

Bolton NHS Foundation Trust

RMC

Community health inpatient services

Quality Report

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Summary of findings

Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/ unit/team) | Postcode of service (ward/ unit/ team) |
|--------------------|----------------------------------------|-----------------------------------------------|-----------------------------------------------|
| RMCX1 | Darley Court | Darley Court | BL1 3EJ |

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

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

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

Overall rating for this core service

Community inpatient services were rated as good overall. This was because;

- The service used the NHS safety thermometer to monitor its performance in relation to safety. Action plans were in place to improve harm free care.
- Incidents were reported and learning was shared. There was a good reporting culture. Incidents were investigated in a timely way.
- The environment was visibly clean and tidy. We saw staff using personal protective equipment such as aprons and gloves and observed them washing their hands appropriately. Hand hygiene compliance audits were high. Medicines were stored correctly and securely.
- A new nurse call buzzer was in place to improve patient safety.
- Overall mandatory training rates met the trust target. Adult safeguarding level two had been completed by 96% of staff. Staff we spoke with understood their responsibilities in relation to safeguarding adults.
- There were systems in place to ensure that patients were assessed and risks were monitored and minimised. There were clear admission criteria to ensure patients could be safely cared for outside of an acute hospital environment.
- A daily safety huddle involving key members of the multidisciplinary team was in place to highlight particular patient safety concerns.
- Nursing staffing fill rates were generally good. Nursing staff were supported by staff from the local authority.

However,

- Risk assessments were not always completed in a timely way, for example the risk of developing a pressure ulcer.

- There was not sufficient structure to intentional rounding documentation to ensure this essential patient safety task was completed in an effective way.
- The environment required the planned upgrades to ensure patients could be cared for in a safe way.

We rated effective as good because;

- Audits of care were completed and showed that 100% of patients had an individualised care plan.
- Care and treatment followed evidence based practice and national guidance. A consultant provided a ward round twice weekly.
- Pain was monitored and pain relief given in a timely way.
- There was access to additional training to improve staff knowledge in areas such as falls and dementia care.
- Multi-disciplinary working was well-established. The service worked well with colleagues from the local authority.

However;

- Appraisal rates did not meet the trust target.

We rated caring as good because;

- Friends and family test scores showed a high percentage of patients would recommend the service.
- Patients and those close to them were involved in their care and treatment. A care co-ordinator acted as a point of contact.

However;

- Scores for privacy and dignity on the patient led assessment of the care environment (PLACE) were much lower than the England average although details from the trusts own survey showed that patients felt they were treated with dignity and respect.

We rated responsive as good because:

Summary of findings

- Services were planned around the needs of local people. There was additional capacity at times of high demand for intermediate care beds.
- Individual needs were understood and considered when delivering care and treatment. There was additional facilities and support for patients living with dementia.
- The service monitored admissions and discharges. This information was shared with staff at the hospital to improve access and flow.
- There were low numbers of complaints about Darley Court. Lessons were learnt from complaints and shared within the division and the wider trust.

However,

- The environment required improvements to better meet the needs of patients living with dementia.

We rated well-led as good because:

- Governance and risk management systems were in place that supported the delivery of care. Risks were managed and regularly reviewed to minimise the impact to the service.
- Leaders used comprehensive performance dashboards to monitor how the service was doing. The service had good systems in place to review data about patient referrals and outcomes.
- Leaders were supportive and enthusiastic about the service they provided. They valued every member of the team.
- The culture was open and honest. Staff engagement was good.
- The service was working closely with local partners to improve, develop and ensure a sustainable service for the future.

However,

- Issues with IT meant that leaders could not always look at data relating solely to Darley Court.
- There had been no recent patient experience survey.

Summary of findings

Background to the service

Information about the service

Darley Court provides intermediate care and treatment for patients who are transferred from hospital or admitted from home for a short term period, prior to discharge home or into social care. The unit is part of Bolton NHS Foundation Trust and is managed within the integrated community services division. Darley Court is situated in a residential area, close to main roads and public transport in Bolton.

There are 30 beds used for sub-acute patients or those requiring rehabilitation. An additional five beds are available for use during periods of high demand. On average there are 30 admissions per month.

The estate is owned by the local authority, who also provide the catering, laundry and cleaning services. The

service is jointly staffed by the trust and the local authority. There are a total of 46.83 whole time equivalent staff employed by Bolton NHS Foundation Trust. The trust also provide nursing support at a local authority run intermediate care unit. These staff are managed by the service at Darley Court.

We visited the service as part of our announced inspection on 21 March 2016. We spoke with five staff, including nursing staff and the nurse manager. We also reviewed comments from patients or their relatives using the services at the time of our inspection and reviewed six sets of patient records and 10 prescription charts. We observed care and treatment and looked at information provided by the trust and other information we requested.

Our inspection team

Our inspection team consisted of two adult community nurses, an inspector and an inspection manager.

Why we carried out this inspection

We inspected this trust as part of our scheduled programme of comprehensive Inspections.

How we carried out this inspection

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 between 21 and 24 March 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, 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. We met with people who use services and carers, who shared their views and experiences of the core service.

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

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

Summary of findings

What people who use the provider say

Patients were positive about the care and treatment they received. Patients felt included in decisions.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the hospital SHOULD take to improve

The trust should ensure that risk assessments are completed in a timely way.

The trust should ensure that nursing staffing levels are reviewed using a recognised acuity tool.

Action the provider COULD take to improve

The trust should consider how to improve appraisal rates to the trust target level.

The trust should consider how to audit the effectiveness of the service in relation to patient outcomes.

The trust should consider how to make changes to the environment to better meet the needs of patients living with dementia.

Bolton NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because;

- The service used the NHS safety thermometer to monitor its performance in relation to safety. Action plans were in place to improve harm free care.
- Incidents were reported and learning was shared. There was a good reporting culture. Incidents were investigated in a timely way.
- The environment was visibly clean and tidy. We saw staff using personal protective equipment such as aprons and gloves and observed them washing their hands appropriately. Hand hygiene compliance audits were high. Medicines were stored correctly and securely.
- A new nurse call buzzer was in place to improve patient safety.
- Overall mandatory training rates met the trust target. Adult safeguarding level two had been completed by 96% of staff. Staff we spoke with understood their responsibilities in relation to safeguarding adults.

- There were systems in place to ensure that patients were assessed and risks were monitored and minimised. There were clear admission criteria to ensure patients could be safely cared for outside of an acute hospital environment.
- A daily safety huddle involving key members of the multidisciplinary team was in place to highlight particular patient safety concerns.

However,

- Nursing staffing had not been calculated using a recognised acuity tool.
- Risk assessments were not always completed in a timely way, for example the risk of developing a pressure ulcer.
- There was not sufficient structure to intentional rounding documentation to ensure this essential patient safety task was completed in an effective way.
- The environment required planned upgrades to ensure patients could be cared for in a safe way.

Safety performance

Are services safe?

- The service used the NHS safety thermometer to monitor its safety performance. This is a tool used nationally by NHS organisations to measure risks including the frequency of falls, catheter acquired urinary tract infections and pressure ulcers.
- There had been 11 category two to four pressure ulcers, no falls with harm and no catheter associated urinary tract infections in 2015.
- The service recognised the need to reduce the number of falls and was carrying out monitoring with a 'heat map' to identify themes around falls and to benchmark against other similar units.
- For pressure ulcers of grade two and above, a senior nurse completed a SBAR (situation, background, assessment, response). An SBAR is a tool used by health care organisations to communicate information for immediate attention and action to improve patient safety. The SBAR was then taken to the trust panel for discussion and learning. This was attended by the director or deputy director of nursing, tissue viability lead and divisional lead nurse or matron.
- One serious incident (StEIS) had been reported via the National Reporting and Learning System (NRLS) in relation to Darley Court between January 2015 and January 2016. This was a delay to treatment. We saw evidence that this incident had been thoroughly investigated using a root cause analysis model. Learning had been identified and shared with relevant staff and more widely throughout the trust.
- The service had recently launched a newsletter that detailed findings and learning from the trusts harm free care panel.
- Staff were encouraged to report incidents via an electronic reporting system. They told us that feedback about the outcome of incidents was given and learning was shared. Incidents were investigated by the most appropriate staff member. For example, falls were investigated by the physiotherapist.
- A total of 910 incidents had been reported across all community services between February 2015 and January 2016. Over 95% of these incidents were graded as no or low harm indicating a good reporting culture within the division.
- Staff we spoke with had an understanding of the principles of duty of candour. 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.
- There was a trust wide duty of candour policy in place and there was access to duty of candour training on a monthly basis.
- We saw that the duty of candour had been applied in the StEIS incident involving a delay to treatment.

Incident reporting, learning and improvement

- Staff were aware of their responsibilities in relation to safeguarding. They were able to tell us where to gain advice and how to make a safeguarding referral. The safeguarding team were available for advice during normal working hours. Outside of working hours advice was gained through the local authority if required.
- Safeguarding vulnerable adults training had been completed by 96% of staff at Darley Court.
- We saw evidence that an incident involving a safeguarding referral in the division had been discussed in a divisional meeting and eLearning in relation to this incident was shared.

Safeguarding

- Medicines and intravenous fluids were stored securely in a locked room. Keys to access medicine cupboards were carried by registered nurses (RNs). Controlled drugs (CDs) were stored correctly and stock levels were checked nightly by two members of staff. We checked

Medicines

- Medicines and intravenous fluids were stored securely in a locked room. Keys to access medicine cupboards were carried by registered nurses (RNs). Controlled drugs (CDs) were stored correctly and stock levels were checked nightly by two members of staff. We checked

Are services safe?

the CD record books and saw that these had been completed correctly. There was a CD destruction kit and CDs were destroyed by pharmacy staff alongside a RN when they had reached their expiry date.

- There was access to a pharmacist Monday to Friday between 9am and 5pm. The pharmacist reviewed prescription charts to ensure medicines were being prescribed correctly.
- We reviewed 10 prescription charts and saw that these were completed with all required details including any allergies and were signed and legible.
- Medicines management training had been completed by 78.6% of nursing staff at Darley Court. This was below the trust target of 85%.

Environment and equipment

- All equipment we checked was clean and up to date with maintenance and service checks. The emergency resuscitation trolley was checked in line with trust policy. At the time of our inspection the macerator in the sluice was out of order and waiting repair.
- The nurse call buzzer system had recently been updated. This was a digital nurse call system that allowed staff to pinpoint the location of the patient. It also allowed the member of staff to alert someone else if they were busy with another patient. This meant that staff could quickly see who required a member of staff, reduced excessive waiting times and help to improve patient safety. There were plans in place to upgrade the system to include an alert when a patient has been waiting for over three minutes.
- The estate at Darley Court was owned by the local authority. Staff told us that the environment posed a challenge to the delivery of the service. There was a programme of refurbishment planned to start in May 2016.

Quality of records

- Records, including prescription charts, were paper based. We reviewed six sets of care records and saw that these contained all relevant patient identifiable information, were complete, legible and signed and

dated. Care plans included all identified care needs in five out of six records and diagnosis and management plans were clearly documented in all records we reviewed.

- There was access to medical records from the hospital to ensure the service had all required information regarding patients care and treatment.

Cleanliness, infection control and hygiene

- Areas and equipment we inspected were visibly clean. We observed staff using personal protective equipment (PPE) and washing their hands when required. There was access to hand cleansing gel and cleaning products for the environment and equipment. Recent hand hygiene audits showed a very high level of compliance at 99.5%.
- Staff used the aseptic non-touch technique (ANTT) when patients were undergoing invasive procedures such as cannulation. ANTT reduces the risk of infection during invasive procedures.
- On the patient led assessment of the care environment (PLACE) the unit scored 58% for cleanliness which was considerably worse than the England average of 98%. The most recent environmental audit we saw showed 89% compliance with the standards set down by the trust.

Mandatory training

- Mandatory training was a mixture of online learning and face to face sessions. Face to face training was delivered in a half-day session, allowing staff to access this in one session and staffing to be planned effectively
- Mandatory training levels were 93.2% in December 2015 which met the trust target. Statutory training levels were below the target of 98% at 94.4%.

Assessing and responding to patient risk

- There were clear criteria for admission to the unit to ensure patients could be safely cared for at Darley Court.
- The national early warning score (NEWS) system was in place to help in assessing and responding to patient risk. Patient observations were taken as frequently as indicated in each of the records we reviewed. One patient did not want observations taking and this was

Are services safe?

clearly documented in the record. NEWS had been calculated correctly and escalated in line with trust policy when required. A sepsis screening tool was also in place.

- The need for ongoing observations was discussed at the multi-disciplinary team meeting and medical staff made the decision to stop observations if the patient was medically stable and this was deemed to be safe.
- A safety huddle was held each morning to discuss staffing, incidents, patients receiving enhanced observation and patients in need of a medical review. This was attended by key members of the multi-disciplinary team (MDT). This information was then reviewed by the co-ordinator later in the day to identify any changes.
- January 2016 had been designated as falls prevention month. The service received training on falls prevention and on medicines management for patients at risk of falls.
- Not all risk assessments were completed as indicated in the records we reviewed. Out of six care records, two patients did not receive a timely assessment for the risk of developing a pressure ulcer and one patient had not received a nutritional risk assessment. However, we saw that all six patients had a documented risk assessment in relation to pressure ulcers, the risk of developing a venous thrombus embolism (VTE) and a falls risk assessment.
- Intentional rounding was completed however we saw that there were no clear guidelines as to how this should be carried out. This meant that there was not a consistent approach to ensuring that patients were safe or if their needs had changed during these checks.

Staffing levels and caseload

- The unit was co-ordinated by a band six nurse on each shift. The trust had calculated staffing requirements based on a ratio of one registered nurse (RN) to eight patients during the day and one to eight at night. A recognised acuity tool had not been used. An acuity tool assesses the nursing and care needs of patients to ensure sufficient numbers of suitably qualified staff are available to care for patients safely.
- The unit was divided into three areas of ten patients. There were two members of staff to each ten patients

employed by the trust during the day made up of one RN and one health care assistant, with the co-ordinating nurse providing support when required. These staff were supported by two care workers employed by the local authority (LA). At night, the unit was staffed with three qualified nurses (four during times when the winter pressure beds were open).

- In January and February 2016, the average shift fill rate for RNs during the day was 84.9% and at night was 87.4% although in January, the daytime fill rate fell slightly below the national benchmark of 80% to 79.9%. For unqualified nursing staff the fill in the daytime was 95.8% and at night 83.2%.
- Rotas were prepared four weeks in advance via an e-rostering system. There was an escalation procedure if staffing levels fell below the planned level. No concerns were raised about staffing levels during our inspection.
- Personal care tasks such as washing and dressing and feeding were primarily undertaken by care workers from the LA.
- The unit used bank or agency staff if patients required one to one support, for example if they had a very high risk of falls. Between April 2014 and March 2015, intermediate care services at the trust had used an average of 26.7% bank or agency staff to supplement permanent members of staff.
- In December 2015, the percentage of staff in post was 85.3% which was below the trust target of 95%. Senior staff told us at the time of our inspection there was one vacancy for a band five nurse and this post had been recruited to.
- Medical cover was provided by an in-house GP Monday to Friday between 9am and 5pm and for four hours on a Saturday. Outside of these hours, GPs were accessed via the out of hours GP service. The out of hours service was not open until 6pm which meant that there was no access to medical advice between 5pm and 6pm Monday to Friday. If there was a medical emergency during this time, staff would dial 999. There had been no incidents identifying this as an issue in the incidents we reviewed. There was access to a consultant opinion at twice weekly ward rounds.

Are services safe?

Managing anticipated risks

- There was a business continuity plan in place at Darley Court. This included contingency plans to be used in the event of staffing shortages and equipment failure.
- There was a trust wide major incident plan and emergency response policy in place.

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

We rated effective as good because;

- Audits of care were completed and showed that 100% of patients had an individualised care plan.
- Care and treatment followed evidence based practice and national guidance. A consultant provided a ward round twice weekly.
- Pain was monitored and pain relief given in a timely way. There was access to strong pain relief via controlled drugs when this was required.
- The service monitored discharge destination, the need for ongoing support and the outcome of rehabilitation.
- Additional training was provided on a weekly basis to improve staff knowledge in areas such as falls and dementia care.
- Multi-disciplinary working was well-established and effective. The service worked well with colleagues from the local authority.
- Admission and discharge was co-ordinated in an effective way and information was shared between team as required.

However;

- Appraisal rates did not meet the trust target.

Evidence based care and treatment

- The service completed local audits of care and treatment. Audit results showed that 100% of patients in Darley Court had access to a care coordinator and 100% had an individualised care plan.
- Compliance with NICE quality standards was monitored. For example, the service was compliant with quality standard 90 – the management of adult patients with urinary tract infection.

- Daily board rounds were completed to review patient care and treatment with the multi-disciplinary team (MDT). A consultant ward round was held twice weekly where new admissions and any other patient who required consultant input were reviewed.
- There was a trust wide clinical audit committee. Information from this committee was cascaded to staff at Darley Court via the clinical governance and quality committee. An audit programme was in place including trust wide audits such as discharge planning and audits of consent.

Pain relief

- Pain was assessed as part of patient observations. There was access to a range of medications for pain relief. Records we reviewed showed that pain relief was prescribed and administered appropriately when this was required.

Nutrition and hydration

- Most patient records we reviewed contained an assessment of nutrition and hydration. Fluid balance charts were completed when necessary.
- On the PLACE the unit scored 70% on the measure for food which was worse than the England average of 90%. The service was looking at how they could provide additional choice for patients through the use of pre-packed meals.

Patient outcomes

- Occupational therapists and physiotherapists carried out assessments on admission and produced a 'skills plan'. These detailed the patients' current level of abilities. The team used a recognised outcome measure to monitor the effectiveness of rehabilitation.
- Estimated dates of discharge were given to patients on admission. The service monitored length of stay but did not review whether estimated dates of discharge had been met.
- The service monitored discharge destination, the need for ongoing support and also collected this information

Are services effective?

91 days after discharge to monitor patient outcomes. During 2015/2016, 32% of patients required no ongoing support and 35% were being supported to live at home with home care or direct payments at 91 days following discharge. Only 12% of patients had required a permanent nursing or residential placement.

Competent staff

- The division had an education lead in place and two practice education facilitators to lead on the education and training of staff. Appraisal rates at Darley Court in December 2015 were 72.5% which was below the trust target of 85%.
- New staff received a two day trust induction and were then supra numery for two weeks to allow them time to learn about policies, procedures and the running of the unit. Nursing staff told us there was no formal supervision structure although senior staff told us this was provided six weekly and was based on an agreed supervision matrix.
- Training was provided once per week for up to two hours. This was additional training that covered areas that had been identified via incidents or staff appraisals. For example, there had recently been training on documentation, falls prevention and dementia care.

Multi-disciplinary working and coordinated care pathways

- The service worked in partnership with the local authority and voluntary organisations within the local community.
- Staff described how they worked as one team with care workers from the local authority. There were good multi-disciplinary relationships between nursing staff, allied health professionals and medical staff. Therapy staff met weekly with the matron of the unit to discuss any issues or developments within the service.

Referral, transfer, discharge and transition

- Patients were referred from the hospital, admission avoidance team or accident and emergency using a paper based form that recorded details of their medical history, social circumstances and expected benefit of their stay at Darley Court. The majority of patients were referred as 'step down' from hospital.
- Discharges were co-ordinated with the MDT including involvement from social services. Home assessment visits were completed by the occupational therapist when this was felt to be beneficial.
- Patients were referred on to relevant community teams on discharge for ongoing care and treatment, for example intermediate care at home or the falls team.

Access to information

- Staff told us that access to the trust intranet was poor. This meant that some staff experienced difficulties in accessing online training and had to access this from home.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Mental Capacity Act (MCA) training was delivered as part of the adult safeguarding mandatory training. This had been completed by 96% of staff at Darley Court. Staff we spoke with had an understanding of the MCA and deprivation of liberty safeguards (DoLS) and knew how to make an application for urgent DoLS.
- Discussions were held in relation to resuscitation in the event of a respiratory or cardiac arrest and forms were completed appropriately when this was relevant.

Are services caring?

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

Summary

We rated caring as good because;

- Staff treated patients with kindness, dignity and respect. They respected their personal preferences and choices.
- Friends and family test scores showed a high percentage of patients would recommend the service.
- Patients and those close to them were involved in their care and treatment. A care co-ordinator acted as a point of contact.
- Patients were given information about their care and treatment and time to ask questions.
- Staff supported and encouraged patients to self-care and gain further independence.

However;

- Scores for privacy and dignity on the patient led assessment of the care environment (PLACE) were much lower than the England average, although details from the trusts own survey showed that patients felt they were treated with dignity and respect.

Compassionate care

- Interactions we observed were caring and respectful. Patients described staff as kind and very caring.
- Privacy and dignity was maintained whenever possible. Staff respected people's personal, cultural and religious needs and gave choices regarding care and treatment.
- On the friends and family test, 96% of people who responded between June 2015 and December 2015 would recommend Darley Court as a place for care and treatment. However response rates to the test were low, for example in December 2015 only 11% of people responded to the survey.

- On the patient led assessment of the care environment (PLACE) the unit scored 53% for privacy and dignity. The England average for this measure was 87%. However, the trust patient experience survey showed that 87.5% of people who responded said they were 'always' or 'mostly' treated with dignity and respect.

Understanding and involvement of patients and those close to them

- Records we reviewed showed that family members had been involved in discussions about care and treatment when required. A family member was contacted by a member of nursing staff within 48 hours of a patient's admission, updating that person about the care plan and treatment and also gathering any additional information that would help the service to care for the patient in the best possible way.
- Each patient was designated a care co-ordinator who acted as the main point of contact for patients during their stay. Patients felt they were given enough information about their care and treatment and opportunities to ask questions. They felt their preferences and feelings were considered.

Emotional support

- Staff supported and encouraged patients to self-care and gain further independence. Information was available for patients and relatives to access support from voluntary groups in the local community.
- The palliative care team were used to support patients who required emotional and spiritual support at the end of life.
- The multi-faith chaplaincy was accessed via Royal Bolton Hospital. This service was available 24 hours a day if required.

Are services responsive to people's needs?

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

Summary

We rated responsive as good because:

- Services were planned around the needs of local people. There was additional capacity at times of high demand for intermediate care beds.
- Individual needs were understood and considered when delivering care and treatment. There was additional facilities and support for patients living with dementia.
- The service monitored admissions and discharges. This information was shared with staff at the hospital to improve access and flow.
- There were low numbers of complaints about Darley Court. Lessons were learnt from complaints and shared within the division and the wider trust.

However,

- The environment required improvements to better meet the needs of patients living with dementia.

Planning and delivering services which meet people's needs

- An additional five 'surge' beds were used during winter pressure months and had been used each winter for the last four years. The addition of these beds during this period increased the services ability to provide care for relevant patients and demonstrated that the service was responsive to the needs of local people.
- The service had listened to feedback from patients and implemented a system where one member of staff each day was allocated as an activity co-ordinator. This member of staff was tasked with engaging patients in activities to increase social interaction and reduce boredom.
- The integrated community services division was involved with the devolution of health and social care within Greater Manchester and was working closely with local partners.

Equality and diversity

- Equality and diversity training had been completed by 97.4% of staff within the division. This was above the trust target of 95%. Translation was provided face to face. There was access to a telephone translation service if this was not available.

Meeting the needs of people in vulnerable circumstances

- There was a dementia lead in place for the trust and dementia steering group who had developed an associated action plan including a training needs analysis. Darley Court were working with the dementia lead to deliver additional dementia care training.
- Patients living with dementia were identified using a designated symbol so that all staff were aware these patients may have additional care needs. A 'getting to know me' booklet was used. Staff had access to reminiscence materials for patients living with dementia such as games, films and music and a software application called 'my life'. The service was hoping to improve the care environment for this patient group as part of the planned refurbishments.
- A learning disabilities nurse was in post and supported staff in the delivery of care to patients with a learning disability. There was also a consultant nurse for older people within the division.
- If a patient's health deteriorated and were in the last few days of life, they could continue to be cared for at Darley Court to avoid the need of an unnecessary transfer. To ensure this care was appropriate, staff had received training in end of life care, syringe drivers and accessed support from the palliative care team.
- On the PLACE, Darley Court performed worse than the England average for facilities and dementia. The score for dementia was 47% with the England average being 76%. Facilities scored 62% and the England average was 91%.

Access to the right care at the right time

- Admissions to the unit were accepted from acute hospitals and by referral from the admission avoidance

Are services responsive to people's needs?

team. Details of admissions, discharges and waiting lists were captured on an electronic system that was also used at the hospital. This meant that any access and flow issues could be monitored.

- On average there were 30 admissions per month between April 2015 and November 2015. The average length of stay between April 2015 and November 2015 was 32.4 days. At the time of our inspection, there was one patient awaiting admission.

Learning from complaints and concerns

- A complaints, compliments and concerns leaflet was available to patients and visitors. These leaflets outlined how to make a complaint about a service.
- There had been no complaints about Darley Court in 2015/2016. The service also received 144 compliments between July 2015 and December 2015.
- Complaints and compliments were discussed at the monthly divisional meeting and learning was shared within the team and wider division.

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

We rated well-led as good because:

- Governance and risk management systems were in place that supported the delivery of care. Risks were managed and regularly reviewed to minimise the impact to the service.
- Leaders used comprehensive performance dashboards to monitor how the service was doing. The service had good systems in place to review data about patient referrals and outcomes.
- Leaders were supportive and enthusiastic about the service they provided. They valued every member of the team.
- The culture was open and honest. Staff engagement was good.
- The service was working closely with local partners to improve, develop and ensure a sustainable service for the future.

However,

- Issues with IT meant that leaders could not always look at data relating solely to Darley Court.

Service vision and strategy

- The trust vision was to be “an excellent integrated care provider within Bolton and beyond delivering patient centred, efficient and safe service”. There were objectives set for Darley Court that were aligned to the trusts six strategic goals and the divisional objectives. This included the trusts strategy to be ‘fit for the future’ through partnership working and collaboration. There was a clear statement of values that staff knew and understood.
- Darley Court was managed within the integrated community services division. The service had been reviewed in November 2014 and a community improvement plan had been submitted to the CCG in relation to all community services provided by the trust.

Governance, risk management and quality measurement

- A monthly clinical governance and quality committee meeting was held with senior members of staff in attendance. These meetings reviewed performance, incidents and any themes arising.
- There was a risk register detailing all current risks faced by the service. Risks were graded by the severity of the impact and likelihood that they will occur to allow the service to prioritise actions. At the time of our inspection there were 10 risks identified with one of these being highlighted as an ‘extreme’ risk. The extreme risk had been newly identified and related to incomplete records and the risk of breaching data protection laws. We saw that the risk register was reviewed regularly and actions taken to reduce and mitigate risks had been completed and were being monitored.
- Risk registers and incidents were reviewed and discussed at monthly divisional meetings. Feedback from the trust risk management committee was also discussed at this meeting.
- The service used a comprehensive dashboard to monitor performance against key measures such as appraisals, training, incidents and complaints. This meant that staff could see at a glance where areas required improvement.
- The service gathered data about patient referrals and outcomes at discharge and at 91 days following discharge to allow monitoring of the effectiveness of the care and treatment provided.
- There were issues with IT that prevented managers from having a sound oversight of their services performance and activity levels, for example some budget codes covered both hospital and community services. The team were working closely with IT to improve the recording of information and to ensure all data was being appropriately captured.

Leadership of this service

Are services well-led?

- Staff described leaders as supportive. There were monthly multi-disciplinary staff meetings to provide updates on local and trust wide information. Minutes of meetings were shared by email and a paper copy placed in the staff room. Senior staff felt supported by their managers.
- Staff told us that there had been a recent change in the management structure at Darley Court and spoke positively about this change. Leaders told us they were proud of their staff and spoke passionately about their team.

Culture within this service

- The culture at Darley Court was positive, open and honest. In the main reception area there was a 'better care together' notice board. This board displayed information about how the service was performing, including information such as rates of falls, infections and pressure ulcers. This demonstrated that the service was honest and open about how they were doing.
- Sickness absence rates were above (worse than) the trust target at Darley Court. The average was 7.6% between April 2015 and November 2015. The target was lower at 4.2%. Staff turnover during this period was also higher than the target of 10% at 14.4%.

Public engagement

- The service used an electronic tablet to gain feedback from patients using the service. This tablet was shared throughout the intermediate care service and was therefore only available at Darley Court one week in four.
- The trust gained feedback via the friends and family test with the use of text messaging or voice recorded calls. There was no recent formal patient experience survey

for Darley Court; however the service gained feedback via a 'walk and talk' system. This was a less formal way of gaining information about patient experience in real time.

Staff engagement

- The division had held a staff awards ceremony in August 2015 to celebrate the success of teams within the division. These awards included team of the year and innovation of the year.
- Staff meetings were well-attended. At the last meeting, 16 members of staff attended. The team brief was shared with staff and displayed on staff notice boards to update staff on changes or developments within the trust.
- The trust vision and values were in the process of being updated at the time of our inspection. Around 200 staff had been involved in a consultation as part of this process.

Innovation, improvement and sustainability

- The division had recently taken part in a 'perfect week' project. A number of initiatives and actions had been identified as result of this and there was ongoing monitoring of progress against these service improvement targets.
- The service had been visited by the local Healthwatch organisation in October 2015. Concerns and suggestions for improvement had been acknowledged and positive steps had been taken to address the issues.
- There was a Bolton locality plan in development to support the devolution of health services within Greater Manchester over the next five years.