium and some equipment was inappropriately stored in bathroom areas.

Infection control

The ward had its own housekeepers who ensured that the ward area was clean and tidy. The ward areas were cleaned in line with both the schedule identified by the trust and current guidance. Care staff and others had access to personal protective equipment such as aprons and gloves and we saw that these were used and changed between patients. Audits displayed on the ward showed that there had been no cases of patients with MRSA bacteraemia or C. difficile since May 2013.

Medicines Management

The ward had a walk-in drug cupboard that was locked securely at the time of the inspection. A pharmacist undertook drug reconciliation and drug reordering. The pharmacist also worked with the doctor to review prescribing patterns. Drug audits were undertaken and actions seen to be taken as a result.

Monitoring safety and responding to risk

There were sufficient staff on duty to meet the needs of the patients currently on the ward. Staffing levels had been reviewed in the past 18 months and numbers had been reorganised to meet the needs of the patients. At the time of the inspection, the ward had six staff on duty during the day (two working in each area) and three on duty at night. However, a healthcare assistant now works a twilight shift of 6.30 pm to 10.30 pm as it was identified that patient falls and confusion occur during this time.

Staff understood and could demonstrate compliance with the Mental Capacity Act 2005. Therefore, patients who may lack capacity to make decisions about their care were protected through these processes. Those who were vulnerable were supported in their decision making. The ward had many vulnerable patients at any one time so staff had built up the knowledge and experience of supporting patients at all levels. Staff were aware of the local safeguarding procedures and were able to discuss the signs of potential abuse with inspectors

Anticipation and planning

There were no planned changes to the service that would have an impact on patient care apart from the ward manager leaving.

Are medical care services effective?

(for example, treatment is effective)

Good

Patients could be assured of effective services at the John van Geest unit.

Good

Medical care (including older people's care)

Evidence-based guidance

The ward manager reviewed all falls that occurred on the unit and ensured that all precautions that could be taken were in place. The ward used signs on patient room doors to highlight to all staff that the patient was at risk of falling. A variety of equipment was in place to reduce the risk of falls, such as cot sides and crash mats, and staff ensured that the area around the patient was free of clutter. The ward manager had redistributed her staffing allocation to ensure that an extra healthcare assistant was on duty between 6.30pm and 10.30pm as this had been identified as a time when people fell.

Monitoring and improvement of outcomes

Staff were appropriately trained to provide the care and support that patients required. Daily supervision of staff was undertaken at all levels due to the way in which the ward was managed. Staff nurses worked with healthcare assistants and junior staff stated that they felt well supported. The ward manager had implemented a process called 'flooding the ward'. This meant that the nurses on duty received handover from the night staff and then assisted the healthcare assistants to wake patients up and sit them up for their breakfast. Following breakfast, when care staff supported people to eat, the whole care team met around the ward dining table for 10 minutes to discuss what was happening with patients that day and to hear any changes or new initiatives from the trust or hospital. This ensured that all staff were kept informed of future plans and of the patients' activities for that day. Staff felt that this was a good use of time and that they were informed not only of ward but of trust issues.

The care team received regular supervision and one-to-one sessions with the ward manager. The ward manager had started a file for each member of staff in which they could record their training. The trust's training database was not current as staff found it cumbersome to use and relied on their own signing-in sheets to demonstrate what training they had received. A mandatory training day had recently been held that covered a number of issues on the mandatory training list. However, in order to input this into the hospital database, each element would have to be recorded separately.

Sufficient capacity

The ward received a large number of referrals for care. However, with only 22 beds it often had a list of patients waiting for admission.

Multidisciplinary working and support

We saw good examples of multidisciplinary working on the ward. There were designated physiotherapists and occupational therapists for the ward who met with the nursing care team to discuss patients. Records showed multidisciplinary entries from all groups of staff caring for patients. While on site, we saw that patients had the opportunity to get involved in a game hosted by the Age UK team, which also ran a day service within the hospital. One patient was very keen to ensure that she was in the day room in time for this activity as she clearly enjoyed it.

Are medical care services caring?

Good

Staff were caring on the John van Geest unit.

Compassion, dignity and empathy

The average length of stay on the John Van Geest ward was 16 days. This meant that patients on the ward were well known by the staff caring for them. Staff displayed compassion and empathy with patients. We overheard several respectful and encouraging conversations while visiting the ward. One patient said that staff were "lovely, so kind and caring despite pushing me to try to do more for myself".

Involvement in care

Patients and families felt involved in the decision-making and care process. We heard of a family who had requested that their relative remain in hospital to attend an outpatient appointment as it was due shortly after the planned discharge. The ward had been able to facilitate this request. The ward takes patients who require complex discharge arrangements and links with the family and a number of other agencies in order to facilitate these.

The ward manager has significant experience of managing difficult conversations with patients and their relatives. While the ward acceptance checklist has a requirement that, if necessary, a 'do not attempt cardiac pulmonary resuscitation' order is in place prior to the patient arriving on the ward, should a need for this be identified it was managed well on the ward. The ward manager and doctor involved the patient and family in these discussions and this was clearly documented in the patient's care record.

Good

Medical care (including older people's care)

Trust and respect
The ward team was sensitive to the needs of patients. Staff were encouraging but supportive to patients when they were trying to ensure that they achieved as much independence as they could. Staff were able to have meaningful conversations with patients; although the ward was busy, they made time to do this either while giving care or in the quieter moments of the working day.

Emotional support
Patients were mainly elderly and in need of significant support while on the ward. The care team provided this through positive interactions with patients and their families and through open and honest discussions. Staff were able to give examples of when they had had difficult discussions with patients, including with patients who were unable to cope at home and had to be admitted to a care home.

Are medical care services responsive to people's needs?
(for example, to feedback?)

Good

Services were responsive to the needs of patients.

Meeting people's needs
Most patients were referred to the ward from Peterborough City Hospital. A referral form was completed and screened at ward level. This ensured that appropriate patients were admitted to the ward and that they benefited from this type of treatment and support. However, not all patients could be admitted due to the capacity of the ward area. Patients were usually elderly, had high dependancy and either required complex discharge arrangements or were in need of rehabilitation prior to discharge. The ward provided support and promoted independence for the patients using the service to return them to a life as near normal as they had previously enjoyed.

Access to services
The ward worked well with other stakeholders. There were good links with the local community and with the social work department. The care team had good networks to ensure that patients had the items of equipment and support they needed on discharge. The integration of the local Age UK day service within the ward meant that patients were already aware of this service and had had the opportunity to use it prior to discharge. This meant that patients had access to a service that stimulated them not only socially but physically.

Vulnerable patients and capacity
Due to the purpose of the ward there were many vulnerable patients on the ward. The staff were experienced in supporting these patients. We saw that one member of staff reassuring a patient a number of times as they expressed their fears. This was done in a patient and calm manner and using words that the person could understand. Time was spent ensuring that this person was encouraged to undertake the task in hand.

Leaving hospital
As discussed above, the ward had good networks with local health and social care providers to facilitate complex discharges. Patients and families were involved in making decisions about post-hospital discharge arrangements and given the emotional and physical support to ensure that this was a positive experience.

Learning from experiences, concerns and complaints
The ward manager kept a file of complaints, of which there were few. There had been no complaints in the previous year. Compliments cards and thank you cards were displayed on the noticeboard and there were many of these. The ward manager had implemented a number of systems and processes based on her previous experience in the 18 months she had been in post. Ward staff reflected that these had been generally positive. Staff were unable to identify an area of practice that had changed as a result of an incidents; however, as there had been no serious incidents in the previous year, the inspection team was not unduly concerned.

Are medical care services well-led?

Good

The staff are well led by an experienced manager.

Vision, strategy and risks
Staff were able to describe the way forward for the unit. They could articulate current plans and changes to

services. They also were aware of the trust's values and demonstrated these through their working practices. There was a good sense of team spirit on the ward at the time of our inspection.

Quality, performance and problems

Quality monitoring audits were in place and showed very positive results for the ward area. The average cleaning score for the ward in audits was 99.4% and numbers of falls and infections were low. The Friends and Family test showed that most patients were likely or highly likely to recommend the ward to their family and friends. However, staff were keen to increase the participation of patients in this area and were encouraging patients to complete the forms.

Leadership and culture

There was strong leadership from the ward manager who had clearly put in place systems and processes to address previous issues highlighted on the ward. All the staff we spoke with described an open and honest culture within the service. We were told that the staff team worked well together and appropriate support was received from senior managers.

Patient experiences and staff involvement and engagement

Patients we spoke to reported that they felt involved in the care. One patient said they (the staff) push you to do things but you know it's for your own good. The staff all felt part of the ward team, as did the housekeeper we spoke to. The practice of ward 'flooding' had been well received by ward staff as it engaged them in a variety of aspects of daily care and also informed them of issues going on at the trust. The monthly newsletter was also well received. However, the ward manager told us that attendance at the team meetings was low. This was due to the fact that the staff felt 'up to date' with what was going on and did not see the meeting as a priority.

Learning, improvement, innovation and sustainability

Staff had access to training and opportunities for self-development. Members of the ward team took on additional responsibility in designated areas to enhance their own learning and to provide feedback to the team. The ward team embraced external stakeholders and worked well with them to facilitate a good discharge for patients.

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

The Greenwood day unit is contained within Stamford Hospital, a few miles from the main hospital in Peterborough. It comprises one operating theatre, a procedure room, a first stage recovery area with three bays and a second stage recovery with eight bays. The hospital provides a range of surgery including orthopaedic, ophthalmic, urology and general surgery. There is a procedure room where endoscopies and procedures to relieve chronic pain are carried out. All the pain medicine for Peterborough and Stamford Hospitals NHS Foundation Trust are carried out here. The department is managed from the main operating department at Peterborough. However, there is a senior member of staff on duty every day who oversees the day-to-day running of the unit.

The Greenwood day unit has a pre-admission clinic where patients can be seen and assessed prior to surgery. We talked with five patients and five members of staff, including nurses, operating department assistants, healthcare assistants and support workers. We observed care and treatment and looked at three care records. We received comments from people at our listening events, and from people who contacted us to tell us about their experiences. Before our inspection, we reviewed performance information from, and about, the trust.

Summary of findings

We saw caring staff and the patients we spoke with told us that staff were kind and gentle. One told us: “I’ve been here lots of times for various things. It’s not only excellent, it’s an ideal place for Stamford.”

All patients were invited to a pre-assessment clinic prior to their surgery. This was to ensure that they were suitable for attending a small unit for their day surgery or procedure.

Surgical services were provided in a clean and hygienic environment in line with recognised guidance. This helped protect patients from the risk of infection, including hospital-acquired infections.

We saw that appropriate equipment checks and maintenance were carried out.

Staff were well trained, confirmed that they felt well supported, and had received an appraisal within the last 12 months.

Patients we spoke with, some of whom had visited the department on several previous occasions, were complimentary about their care and the staff’s attitude.

Good

Surgery

Are surgery services safe?

Good

Safety in the past

There was little data on the safety of the surgical unit at Stamford and Rutland Hospital as this unit was managed by the main Peterborough City Hospital surgery directorate. We spoke to staff and ascertained that there had been no serious incidents at the unit in the previous year (2013). Staff were able to discuss any incidents reported on the trusts monitoring tool Datix. Due to the low risk nature of the surgery undertaken here there were few reports of incidents at this site.

Learning and improvement

Staff we spoke with confirmed that they had access to the trust's electronic incident reporting system (Datix) and understood their responsibilities to report incidents. Senior staff were clear about any actions taken and learning outcomes reached as a result of incidents. However, this learning was not always robustly cascaded to the more junior members of staff. Staff we spoke with were unsure about how any learning had arisen from incidents. We saw a log of incidents from the Datix incident reporting system that showed that actions had been taken.

The Greenwood day unit used the early warning system (EWS). EWS is a method of identifying patients whose condition may be deteriorating. If a patient deteriorated, there was a procedure in place whereby an ambulance would be called to transfer the patient to Peterborough Hospital.

We observed good use of the paper-based system of surgical safety checklists in place in the operating theatre. This included the use of the World Health Organization (WHO) surgical safety checklist, which is designed to prevent avoidable errors. We reviewed three patient records specifically to review the completeness of the WHO checklist and noted that in all of the records the checklist was present in the files. This showed that adequate checks were undertaken to ensure that patients were safe within the operating department.

The pre-admission service was nurse led and involved a full history being taken as well as any pre-operative tests, for example an electrocardiograph (ECG) and blood tests. The nurses could refer to an anaesthetist, who was on site daily, if there were any concerns about a patient's health needs. If there were any concerns with regards to a patient's suitability for surgery in a small satellite unit, for example if they had ongoing or unstable long-term conditions, the patient was referred back to the main hospital for surgery there. This meant that patients' general condition and fitness were assessed so that the risk to them was minimised.

Surgery was undertaken between 8 am and 5.30 pm, Monday to Friday only. The anaesthetist did not leave the building until the last patient was fit to leave the first stage recovery area. This meant that surgery was undertaken when there was suitable staff in the building.

Systems, processes and practices

Equipment

We checked a sample range of equipment in the day unit. All the equipment we saw had been checked and was signed as being safe to use. For example, we saw portable appliance test (PAT) stickers, which were in date.

Monitoring safety and responding to risk

Environment

The Greenwood day unit was not purpose-built and comprised one theatre and a recovery area. There was a steep downwards slope into the operating theatre from the main corridor. In a separate area, a short walk up the main corridor, which also sloped, was the day unit, procedure room and pre-admission clinic. The nurse in charge told us that a risk assessment had been completed that encompassed the risk of pushing trolleys and wheelchairs up and down the slopes. It was deemed a moving and handling risk. Therefore, the trust had purchased motorised trolleys, to mitigate the risk to staff.

Equipment was stored safely and the department looked uncluttered.

The changing facilities were single sex in the day unit. There were two waiting areas in the day unit, one for women and the other for men. One room was larger than the other, so they were interchanged depending on how many patients of each sex were booked on the operating lists. This meant that when patients were waiting to

undergo their procedure and in their dressing gowns, their dignity was maintained. The recovery areas were mixed, but the staff told us that curtains were used to promote privacy; we saw that this was the case.

Infection prevention and control

The building that the Greenwood day unit was situated in was old and not purpose-built. However, we noticed that it was very clean. We saw a member of the housekeeping staff thoroughly cleaning the day unit. Hand hygiene gel was available at the entrance and within both the day unit and the operating theatre. Staff were observed using these. None of the gel dispensers we tested were empty. We noted that all the clinical staff we saw were adhering to the trust's 'bare below the elbow' policy and were wearing minimal jewellery. Staff we spoke with were able to describe to us the 'five moments of hand hygiene'.

All elective patients who attended the pre-operative assessment area before their operation, other than those undergoing an ophthalmic procedure or endoscopy, were screened for MRSA. This meant that a patient could be given appropriate treatment if their MRSA screening was found to be positive and prior to any treatment going ahead.

Sterile instruments were obtained from Peterborough Hospital, where they were decontaminated and sterilised. No decontamination took place at Stamford. There was a twice daily delivery service between the two sites. The instruments and instrument trays belonging to Stamford were marked in a way that identified them. A member of staff told us that generally there were enough instruments, although occasionally there was a problem with getting instruments turned around quickly. The instruments were stored in tins, which minimised the risk of unusable instruments due to torn exterior paper wrapping. There were very few sets that needed to be rejected, for example if they were wet.

Patient records

We reviewed three patient records and noted that appropriate assessments had been completed accurately, such as venous thromboembolism (VTE) risk assessments. Records of the operation or procedure were recorded, including post-operative instructions from the surgeon. Despite some people staying for a short time only, we saw that care had been documented and evaluated.

Staffing

The day unit appeared well staffed and the pace calm and unhurried. We observed patients' needs being anticipated and met quickly. Although we did not observe an operating list taking place, the nurse in charge told us that the operating theatre had enough staff to run a list and recover patients safely. The nurse in charge told us that very occasionally, if a list overran, staff would stay late to ensure that the patient was not discharged before they were ready. The department operated a 'time owing' policy. This meant that if staff did stay late, they took time back in order not to work long hours. We spoke with three staff about this and they all liked to work in this way. One told us: "It's give and take really. I really like it as I get some flexibility." All the staff we spoke with told us that they thought there were enough staff. One said: "Some days it's a bit frantic, but we all pull together. Other days it's really calm. I always feel I have enough time to look after the patients how I like to." A patient told us: "I've been here lots of times for various things. It's not only excellent, it's an ideal place for Stamford." The nurse in charge told us that patients' operations were never cancelled due to lack of capacity. Procedures were cancelled or postponed only if the patient was unwell. On the day of our inspection, a list had been cancelled as the surgeon was unwell. The nurse in charge told us this was a rarity.

Peterborough and Stamford Hospitals NHS Foundation Trust scored average in the national staff satisfaction survey for key finding one (% feeling satisfied with the quality of work and patient care they are able to deliver). The staff we spoke with at Stamford all told us they enjoyed their work. One told us: "I look forward to coming to work." However, all staff were concerned about plans for the unit. It was due to have an upgrade and staff were unsure whether the unit would close while the work was going on or remain open. One told us: "We're all a bit unsure what is going to happen to our jobs, which is unsettling."

Safeguarding

Staff we spoke with were able to demonstrate a good understanding and awareness of the trust's safeguarding systems and processes, and how they would report any concerns. The staff reported that they admitted very few patients who had a difficulty with communication. However, they were aware of the Mental Capacity Act 2005 and its application with regards to caring for those who lacked capacity.

Good

Surgery

The unit did not undertake procedures for patients under the age of 16 years. Clinical staff we spoke with told us they had been trained in the Mental Capacity Act and were able to give a detailed account of the consenting process and the people who were involved in it. This included doing a further check before an operation that valid consent had been obtained. This was finally checked on the WHO checklist prior to surgery commencing.

We saw information leaflets to assist patients so that they could be as knowledgeable as possible about the risks and benefits of their procedure. During our review of three records, we noted that consent forms had been completed appropriately.

Are surgery services effective?
(for example, treatment is effective)

Good

Evidence-based guidance
Audits were undertaken as part of the trust's auditing programme, for example of the efficacy of EWS. Audits were also undertaken of transfers into the trust following surgery for patients who had experienced complications or required an unexpected overnight stay. This would identify whether late operating was being undertaken or if unsuitable patients were being operated on. We saw from data provided to us by the trust that there had been no reported incidents of transfers into the trust since before July 2013 (which was when the data we saw commenced). The nurse in charge told us that they could not remember the last time a patient had been transferred.

Monitoring and improvement of outcomes

Pain management
Patient records showed that a patient's perception of pain was evaluated and pain relief provided appropriately to patients.

The day unit undertook all the pain management procedures for the trust.

Staff, equipment and facilities
Ward sisters we spoke with explained to us that mandatory training was provided and that this information was recorded centrally and kept in the main operating department at Peterborough Hospital. Staff confirmed this. The senior staff described their recent attendance at training run by the trust for band 6 and 7 staff; they said this had been beneficial.

All the staff we spoke with confirmed their attendance at mandatory training and explained that if they did not attend their manager was contacted. This ensured that all staff attended essential training. Furthermore, all staff confirmed that they had received an appraisal within the last year, which gave them the opportunity to discuss their work performance and career aspirations with their manager.

A new member of staff described their induction, which was undertaken both hospital-wide and locally in their department. They told us that the trust induction covered topics including health and safety and fire awareness. They went on to tell us that their local departmental induction had been very beneficial and also provided information about what the expectations were within their role. They described the good relationship they had with their mentor, who they said had been helpful and supportive. They went on to say: "I feel like I've been here for years. Everyone has been a mentor to me. They're all brilliant."

Sufficent Capacity
The nurse in charge told us that they did not have the capacity issues that were more common in the main hospital in Peterborough. They told us that they were very full some days, but could not remember cancelling a procedure due to lack of capacity.

Multidisciplinary working and support
The nurse in charge of the unit told us that communicating essential information was fairly straightforward within the unit as it was so small. The theatre manager from Peterborough City Hospital, who had operational responsibility for the unit, visited weekly. Monthly operational meetings were held in Peterborough City Hospital, to which the senior staff were invited. There was a communication folder in the day unit where essential written information was stored, so that all the staff were kept up to date with what was going on. The nurse in charge showed us a 'Friday update' email that they sent to all the staff in the unit and that contained local and trust-wide information. One member of staff showed us information available on the trust's intranet, including 'Ask Peter', the forum where staff could email questions to the

chief executive. One member of staff told us: "I think we are communicated with really well. There's loads of information and it's up to us to find out and not be passive."

The staff worked well with the doctors and anaesthetists, seeking advice about particular patients if, for example, the patient had an existing condition or required pre-operative tests.

Are surgery services caring?

Good

Compassion, dignity and empathy

Patient experience and feedback

We spoke with two patients who had undergone previous procedures at the Greenwood day unit. They told us how they liked the more intimate atmosphere and that the staff remembered them. Patients told us that they felt involved in decision making for their treatment. One patient told us that they had been in and out of the unit regularly over the years, often having similar procedures. They told us: "They go through everything, even though I've had it done before. It's very reassuring."

Patient centred care

During our time spent in the Greenwood day unit, we observed positive interactions between staff members and patients and caring behaviours. Patients were complimentary about the level of care they had received, both at the pre-admission stage and when they had arrived for their procedure.

Involvement in care

During our observations in the Greenwood day unit, we saw that there was an effective system in place to discuss a patient's care and treatment, both at the pre-admission stage and pre-operatively, and that this included consultants, theatre and nursing staff. The anaesthetists provided advice to the pre-admission clinic on ordering further investigations, ECG interpretation or whether a patient was suitable for surgery in a 'satellite' unit.

We saw that patients were given full instructions prior to them being discharged back to their home. There were systems in place to ensure that patients received further care if required, for example liaison with GPs or district nurses for removal of sutures.

Trust and respect

Privacy and dignity

Patients were admitted and discharged in a private room, prior to changing and going into the general male or female waiting area. This meant that private discussions about patients' symptoms and their personal information could be discussed confidentially. During our inspection visit, we observed care that was delivered with dignity and respect. The nurses and carers spoke quietly and calmly to the patients. We noticed that curtains were used in the recovery areas and there were separate waiting areas for men and women. One patient we spoke with told us that they had been treated with dignity and respect by the nursing staff.

Emotional support

Pre-operative assessments included capacity assessment and took into account patients' and relatives' views. Where mental capacity was a risk, pre-assessment information included the contact details for the multidisciplinary team.

Patients we spoke with said that their procedure had been explained to them and the staff within the unit were kind and considerate towards their needs. One told us: "My wife is very anxious and last time I was here, the nurse called her when I had my procedure to put her mind at rest. It helped me too as I wasn't worried about her worrying about me."

Trust and communication

All the staff we spoke with were fully aware of gaining feedback from patients. Patients we spoke with knew how to make a complaint and had been given information in pre-admission documentation. One told us: "If I wasn't happy, I would ask to speak to whoever in in charge."

Good

Surgery

Are surgery services responsive to people's needs?

(for example, to feedback?)

Good

Meeting people's needs

All patients who were to undergo planned surgery were seen by the nurse at a pre-operative assessment clinic. The pre-assessment was held in private to allow for questions to be asked. Post-operative information was given at the pre-assessment stage, so that patients had the opportunity to consider the information. We spoke with four new patients who all said they appreciated the opportunity to ask questions and have their fears allayed.

Any patients who were deemed unsuitable for day care in a small unit, for example if their co-existing conditions increased the risk of complications, were referred back to Peterborough. This meant that patients who could have been at risk had their procedure in a hospital that would meet their more complex needs.

The nurse in charge told us that occasionally patients were booked late, and then any pre-operative tests needed to be expedited. However, this was a rarity. No emergency or urgent procedures were undertaken in the day unit: every procedure was pre-planned.

Access to services

Patient support

Nursing staff were able to show us information about advocacy services that were available to patients, and they explained that they would also direct patients and relatives to the Patient Advice and Liaison Services (PALS) if they needed any further information.

Vulnerable patients and capacity

During our inspection, we observed the care of a patient who had a visual impairment. We saw that the staff explained everything carefully and ensured that their drink and call bell were within easy reach. We saw staff checking the patient regularly to ensure that they were comfortable and could reach everything they needed.

Leaving hospital

The nurse in charge explained to us how discharge planning began at the pre-admission clinic. Any potential problems were identified, for example if someone lived alone. The staff ensured that patients had someone to take them home after their procedure and that their home circumstances were suitable, for example that there was an adult who could care for them when they returned home. They gave advice about post-operative care and aftercare, for example when people could return to work or drive.

Learning from experiences, concerns and complaints

Staff we spoke with explained that patient and relative feedback, particularly around complaints and concerns, was readily encouraged. We saw that feedback was actively encouraged from information that was given to patients. The staff told us that there were very few complaints; the few that there were mostly surrounded concern about the long walk from the hospital entrance to the unit, particularly for those who had mobility problems.

The staff described that any complaints were dealt with locally if possible. Staff were able to direct patients to a more senior member of staff or the PALS.

Are surgery services well-led?

Good

Vision, strategy and risks

Leadership and vision

The leadership in the unit was generally viewed as positive and effective by the staff we spoke with. All staff we spoke with on the unit were very positive about the teams they worked in and how well they were led. We saw examples of leadership with experienced staff being responsible for supporting and leading staff who had recently been appointed.

Quality, performance and problems

Management of risk

The trust had a system in place to identify and escalate identified risks to the appropriate risk register. We saw a copy of the most recent risk register and there were no risks recorded that related directly to Greenwood day unit.

Good

Surgery

Staff told us that generally there was an adequate supply of equipment for the correct treatment and care of patients. We saw equipment that was stored safely. In the operating department, the storage areas had recently been reduced to enable some building work to take place.

Leadership and culture

Some nursing staff told us that they were confident about raising concerns with their direct line manager or with a medical staff member if it concerned a patient. Generally, staff told us that they felt supported by their senior staff. One told us: "As it's such a small team here, we all just muck in and do everything."

Patient experiences and staff involvement and engagement

Nursing staff told us that the nurse in charge and the consultants were very approachable and supportive. They said that they were all open to suggestions for improvements and that there was an open culture to change across the service. They told us that they did not see very often the manager who had overall responsibility for the department, who was based at the main hospital in Peterborough. However, they emphasised that this was not a problem for them.

During our inspection, we saw that staff on the units readily approached the nurse in charge for advice and information to ensure that patient treatment and care were maintained and effective at all times.

We saw that changes required to trust-wide practice were communicated by email and placed in the communication folder. However, staff informed us that explanation around change and how to implement change properly was not always given. There was particular concern raised by all staff regarding the imminent changes to the unit, which they said had not been communicated effectively.

Learning, improvement, innovation and sustainability

Most staff members we spoke with told us that, as the day unit was so small, they did receive an overview and often detailed feedback from complaints or incidents. However, this was at a local level only. One member of staff told us that generally feedback from incidents, once they had been entered on the hospital-wide Datix system, was inconsistent. This meant that learning from complaints and incidents was not always effectively communicated by the management teams at ward level and above.

Good

Outpatients

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

Stamford and Rutland Hospital provides a small but extensive outpatients department (OPD). It is staffed independently from Peterborough City Hospital although line management is provided by the City Hospital. The site has been there for many years and redevelopment is planned for 2014–16. On the day of the inspection, 14 different specialties were seen in the OPD.

Summary of findings

OPD services were safe, caring and met the needs of patients. There were no major safety concerns within the department. Staff knew how to report concerns and felt that action would be taken if they did so.

Patients liked coming to the department as they were seen on time and received the same treatment that they would have received at the main hospital site. Monitoring systems were in place and reviewed in order to improve the quality of the service.

The department was responsive to the needs of patients using it. Complaint numbers were low and accolades increasing. This meant that patients were satisfied with the care provided in the department.

The department was well led and staff and the manager felt supported. The only concern was that the department staff felt that they were not seen as equals by staff at the main Peterborough City Hospital site.

Good

Outpatients

Are outpatients services safe?

Good

Outpatient services were safe.

Safety in the past

There have been no serious incidents reported in the last six months. The main issue reported was the lack of a translator to attend the OPD with patients.

Learning and improvement

The matron showed us her balanced scorecard that she used to set the agenda for her team meetings. A copy of the meeting agenda and notes taken were seen and confirmed this and that actions were taken to learn from incidents. It should be noted that, although the matron includes all the hospital managers in these meetings, she does not line manage the sister or the OPD team. There were no major concerns for the OPD.

Systems, processes and practices

Staff were very aware of safeguarding and knew how to refer concerns. The environment was very clean and hand gel was available at appropriate points to aid infection control.

E track is used throughout the hospital and is linked to the main trust system. There were good systems in place that ensured that patients attended clinics, with reminders for attendance being left on answerphones and sent via text messages. Patients book in at the main reception before going through to the OPD. Medical secretaries said that they have no problems accessing the medical records from the main hospital site and that they are managing to get letters out quickly and keep within the five days they have before the medical records have to be returned.

Monitoring safety and responding to risk

Datix was used by staff to record incidents and actions taken to resolve issues. There is no trust-wide individual risk register for this OPD. Staff felt that they knew how to report risks and that, when risks have been reported in the past, actions have been taken.

Medical records are securely stored while on the hospital site and returned to the main hospital site within five days. Staff clearly understood the need for patient confidentiality and how records should be kept.

Staff had received training on the Mental Capacity Act 2005 and knew how to make potential safeguarding referrals. Datix records showed that, if concerns in regard to a safeguarding nature were seen in clinics, they were referred to the appropriate authorities.

Anticipation and planning

The trust clearly understood the issues that a very old hospital site caused for both patients and staff. There were no concerns about the old building and it was safe and maintained; however, plans were now in place to redevelop the site and improve facilities for all in 2014–16. All staff welcomed this, but especially the pain clinic team that was housed temporarily in the very old hospital buildings.

Are outpatients services effective?
(for example, treatment is effective)

Not sufficient evidence to rate

Evidence-based guidance

The consultants and doctors using the department were from the main Peterborough City Hospital site where they were actively engaged in research and in implementing national guidance in treatments. This experience was carried into the OPD on this site. Overall, it was difficult to assess how effective the department was.

Monitoring and improvement of outcomes

The Matron uses a trust-wide balanced score card modified to be specific to the OPD'. The matron does not manage the OPD; it is managed via the management team at the main hospital. Most of the trust performance measures are not clearly split out for Stamford and Rutland. The overall trust-wide performance for the OPD is measured by the number of breaches of the 13-week target waiting time. The trustwide performance is 12 breaches in the year to date (103,152 new attendances in the year to date). There were three breaches in quarter 1, one in quarter 2, none in quarter 3, and eight so far in quarter 4.

Sufficient capacity

The OPD manager said that she had no problems with staffing and that, if needed, staff come from the main hospital site. Equipment was available, clean and in good working order. There were systems to ensure that all equipment was serviced and PAT tested. The friends of the hospital were very generous and had provided most of the

Good

Outpatients

equipment for the eye clinic. The facilities were very clean and airy with sufficient space for people to be seated. The facilities for the pain clinic were not purpose-built and were very old. This sometimes did not aid privacy and dignity, as patients' conversations could be heard from time to time. This issue will be addressed when the hospital site is redeveloped.

Multidisciplinary working and support

Staff from different professions were seen to be working very well together. Student nurses felt that it was a good place to come for a placement as there was such variety in a small area and they got to see and help care for people with a range of conditions. The plaster technician had been in the hospital for only a few weeks and said how she enjoyed working there as people from all professions helped one another. One patient commented that the communication with their GP following their outpatients appointment was very good.

Are outpatients services caring?

Good

We received 18 comment cards from Stamford and Rutland Hospital. All 18 were very positive. A patient who attended outpatients department said that "the care I received in the eye clinic was superb. I was extremely well cared for by both the nurses and consultants who really looked after my well-being. It is a wonderful hospital where staff really care." Another patient said: "A very good service and I did not have to wait long and a very good service from nurses."

A student nurse had been shown how to apply a plaster cast to her arm. This was left on during the day so that the student nurse could experience the issues patients have while wearing a plaster cast.

Involvement in care

The patients we spoke to felt that they had been included in the decision making and had felt very well supported. Staff were very clear about the Mental Capacity Act 2005 and how that impacted on patients' consent and decision making.

Trust and respect

Patients felt that they were well communicated with in the hospital. One patient who had attended physiotherapy said that "the staff were very kind and helpful. They listened to what I was saying and had the time to listen too." Another patient said: "Everyone just makes you feel welcome, and the jitters just disappear. I have had blood tests and outpatient appointments and have been dealt with professionally. These are people who care." Patients also felt that staff remembered them and knew their names and their condition, which reassured them.

Emotional support

Patients attending the pain clinic were provided with psychological support from a clinical psychologist. If needed, the chaplaincy from the main hospital site will visit, but this does not happen often in the OPD.

Are outpatients services responsive to people's needs?

(for example, to feedback?)

Good

Services are responsive to the needs of people attending.

Meeting people's needs

Patients felt that their needs were being more than met and that this was because of the friendliness of the staff, the way in which the hospital was run, and the fact that Stamford was a very close-knit community: "We all know each other." Another patient said: "All staff are very interested and observant. I would always come to visit Stamford Hospital when possible ... it is my preference."

Access to services

Patients interviewed felt that they could access the service very well and only occasionally did they have to wait. They found the whole process, from appointment booking to attendance, easy and very simple to follow. The pain clinic was located at Stamford and was a nationally registered specialist service.

Vulnerable patients and capacity

Staff had received training on the care required by vulnerable patients. During our visit we saw that staff were kind and caring to all patients in the department.

Learning from experiences, concerns and complaints

The hospital had received very few complaints over the last three quarters. The matron tracked these on her balanced scorecard. In comparison, the number of accolades on the

Good

Outpatients

scorecard had increased from a steady 22 up to 63 in December. The public and patients have very strong views about the hospital; in the main, these are very positive. The hospital also has a noticeboard in one of the corridors with Post-its on which people can make comments about anything to do with the hospital. The matron reviews the comments and then posts a response and, if needed, an update. Four of the responses had been updated several times.

Are outpatients services well-led?

Good

The outpatients team were well led by the local management.

Vision, strategy and risks

The vision for OPD is linked to the plans to redevelop the site in 2014–16. There are no other specific strategies for the OPD. However, staff were able to discuss the strategy and could articulate the trust's values.

Quality, performance and problems

The hospital's main governance arrangements are overarching and part of the quality governance framework that comprises a quality assurance committee; this includes non-executive directors, executive directors, GPs, Healthwatch and governors. This committee reviews the balanced scorecard for the trust as whole, among other trust matters. Consultants and staff felt that there were good governance systems in place even though they were some distance from the main hospital.

Leadership and culture

The OPD sister is line managed by a manager from the main hospital. The sister felt that this was a very supportive and a very good working relationship. Consultants felt that the OPD was very well led locally and they enjoyed the working experience provided by the hospital that was "very different to Peterborough". However, the staff we spoke to did feel that being such a distance from the main hospital presented some barriers and they felt disrespected by some staff at Peterborough City Hospital. Staff said that they are made to feel that they are second class and that rude comments are made, especially when they join a training session at the main hospital.

Patient experiences and staff involvement and engagement

Completed comment cards (18) recorded numerous very positive patient experiences and patient engagement. However, staff did not feel fully engaged with the main hospital and said that no board meetings were ever held at Stamford and Rutland Hospital. However the trust provided evidence that board meeting had taken place in Stamford in 2012 and 2013 and a council of governors meeting had taken place on the Stamford site in 2014

Learning, improvement, innovation and sustainability

Systems were in place for addressing and learning from complaints; these systems were mainly trust-wide. However, the matron's balanced scorecard documented that there were only one or two complaints for the hospital per month. It was not clear which departments these complaints came from. The hospital has a very open and trusting culture; all staff know each other, as do many of the patients. Staff and patients were not afraid to speak up about their concerns. It was not clear if the turnaround rate for complaints in the OPD was meeting the 30-day target, as data was for the whole trust and not just this hospital.