Hertfordshire Community NHS Trust

RY4

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)
RY412	Queen Victoria Memorial Hospital	Inpatient Services	AL6 9PW
RY407	Danesbury Home	Inpatient Services	AL6 9PW
RY409	Herts & Essex Hospital	Inpatient Services	CM23 5JH
RY411	Langley House	Inpatient Services	WD25 9FG

This report describes our judgement of the quality of care provided within this core service by Hertfordshire Community 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 Hertfordshire Community NHS Trust and these are brought together to inform our overall judgement of Hertfordshire Community NHS Trust

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of findings

Overall summary

The Care Quality Commission carried out a comprehensive inspection between 17 and 20 February 2015, which found that overall, the trust had a rating of requires improvement.

We carried out a focused, unannounced inspection on 18 - 19 April 2016 to review the actions that had been taken by the trust. The focused inspection reviewed, within community inpatient services, the main areas that required improvement from the previous inspection; under the domains of safe, effective and well-led. Some of the weaknesses we identified previously were:

- A lack of learning from incidents.
- Management of medicines including controlled drugs.
- Some equipment had been out of date or was faulty.
- Patient records did not always include relevant information.
- Cleanliness had been variable between units.
- Staff had not always completed their mandatory training and had not all received an annual appraisal.
- Staffing arrangements were not managed effectively.
- Staff had not been made aware of risks and did not always have the opportunity to attend team meetings.

Overall, we saw progress had been made which had led to improvements and rated the service as good.

- Staff understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses. Lessons learned were shared and discussed at team meetings.
- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff understood their responsibilities and followed the trust's safeguarding policies and procedures.
- Arrangements for managing medicines including obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal were mostly in place to keep people safe.
- Patient records were stored securely and most patients' individual care records were comprehensive and contained relevant risk assessments which were evaluated.
- We reviewed a sample of equipment at the Herts and Essex Hospital and found that it was maintained and safe for use.
- Standards of cleanliness and hygiene at all the inpatient sites we visited were well maintained and there were suitable systems in place to prevent and protect people from healthcare associated infections.
- Nursing staff numbers, skill mix review and workforce indicators such as sickness and staff turnover were assessed using an electronic rostering tool. The planned and actual staffing numbers were displayed on the wards visited. Staffing levels were assessed as safe to provide patient care.
- Most patients' care and treatment was planned and delivered in line with evidence based guidelines, for example falls assessment and infection control guidance.
- Patient records could be accessed electronically, some other records were paper based, for example National Early Warning System (NEWS) charts and food and fluid charts.
- In inpatient areas, quality and performance information was displayed on notice boards in public areas of the ward. This included data about the numbers of staff on duty, the numbers of complaints, and the numbers of reported patient incidents such as falls or pressure ulcers. We saw evidence this was regularly updated.
- There were arrangements in place for supporting and managing staff including supervision and appraisals. Most staff had received an appraisal during the previous 12 months.
- All relevant clinical staff, including those in different teams and services were involved in assessing, planning and delivering people's care and treatment.
- Staff worked together to assess and plan ongoing care and treatment in a timely way, when patients were moved between teams or services.
- There were computers in each ward area to access patient information. Staff were able to demonstrate how they accessed information on the electronic system. These were mobile and could be moved closer to the patient bedside.

Summary of findings

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005, how to make a best interest decision as well as how to seek authorisation for a Deprivation of Liberty.
- There was a system in place to ensure performance was discussed and monitored through a series of team meetings. Senior managers were aware of the key risk in relation to staffing which was on the trust wide risk register. It was noted that at Danesbury Neurological Centre this had recently been removed from the risk register as new staff had recently been recruited.
- Leaders understood the challenges of good quality care and supported to staff to ensure this was provided. Leaders were visible and approachable and supported team working.
- Staff felt valued and appreciated and told us that the culture of the service was to ensure the needs and experiences of patients were met.

However, we found that:

- Medication for one patient at Queen Victoria Memorial Hospital had not been obtained in line with procedures until four days after admission.
- Controlled drug checks at the Herts and Essex Hospital were not always routinely done.
- We saw some inconsistent completion of care records at Danesbury Neurological Centre.
- A Do Not Attempt Cardiopulmonary Resuscitation for one patient at the Herts and Essex Hospital was not in the patient's record. We raised this at the time of inspection with a senior nurse and it was rectified promptly.
- Most staff had completed their mandatory training and were close to achieving the trust's target of 90% compliance. However, at the Herts and Essex Hospital, 78% of staff had completed all required mandatory training.
- The National Early Warning Score (NEWS) was used. This is a system whereby the patients' vital signs are recorded and if they are found to be outside usual parameters the patient's care is escalated to either a senior nurse or a doctor. This system is used to recognise deteriorating patients. These had not been consistently recorded for all patients.
- Assessments for patients' therapy needs were undertaken to determine their baseline, set goals and ensure the patients' rehabilitation needs were met. At Queen Victoria Memorial Hospital and Midway unit at Langley House, these were not always completed promptly and patients had not always received therapy in accordance with their needs. There was no policy on the frequency with which patients should receive therapy or how soon after admission their assessment should be made.
- Staffing levels were assessed as safe to provide patient care, although it was the perception of some staff at Danesbury Neurological Centre that on occasions they were short staffed, particularly clinical support workers.
- We noted that one patient at Danesbury Neurological Centre required turning every four hours, due to them having a pressure ulcer. We saw this had not been recorded consistently and on occasions it appeared the patient had not been turned for up to seven hours.
- Most staff had received an appraisal during the previous 12 months, although staff at Langley House and Herts and Essex Hospital at a rate of 78%, had not achieved the trust's target of 90%.
- Staff worked together to assess and plan ongoing care and treatment in a timely way, when patients were moved between teams or services. However, on occasions, Queen Victoria Memorial Hospital and Herts and Essex Hospital accepted patients who were not suitable for the unit.
- Patients' food and fluid charts were not always completed consistently.
- Leaders were visible and approachable and supported team working, although at Danesbury Neurological Centre, at the time of the inspection, there was, no local team leader on site for physiotherapy or occupational therapy, which was being recruited to.

Summary of findings

Background to the service

Hertfordshire Community NHS Trust provides NHS healthcare services to a population of 1.1 million people in Hertfordshire and since 2012 to 68,000 children living in West Essex. The Trust provides community-based services for adults and older people, children and young people, and a range of ambulatory and specialist care services.

There are around two million contacts with people during the course of a year and the services deal with people from before birth until death.

Hertfordshire Community NHS Trust provides a wide range of care in people's homes, community settings and in its community hospitals.

Hertfordshire Community NHS Trust employs around 3,000 members of staff.

The service has eight registered adult inpatient locations; during this inspection we visited four of those locations, Danesbury Neurological Centre, Queen Victoria Memorial Hospital, Herts and Essex Hospital (Oxford and Cambridge Wards) and Langley House.

Our inspection team

Our inspection team was led by:

Team Leader: Kim Handel, Inspection Manager, Care Quality Commission

The team of nine included CQC inspectors and specialist advisors: a GP and medical director, a pharmacist and a palliative care nurse.

Why we carried out this inspection

We inspected this core service to follow up on areas of concern that had been identified during our comprehensive inspection in February 2015.

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?

We undertook a responsive inspection to follow up concerns which had been identified during a comprehensive inspection in February 2015. Therefore, on this occasion, we did not inspect every aspect of the service. We focused on specific elements of safety, effective and well-led. We visited four of the eight inpatient locations.

During the visit we spoke with a range of staff who worked within the service; nurses, doctors, healthcare assistants, support workers and therapists. We talked with patients about aspects of their care and their relatives. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of patients.

Summary of findings

What people who use the provider say

We spoke with patients at each of the locations visited, patients told us that the staff who cared for them were kind and they are always friendly and polite. One patient said: "I cannot fault the staff. They (the staff) are pleasant, caring and accommodating".

Patients had mixed perceptions about the food, some patients told us that the food didn't always taste nice but the portions were large. One patient told us: "If we do not like something, they will always provide something else." Another said: "Staff will always provide snacks and fruit at any time of day or night if we want something to eat".

All patients we spoke with said response times to call bells were variable. We observed staff attending to patients promptly. This was an improvement on the inspection we carried out in February 2015, when patients complained to us, particularly at Danesbury, that they often had long waits to get their call bell answered. However, one patient told us that often patients were not always up and dressed by 10am unless they were booked in for physiotherapy. A patient told us that on two occasions they have not been dressed until between 11am and 12pm.

The patients were satisfied with the cleanliness of the units and regularly saw staff washing their hands.

Another patient told us: "Staff are good at protecting our (the patients) privacy. They use the curtains when necessary".

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

- The provider should ensure that all patients have access to their required medication as required.
- Controlled drug checks should be completed in line with requirements.
- Patient care records should be completed with all required details.
- Early warning scores should be completed in line with specified timescales to ensure the patient vital signs are monitored, recorded and acted on.
- A policy should be developed to outline therapy arrangements for patients.
- Patient food and fluid charts should be completed consistently for all patients.
- Patients who require specific care, for example regular turning, should have their care recorded in-line with their care plans.

Hertfordshire Community 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

Summary

Following the February 2015 inspection we found inpatient services required improvement. The trust have made changes and following the April 2016 inspection we found inpatient services were good for safety because:

- During the February 2015 inspection, we found that there was a lack of shared learning from incidents, improvements had been made and in April 2016 we saw evidence of shared learning. Staff understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses. Lessons learned were shared and discussed at team meetings.
- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff understood their responsibilities and followed the trust's safeguarding policies and procedures.
- Arrangements for managing medicines including obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal were in place to keep people safe. However, we noted medication for one patient at Queen Victoria Memorial Hospital had not been obtained in line with procedures, until four days after admission. At the Herts and Essex Hospital, there had been a period of time when checks, according to policy, had not been made.
- Patient records were stored securely and most patients' individual care records were thorough, written and managed in a way that reflected safe care.
- We reviewed the equipment at Herts and Essex Hospital and found that it was maintained and used correctly.
- We observed the cleanliness and infection control arrangements at Herts and Essex Hospital and found cleanliness and hygiene standards were maintained and that there were suitable systems in place to prevent and protect people from healthcare associated infections.
- Staff from most of the units we visited in April 2016 had completed their mandatory training and units had reached the trust's target of 90%.
- Assessments for patients' therapy needs were undertaken to determine their baseline and rehabilitation needs, although these were not always

completed promptly at Queen Victoria Memorial Hospital and Midway Unit (Langley House) and patients had not always received therapy in accordance with their needs.
- Nursing staff numbers, skill mix review and workforce indicators such as sickness and staff turnover were assessed using the electronic rostering system. The planned and actual staffing numbers were displayed on the wards visited. Staffing levels were assessed as safe to provide patient care.

However we found:

- Medication for one patient at Queen Victoria Memorial Hospital had not been obtained in line with procedures; the medicines were not available until four days after admission.
- Controlled drug checks at the Herts and Essex Hospital were not completed consistently.
- 78% of staff at the Herts and Essex Hospital had completed all their mandatory training against a trust target of 90%.
- We identified inconsistently completed care records at Danesbury Neurological Centre.
- A Do Not Attempt Cardiopulmonary Resuscitation for one patient at Herts and Essex Hospital was not on file, but rectified promptly.
- NEWS scoring system had not been consistently recorded for all patients at Danesbury, or at Herts and Essex Hospital.
- There was no policy on the frequency with which patients should receive therapy or how soon after admission their assessment should be made.

Incident reporting, learning and improvement

- During the February 2015 inspection, we found that there was a lack of shared learning from incidents. Improvements had been made and in April 2016 we saw evidence of shared learning. Staff understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses. Lessons learned were shared and discussed at team meetings.
- We found that all the inpatient units had incidents as a standing agenda item for their meetings, so that incidents could be discussed and learning shared. Staff we spoke with were aware of recent incidents on their unit.
- There had been 38 incidents reported during the period January 2016 to March 2016 at Herts and Essex Hospital. These primarily related to incidents about transfers and admissions to the unit from other hospitals. All were risk rated as either minor or no harm. Three incidents related to inappropriate admission of a minor to an adult setting. Sixteen related to failure to transfer patient's notes and medication records. The remainder were mostly due to poor communication between an acute local trust and the rehabilitation unit.

Safeguarding

- There were arrangements in place to safeguard adults and children from avoidable harm and abuse that reflected relevant legislation and local requirements. Staff understood their responsibilities and followed the trust's safeguarding policies and procedures.
- The trust's safeguarding policies and procedures were available to staff on the intranet, which included out of hours contact details for hospital staff. The policy set out categories of abuse as well as the procedure for making a safeguarding referral.
- The staff were able to explain safeguarding arrangements, and when they were required to report issues to protect the safety of vulnerable patients. There was a poster displayed in corridors with the name and contact number for the named safeguarding nurse. Staff were aware that there was a safeguarding lead.
- Staff received training and had a good understanding of their responsibilities in relation to safeguarding of vulnerable adults and children. During the February 2015 inspection we found that the trust target of 90% of staff to complete safeguarding training had not been met. In April 2016 this had improved for safeguarding children, although some wards had not met the target for completion of safeguarding adult training.
- At Queen Victoria Memorial Hospital in April 2016, 68% of staff had up to date training in adult safeguarding and 94% had up to date training in children's safeguarding at levels one and two.
- At Langley House it in April 2016, 87% of staff had up to date training in adult safeguarding and 99% had up to date training in children's safeguarding at levels one and two.
- At Danesbury Neurological Centre 93% had up to date training in adult safeguarding and 100% were up to date with children's safeguarding at level one and two.

Good

Are services safe?

At Herts and Essex Hospital 93% had up to date training in adult safeguarding level two and 90% with children's safeguarding level one and two.

Medicines

- Arrangements were in place with regards to medicines management including obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.
- During the previous inspection in February 2015, we found that controlled drugs (CDs) were not always reconciled and accounted for and that some medicines were stored inappropriately. We observed improvements in the April 2016 inspection, although we identified some anomalies.
- At Queen Victoria Memorial Hospital, medication for one patient had not been obtained in line with procedures, until four days after admission, although the patient did not appear to come to any harm from this delay.
- At the Herts and Essex Hospital there were three occasions where checks made on stock levels of CDs had not been recorded. This matter was brought to the attention of the ward manager to investigate. They explained they wished to introduce CD checks at each shift handover to ensure omissions were quickly identified and acted upon and would discuss their proposal with the pharmacist.
- CDs which required extra checks and particular storage arrangements because of their potential for misuse, were stored safely and reconciled correctly.
- A pharmacist visited the wards at all the units within the trust once a week to review prescriptions and ensure stock levels reflected activity and patients' needs.
- All the inpatient units maintained a stock of commonly used medicines, and most patients brought their regular medicines with them. There was a process in place to obtain medicines from the pharmacy in between the weekly visits.
- Emergency medicines were available, securely stored and checked regularly.
- The trust used a prescription and medicines administration record chart to facilitate the safe use of medicines. The medication charts that we saw showed that medicines were generally administered as prescribed and any omissions recorded.
- Records showed that temperatures were maintained at suitable levels for the safe storage of medicines.
- Two patients we spoke with said they were happy with the way their medicines were given to them while on the ward and said they were offered pain relief medication when needed.

Environment and equipment

- During the February 2015 inspection we found that some equipment was out of date or faulty. We reviewed the equipment at Herts and Essex Hospital as part of the April 2016 inspection and found that equipment was well maintained. All the faulty equipment had been repaired or disposed of.
- The resuscitation trolleys had recently been replaced. There were two new trolleys seen on each ward at Herts and Essex Hospital. One of these had been already stocked ready for use the second was to be commissioned once sufficient staff had received the appropriate level of training. Staff were observed to be in the process of checking the equipment to ensure it was complete, in date and in working order as we arrived to commence the inspection. Records showed checks had been consistently completed and recorded over the previous months.
- New suction machines and defibrillators had also been ordered. Nursing staff explained the recent introduction of the new National Resuscitation Guidelines had prompted the changes to the equipment provided.
- The suction machines that were in use and defibrillator, were tested, clean with appropriate 'in date' stock.
- We spoke with the housekeeper who had been given the responsibility to monitor all equipment to ensure all maintenance and servicing requirements were met. We saw a database for this was in place which showed equipment servicing and testing was up to date.
- Audits were completed to ensure blood monitoring glucose machines were in working order and correctly calibrated to ensure test results were valid and safe to determine treatment required.
- Mattress checks had been completed and all mattresses at the time of the inspection were assessed as fit for purpose.
- Daily checks of hoists had also been completed to ensure they were safe for patient use.

Quality of records

Good

Are services safe?

- During the February 2015 inspection we found that patient records did not always include required information about the patient. We found improvements had been made at the April 2016 inspection, although there was still some work to be done.
- Patient records were stored securely and most patients' individual care records were thorough, written and managed in a way that reflected safe care. However, we did identify some inconsistent completion of some nursing records at Danesbury Neurological Centre.
- A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form for one patient at Herts and Essex Hospital could not be immediately located. This was investigated straightaway. The patient had been home for the weekend and staff had not noticed the completed form had not been returned when the patient was readmitted however; this was resolved during the inspection.
- We saw at Langley House that a DNACPR form was at the front of all patients' notes. If the patient was the subject of a DNACPR order, it was completed, if the patient was for resuscitation, it was left blank. This meant every member of staff knew where to find these records immediately. We saw that any DNACPR order had an accompanying record of associated discussions and rationale in the medical notes.
- The trust had recently implemented an electronic patient record system in some in-patient hospital sites such as Queen Victoria Memorial Hospital and Danesbury Hospital. Part of the patient records were still paper based, for example food and fluid charts and records of when the patient had been turned. These were scanned onto the electronic system after completion. In other in-patient areas, paper records were still being used, but there were plans to implement the electronic system in all clinical areas. We saw records of training completion and proposed training dates displayed on each unit.
- Since the last inspection in February 2015, the use of multidisciplinary notes had been introduced and embedded at Herts and Essex Hospital. Plans were in place for electronic patient records to be introduced and training had commenced. Electronic records at Herts and Essex Hospital were expected to go live at the end of June 2016.
- The electronic records were accessible by all staff and daily entries were up to date. There were mobile computers that could be moved to the patient's bedside to ensure information was recorded in a timely manner. Icons highlighted patients with particular nursing needs, such as those with diabetes or an indwelling urinary catheter.
- Medical and nursing records included details of the patient's admission, the transfer information from the referring hospital, risk assessments and records of therapies provided. Written records that we saw, were legible, accurate and up to date. Electronic records were updated daily by staff.
- Medical records were stored securely in trolleys in the staff office. Nursing notes, with patient observations such as stool charts and vital signs were stored at the patient's bedside.
- We examined five patients' medical and nursing records at Queen Victoria Memorial Hospital and five sets of records at Langley House. These were detailed and included comprehensive pre-assessments, such as falls assessments and fluid balance charts. An 'All about Me' document was completed on admission which included personal details for example, what name the patient would like to be called, their hobbies and sleep pattern.
- We reviewed five patients' records at Danesbury Neurological Unit and found that there were gaps in admission assessments and care plans for two of the patients and that there was a lack of personal history information for each of the patient records. None of the patients at Danesbury Neurological Centre had an 'All about Me' record completed. We asked staff about this and were told that a decision had not been made about who was expected to complete the document. This meant that there was no clear documented information for staff about a patient's home life and background, which may have been helpful when interacting with the patient, particularly for temporary staff.
- We reviewed five patient records at Herts and Essex Hospital and were able to see a range of multi-disciplinary team entries that were signed and dated.
- Electronic sheets were used during nursing handover. These included details of the patient's diagnosis and progress, for example mobility, skin integrity and discharge planning. The electronic sheets were updated daily to ensure accurate information was recorded and shared between staff.

Cleanliness, infection control and hygiene

Good

Are services safe?

- During the February 2015 inspection we observed that cleanliness between units was variable and that infection control audits were ambiguous.
- In April 2016 we observed the cleanliness and infection control arrangements at all the units we inspected. We found standards of cleanliness and hygiene were maintained and there were suitable systems in place to prevent and protect patients from healthcare associated infections.
- All areas visited were visibly clean and tidy.
- Staff were bare below the elbows and had access to personal protective equipment such as gloves and aprons and these were used correctly.
- Sanitising hand gel was available throughout the areas inspected in addition to sinks in patient bays and we observed staff using these.
- Posters were displayed about effective hygiene encouraging staff and visitors to help maintain a safe environment for the patients.
- Monthly audits of hand washing were seen which recorded a high level of compliance. At the time of the inspection the most recent audit showed a 100% level of compliance.
- Equipment had 'I am clean' stickers on them showing the last date and time they had been cleaned.

Mandatory training

- Staff were required to complete mandatory training. During the previous inspection in February 2015, we found that most units had not achieved the trust's target. Improvements had been made at most units by April 2016. Mandatory training included, but was not limited to, infection control and prevention, manual handling, fire, and health and safety. Most of the units we inspected were at, or very close to achieving the trust's target of 90%. The training records showed that 87% of staff at Queen Victoria Memorial Hospital, 90% of staff at Langley House, 90% of staff at Danesbury Neurological Centre and 78% of staff at Herts and Essex Hospital had completed their mandatory training in all modules.
- We saw that there were further training dates planned for the near future.
- The learning management system recorded training completed by each staff member and the dates required for renewal. This was used to assist with planning staff training. Staff told us, in all units, that a senior member of staff informed them when their training was due and arranged training sessions for them to attend.

Assessing and responding to patient risk

- During the previous inspection we found that risk assessments and care plans were not always personalised to meet patient needs, improvements had been made but elements of care records were not consistently completed.
- Patient observations were completed using the National Early Warning Score (NEWS), a scoring system which helps to detect deterioration in a patient's condition. These had not been consistently recorded for all patients. NEWS assessments had been completed accurately for all patients at Queen Victoria Memorial Hospital. However, repeat observations had not always been completed in line with agreed timeframes for all patients at Danesbury Neurological Centre as well as Herts and Essex Hospital. This meant there may have been a delay in identifying a patient who was deteriorating.
- The therapy staff carried out initial assessment on patients to determine baseline and rehabilitation needs. These were not always completed promptly and patients had not always received therapy in accordance with their needs at Queen Victoria Memorial Hospital and Midway Unit. There was no policy on the frequency with which patients should receive therapy or how soon after admission their assessment should be made. This was raised with senior staff during the inspection. Therapy needs were not always clear in the patient records and visits by the therapist varied across all units. Patients at Queen Victoria Memorial Hospital and Midway Unit were not always seen daily by a therapist, which may have delayed their rehabilitation and progress. This was raised with senior staff during our inspection.
- Patients at Danesbury Neurological Centre all had assessments and therapy sessions at least five times per week; including weekends.
- At the Herts and Essex Hospital, patients were assessed by a therapist within 24 hours, even at weekends, and a plan of treatment and goals devised. In addition, patients were seen daily by a therapist or therapy support worker, in order that their rehabilitation continued.

Good

Are services safe?

- Venus thromboembolism risk assessments had been completed on admission for all patients in all units, with exception of one patient at Danesbury Neurological Centre.
- We observed the GP ward round at Queen Victoria Memorial Hospital. There was positive interaction between the GP and nursing staff. There was a communication book to ensure the GP reviewed relevant patients, results from investigations and updated medication charts. Nursing staff escorted the GP when they visited patients and care was planned and agreed.

Staffing levels and caseload

- During the February 2015 inspection, we found that staff numbers were not always linked to patient acuity and vacant shifts were not always filled with bank or agency nurses.
- In April 2016 we found that nursing staff numbers, skill mix review and workforce indicators such as sickness and staff turnover were assessed using the electronic rostering tool. The planned and actual staffing numbers were displayed on the units visited. Staffing levels were assessed as safe to provide patient care.
- We reviewed the past four weeks rotas and staffing levels were appropriate to meet patients' needs during this time period. Actual staffing levels met planned staffing levels in most of the areas we visited during the inspection. We noted that a small number of shifts at Danesbury Neurological Centre had been short of registered nurses. On these occasions therapy staff or nurses scheduled to be attending training days had stepped in to assist.
- At Queen Victoria Memorial Hospital we saw that during one night shift there was one trained nurse and four healthcare assistants on duty. The planned safer staffing level was two trained nurses and two healthcare assistants, but due to last minute unforeseen sickness, only one registered nurse was on duty and there was no other registered nurse available. Therefore an additional healthcare assistant was booked. This was raised with the locality manager and an incident form was completed. Registered nurses at the nearby Danesbury Neurological Centre offered help and support throughout the night for checking medication and relieving the nurse for a break.
- Bank and agency staff were used on a regular basis in all the units visited. In the six months prior to our inspection, the percentages of bank and agency staff used at each unit were:
  - Queen Victoria Memorial Hospital: 7% registered nurses and 21% healthcare assistants.
  - Langley House: Langley House: 28% registered nurses and 47% healthcare assistants.
  - Herts and Essex Hospital: Herts and Essex Hospital: 34% registered nurses and 42% healthcare assistants..
  - Danesbury: 25% registered nurses and 31% healthcare assistants.
- These numbers also included staff that were booked for one to one nursing, when patients required to have one nurse or healthcare assistant with them at all times. Most of the temporary staff used were regularly booked for each unit and were well known. These staff were being block booked for shifts ahead to assist with safe staffing levels and continuity of care.
- Managers were aware of staffing vacancies within their own units. These varied across all inpatient units with an average of 10% vacancies for registered and unregistered nurses. The Herts and Essex Hospital had the highest rate, at 16% vacancies. Although this had reduced from our previous inspection in February 2015 when it was 30%.
- Nursing handovers happened at the change of shift using the electronic information sheets as a prompt. The handovers happened in the ward office for all staff and patient privacy, dignity and confidentiality were maintained. Information shared included patients being discharged, mobility, dietary needs and Deprivation of Liberty Safeguards (DoLs) assessments. The electronic sheets were updated daily and shredded once they were out of date.
- At Herts and Essex Hospital there were cohort bays which were used for high dependency patients for example, those assessed as having a high risk of falls. We observed that these areas had a staff member present at all times. Staff were rotated and worked three hour episodes in these high dependency areas.

Major incident awareness and training

- We did not gather evidence for this as part of the inspection because we had not previously identified concerns with major incident awareness and training.

Good

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

Following the February 2015 inspection, we found inpatient services required improvement for effectiveness. The trust have made changed and following the April 2016 inspection we found inpatient services were good for effective because:

- Most patients' care and treatment was planned and delivered in line with evidence based guidelines for example, falls assessment and infection control guidance.
- In patient areas, there was quality and performance information displayed on notice boards in public areas of the wards. This included data about the numbers of staff on duty, the numbers of complaints, and the numbers of reported patient incidents such as falls or pressure ulcers. We saw evidence this was regularly updated.
- There were arrangements in place for supporting and managing staff including supervision and appraisals. Most staff had received an appraisal during the previous 12 months, although Langley House and Herts and Essex Hospital had not achieved the trust's target of 90%.
- The multidisciplinary team, were involved in assessing, planning and delivering patients' care and treatment.
- Staff worked together to assess and plan ongoing care and treatment in a timely way when patients were moved between teams or services. However, Queen Victoria Memorial Hospital accepted patients who, on arrival, were not found to be suitable for the unit. Herts and Essex Hospital reported that they were often sent patients who were unsuitable, due to their acuity or medical condition. These incidents were recorded as an incident and the trust managers were working with the acute trusts to minimise these unsuitable transfers.
- There were computers throughout the individual ward areas to access patient information. Staff were able to demonstrate how they accessed information on the electronic system. These were mobile and could be moved closer to the patient bedside.
- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005, how to make a best interest decision as well as how to seek authorisation for a Deprivation of Liberty.

However we found:

- Patient food and fluid charts were not completed consistently on one unit.
- One patient at Danesbury Neurological Centre with a pressure ulcer required turning every four hours. The patient's records showed that they were not consistently turned in accordance with the specified frequency.

Detailed findings

Evidence based care and treatment

- During the previous inspection in February 2015, we identified that some patients did not receive care and treatment in line with their plan. In April 2016 we found that most patients' care and treatment was planned and delivered in line with evidence based guidelines, for example falls assessments, skin integrity and infection control guidance.
- We saw assessments for patients were comprehensive, covering all health and social care needs, such as clinical needs and physical health needs. Patients had an initial assessment which included mobility, nutritional needs and skin integrity.
- We saw at Danesbury Neurological Centre, a patient with a pressure ulcer who required turning every four hours. However, their records showed that, on occasions they were not turned for up to seven hours. We spoke with the nurse in charge about this who assured us the patient would be turned in line with their agreed care plan.

Pain relief

- During our previous inspection we found that patients did not always received pain relief as required. In April 2016 we found that pain for each individual patient was assessed and managed.

Good

Are services effective?

- Pain levels were assessed on admission and regular and as required pain relief was prescribed and it was administered appropriately.
- We did not see the use of an analgesia pain ladder or a formal pain assessment tool; however this pain ladder was available should the patient require it. Pain levels and the clinical response was discussed as part of handover and assessment of pain medicines was evaluated in the nursing notes.

Nutrition and hydration

- Patients' nutrition and hydration needs were assessed on admission and improvements were observed since the previous inspection.
- Patients' requirements were monitored via food and fluid input and output charts. Although we noted that food and fluid charts were not always completed consistently at Danesbury Neurological Centre.
- Assessments were made of patient's risk of malnutrition using a nationally recognised tool.
- The dieticians visited the wards at each hospital every week and more frequently if required.
- We saw from patient records that their weight was monitored as required by their medical condition and maintained with portions of food offered and the amount eaten recorded.
- Fluid balance charts were in use, correctly completed and up to date at most of the hospitals, although we noted the input and output for patients at Danesbury Neurological Centre were not always completed consistently.

Technology and telemedicine

- Patient records could be accessed electronically. The system allowed access to some community records outside of the inpatient units. Elements of the records were paper based, for example NEWS charts and food and fluid charts.
- The trust had implemented an electronic patient record system, which although was live in some sites, was being rolled out according to a schedule in others.
- The electronic records were accessible by all staff and daily entries were up to date. There were mobile computers that could be moved to the patient's bedside to ensure information was recorded in a timely manner. Computer icons highlighted patients with particular needs such as diabetes or that a urinary catheter was in place.

Patient outcomes

- All patients had their rehabilitation needs assessed and goals set at or after admission by a therapist. However, how quickly this was done varied between the units. At the Herts and Essex Hospital, it was done within 24 hours, even at weekends. These goals were reviewed regularly in order to maximise the patients' mobility or communication needs.
- Expected date of discharge was set on admission. This was revised if necessary, according to the patients' needs. The average length of stay at all units, except Danesbury, where it was longer due to the complexity of some patients, was around 21 days.

Competent staff

- There were arrangements in place for supporting and managing staff including supervision and appraisals. During the previous inspection not all staff reported that they had received an appraisal. The trust data supported this. In April 2016 most staff had received an appraisal during the previous 12 months, although Langley House (Midway), at 82%, and Herts and Essex Hospital, at 83%, had not achieved the rust's target of 90%. However, almost 100% of staff at Queen Victoria Memorial Hospital and Langley House (Holywell) had received an appraisal.. Staff told us that they had received supervision and appraisals from the senior sister and found this useful.
- Registered nurses told us that they provided supervision to healthcare assistants and acted as a mentor for student nurses.
- Most of the therapists across all units and all at the Herts and Essex Hospital had completed the Bobath Course, which is a recognised standard for therapists working in neuro rehabilitation and uses a problem solving approach to the assessment and treatment of individuals with disturbances of function, movement and postural control.
- There was an interim clinical transformation manager at the Herts and Essex Hospital, who had recognised that the staff were required to have the skills to care for patients who, during their stay, could develop an acute illness. Therefore they were working towards ensuring that staff had a range of competencies to deal with these patients, for example, phlebotomy and blood gas analysis, using near patient testing devices and clinical examination and assessment.

Good

Are services effective?

Multi-disciplinary working and coordinated care pathways

- We found that multi-disciplinary arrangements had not previously worked well at Queen Victoria Memorial Hospital. However, during the April 2016 inspection we found all the multidisciplinary team, therapists, nurses, doctors and support workers, staff, were involved in assessing, planning and delivering people's care and treatment.
- Each patient had an individual care pathway that involved the multidisciplinary team contributing. We saw that the physiotherapist and occupational therapist had carried out initial assessment of patients and recorded their findings, such as mobility and falls assessments.
- There were daily meetings held with the multidisciplinary teams to review patients' outcomes, progress and actions to be taken. Weekly ward meetings were held with social workers to review patients discharge arrangements.
- At Queen Victoria Memorial Hospital a local GP visited daily to review patients' needs, prescribe medication and review all new admissions. A GP visited Danesbury Neurological Centre four times per week. At Langley House unit a senior house office worked daily 9am-5pm and carried out daily ward rounds, a consultant physician visited twice weekly to carry out ward rounds. At the Herts and Essex Hospital there was a doctor on duty every weekday who was an integral part of the multidisciplinary team.
- At the Herts and Essex Hospital we attended one of the daily 'sweep' meetings. These were attended by a senior nurse, a doctor a social worker and a senior therapist. The meeting was led by the therapist. Any new patients, any that were to be discharged, those causing concern, for example if they were not reaching their individual goals or they had deteriorated, were discussed. It was clear there was involvement from all the multidisciplinary team.
- At the other sites proposals were still being considered with regards to an integrated multidisciplinary approach, although all were making progress. Traditionally these had been consultant led with little input from nursing and allied health professionals. In the interim nursing staff and allied health professionals had started meeting regularly to review patients' progress and plan discharges.

Referral, transfer, discharge and transition

- Most patients were referred from the local acute hospitals, when they had a patient who was assessed as suitable for rehabilitation. Some were referred from the community. Patients were transferred from the acute units straight from the emergency departments or from the wards after a stay of anytime between a few hours, to a few weeks, once they were reported to be medically stable. However, occasionally patients were transferred to the Herts and Essex Hospital or Queen Victoria Memorial Hospital when they were not medically fit to do so. These were reported as incidents. The trust's senior management team were working hard to liaise with the acute trusts involved to minimise these unsuitable transfers.
- Staff at Queen Victoria Memorial Hospital reported they were able to decline inappropriate transfers, but senior managers at the acute trusts often pressurised the unit to take the patient.. Occasionally the information provided from the acute hospital was inaccurate in that the patient was believed to be less unwell, or more medically stable that they were. On occasions, some patients would be transferred immediately back to the acute trust. Between May 2015 and April 2016 there were 15 patients reported that had been transferred back to the referring acute NHS trust from all inpatient areas.
- Danesbury Neurological Centre reported that there were no inappropriate admissions and that staff would decline admissions if patients were not suitable to be admitted to the unit.
- Staff worked together to assess and plan ongoing care and treatment in a timely way when patients were moved between teams or services.
- The average length of stay was monitored and staff could quote the figures of the average length of stay for their respective units. Any delays in discharge were discussed at weekly ward meetings and reported to the senior management.

Access to information

- There were computers throughout the individual ward areas for staff to access patient records. Staff were able to demonstrate how they accessed information on the electronic system. The computers were mobile and could be moved close to the patient's bedside.

Good

Are services effective?

- The electronic system was being used throughout the trust in both inpatient and community settings. In addition it was used in primary care services outside the trust, so up to date information about individual patients was available to professionals involved in their care.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005, how to make a best interest decision as well as how to seek authorisation for a Deprivation of Liberty.
- Staff had annual training for Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The overall compliance for training inpatient areas was 88%.
- Staff on the wards told us they knew the process for making an application for requesting a DoLS for patients and when these needed to be reviewed.
- We saw DoLS applications were in place at three of the units visited. These had been completed correctly and the patient's family had been informed and were involved in the patient's care.

Are services caring?

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

This was a focused inspection and we did not gather evidence for caring as part of the inspection.

Are services responsive to people's needs?

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

This was a focused inspection and we did not gather evidence for responsive as part of the inspection.

Good

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

Following the February 2015 inspection we judged that the inpatient services required improvement. The trust had made changes and following the April 2016 inspection we found inpatient services were good for well led because:

- There were systems in place to ensure performance was discussed and monitored through a series of team meetings.
- Managers were aware of their unit's key risks, for example staffing which was on the trust wide risk register. Although it was noted that at Danesbury Neurological Centre, this had recently been removed from the risk register as new staff had recently been recruited.
- Leaders understood the challenges of providing good quality care and supported to staff to ensure this was delivered. Leaders were visible and approachable and supported team working. However, at Danesbury Neurological Centre, there was no local team leader for physiotherapy or occupational therapy.
- An interim manager had been appointed at the Herts and Essex Hospital, who was a clinical specialist in rehabilitation and had made some changes which had enhanced patient care and increased staff satisfaction.
- Staff felt valued and appreciated and told us that the culture of the service was to ensure the needs and experiences of patients were met.

Detailed findings

Service vision and strategy

- Staff we spoke with in all units were broadly aware of both the trust's strategy and their unit and departmental aims; we had identified that staff had previously lacked knowledge about this.

Governance, risk management and quality measurement

- During the previous inspection, we found that staff were unaware of departmental and trust wide risks and did not always have the opportunity to attend team meetings. In April 2016 we found that there were systems in place to ensure performance was discussed and monitored through a series of team meetings.
- Managers were aware of their key risks in relation to staffing, which was on the trust wide risk register. Danesbury Neurological Centre had recently removed staffing shortages from the risk register as new staff had been recruited.
- Staff told us they attended regular team meetings. At Queen Victoria Memorial Hospital staff received a copy of the minutes with their payslips. Copies of correspondence and meeting minutes were also displayed in the nurses' rest room.
- The inpatient services had regular ward managers' meetings. We saw minutes of meetings where quality issues such as incidents, audits, staffing, training and updated policies were discussed.
- Ward managers also met with the locality manager to discuss staffing levels, patients' admission criteria and bed occupancy.
- Staff working in the inpatient units had reported the continued practice of inappropriate referrals, these were reported as incidents and some patients would be transferred back, almost immediately, to the referring hospital. We saw evidence of incident reporting and action taken to minimise the risks of these transfers such as reporting back to the referring trust and discussions with the community bed bureau. These incidents were raised at the trust's governance meetings.
- Managers were aware of staffing vacancies within their own units. These varied across all inpatient units with an average of 10% vacancies for registered and unregistered nurses. The Herts and Essex Hospital had the highest rate at 16% vacancies. Staffing and recruitment was a priority for the trust and this was on the trust risk register. Staff had recently been recruited from overseas and there were plans in place to recruit additional staff.

Leadership of this service

Good

Are services well-led?

- Leaders understood the challenges of good quality care and supported to staff to ensure this was provided. Leaders were visible and approachable and supported team working.
- At Danesbury Neurological Centre, there was currently no local team leader for physiotherapy or occupational therapy. A new post had been approved for this role and was in the process of being recruited to at the time of inspection.
- There were locality managers based at each separate unit and ward managers based on each ward area. There were senior staff in post to support allied professionals across the in-patient services.
- The locality managers within the community in-patient services were visible and supported the local teams.
- Each ward had a ward manager, who provided day-to-day leadership to members of staff on the ward. They were visible and accessible and directly involved in patient care.
- When we inspected the trust in February 2015 we saw that in some units the therapists and nurses worked in isolation for a lot of the time. Much had been done to ensure that the multidisciplinary team were all working together in the patients' best interests. In April 2016 we saw this had improved and staff were working as a team within their defined roles, to ensure the safe care of a patient on the wards.
- There was general agreement from managers and staff in the wards that recruitment and retention of nursing staff was seen as a priority by the trust and much had been done to improve staffing levels.
- At Danesbury Neurological Centre, the therapy team was supervised by band 8 therapists based at another location. Although therapists told us they could contact them at any time, there was no leadership at a local level. We were told that a new post had been approved for a physiotherapy team leader and this was being advertised at the time of inspection. At the time of the inspection there were no plans in place to appoint a team leader for occupational therapy however we were aware that the trust were reviewing this.
- At Herts and Essex Hospital there was a new interim manager who had been appointed to ensure the service standards were met. We spoke with staff about the leadership on the ward. All staff spoke very positively about change in leadership and felt well supported.

Culture within this service

- Staff felt valued and appreciated and told us that the culture of the service was to ensure the needs and experiences of patients were met.
- Staff were generally enthusiastic about working for the trust and how they were treated by the senior management team. They also felt valued and part of a team. We noticed, particularly at the Herts and Essex Hospital how morale amongst the staff had improved.
- Staff we spoke with worked well together as a team, and said they were proud to work for the trust.
- Across all wards staff consistently told us of their commitment to provide safe and caring services, and spoke positively about the care they delivered.
- Most staff felt listened to and felt they could raise concerns. They were involved in changes within the trust; attended staff meetings, and appreciated improvements in training and supervision.
- Senior managers said they were well supported and there was effective communication with the executive team.

Public engagement

- This was a focused inspection and we did not gather evidence for this as part of the inspection**.**

Staff engagement

- This was a focused inspection and we did not gather evidence for this as part of the inspection.

Innovation, improvement and sustainability

- This was a focused inspection and we did not gather evidence for this as part of the inspection.