

The Mid Yorkshire Hospitals NHS Trust

RXF

Community health inpatient services

Quality Report

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Date of inspection visit: 16 -19 May 2017

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXF15	Queen Elizabeth House		

This report describes our judgement of the quality of care provided within this core service by The Mid Yorkshire Hospitals NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by The Mid Yorkshire Hospitals NHS Trust and these are brought together to inform our overall judgement of The Mid Yorkshire Hospitals NHS Trust

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We carried out this inspection because, when we inspected the service in June 2015, we rated the service as inadequate overall. Safe and well led were rated as inadequate, effective, caring and responsive were rated as requires improvement.

Actions the trust were told they must take were:

- ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.
- ensure robust major incident and business continuity plans are in place and understood by staff. This must include fire safety at Queen Elizabeth House.
- strengthen the systems in place to regularly assess and monitor the quality of care provided to patients.
- ensure where actions are implemented to reduce risks these are monitored and sustained.
- ensure there are improvements in the monitoring and assessment of patient's nutrition and hydration needs to ensure patients' needs are adequately met.
- ensure all staff have completed mandatory training, role specific training and had an annual appraisal.
- continue to strengthen staff knowledge and training in relation to the mental capacity act and deprivation of liberty safeguards.
- ensure that systems and processes are in place and followed for the safe storage, security, recording and administration of medicines.
- The trust must ensure in all services resuscitation and emergency equipment is checked on a daily basis in order to ensure the safety of service users and to meet their needs.

At this inspection we rated this service as good because:

- The service had taken action on the issues we raised at the last inspection and we saw many improvements. Staffing levels had improved and all vacant posts had been appointed to. Staff compliance with appraisals and mandatory training was high and exceeded trust standards in most areas.

- Staff engagement and morale had also improved on the unit since our last inspection. Staff were proud of their service and the improvements which had been made. Patient engagement had improved with the introduction of the three day patient survey.
- There was more stable local leadership and managers and staff were clear on the vision and purpose of the unit and their role within it.
- Systems and processes to keep patients safe were in place. Fire safety management had been inadequate; however, on this visit we found it to be robust and well managed.
- There were clear governance arrangements and processes for managing risk. We saw evidence of continuous improvement.
- Staff were caring; we saw patients were treated with dignity and respect. Call bells had been installed in the lounge within patients reach and were responded to promptly. Patients were protected from the risks of inadequate nutrition and hydration.
- Positive changes had been made to the unit to ensure it met the needs of patients living with dementia.
- There had been many positive changes to the environment since our last visit. A programme of improvements had been carried out, which included upgrading and redecoration of bedrooms and bathrooms. The outside space had also been improved which enabled patients to sit outside or help with gardening as part of their therapy.
- Toilets facilities were clearly identified as male or female with interchangeable signage. Equipment was clean and had been well maintained.
- Medicines were safely stored, recorded and administered and resuscitation and emergency equipment was checked daily.
- A clear referral criterion to the service was in place and there was a robust process for reviewing referrals to ensure they were appropriate.
- Staff compliance with MCA training at WICU was good and exceeded the trust standard. Systems were in place to record patient consent.

However;

- We still had concerns about building this service was provided in. Although the environment had been

Summary of findings

much improved and safety risks managed and minimised, the building was still not ideal for the provision of intermediate care. Space for storage was very limited and the lift was still unreliable and too small. There was no separate treatment room for dressings and other clinical activities to be undertaken and no room for private conversations with relatives.

- Skin integrity checks were carried out by the registered nurses on the night shift. We found they were not always documenting that checks had been carried out and were sometimes documenting 'not seen'.
- Drugs for emergency use were not kept in the resuscitation bags and we were concerned that this could cause delays in treatment.
- Supervision for nursing staff at the unit was poor. The unit reported that from April 2016 to March 2017 only 19 supervision sessions out of 84 took place, which was 35%.
- The local risk register was in need of updating. We noticed that some of the review dates were overdue, for example, three risks were due to be updated in November 2016 and the register still contained risks relevant to the PICU, which had been closed at the end of March 2017.
- Staff sickness and turnover was high at the unit. During the period March 2016 to February 2017 the average sickness rate at the WICU for nursing staff was 13%, which was higher than the trust standard of 4%. For the same period, staff turnover rate was 21%, which was higher than the trust standard of 12%. The unit manager and the matron recognised the high sickness rate was an issue and were in the process of addressing this with the support of the human resources team.

Summary of findings

Background to the service

The Mid Yorkshire Hospital NHS Trust provides community health inpatient services at one location, Queen Elizabeth House. The location has been renamed the Wakefield Intermediate Care Unit (WICU). Community services, including inpatient services, joined the trust in 2011 as part of the transforming community services agenda and is managed in the care closer to home division.

WICU is a nurse and therapy led unit with 26 beds. It provides short term specialist care to patients who have been discharged from hospital but need extra support, care and rehabilitation before going home or to the place they normally live.

At our last inspection in June 2015, community health inpatient services were also provided at Ward A1 at Pinderfields General Hospital and at the Kingsdale Unit via a contract with a private healthcare provider. Later in 2015, services were reconfigured and the intermediate care beds from Pinderfields General Hospital and the Kingsdale Unit moved to Pontefract Hospital to the Pontefract Intermediate Care Unit (PICU). Following a review of intermediate care beds by commissioners the PICU was closed at the end of March 2017.

Approximately 40 staff work on the unit, including registered nurses, associate practitioners, health care support workers, physiotherapists, occupational therapists, technical instructors, administration staff, housekeepers, cooks, kitchen assistants and a driver.

During our inspection, we spoke with 22 members of staff including, community matrons, nurses, health care support workers, therapists, domestic staff, service managers and administration staff. We observed care being provided in the unit. We spoke with 12 patients and relatives and looked at 10 prescription charts and 10 patient records. We also held focus groups with community staff and reviewed performance information from, and about, the trust.

This service was last inspected on 23-25 June 2015 as part of a comprehensive inspection and was rated as inadequate overall. Safe and well led were rated as inadequate, effective, caring and responsive were rated as requires improvement.

This was because we identified that the provider must:

- ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.
- ensure robust major incident and business continuity plans are in place and understood by staff. This must include fire safety at Queen Elizabeth House.
- strengthen the systems in place to regularly assess and monitor the quality of care provided to patients.
- ensure where actions are implemented to reduce risks these are monitored and sustained.
- ensure there are improvements in the monitoring and assessment of patient's nutrition and hydration needs to ensure patients' needs are adequately met.
- ensure all staff have completed mandatory training, role specific training and had an annual appraisal.
- continue to strengthen staff knowledge and training in relation to the mental capacity act and deprivation of liberty safeguards.
- ensure that systems and processes are in place and followed for the safe storage, security, recording and administration of medicines.
- ensure in all services resuscitation and emergency equipment is checked on a daily basis in order to ensure the safety of service users and to meet their needs.

We also said the provider should:

- ensure staff are involved and informed of service changes and re-design.
- ensure in community inpatient services there is a referral criteria for the service and in-reach assessments are carried out consistently to improve the admission and referral process.
- ensure toilet facilities in community inpatient services are designated same sex, in order to comply with the government's requirement of Dignity in Care.
- ensure care and treatment of service users is only provided with the consent of the relevant person.
- ensure patients receive person centred care and are treated with dignity and respect.

Summary of findings

- ensure the equipment and premises are suitable for the purpose for which they are being used and are appropriately maintained.

Our inspection team

Our inspection team was led by:

Chair: Carole Panteli, Nurse Director

Team Leader: Sandra Sutton, Inspection Manager, Care Quality Commission

The team included CQC inspectors and a variety of specialists: physiotherapist, community matron and a community nurse.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 16-19 May 2017. Prior to and during the visit we held focus groups with a range of staff who worked within the service, such as nurses and therapists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services.

What people who use the provider say

- All patients and relatives that we spoke with described the service in a positive way.
- Patients told us 'staff are brilliant night and day', 'staff were very caring', and 'I enjoyed getting involved with the activities on offer'.
- One patient told us she had especially enjoyed the gardening activity.
- another patient told us the staff had got her back on her feet and she was waiting for a care package to be agreed.
- There was positive feedback from the friends and family test scoring 100% in February 2017 and 95.8% in March 2017.

Good practice

We observed a multi-disciplinary meeting, which was held twice a week on the unit. We found this to be an

effective and efficient meeting with good engagement and contributions from the whole team. Therapy staff,

Summary of findings

nursing staff, administration staff and a social care co-ordinator attended to discuss each patient on the unit.

There was clear communication between all staff and a team approach to solutions to facilitate the timely and safe discharge of patients. Staff followed a standard operating procedure when conducting the meeting.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

The provider **SHOULD**;

- Ensure that emergency drugs are stored in tamper-evident containers in resuscitation bags in line with the recommendations of the Resuscitation Council UK.
- Ensure that patients receive skin integrity checks in a timely manner.
- Ensure that nursing staff at the Wakefield Intermediate Care Unit receive three monthly supervision as per trust policy.
- Ensure staff are informed of lessons learnt from patient harms and patient safety incidents.
- Ensure risks are identified and reviewed appropriately.
- Ensure that staff are following the medicines management policy and that fridge and room temperatures are appropriately recorded.
- Consider giving further support and training to staff in the application of the Mental Capacity Act.
- Continue to work towards nursing records moving from paper to electronic.
- Continue to explore facilities that are more suitable from which to provide community health inpatient services

The Mid Yorkshire Hospitals NHS Trust

Community health inpatient services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

At this inspection, we rated community services for inpatients as good for safe because:

- The service had taken action on the issues raised in the 2015 inspection. Staffing levels had improved compared to our last inspection and although there were some vacancies in health care support workers, these vacancies had been appointed to. Actions to mitigate the vacancies were in place with agency and bank staff filling vacant shifts and therapy staff helping with some tasks on a temporary basis. There had also been an increase in the established staffing levels as part of the service review.
- Staff compliance with mandatory training was improved and exceeded the trust standard in most areas.
- Staff confirmed they reported incidents, received feedback and could give us examples of learning from incidents. We saw that sharing and learning from incidents was discussed at therapy team meetings but did not see this discussed in the minutes of the nursing staff meeting.
- Staff were aware of the duty of candour and were able to give examples of when they would apply this.
- Issues with the environment had been addressed; a programme of improvements had been carried out, which included upgrading and redecoration of bedrooms and bathrooms. The outside space had also been improved which enabled patients to sit outside or help with gardening as part of their therapy. Equipment was clean and had been well maintained.
- At our last inspection, we noted that the lift was not fit for purpose and relatives told us it was regularly out of order. At this inspection, staff told us the service had moved onto a different maintenance contract and the lift did not break down as often. Since our last inspection, a stair lift had been installed and there was a contingency plan in the event that the lift did break down. The unit had developed a standard operating procedure for prioritising the use of downstairs bedrooms. This included patients needing a hoist, those deteriorating and patients who were confused and needed close night time supervision. The matron informed us an options paper had been submitted to the senior team for the replacement of the lift.
- We had serious concerns about fire safety at our last inspection. At this inspection, we found fire safety had

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improved. Fire procedures were displayed on the unit and we saw that fire exits were visible and clear. The unit had a nominated fire warden and we saw evidence that the fire warden carried out weekly and monthly fire checks. The fire warden audited the unit every six months to ensure it complied with fire safety standards. A fire risk assessment had been carried out and there was a clear fire evacuation plan, which had been recently tested. Staff compliance with fire safety training was 100%.

However;

- Although the environment had been much improved and safety risks managed and minimised, the building was still not ideal for the provision of intermediate care. Space for storage was very limited and the lift was still unreliable and too small. There was no separate treatment room for dressings and other clinical activities to be undertaken and no room for private conversations with relatives.
- Skin integrity checks were carried out by the registered nurses on the night shift. We found they were not always documenting that checks had been carried out and were sometimes documenting 'not seen'.
- Drugs for emergency use were not kept in the resuscitation bags and we were concerned that this could cause delays in treatment.
- Although safety thermometer information was not displayed on the unit, some safety information was displayed. For example, a falls safety cross-chart showed which days of the month a fall had occurred. In May 2017, the chart showed that there had been three falls.
- Safety thermometer data for intermediate care units was monitored using the community scorecard. The April 2017 scorecard showed that between October 2016 and April 2017, there had been no new patient harm with the exception of December 2016, which was recorded as 12.2%. This coincided with a flu outbreak, which occurred on the Pontefract Intermediate Care Unit.

Incident reporting, learning and improvement

- Staff used a recognised electronic reporting system to report incidents. All staff we spoke with told us that they were able to access and use the system. There was a mechanism to feedback to staff on incidents via email directly from the electronic reporting system. Staff confirmed they received feedback by email or from their line manager depending on the severity of the incident.
- We saw that sharing and learning from incidents was discussed at therapy team meetings but did not see this discussed in the minutes of the nursing staff meeting. Staff were able to give examples of learning from incidents and of changes made following an incident. For example, in the investigation of a flu outbreak at the Pontefract Intermediate Care Unit, it was identified that there was a low uptake of staff vaccination against the virus. In response to this, a flu link nurse was now in place at the Wakefield Intermediate Care Unit and was receiving peer training. In future, the link nurse would be able to offer vaccinations to staff.
- Between March 2016 and February 2017, trust staff reported 346 incidents in community inpatient services. Of these, 60% resulted in no harm, 35% in low harm and 5% resulted in moderate harm or above.
- The most common types of incidents were slips, trips, falls and collisions with 152 incidents (44%), followed by pressure sore with 58 incidents (17%).
- The matron had been trained in the use of root cause analysis (RCA) and investigated serious incidents. The unit manager and deputy unit manager had also received RCA training and the matron planned to support them in investigating serious incidents.

Detailed findings

Safety performance

- The NHS Safety Thermometer is an audit tool that allows organisations to measure and report patient harm in four key areas (pressure ulcers, urine infection in patients with catheters (CAUTI), falls and venous thromboembolism (VTE)) and the proportion of patients who are "harm free". The England average for harm free care is 95%.
- The Wakefield Intermediate Care Unit (WICU) participated in the NHS safety thermometer. Data for the period December 2016 to May 2017 identified that care patients received was free from new harm during this period. Of 142 patients captured using the data collection methodology across the six month period, harm was identified in 26. In all 26 cases where harm was recorded, this was due to an existing old harm. Harm from existing (old) pressure ulcers accounted for all harm captured within the WICU.

Are services safe?

- There had been one serious incident reported at the WICU in the six months prior to our inspection, when a patient had fallen and sustained a fracture. We saw the root cause analysis report for this incident, which was comprehensive. The report identified a root cause, included recommendations and action plans to prevent a reoccurrence.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- All grades of staff we spoke with in both units were aware of the duty of candour and were able to give examples of when they would use this.
- We saw in an incident investigation that the unit had complied with duty of candour in informing and apologising to a patient's family when harm had occurred in their care.
- We checked the storage of medications and found that all medications, including controlled drugs were stored securely. Oxygen cylinders were in date and stored safely.
- We looked at the controlled drugs register and saw that daily checks were fully completed in line with policy and best practice.
- We also checked the medication fridge and saw that daily minimum and maximum temperature checks were recorded. However, there were ten dates since the beginning of January 2017 when this had been missed. We saw that actions were taken when temperatures were not within an acceptable range.
- There was a system in place to check and record the temperature of the medication room. We found this was not being regularly updated. This could lead to medication being stored at the incorrect temperature which could make it less effective.
- A dedicated intermediate care pharmacist visited WICU twice weekly to provide advice and review prescribing. Prescription charts included allergy status and weight to support safe prescribing. There was evidence of regular pharmacist intervention on the 10 prescription charts we examined. This included for example, a review of paracetamol dosing in response to the trust's guidance on dosing in patients with a low body weight. Alert stickers were used to draw nurses' attention to the need to follow the special instructions when administering medication with known risks.
- The pharmacy team carried out medicines audits on the unit. Following the audit, feedback was given to the unit manager and the matron on areas of good practice and areas for improvement. We saw evidence that audits were repeated to follow-up on areas requiring improvement. We saw that medicines handling had improved and oxygen prescribing and medications all being in date, had been identified as areas good practice in the May 2017 audit.
- We saw occasional single dose 'gaps' where administration or the reason for non-administration was not recorded in three out of 10 charts. We also saw that a nutritional supplement for one patient was unavailable for four days. Nurses told us that ordering and supply was usually good and they could use the 'out-of-hours' cupboard at Pinderfields Hospital, if needed. However, orders placed between pharmacy visits could sometimes be delayed.

Safeguarding

- Staff we spoke with were aware of the trusts policies and could tell us when they would raise a safeguarding concern. However, some staff said they lacked confidence in making referrals to the safeguarding team. Managers acknowledged this was an issue and were arranging for the trust safeguarding lead to visit the unit and provide further training.
- Safeguarding children and adults training was part of mandatory and statutory training requirements for staff. Level one safeguarding children and adult training was mandatory for all staff at the unit. Figures for April 2017 showed that 97% of staff at the unit had completed both level one safeguarding children training and level one safeguarding adults training. This was better than the trust standard of 95%. Level two safeguarding children and adults training was role specific for nursing and therapy staff. Figures for April 2017 showed that 81% of staff required to do this training were compliant with level two safeguarding children training and 85% were compliant with level two safeguarding adults training, compared to the trust standard of 85%.

Medicines

Are services safe?

- We saw that trust policy was followed if doses of a critical medicine were missed. For example, nurses had completed an incident form when a patient missed two doses of a critical medicine on transfer from Pontefract hospital.
- All registered nurses were required to complete level two medicines management training. Figures for April 2017 showed that 100% of nurses at the unit had received this training.
- There were no nurse prescribers on the unit. The unit manager told us that they were looking at developing this in the future.

Environment and equipment

- The unit was a two-storey 26-bedded unit with six bedrooms on the ground floor and twenty bedrooms on the second floor. All rooms were single bedded and did not have ensuite facilities. Bathrooms and toilets were located on the corridor near to bedrooms and commodes were available for patients if needed.
- There had been a programme of improvements to the environment since our last visit. All communal areas had been redecorated with artwork on the walls and there was a virtual fish tank in the reception area. A border on the wall of the hall had distance markers on and patients could use this during their therapy session to measure their progress. Bathrooms had been upgraded and converted to wet rooms with showers. Most of the bedrooms had been redecorated and all had a television installed and whiteboards containing useful information for patients such as the name of their therapist and estimated date of discharge. Work was in progress at the time of our visit to complete the redecoration of all bedrooms.
- At our last inspection, we noted that the lift was not fit for purpose and relatives told us it was regularly out of order. At this inspection, staff told us the service had moved onto a different maintenance contract and the lift did not break down as often. In the event of it breaking down, staff said it was quickly repaired. We viewed maintenance records for the lift and saw that in the last six months the lift had broken down 20 times. There was a contingency plan in the event that the lift did break down. Patients could be transported up and downstairs on a stair lift which had been installed on one staircase since our last inspection.
- The size of the lift was still an issue. It was too small to accommodate a stretcher or a bed. This meant that if a patient became unwell in an upstairs room and needed to be transferred back to the hospital, they could not be transferred downstairs on a bed or stretcher. To reduce this risk the unit had developed a standard operating procedure for prioritising the use of downstairs bedrooms. This included patients needing a hoist, those deteriorating and patients who were confused and needed close night time supervision. The matron informed us an options paper had been submitted to the senior team for the replacement of the lift.
- There was no separate treatment room, which meant that dressings and other procedures would be carried out in the patient's bedroom.
- The building was not ideal for the services provided here and local and senior managers acknowledged this.
- There was enough equipment to meet the needs of patients; however, storage was an issue. Equipment such as hoists were stored in an area under and at the side of the staircase and one bathroom was used as an equipment store. All equipment we inspected had been electronically tested and regularly maintained.
- The unit had a rehabilitation gym on the ground floor with two sets of parallel bars.
- There was a kitchen on the first floor, which doubled as a staff room and area for therapists to carry out kitchen assessments with patients. Time was specifically tabled in and displayed on the door.
- We saw appropriate segregation of clinical waste; however, we saw two sharps bins with no assembly date and one had not been correctly assembled.
- There were no overnight stay facilities for relatives on the unit however; staff told us a camp bed could be supplied if family needed to stay overnight. Facilities for relatives to make themselves a drink were available in the dining room.
- Pressure mattresses were ordered from medical physics department.
- Resuscitation equipment including a defibrillator was available in an emergency 'grab bag' on both the ground floor and the first floor. On the ground floor, the resuscitation bag was stored on a raised shelf outside the dining room for easy access and on the first floor; it was stored in the hallway on a raised shelf. The contents of the bags were checked daily. However, medicine for emergency use was not kept in the bags; it was stored in the locked treatment room in a locked cupboard on the ground floor. Although there was a notice in the bag to inform staff where the adrenaline was stored, we were

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concerned that this could cause delays in treatment. A risk assessment had not been completed balancing the need for ready access to emergency medicines with the risk of unauthorised access. The Resuscitation Council UK recommends that all resuscitation trolleys/bags should contain all drugs and equipment recommended for immediate access in the event of an emergency such as cardiac arrest and that resuscitation drugs must be stored in tamper-evident containers.

Quality of records

- Patient records at the unit were a mixture of paper based and electronic records. Nursing and medical records were in paper format and therapy records were stored on an electronic system.
- We found that paper records were stored securely in trolleys in the main office.
- When patients were transferred from the acute hospital, their medical notes were sent with them. Once they were discharged from the unit, the intermediate care records were separated off and stored at the unit for three months. After this time, they were sent to an off-site storage facility. The medical records were transferred back to the acute hospital.
- We looked at a mixture of paper and electronic records for 10 patients. Therapy records were thorough, comprehensive and completed in line with professional standards. Nursing notes were of varying quality. Records contained all relevant information and risk assessments but we observed review dates were not completed in two records and the date was not recorded for when a catheter had been inserted or changed. All notes were signed but did not always include the printed name and designation of the member of staff.
- To assist in communication at the unit, the therapy team documented key information from their initial assessment and this was placed with the nursing notes. Any changes were also updated in the nursing notes. This duplication caused additional work for therapy staff however; this would be rectified once the nursing staff had moved onto electronic records.
- Staff were required to complete information governance training. Compliance with this training was 97%. This was better than the trust standard of 95%.

Cleanliness, infection control and hygiene

- All areas in the unit appeared visibly clean.

- We saw that personal protective equipment such as gloves, aprons and alcohol gel were available for staff to use. We saw staff washing their hands and that they adhered to the trust policy of bare below the elbows.
- All equipment we looked at was clean and had stickers to indicate when it had last been cleaned. This included wheelchairs and standing aids.
- There was no separate treatment room and the matron told us that dressings should be carried out in patients own room. We observed nursing staff changing dressings in the medication storage room, which was not suitable for this purpose.
- The unit carried out monthly infection control audits. Audit results for April 2017 were displayed on the unit and showed 100% for hand hygiene, 100% for bare below the elbows, 100% for the environment and 98.5% for cleaning and decontamination compliance.
- Staff on the unit completed infection prevention and control and training as part of their mandatory training requirements. Information provided by the trust showed that 97% of staff had completed this training. This was better than the trust standard of 95%.
- Nursing staff including health care support workers and associate practitioners completed aseptic non-touch technique training. Staff on the unit were 83% compliant with this training which was slightly worse than the trust of 85%.
- The unit had their own laundry facilities for washing bedding and towels. This duty was carried out by the domestic staff. The unit manager told us they were exploring moving this task off site. Clean linen was stored in a separate storeroom.

Mandatory training

- Staff were required to undertake both core and role specific mandatory and statutory training which included fire safety, health and safety, information governance, moving and handling, resuscitation, conflict resolution, diversity awareness, infection prevention and control, patient safety, medicines management and safeguarding children and adults.
- Staff we spoke with said they were up to date with their training requirements.
- Overall compliance with mandatory training for staff at the unit for April 2017 was 97.4% for core training, which exceeded the trust standard of 95%. For role specific

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training, compliance was 84.9%, which was about the same as the trust standard of 85%. This was an improvement on the last inspection when compliance was poor.

- We saw that compliance with mandatory training was particularly high in the therapy staff group, which achieved 100% in many areas.
- There was a process for managing staff compliance with mandatory training. The process stated that managers should ensure all staff were aware of the latest mandatory and statutory training requirements and it was the personal responsibility of staff to achieve compliance. Three months before training was due to become out of date, staff were sent a reminder email. Another email was sent two months before and a further email one month before. If staff failed to complete training before it was overdue they would receive a letter from the matron and further action under the disciplinary policy would be considered.
- Staff told us they sometimes attended mandatory training sessions on their days off and were able to take the time back on another day.

Assessing and responding to patient risk

- We saw that all patients had a range of risk assessments completed on admission to the unit, these included moving and handling, nutrition and hydration, pressure area and falls risk assessments.
- Staff told us that patient falls was their biggest risk. We saw this was included on the local register for community inpatients. All patients over the age of 65 years or those deemed to be at risk had a multifactorial falls risk assessment. In the unit, we saw measures in place to reduce patient falls. These included the use of sensor mats, red anti-slip socks, and the cohorting of patients at high risk of falls in one area of the lounge. Patients scoring one or above on the risk assessment, had a star placed on their bedroom door, walking aid and handover sheet. A member of staff was a falls link for therapy and nursing and staff received falls training. Staff told us that safety guardians could be requested to provide one to one care for patients if this was required.
- A safety huddle was held every morning at 8am. This was attended by the therapy staff, domestic and kitchen staff. At the huddle new admissions and discharges were discussed and patients at risk of falls, pressure damage and those with specific nutritional needs.
- If a patient fall occurred, staff could call the trust falls bleep holder and a senior nurse or the falls reduction practitioner would attend the unit to assess the patient and offer advice.
- Patients had a colour-coded tag attached to their walking frame to identify their level of falls risk. For example, a red tag indicated 'I need assistance', an amber tag indicated 'I need some assistance' and a green tag identified 'I am independent'. A falls prevention user guide was on display in the lounge and in corridors to explain the system to staff and visitors. Patient's names were attached to their walking frame to ensure they were not mixed up.
- Patients were assessed for risk of developing pressure sores using the waterlow scoring system. A plan was put in place for patients found to be at risk and preventative measures such as regular skin integrity checks and pressure relieving equipment. Advice was available from the tissue viability nurse. Skin integrity checks were carried out by the registered nurses on the night shift. We found they were not always documenting that checks had been carried out and were sometimes documenting 'not seen'. We discussed this with the matron who was aware of this issue, as it had been picked up during a record keeping audit and they were trying to find a solution. She explained that if patients wanted to go to bed early there was no opportunity for night staff to complete the skin integrity checks.
- National Early Warning Score tools (NEWS) enable staff to recognise and respond to a deteriorating patient. For the first three days after admission, staff carried out patient observations to determine their NEWS. Observations were discontinued after three days unless there were any concerns. Staff would restart the observations if the patient became unwell. Observations were recorded on an electronic system which would flag up if the patients NEWS had increased.
- All patients admitted to the WICU should be medically fit and safe to be managed in the community. However, in the event that a patient deteriorated whilst in the unit, staff followed standard operating procedure (SOP). The SOP was based on a modified escalation plan in response to NEWS triggers and action was recommended depending on the score. For example, if a patient had NEWS of seven or more staff should

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consider continuous monitoring of vital signs, commence fluid balance chart and call 999 for transfer to emergency department. Staff were also reminded to refer to the trust's sepsis algorithm.

- At night, staff could request help and support by contacting the night matron or the site manager. Staff were supplied with buzzers so that if they needed assistance with a patient they could call for help and other staff would know where to find them.
- Staff were required to complete resuscitation training. Compliance with this training was 70%, which worse than the trust standard of 85%.
- Handovers took place at 7am and 7pm each day. We observed a day to night time shift handover at WICU and found that an effective, comprehensive review and update of each patient and their needs was provided to the staff who had come on duty. Staff held a paper version of an electronic handover sheet, which was updated daily to ensure they included accurate information about each patient.

Nurse staffing

- The trust had adopted the safer nursing care tool. The tool was updated by the nurse in charge between 5am and 7am and between 7pm and 9pm. The safe care system enabled the unit to look at individual patients and score them using the safer nursing care criteria. The tool then calculated the acuity level of the patients against staffing levels.
- Following a service review in January 2017, the nursing and health care support workers establishment had been uplifted since our last inspection. All registered nurse posts were filled at the time of our inspection, however, there were health care support workers and administration staff vacancies.
- Funded establishment for nursing staff on the unit was 0.5 whole time equivalent (wte) band eight matron, 1.0 wte band seven unit manager, 1.0 wte band six deputy, 9.5 wte band five registered nurses, 2.6 wte band four associate practitioners and 15.7 wte band two health care support workers.
- There were 6.2 wte health care support workers and 0.9 wte associate practitioners vacancies, which were actively being recruited to. The matron and unit manager explained that they had to delay recruitment until the staff consultation period for closing the Pontefract Intermediate Care Unit (PICU) had finished. Interviewing had recently taken place and managers

had appointed to the vacant posts. In addition, some staff had chosen to move over from the recently closed PICU to the WICU. Once the new recruits were in place, the unit would be fully established for health care support workers.

- A band three discharge co-ordinator (1 wte) and a band two ward clerk (0.8 wte) supported the unit. There were some vacant hours against the established staffing levels for both posts.
- Staff we spoke with said they were concerned about staffing levels especially the level of health care support workers. The unit used bank staff to fill gaps in their rota. The matron and unit sister told us when possible they used their own staff or regular bank and agency staff who had worked at the unit before and were familiar with it. We requested but did not receive any data on bank and agency use from the trust for WICU. In addition, therapy staff helped with personal care for patients and taking them to and from the dining room at mealtimes. This was on a temporary basis, until the vacant posts were filled
- We looked at the weekly fill rates for the unit from January 2017 to May 2017 and saw that with a few exceptions, the fill rates for nurses and health care support workers were over 100%. There were two weeks when nursing fill rates were below 100% and three weeks when health care support worker fill rates were below this level ranging from 92.6 to 98
- The matron allocated approximately half of her time to the unit as she also had responsibility for managing the care home vanguard.
- Planned and actual staffing was displayed at entrance to the unit. Planned staffing levels for the unit were two registered nurses and four health care support workers during the day and two registered nurses and two health care support workers at night. On the day of our visit, actual staffing was were two registered nurses and three health care support workers during the day and two registered nurses and three health care support workers at night. Nursing staff worked 12 hour shifts.
- The unit manager was not counted in the nursing numbers and the deputy unit manager had one management day per week. If necessary the unit manager could held with cover during the day.
- There unit had tried to recruit an advanced nurse practitioner but had been unsuccessful in attracting applicants.

Are services safe?

- At the previous inspection, we identified that community nurses and nurses from other sites were being pulled in to cover at the unit when staffing was short. This was no longer happening.

Therapy staffing

- Physiotherapists and occupational therapists worked on unit Monday to Friday, between 8am and 6pm. At weekends, there was a reduced therapy service of at least two staff from 8am until 3pm.
- Therapy staffing comprised of a band seven team leader, three physiotherapists (band five and six), three occupational therapists (band five and six) and two technical instructors. All therapists worked for the MY therapy team and apart for the team leader, worked at the unit on a rotation.
- Therapists told us they thought the staffing levels allowed them to provide a safe level of care to the patients on the unit.

Medical staffing

- A consultant or a registrar visited the unit daily Monday to Friday to provide medical cover. They could be contacted between the hours of 8am to 5pm on weekdays. At weekends and outside of these hours, staff contacted the out of hours GP service if a patient became unwell and needed a medical review. In an emergency, staff would call 999 and the patient would be transferred to the emergency department.
- The medical rota was organised through elderly medicine and we were told that cover for holidays and sickness was provided. We saw in the minutes of the

March 2017 governance meeting that concerns had been raised about the medical rota as there had been lack of medical cover over a period of seven working days.

- Nursing and therapy staff recorded the details of patients needing a medical review in a book, which was checked by the medical team when they visited the unit.

Managing anticipated risks

- At the previous inspection, we had concerns about fire safety and had reported this to the local fire service for investigation. At this inspection, we found fire safety had improved. Fire procedures were displayed on the unit and we saw that fire exits were visible and clear. The unit had a nominated fire warden and we saw evidence that the fire warden carried out weekly and monthly fire checks. The fire warden audited the unit every six months to ensure it complied with fire safety standards. There were two ski pads available on the first floor, which could be used to evacuate patients in the event of a fire. Fire extinguishers were accessible, correctly stored and had been tested within the last year. A fire risk assessment had been carried out and there was a clear fire evacuation plan. An evacuation drill had taken place on 10 May 2017, which the fire officer had attended. Staff received feedback following the drill and told us they had learned from this and felt more confident in managing the situation should a real fire occur. Information provided by the unit showed that compliance with fire safety training was 100%.
- The service had business continuity plans in place in the event that there was a specific threat such as loss of staff, loss of premises, loss of information, communication and technology (ICT) and loss of supplies. We saw these plans were regularly updated.

Are services effective?

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

Summary

At this inspection, we rated community services for inpatients as good for effective because:

- The service had taken action on the issues raised in the 2015 inspection. We found patients were protected from the risks of inadequate nutrition and hydration. All patients had a completed MUST assessment and those found to be at risk had a nutritional care plan and a food and fluid diary in place. Red trays and red water jugs were used at mealtimes to identify patients at risk.
- Staff received appraisals. Information provided by the trust showed that 95% of nursing staff and 100% of therapy staff at the WICU had an appraisal in the last year. Staff we spoke with confirmed this.
- The service had previously had broad referral criteria and patients were inappropriately referred to the service. At this inspection, we saw that clear referral criteria had been developed and was in place. There was a robust process for reviewing referrals to ensure they were appropriate.
- At the previous inspection, readmission rates were high at 26.5%, at this inspection readmission rates were low, four in March 2017 and one in April 2017.
- There had been no systems in place to record patient consent, however, this had improved. We saw that patients signed their consent to be admitted to the unit and consent was documented within the nursing notes. Therapy staff recorded patient consent on the electronic records system.
- Staff training in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLs) had improved. Staff compliance with MCA training at WICU was 100% for level one and 88% for level two, which was better than the trust standard.
- We also found the percentage of delayed discharge days for the year on the unit was 3.1%, which was better than the standard set by the commissioners of 7.5%.

However;

- Supervision for nursing staff at the unit was poor. The unit reported that from April 2016 to March 2017 only 19 supervision sessions out of 84 took place, which was 35%.

Detailed findings

Evidence based care and treatment

- Trust policies had been developed based on national guidance such as the National Institute for Health and Care Excellence (NICE). Staff followed guidance for the prevention of falls and pressure ulcers, which was based on NICE guideline, CG161 - Falls in older people: assessing risk and prevention and NICE guideline CG179 Pressure ulcers: prevention and management.
- Staff had access to policies and procedures and other evidence-based guidance via the trust intranet. Staff told us that when policies and procedures were updated they were informed.
- Therapy staff worked within professional guidance from the College of Occupational Therapists and the Chartered Society of Physiotherapists.
- There was a programme of clinical audit projects for community inpatient services. These included documentation, pressure ulcer and falls audits. A front line ownership (FLO) audit was carried out monthly. For areas of poor compliance, we saw that the unit manager formed a local action plan. For example, we saw that in response to low scores for antiseptic non-touch technique (ANNT) compliance, training had been provided for a member of staff who then trained the remaining staff on the unit.

Pain relief

- Patients we spoke with said their pain was well managed and they were comfortable.
- During the medication round, the nurse discussed pain with each patient and a pain score was recorded in their observations on the electronic device. Patients were offered pain medication if required.

Nutrition and hydration

Are services effective?

- We saw in patients notes that staff used the Malnutrition Universal Screening Tool (MUST) to identify patients at risk of malnutrition. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. All patients had a completed MUST assessment and those found to be at risk had a nutritional care plan and a food and fluid diary in place. Red trays and red water jugs were used at mealtimes to identify patients at risk. If patients scored two or more on their MUST assessment, they were referred to the dietician.
- We were told that the associate practitioners took the lead on completion of the food and fluid diaries during meal times and escalated any concerns to the registered nurses.
- We observed meal times at the unit and saw assistance was given to patients who required it. The unit had introduced a hot meal at teatime as well as for lunch.
- A whiteboard in the dining area identified if patients had any special dietary needs or food allergies.
- Protected mealtimes were promoted on the unit and information about this was displayed.
- We saw that each patient seated in the lounge had their own water jug and beaker on a table next to them.
- Patient we spoke with told us they were always offered plenty of drinks and they enjoyed the meals at the unit.
- Wakefield Intermediate Care Unit (WICU) participated in a ward accreditation scheme. The scheme involved assessment against 11 standards including the 15 steps challenge, nutrition and hydration, safeguarding, record keeping, pain, falls, medicines management, privacy and dignity, pressure ulcers, end of life and leadership. The assessment was carried out by the accreditation team and following assessment feedback was given immediately to the unit manager. The unit manager and the matron were required to formulate an action plan to address any areas for improvement. Units/wards were accredited with a rating of either inadequate, requires improvement, good or outstanding based on the scoring system. The rating determined the length of time for the assessment to be repeated; this was 12 months for outstanding, eight months for a good and six months for inadequate or requires improvement. In April 2017, the unit had achieved an overall score of 83.3%, which was rated as good.

Competent staff

- Information provided by the trust showed that 95% of nursing staff and 100% of therapy staff at the WICU had an appraisal in the last year.
 - Staff we spoke with said they had completed their appraisals and set objectives for the year. Therapy staff told us in addition to their appraisal they received monthly supervision. Nursing staff should receive supervision every three months and the trust standard for this was 85%. Supervision for nursing staff at the unit was poor. The unit reported that from April 2016 to March 2017 only 19 supervision sessions out of 84 took place, which was 35%.
 - The trust did not have a preceptorship policy for nurses; they had a comprehensive nurse orientation programme and band five competency framework, which was followed by the skills in practice programme (SIPP). The SIPP replaced the traditional preceptorship programme in terms of education and training. It was aimed at all new band five registered nurses working in an adult in-patient environment. The programme consisted of four full day interactive and simulation-based sessions, and covered a variety of topics.
 - Nursing staff on the unit told us they had received support in their revalidation.
- Patient outcomes**
- Care plans were needs led and each patient had individual goals set. Self-care and independence was promoted and encouraged.
 - The service had not previously contributed to the National Audit of Intermediate Care (NAIC); however, the matron told us that the lead consultant for the unit was involved with this and we saw this on audit plan for 2017.
 - Therapy staff submitted data to the national Parkinson's disease audit. Audit reports were shared with staff at in-service training events.
 - There was a priority programme of audit for MY therapy, which included the frailty audit, and audits on documentation, supervision and goal setting.
 - Therapy staff used the Therapy Outcome Measures (TOMS) to record and measure outcomes for their patients. TOMS were recorded on the electronic system and staff told us they could not discharge a patient from the system until they had completed this.

Are services effective?

- There was a draft trust wide competency framework in place for band three and band four associate practitioners. Both associate practitioners working at WICU had completed a foundation degree in health and social care.
- Therapy staff worked on the WICU for nine months as part of a rotation. Some therapists told us they had stayed longer as they enjoyed working on the unit.
- There were planned in-house training sessions for nursing staff and therapists. Nursing staff had in-house training every month. We saw the programme for the year and these included topics such as falls prevention, equipment training, diabetes management and personal care assessment.
- Therapy staff organised an in-house training session every two weeks. Each session covered different themes; a session on speaking up and whistleblowing was taking place during our visit. Staff told us that funding to attend external courses was usually available if the course was relevant to their role.
- There was a local induction checklist in place for permanent staff and one for temporary staff including bank, agency and seconded staff. We saw evidence that these had been completed and signed.
- The unit supported nursing and therapy students on placement. Previously nursing students had been withdrawn from the unit due to concerns about the quality of the placement environment; however, they had now been reinstated.

Multi-disciplinary working and coordinated care pathways

- We saw effective team working within professional teams and between nursing and therapy staff at the unit.
- A board round was held every morning at 10am and was attended by physiotherapists, occupational therapists, nurses and the therapy team leader.
- A multi-disciplinary meeting was held on Mondays and Thursdays every week. This included therapy, nursing staff, administration staff and a social care co-ordinator. We did not see any medical staff attend these meetings. Staff followed a standard operating procedure when conducting the meeting. Each patient was discussed in detail and actions to facilitate the patients discharge were reviewed and updated. Actions included ordering equipment and medications to take out (TTOs) on discharge. We thought this was an effective and efficient meeting with good engagement and contributions from the whole team.
- We spoke with the social care co-ordinator who reported a good working relationship with staff at the unit.
- Staff at the unit were able to make referrals to the wider multi-disciplinary team. We saw evidence that referrals to other professional services such as dietetics, podiatry and speech and language therapy, were documented in patient records.
- The therapy team used an electronic handover sheet, which was updated at the daily board meeting. This document detailed patients ongoing care needs and allowed seamless referrals into the community integrated hubs once patients were ready to be discharged.
- A therapist told us they worked with Age UK to set up services for patient being discharged. This included help with benefits and finances and organising domestic support for patients.
- The trust had a tissue viability team. Tissue vitality nurses visited the unit to support staff in preventing and managing pressure ulcers and other lesions.

Referral, transfer, discharge and transition

- The unit accepted patients who fitted specific referral criteria. Patients were accepted by the unit if they met all of the following criteria; were over 18 years of age; agreed to accept intermediate care support; were registered with a Wakefield GP; were safe to be managed in the community; required nursing intervention where needs are over and above what could be met by providing 24 hour nursing care at home; and required therapy intervention where rehabilitation needs could not be met by providing therapy care at home or could not be met in a non-nursing bedded facility
- There was an agreed process for managing referrals. A rehabilitation prescription form was in use, which hospital staff completed when making a referral to the unit. This set out the nursing and therapy needs of the patient and the information informed the decision on whether the patient was suitable for transfer to the unit. The prescription form was faxed to the unit with a medical letter of transfer/or provisional medical discharge letter addressed to the consultant. The

Are services effective?

referral was triaged by therapy and nursing staff then faxed to the consultant for final approval. Following approval, the coordinator informed the referrer of the decision and advised on what was needed for the patient transfer to take place.

- The therapy lead visited patients on the wards in the acute hospital to ensure they met the criteria for admission. They had support from senior managers and the consultant for intermediate care to reject referrals if patients did not meet the criteria.
- Patients were mainly admitted from acute hospital bed base but occasionally patients who had undergone treatment in other trusts were repatriated to the unit to complete their rehabilitation closer to home. Patients could also be admitted to the unit from home, although we were told this was a small number.
- Patients were given a discharge target date on admission which was initially set at seven days. This was discussed daily at board meetings and discharge dates were amended if necessary depending on the progress the patient was making with their rehabilitation programme and if there were delays in arranging equipment or services at the patient's home.
- There were five re-admissions reported at the WICU, four in March 2017 and one in April 2017.
- From March 2016 and April 2017 there were 414 delayed discharge days at WICU, on average 35 per month, reaching the highest number of delayed discharge days (47) in December 2016 and the lowest number (17) in March 2016. The percentage of delayed discharge days for the year was 3.1%, which was better than the standard set by the commissioners of 7.5%.

Access to information

- Therapy staff used an electronic recording system to record their interventions with patients. Staff at the unit could view records from other services, for example GPs, if the share facility had been set up.
- Administration staff also had access to the electronic system and could view other patient information held within the trust.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The Mental Capacity Act (MCA) enables people to make their own decisions wherever possible and provides a

process and guidance for decision making where people are unable to make decisions for themselves. It applies to individuals over the age of 16. Where someone is judged not to have the capacity to make a specific decision (following a capacity assessment), that decision can be taken for them, but it must be in their best interests.

- Training in the MCA was identified as core training for staff with a renewal timeframe of every three years. Staff compliance with this training at WICU was 100% for level one and 88% for level two which was better than the trust target of 95% for level one and 85% of level two.
- We observed staff obtaining verbal consent from patients before providing care or treatment. We saw that patients signed their consent to be admitted to the unit and that therapy staff recorded patient consent on the electronic records system.
- The majority of staff we spoke with were knowledgeable about MCA and the Deprivation of Liberty Safeguards (DoLS) and felt confident about carrying out mental capacity assessment. We saw relatives attending a best interest meeting during our visit. However, some staff still lacked the confidence to put their knowledge into practice. The matron told us the trust lead for MCA visited the unit offer support to staff.
- The MCA allows restraint and restrictions to be used but only if they are in a person's best interest. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are the DoLS.
- Staff were appropriately assessing the need to make a DoLS application for one patient on the unit.
- At our last inspection, we found the doors to the unit and the garden were locked and had concerns that patients were being deprived of their liberty of movement by physical means. At this inspection, we found the doors were still locked. Staff activated a coded key pad to allow visitors, staff and patients to enter and leave. We were told that this was a sensible security precaution to prevent unwanted entry and there were processes to allow visitors and patients with capacity to leave unescorted. Staff were aware that they could not prevent a patient with capacity from leaving the unit.

Are services caring?

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

Summary

At this inspection, we rated community services for inpatients as good for caring because:

- The service had taken action on the issues raised in the 2015 inspection. Staff treated patients with respect and we saw that their dignity was maintained.
- Patients told us previously that there were not involved in their care and treatment planning. At this inspection we found patients were involved in setting their care and therapy goals. We heard therapy staff explaining the treatment plan to patients and asking them what they wanted to achieve.
- The service had introduced a range of daily activities for patients to prevent boredom and social isolation. This included volunteers who visited the unit to keep patients company and play cards/board games with them.
- Previously, relatives told us communication was poor and they could not speak to staff easily. At this inspection, they told us staff updated them on the plan for their relative if they asked. Senior nursing and therapy staff held 'listening to you' sessions every Wednesday and Thursday at 2pm for patients and relatives.
- In addition, one member of staff had made up some toiletry packs for patients who did not have any when they were admitted to the unit. We thought this was extremely caring.
- There was positive feedback from the friends and family test scoring 100% in February 2017 and 95.8% in March 2017.

However;

- There was no private space for staff to speak to relatives confidentially. We discussed this with the matron and unit manager who identified an area that could be developed for this purpose in future.

Detailed findings

Compassionate care

- We observed staff interacting with patients in a kind and considerate manner. Staff treated patients with respect and we saw that their dignity was maintained.

- We spoke with 12 patients and relatives during our visit. All patients we spoke with said staff were very caring. Some patients said that staff worked very hard and there didn't seem to be enough of them. They had noticed therapists helping other staff out with other roles.
- Meal times were pleasant and staff interacted with patients in a cheerful way, engaging them in conversations and sharing a joke with them.
- One patient stood up in the dining room and made an announcement to everyone that he was going home and thanked staff for their hard work.
- One member of staff had made up some toiletry packs for patients who did not have any when they were admitted to the unit. We thought this was extremely caring.
- One patient said 'staff are brilliant night and day'.
- Patients told us they enjoyed getting involved with the activities on offer. One patient told us she had especially enjoyed the gardening activity.
- One patient told us the staff had got her back on her feet and she was waiting for a care package to be agreed.
- Friends and family test results were high for community inpatient units. The overall score for February 2017 was 100% and 95.8% for March 2017. The response rate was between 95% and 100%.

Understanding and involvement of patients and those close to them

- Most patients we spoke with were aware of their estimated discharge date and were involved in their discharge planning. Some patients were not sure about this.
- Patients were involved in setting their goals with the therapists. We heard therapy staff explaining the treatment plan to patients and asking them what they wanted to achieve.
- Relatives told us staff updated them on the plan for their relatives if they asked. One relative said she would like to have been better informed what was happening with her mother.

Are services caring?

- There was no private space for staff to speak to relatives confidentially. We discussed this with the matron and unit manager who identified an area that could be developed for this purpose in future.
- One relative we spoke with was happy with the nursing care but unhappy with the decisions made by one of the medical staff. They had requested a second opinion and nursing staff were requesting this.
- One patient said staff were open and honest in their approach and they felt able to ask questions if they needed to.

Emotional support

- We observed staff offering emotional support to patients and their families.
- Patients were offered daily activities to prevent boredom and social isolation. Volunteers attended the unit to keep patients company and play cards/board games with them.
- The garden area had been developed and new furniture supplied. We saw groups of patients being assisted outdoors and sitting together in conversation enjoying the sunshine.

Are services responsive to people's needs?

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

Summary

At this inspection, we rated community services for inpatients as good for responsive because:

- The service had taken action on the issues raised in the 2015 inspection. When we last visited this service, we found the toilet facilities were not designated as same sex. At this visit, we found the toilets were clearly identified as male or female with interchangeable signage, which could be flexed according to need.
- The unit had not been dementia friendly at our last inspection; this time we found changes had been made to the unit to ensure it met the needs of patients living with dementia. Reminiscence boxes were available and there was a reminiscence pod in one of the lounge areas. We saw dementia friendly signage and dementia clocks were installed in the lounge areas so patients could easily see the time, day and date.
- We found complaints were acknowledged, investigated and responded to within trust timescales set by the trust and learning from complaints was identified.
- At the last inspection, there were no call bells in the lounge, hand bells were on side tables but not all patients could reach them. We saw that call bells had now been installed in the lounge within patients reach and we did not hear any ringing for long periods during our visit.
- We also found that the service had worked closely with commissioners to redesign community inpatient services with a focus on rehabilitation and timely discharge. Clear admission criteria to the unit had been developed and introduced. As a result of this, the length of stay at the unit had gradually decreased from 34 days in March 2016 to 16 days in May 2016. From May 2016 onwards, it had stayed between 16 and 18 days.

However;

- We did not see any signs on the unit informing patients and relatives of how to make a complaint, however there were some leaflets displayed at the entrance.

Detailed findings

Planning and delivering services which meet people's needs

- We found that services were planned to meet the needs of the local population and they were able to provide appropriate support to the patients in their care.
- The service had worked closely with commissioners to redesign community inpatient services with a focus on rehabilitation and timely discharge. As part of this redesign, clear admission criteria to the unit had been developed and introduced. The service redesign had involved staff at the unit, colleagues in the acute hospitals and social care workers.
- A new service specification had been agreed with commissioners and was in place from April 2017.

Equality and diversity

- Diversity awareness training was delivered to staff as part of their mandatory training. Overall compliance for staff on the unit was 97%.
- When we last visited this service, we found the toilet facilities were not designated as same sex; female and male patients used all of the toilets available. This did not comply with the Government's requirement of Dignity in Care. On this visit, we found this had improved and toilets were clearly identified as male or female. The signage was interchangeable so the service could flex the toilets depending on the number of male or female patients and their location within the unit. The same signage was used for patient bathrooms.
- Staff we spoke with were aware of how they could access interpreter/translation services for patients whose first language was not English. Staff said they could book British Sign Language interpreters through the sensory impairment team.

Meeting the needs of people in vulnerable circumstances

- The dining room appeared bright and welcoming and was decorated with vintage pictures hanging on the wall. The service held an afternoon tea on Mother's Day and had decorated the dining room with bunting. There were plans to create a vintage tearoom in part of the dining area for patients and their families/visitors.
- Some patients had poor mobility, therefore it took staff time to assist individual patients into the dining room for their meals. There was a system in place to ensure that

Are services responsive to people's needs?

those patients seated first would be assisted out of the dining room first and taken back to the lounge. This prevented patients from sitting for long periods in the dining area waiting for assistance.

- One member of staff on the unit was a dementia champion. Reminiscence boxes were available for patients with dementia and there was a reminiscence pod in one of the lounge areas. We saw dementia friendly signage in place and dementia clocks were installed in the lounge areas so patients could easily see the time, day and date. Staff had attended dementia training.
- A therapist on the unit was a designated learning disability link professional.
- Bariatric equipment, including a chair and a commode were available.
- Patients were given an activity sheet to complete when they were first admitted to the unit. They were able to identify their interests, spiritual and cultural needs. We heard staff planning to arrange a priest to visit the unit and perform mass for catholic patients.
- There was a daily programme of therapy activity sessions for patients to engage in. Exercise sessions, board games, craft activities and reminiscence were some of the activities available. Staff and volunteers had recently established a gardening group for patients.
- Volunteer ward befrienders visited the unit to provide patients with additional support and companionship during their stay. Staff told us a pets as therapy (PAT) dog regularly visited the unit.
- We saw that patients sitting in the lounge had call bells to hand. Patients we spoke with told us that staff encouraged them to use their buzzers if they needed anything and that they responded quickly.
- Visiting hours on the unit were open. Staff asked that meal times were avoided if possible and advised visitors that patient therapy was on going between 8am until 4pm. Information about mealtimes and protected meals were displayed in the unit.

Access to the right care at the right time

- For the period March 2016 to February 2017, the average length of stay at the Wakefield Intermediate Care Unit

(WICU) was 20 days per month. This was significantly better than the standard set by the commissioners of 28 days. The length of stay had gradually decreased from 34 days in March 2016 to 16 days in May 2016. From May 2016 onwards, it had stayed between 16 and 18 days. This reflected the work staff and managers had undertaken to improve the responsiveness of the unit.

- From March 2016 to February 2017, occupancy rates at WICU averaged 84% per month. This was slightly less than the standard set by commissioners of 85%. During March 2016 and April 2016 occupancy rates were higher than average with rates of 97% and 95% respectively. During January and February 2017 occupancy rates were once again higher than average at 91% and 94% respectively.
- At the time of our visit there were five patients waiting to be admitted to the unit.
- Therapists were available on the unit Monday to Friday, between 8am and 6pm. At weekends, there was a reduced therapy service of at least two staff from 8am until 3pm. Therefore, patients could receive therapy seven days a week if required.

Learning from complaints and concerns

- Between March 2016 and February 2017, the unit had received two complaints, both in December 2016. The complaints were in relation to lack of staff, poor care, unapproachable staff, a delay in documentation following death, and lost belongings.
- Complaints were acknowledged, investigated and responded to within trust timescales set by the trust.
- We reviewed one complaint response and found this to be thorough and fair with clear explanations addressing each point of the complaint. Apologies had been made for any areas where care had been found to be lacking and an offer of a meeting was made to the complainant. Learning from the complaint was also identified within the response.
- We did not see any signs on the unit informing patients and relatives of how to make a complaint, however there were some leaflets displayed at the entrance.

Are services well-led?

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

Summary

At this inspection, we rated community services for inpatients as good for well led because:

- The service had taken action on the issues raised in the 2015 inspection. At this inspection, managers and staff were clear on the vision and purpose of the unit and their role within it. Staff were aware of the trust values of high standards, caring, respect and improving and of the behaviour charter, which the trust had recently launched.
- We found more stable local leadership at the unit. Staff said managers were supportive, approachable and open to new ideas.
- Managers had put plans in place to address the issues the issues identified at the last inspection. A programme of improvement to the environment had been carried out at the unit, which was evident at our visit. This included upgrading and redecoration of bedrooms and bathrooms. The outside space had also been improved which enabled patients to sit outside or help with gardening as part of their therapy.
- Systems and processes to keep patients safe were in place. Fire safety management had been inadequate; however, on this visit we found it to be robust and well managed.
- There were clear governance arrangements and processes for managing risk. We saw evidence of continuous improvement.
- Patient engagement had improved with the introduction of the three day patient survey. The results were collated weekly and reviewed by the therapy lead and the unit manager who agreed actions to address any issues and improve the patient experience
- Staff engagement and morale had also improved on the unit since our last inspection. Staff were proud of their service and the improvements which had been made.

However;

- The local risk register was in need of updating. We noticed that some of the review dates were overdue, for

example, three risks were due to be updated in November 2016 and the register still contained risks relevant to the PICU, which had been closed at the end of March 2017.

- Staff sickness and turnover was high at the unit. During the period March 2016 to February 2017 the average sickness rate at the WICU for nursing staff was 13%, which was higher than the trust standard of 4%. For the same period, staff turnover rate was 21%, which was higher than the trust standard of 12%. The unit manager and the matron recognised the high sickness rate was an issue and were in the process of addressing this with the support of the human resources team.

Detailed findings

Leadership of this service

- The Wakefield Intermediate Care Unit (WICU) was part of the care closer to home division, which was led by the Director of Operations, the Head of Nursing and the Head of Therapies.
- Local leadership had changed since our last inspection and was provided by the unit manager and the therapy lead with support from the matron. Local leaders said they felt well supported by their line managers and told us the director of operations (who was quite new in post) gave them autonomy to make their own decisions and was 'a breath of fresh air'.
- Therapy and nursing staff told us that if their line manager was not on site they could take any issues to either the unit manager or therapy lead. There was also a deputy unit manager who staff said was approachable.
- Staff told us that previously managers had often changed but now local leadership was more stable. They said managers were supportive, approachable and open to new ideas.
- Therapy staff spoke highly of their team leader. They said the therapy lead was dynamic and had introduced some great ideas such as the board round and the safety huddle. Staff said they felt comfortable to challenge each other if they disagreed with a decision to discharge a patient.

Are services well-led?

- Senior managers and the chief executive had visited the unit recently. Staff said they felt recognised as part of the organisation when previously they had not.
- The unit manager told us that when the Pontefract Intermediate Care Unit (PICU) had been open, she had been responsible for managing both units. This had meant spreading her time across the two units and this was challenging. Now that her main responsibility was for the WICU, she felt she could provide more consistent nurse leadership.

Service vision and strategy

- Managers and staff were clear on the vision and purpose of the unit and their role within it. They were also clear on how the unit fitted within the wider trust strategy.
- Staff knew about the trust values of high standards, caring, respect and improving. We saw these displayed on notice boards in the unit.
- The trust had recently launched a behaviour charter and staff we spoke with were aware of this.
- The unit had its own ethos which was; 'A multidisciplinary team; working as one to provide holistic care, underpinned by patient-centred principles and best practice. The trust values and behaviours are embedded in everything we aspire to; enabling patients to heal, improve and grow in confidence; to leave the unit to their preferred place of discharge in a timely way.'

Governance, risk management and quality measurement

- Processes for managing risk were in place. The matron told us that the biggest risks to the unit were staffing, falls, pressure ulcers and the lift. Any risks scoring over 12 on the local risk register were escalated to the divisional risk register. We looked at the risk register for the unit and found that the risk of falls was included and actions to mitigate and manage this risk were identified. Staffing, pressure ulcers and the lift had been escalated and were included on the divisional risk register. The risk to patients of acquisition of influenza on the unit was also on the directorate risk register. The matron and the unit manager told us this was following an outbreak which had occurred in December 2016 on the PICU.
- Although there was a local risk register, we noticed that some of the review dates were overdue, for example, three risks were due to be updated in November 2016

and the register still contained risks relevant to the PICU, which had been closed at the end of March 2017. We discussed this with the matron who acknowledged that the local risk register needed updating.

- The therapy team held their own risk register, which was separate to the community inpatients register and formed part of the MY therapy governance arrangements.
- Monthly clinical governance meetings were in place for the WICU. Standard items on the agenda for the governance meeting were patient safety (which included clinical incidents, complaints, serious incidents and pressure ulcers), the risk register, new policies and guidelines, and staff governance. We looked at copies of the minutes and saw that risks had been identified for escalation to the divisional governance meetings. We saw there were discussions on how to improve feedback to staff following incidents and complaints.
- Commissioners had set clear key performance indicators (KPIs) and quality indicators for the service within the service specification. Performance was measured monthly and shared with commissioners and the trust board via a community scorecard.

Culture within this service

- Staff morale was had improved on the unit since our last inspection. Staff were proud of their service and the improvements which had been made.
- Staff we spoke with said there was a much better team spirit and they felt positive about working on the unit. They said the unit was now much better focused on getting patients ready to go back home.
- Managers were aware of some long-standing cultural issues affecting engagement of some staff and had plans to address this with the assistance of the organisational staff engagement team.
- Therapy staff said they felt listened to and valued.

Public engagement

- The unit participated in the friends and family test and had measures in place to ensure they had a high response rate. Once a patient was identified as being discharged at the board round, a task was sent to the administration staff to give out and retrieve the friends and family card. Their response rate was between 95% and 100%.

Are services well-led?

- Therapy staff at the unit collected feedback from all patients three days after their admission. The results were collated weekly and reviewed by the therapy lead and the unit manager who agreed actions to address any issues and improve the patient experience. Negative and positive comments were displayed for patients and relatives to see and feedback was given to staff. This was a pilot, which had commenced in April 2017.
- We saw examples of improvements made following patient feedback. One example was patients had asked for more activities and the unit had introduced a range of activities and volunteers onto the unit to help facilitate this.
- Senior nurses and therapists held 'listening to you' sessions every Wednesday and Thursday at 2pm for patients and relatives.
- The trust operated a 'team of the week' award. Staff working at WICU had received a certificate and chocolates when they had received an award.
- During the period March 2016 to February 2017 the average sickness rate at the WICU for nursing staff was 13%, which was higher than the trust standard of 4%. For the same period, staff turnover rate was 21%, which was higher than the trust standard of 12%. The unit manager and the matron recognised the high sickness rate was an issue and were in the process of addressing this with the support of the human resources team.

Innovation, improvement and sustainability

Staff engagement

- Staff we spoke with said they enjoyed working at the WICU and the culture of the unit had improved in the last year.
- Therapy staff said communication was good and they felt well informed. Staff attended monthly therapy and unit meetings and received the trust team brief by email, which their line manager allocated them time to read. They said they were encouraged to put forward new ideas to improve services for patients.
- A programme of improvement to the environment had been carried out at the unit, which was evident at our visit. The improvements had been made in two phases and were still ongoing. Further improvements were planned for the year ahead, which included a vintage tearoom and developing the garden to make it more accessible for patients and included the installation of a permanent gazebo in the grounds.
- Other local quality improvement projects were underway which included improving outcome for falls, increasing compliance with the Therapy Outcome Measures (TOMS) standardised assessment, maintaining positive feedback with the friends and family test, and increasing learning from patient feedback.