

The Rotherham NHS Foundation Trust

RFR

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)
RFR30	Breathing Space		
RFRPA	Rotherham General Hospital		

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We rated this core service as good for safe, effective, responsive and well led. We rated caring as outstanding. This was because safety performance data was good; patients were protected from avoidable harm and abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Managers shared the learning from incidents. Record keeping was good. The environments were fit for purpose and equipment was available. Medicines were stored, prescribed and administered safely.

Although we were concerned that consent to care and treatment, at the Oakwood Community Unit, was not obtained in line with legislation and guidance, including the Mental Capacity Act 2005 for patients who lacked capacity, we saw that patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Patients were prescribed and administered pain relief in a timely manner. Staff providing care were competent and skilled and there was evidence of strong multidisciplinary team working.

Friends and family test results were 100% positive for both units. Feedback we received from patients and their relatives and carers was consistently positive. We observed consistently caring, sensitive and compassionate staff. Patients and their families were supported psychologically and emotionally.

Services had been planned and developed in a way that met the needs of the local population and teams were highly responsive to the needs of the patients in their care. The introduction of an activities coordinator at Oakwood Community Unit had 'transformed the service'. We saw that vulnerable patients including those living with dementia were supported.

All teams were aware of the trust vision and values and we saw robust strategic plans for both services. Governance, risk management and quality measurement processes were embedded in the teams. Staff we spoke with told us that senior staff were visible and supportive. We found that staff in all teams were consistently positive, friendly, helpful and approachable in all areas we visited. All staff were team focused. We saw examples of innovation, improvement and sustainability.

Summary of findings

Background to the service

Information about the service

There were two community inpatient units at The Rotherham NHS Foundation Trust. Breathing Space and Oakwood Community Unit. Both units were part of the integrated medical division.

BreathingSpace was a community service based in Rotherham for people with Chronic Obstructive Pulmonary Disease (COPD) and other respiratory conditions. The unit provided 20 inpatient beds providing a range of care options for patients and their families and carers, including acute episodes of care, respite and care at the end of life. In addition, they provided education and support groups to the patients including a 24-hour helpline for patients, carers and health care professionals.

The Oakwood Community Unit had 24 beds and was situated in the grounds of the acute hospital. On the Elm Unit there were 11 step up/step down beds and eight discharge to assess beds. Step up beds are beds used for patients, usually admitted from their own home, who do not need to be admitted in to an acute hospital bed. Step down beds are used for patients who no longer need to be cared for in an acute hospital but who are not ready to be discharged home, for example those who require rehabilitation. Willow Unit had five neuro-rehabilitation beds.

During the inspection, we visited both inpatient units; we spoke with 20 members of staff, including nurses, medical, therapy and domestic staff. We also spoke with 10 patients and five relatives. We observed interactions between patients and staff and we reviewed 20 sets of care records and medication charts.

During our previous inspection in February 2015, we rated this core service as requires improvement for safe, effective, responsive and well led. We rated caring as good. This meant that the service was rated requires improvement overall.

This was because we identified that the provider must:

- Ensure there are sufficient medical and nursing staffing levels in place to meet patient's needs at all times
- Ensure that mental capacity assessments are made in accordance with the Mental Capacity Act.

We also said the provider should:

- Review the care being provided in the Oakwood Community Unit so that patients have the opportunity to engage in social activities as well as promoting their independence.
- Review the reasons for staff working in the community in-patient areas feeling isolated and distanced from the senior leaders in the trust.
- Review the delay in discharges caused by lack of access to prompt assessments for receiving social care and continuing healthcare and lack of availability of specialist packaging for medicines.

During this inspection, we found that the provider had reviewed and improved the staffing levels at Breathing Space, employed an activities coordinator on the Oakwood Community Unit and reduced the delays in assessments for patients requiring social care and continuing healthcare by ensuring that all appropriate staff were now trained to complete these assessments.

We found that mental capacity assessments were completed in accordance with the Mental Capacity Act for patients at Breathing Space however, we had concerns that some staff on the Oakwood Community Unit still had a lack of understanding in relation to the mental capacity act and application of the deprivation of liberty safeguards. We found that appropriate assessments of patients, who were deemed to lack capacity, were not always completed. In addition to this we also had concerns that staff did not fully understand how the positioning of patients and use of equipment, for example chairs and bed rails can be classed as mechanical restraint.

Our inspection team

Our inspection team was led by:

Chair: Carole Panteli, Nurse Director

Summary of findings

Head of Hospital Inspection: Amanda Stanford, CQC

The team that inspected community inpatient services included CQC inspectors and a physiotherapist.

Why we carried out this inspection

We inspected this core service as part of our responsive, follow-up inspection.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held about the core service and asked other

organisations to share what they knew. We analysed both trust-wide and service specific information provided by the organisation and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led. We carried out an announced visit on 27 to 30 September 2016. During the visit we talked with staff and people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services.

What people who use the provider say

- Friends and family test results were 100% positive for both units.
- We received consistently positive feedback about both units from patients and relatives.
- Patients told us that they felt safe and that staff were caring and compassionate.

Good practice

Outstanding Practice

Breathing Space remains the only entirely nurse-led model of care for respiratory in and outpatients in Europe. We found that the culture, care and philosophy of the unit was outstanding.

We felt that the activities coordinator at Oakwood Community Unit was outstanding. During our previous inspection in 2015, we were concerned that patients were at risk of becoming socially isolated. The activities coordinator had been employed by the trust and had developed a range of activities including arts and craft, bingo, board games and a monthly themed tea party.

Areas for improvement

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

The provider must:

- Ensure that consent to care and treatment is obtained in line with legislation and guidance, including the Mental Capacity Act 2005 for patients who lacked capacity. The provider must also ensure that staff are

Summary of findings

trained to enable them to recognise when patients need support to make decisions and, where appropriate, their mental capacity is assessed and recorded.

The provider should:

- Ensure that all equipment is cleaned and labelled in line with schedules.

The Rotherham 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 carried out this inspection because when we inspected the service in February 2015, we rated safe as requires improvement. We asked the provider to make improvements following that inspection.

At this inspection, we rated safe as good because:

- Patients were protected from avoidable harm and abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Managers shared the learning from incidents.
- Record keeping was good, patients were assessed for risks and actions were taken to maintain their safety.
- Overall mandatory training compliance was above the trust target of 80%.
- The environments were fit for purpose and equipment was readily available.
- Medicines were stored, prescribed and administered safely in line with policy.
- Staffing levels were appropriate for the services provided.

However we also found:

- It was not always possible to identify when equipment was clean or cleaning was not in line with recommended cleaning schedules.
- Whilst the overall compliance for statutory and mandatory training was above the trust target, compliance rates for some subjects were low. For example, safeguarding adults level 2 training compliance was 53% on the Oakwood Community Unit.

Detailed findings

Safety performance

- The NHS Safety Thermometer is an audit tool that allows organisations to measure and report patient harm in four key areas (pressure ulcers, urine infection in patients with catheters (CAUTI), falls and venous thromboembolism (VTE)) and the proportion of patients who are “harm free”. The England average for harm free care is 95%.
- We saw that safety information was displayed in both Oakwood Community Unit and BreathingSpace. This

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meant that this information was available for patients, staff and visitors. This showed that both units had achieved 100% harm free care between April and July 2016.

- Oakwood Community Unit had a display that indicated that Elm Unit had no avoidable pressures ulcer for 700 days.

Incident reporting, learning and improvement

- Staff used a recognised electronic reporting system. All qualified staff we spoke with told us that they were able to use the system. However, some care support workers said that they would report an incident to the nurse in charge who would then input the details on their behalf.
- All staff, on both units, told us that most reported incidents related to falls. Information provided by the trust also showed this.
- We saw that details of incidents including shared learning were discussed at team meetings. All staff we spoke with told us that they received feedback from incidents, on an individual basis, if this was requested at the time of reporting the incident or via team meetings.
- We also saw newsletters from both units which shared the details of incidents such as pressure ulcers and falls, these sharing of the learning and changes to practice that had resulted from incident investigations.
- One ward manager told us that they involved junior staff when investigating incidents so that staff understood and were aware of the processes involved.
- The two community inpatient units had reported 221 incidents in the twelve-month period from August 2015 to July 2016. The majority of these incidents related to falls and were low or no harm, however both units had a patient who had fallen and sustained a fracture in the last twelve months. We saw root cause analysis and serious incident reports that showed that action plans, changes to practice and new initiatives, such as increased observations and the use of sensor care equipment, had been implemented as a result of these incidents.
- Staff we spoke with at BreathingSpace also told us about changes to practice that had occurred following a number of patients developing pressure ulcers to their ears caused by oxygen tubing. This had involved sourcing an alternative product.

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.
- All grades of staff we spoke with in both units were aware of the duty of candour and were able to give examples of when they would use this.
- We looked at a serious incident report for a patient who had suffered a fracture following a fall and saw that the incident was managed according with the trust's being open and duty of candour policy.

Safeguarding

- Adult and children's safeguarding was part of staffs statutory and mandatory training requirements. 91% of staff at BreathingSpace had completed level 2 adult safeguarding training and 95% had completed level 2 childrens safeguarding training. At Oakwood Community Unit only 53% had completed level 2 adult safeguarding training which meant that staff may not be trained to recognise safeguarding concerns for their patients. Staff at Oakwood Community Unit were 70% compliant with level 2 childrens safeguarding training.
- Adult Safeguarding training was delivered either face-to-face or by e-learning and incorporated information around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs), consent and the use of restraint.
- Staff we spoke with were aware of the trusts policies and could tell us when they would raise a safeguarding concern. We saw information advising staff how to raise a safeguarding concern, displayed on the units.

Medicines

- Staff on both units were able to access the trusts medication policies via the intranet. We also saw that a copy of this was available in the treatment room at Oakwood Community Unit.
- We checked the storage of medications and found that on both units all medications, including controlled drugs were stored securely.
- We looked at the controlled drugs register and saw that daily checks were fully completed on both units in line with policy and best practice.
- We also checked the medication fridges and saw that daily minimum and maximum temperature checks were

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completed. We saw that actions were taken when temperatures were not within an acceptable range, for example, we saw that staff had noted and replaced a faulty thermometer.

- We asked staff at BreathingSpace if room temperature checks were recorded and were told that this did not happen, but that staff would refer to the heatwave policy if they were concerned.
- The trust provided details of medication audits for the two units based on seven standards: environment audit, controlled drugs, controlled drugs register, controlled drugs checks, drug charts, fluid therapy and administration of medications. We saw that these audits had been completed five times since 2013 and showed that; overall, both units had improved in terms of compliance with the seven standards year on year. We saw that action plans had been created following the audits and that these were shared at team meetings or via newsletters to staff.
- We looked at the medication charts for eleven patients at Oakwood Community Unit and found that the prescription and administration for these were fully completed except for one that was not dated by the prescriber. We discussed this with a registered nurse on the unit who told us that they would address this issue. We saw that when medications were refused or omitted the reasons for this were clearly documented on the medication administration record.
- We looked at the medication charts of six patients at BreathingSpace and found that these were completed in full and in line with policy and best practice.
- Patients at BreathingSpace were able to self-medicate if it was safe for them to do so. Where patients were self-medicating, we saw that a risk assessment had been completed.
- The introduction of a nurse practitioner at Oakwood Community Unit, who was a non-medical prescriber, had resulted in fewer delays in medications being prescribed. Delays had been highlighted as a concern during our previous inspection.
- Several staff at BreathingSpace were non-medical prescribers. This meant that on both units patients were prescribed their medications in a timely manner that keeps them safe.
- Staff at BreathingSpace told us that if necessary they could use pre prepared medication aids, such as dosset boxes, which have been provided by an external pharmacy.

Environment and equipment

- BreathingSpace was a two-storey 20-bedded unit with 10 beds on each floor. All rooms were single bedded en suite.
- Oakwood Community Unit was a 24 bedded single room unit. The unit was within the grounds of the main hospital and was a purpose built single storey building.
- Both units appeared to be visibly well maintained. We looked at equipment in storage cupboards, for example dressings, intravenous fluids and equipment used for taking blood. We found that all equipment was in date.
- Staff told us that they had equipment available to safely care for the patients, for example mechanical hoists, postural seating and medical devices for recording patients' observations. In addition to this access to other equipment, such as specialist mattresses for pressure area care or equipment needed for discharge could be obtained the same day if this was needed urgently or within 24 hours for routine equipment deliveries.
- We looked at 26 medical devices, hoists and other pieces of equipment including beds, on the two units and found that where necessary these were in date for servicing and had stickers showing that they had been tested for electrical safety.
- We looked at the resuscitation equipment for both units and found that this was checked daily. At Oakwood Community Unit, there was not a stock list for the trolley, which meant that staff might not be aware if an item of equipment was missing.
- Oakwood Community Unit had a rehabilitation gym. We looked at this area and found it to be well equipped. In addition to this, there was also an occupational therapy kitchen. We noted that there was only a single height worktop however; this did have room to accommodate a perching stool or a wheelchair.
- At BreathingSpace, the therapy kitchen had two different height worktops, one of which was wheelchair accessible.
- Bariatric equipment, including a chair, a commode and a wheelchair was available at BreathingSpace. Oakwood Community Unit were able to access the trusts central store of bariatric equipment at the acute hospital.
- We looked at the day room, communal area at Oakwood Community Unit and found that reminiscence displays had been created. There were varying height chairs available which provided suitable chairs for

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patients with different needs. From this room, there was access to an outside seating area that had raised flowerbeds for patients who liked to spend time outdoors.

- During our inspection, we noted that in the patient rooms at Oakwood Community Unit the patients' chairs were positioned so that they had their backs to the door. We discussed this with staff who told us that this was because of the position of the televisions. We were concerned that this meant that staff could not see the patients from the corridor when they passed the rooms.
- During our previous inspection, we raised concerns about the nurses' desk in the Oakwood Community Unit. This was too high for staff to use the computers safely. The desk had remained unchanged however; portable computers on wheels were available for staff to use.

Quality of records

- Both units used a mixture of paper based and electronic records.
- When patients were admitted from the acute hospital, their medical notes were sent with them. If patients were admitted from a community setting, their notes were requested.
- We found that notes were stored securely in locked trolleys or rooms on both units. Staff on both units completed information governance training, overall compliance across the two units was 88%.
- Staff used a recognised electronic records management system. We looked at a mixture of paper and electronic records of 11 patients at Oakwood Community Unit and six at BreathingSpace and found that these were completed in line with policy and record keeping guidance.
- During our previous inspection, we found that some staff at Oakwood Community Unit did not have access to the electronic patient's records system. This had been rectified and we were told that all staff were now able to access the system.

Cleanliness, infection control and hygiene

- Staff on both units completed hand hygiene training as part of their mandatory training requirements. Information provided by the trust showed that at

Oakwood Community Unit staff were 88% compliant with this training and on BreathingSpace compliance was 90%. This meant both units were achieving the trust target of 80% compliance.

- Both units appeared visibly clean.
- We saw that personal protective equipment such as gloves, aprons and alcohol gel was available for staff to use in both units. Hand hygiene posters were displayed in all areas we visited.
- Patients we spoke with told us that they saw staff washing their hands before providing care and treatment. We witnessed this whilst observing staff.
- At BreathingSpace, each individual room had a dispenser containing gloves and aprons inside the room. We spoke to staff about this and were told that the gloves and aprons would be disposed of after discharge if it was identified that a patient had an infection.
- During our inspection, a patient at BreathingSpace was being barrier nursed due to infection. We saw that a trolley containing PPE had been placed outside this room however; we noted that a green sticker indicated that the trolley was last cleaned 10 September 2016 and the door to the room was open. This was not in line with policy and guidance.
- At BreathingSpace, we saw a shower chair with rusted legs and damage to the rubber feet. We also saw a fan in a vacant room that had dirty blades. All other equipment we looked at was clean and had stickers to indicate when it had last been cleaned.
- At Oakwood Community Unit, we saw that two rooms, where the patient was identified as having an infection, had notices displayed and the doors were closed.
- In the rehabilitation, gym at Oakwood Community Unit we saw that clean indicator tape was attached to items of equipment however, we found that two of these were dated 5th, one was dated 6th and one was dated 12th September. This meant that some equipment had not been cleaned for more than three weeks. We also found a bed table, which had a chipped surface, and an adjustable height table, which was not clean. We raised this with the matron who addressed these issues immediately.
- We saw that hand hygiene audits were completed for both units. These were observational audits of nursing

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staff, therapists and doctors. Compliance was predominantly 100% for all staff across both units between April 2016 and July 2016. In April and May 2016, this fell to 90% for Oakwood Community Unit nurses.

- Information provided by the trust showed that Oakwood Community Unit had two hospital-acquired cases of *Clostridium difficile* since April 2016. We saw that robust root cause analysis was completed following these; in addition infection prevention and control audits were also completed. We saw that the learning from these incidents was shared through team meetings and newsletters to staff.
- There had been no cases of *Clostridium difficile* at BreathingSpace and no cases of MRSA bacteraemia on either unit.
- Enterobacteriaceae are bacteria that usually live harmlessly in the gut of humans. However, if the bacteria get into the bladder or bloodstream they can cause infection. Carbapenems are one of the most powerful types of antibiotics. Carbapenemases are enzymes made by some strains of these bacteria, which allow them to destroy carbapenem antibiotics and so the bacteria are said to be resistant to the antibiotics.
- We saw that patients were assessed for Carbapenemase-producing Enterobacteriaceae (CPE) on both units however, audits showed varying results of compliance with assessment. For example, we saw that in April 2016 at BreathingSpace 80% of the patients audited had been assessed, but in May 2016 at Oakwood Community Unit 20% of patients audited had been assessed. There was no communication to staff or action plans to evidence that this concern had been addressed.

Mandatory training

- Staff we spoke with told us that they were up to date with their statutory and mandatory training.
- Both units had whiteboards that displayed each staff members training details. These boards appeared to indicate that staff in both units were non-compliant in some subjects, for example, at BreathingSpace, nine staff were shown as out of date for moving and handling training, four were out of date for child protection training and three for resuscitation training. At Oakwood Community Unit, the board showed that 23 staff did not have evidence of the date they had completed adult or child protection training. We were told that this might have been because the board had not been updated.

- Staff completed statutory and mandatory training in dementia awareness, moving and handling, basic life support, conflict resolution, dementia awareness, equality & diversity, fire safety, infection control, information governance, PREVENT counter terrorism, safeguarding adults level 2 and safeguarding children level 2.
- The trusts target for mandatory training was 80%. Information provided by the trust showed that, overall staff on the units were 84% compliant with all training. On Oakwood Community Unit staff were 79% compliant with all training and staff on BreathingSpace were 88% compliant. This meant that staff at Oakwood Community Unit were marginally below the trust target and BreathingSpace had exceeded the target.

Assessing and responding to patient risk

- Patient safety alerts are crucial to rapidly alert the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death. We saw that staff at BreathingSpace received the trusts patient safety briefing by e mail from the ward manager, in addition to this when safety alerts were produced staff signed to acknowledge that they had read the alert. At Oakwood Community Unit patient safety alerts were highlighted to staff at handover and then stored in a file that all staff could access. Oakwood Community Unit did not have a signatory process in place however senior staff advised that this was to be implemented.
- We saw that all patients had a range of risk assessments completed on admission to both units these included moving and handling, nutrition and hydration, pressure area and falls risk assessments.
- We looked at the risk assessment records for eleven patients at Oakwood Community Unit and found that, for three patients, the falls or malnutrition risk assessments had not been reviewed in line with policy.
- National Early Warning Score tools (NEWS) enable staff to recognise and respond to a deteriorating patient. The trust had recently introduced a modified early warning score tool (MEWS). We saw these charts in use for all patients on both units.
- Staff we spoke to on both units told us that in the event of a patient deteriorating or needing urgent medical attention they would dial 999 for an emergency ambulance.

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- During our inspection, we saw that staff responded quickly to patient buzzers and also when sensor care alarms, to prevent falls, sounded. We also noted that intentional rounding was completed on both units. Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs.
- We saw that patients at Oakwood Community Unit had their call bells to hand. At BreathingSpace, patients had a lanyard call system, which was worn around their neck so that in the event of a fall happening away from their buzzer they could still alert staff quickly.
- Patients we spoke with told us that staff encouraged them to use their buzzers if they needed anything and that they responded quickly.
- At Oakwood Community Unit, each patient had a display board on the door to their room. This highlighted when the patients risk assessments were due to be reviewed and also what time the patient needed to be repositioned, if this was part of their care and treatment.
- Staff on both units told us that one to one staffing could be requested if this was required to help keep patients safe.
- We observed a shift handover at BreathingSpace and found that an effective, comprehensive review and update of each patient and their needs was provided to the staff who had come on duty.
- Staff on both units used electronic handover sheets that were regularly updated to ensure that they held accurate information about each patient.

Nurse staffing

- The trust used the safer nursing care tool (SNCT) to determine staffing levels for the two community units.
- Both Oakwood Community Unit and BreathingSpace displayed the planned and actual staffing levels. We saw that the planned levels were met during our inspection.
- Information provided by the trust showed that at Oakwood Community Unit there were five whole time equivalent (wte) registered nurse vacancies and one wte vacancy at BreathingSpace.
- We looked at the bank and agency nurse use for both units for the period July 2015 and June 2016 and found that this was low. At BreathingSpace, it was 5% and at Oakwood Community Unit, it was 6%. Staff we spoke with told us that some substantive staff had bank contracts and when agency staff were used, these were usually staff who were familiar with the unit.
- Elm unit was staffed with three registered nurses and three care support workers on each day shift and two registered nurses and two care support workers on night shifts, for the 19-bedded unit. The ward manager was supervisory and worked Monday to Friday, however in the event of staff shortages; the ward manager was able to provide clinical cover.
- Staff we spoke with said they felt the staffing levels allowed them to provide safe care for the patients on the unit.
- Willow unit was staffed with one registered nurse and one care support worker on each shift, for the five-bedded unit.
- The ward manager role was supervisory Monday to Friday however, at the time of our inspection there were three newly appointed registered nurses, two of whom were newly qualified and needed mentorship and one overseas nurse who also needed support. This had resulted in the ward manager working clinically on three or four shifts per week.
- The unit establishment was one band 7 ward manager, one band 6 deputy and six band 5 registered nurses. This meant at the time of our inspection the band 5 establishment was complete however, 50% of those staff needed supervision.
- We had concerns about the nurse staffing at BreathingSpace during our last inspection because two qualified nurses had responsibility for twenty patients over two floors with two healthcare support staff. This equated to ten patients per registered nurse. However, in addition the nurse consultant and their deputy were available to provide support during weekdays.
- During this inspection, we saw that staffing levels had been increased and that a third senior registered nurse (band 6 or 7) had been added to the daily staffing numbers. This meant that there were three registered nurses, one of whom was a band 6 or 7, on duty 24 hours per day, the nurse consultant or their deputy were also available Monday to Friday.
- There was also two healthcare support staff available 24 hours per day.
- The ward manager was supervisory and worked Monday to Friday.

Are services safe?

Therapy staffing

- Therapists were available on both units Monday to Friday.
- At Oakwood Community Unit, therapists told us that they feel that the staffing levels allowed them to provide a safe level of care to the patients on the unit.
- Staff at BreathingSpace said that more physiotherapy cover would be beneficial.

Medical staffing

- On Willow unit at Oakwood Community Unit, an associate specialist doctor provided medical cover 2 days per week.
- Two consultants provided medical cover to the Elm unit. One was a respiratory physician and the other a community physician. Both were employed by the trust. We were told that one of the consultants visited the unit on Mondays, Wednesdays, Thursdays and Fridays. In addition to the medical cover, the unit had employed an advanced nurse practitioner who oversaw the medical care of the patients.
- Out of hours, staff could access the medical registrar on call at the acute hospital.
- Breathing Space was nurse led by a respiratory nurse consultant and a deputy highly specialist respiratory nurse.

- Medical advice was available from a respiratory consultant from the acute trust, who also held clinics and did a weekly ward round on the unit.
- Out of hours, staff could access the medical registrar on call at the acute hospital.

Managing anticipated risks

- Staff we spoke with told us that any risks to services were reported to the bleep holder at the acute site. Information about escalation for staffing concerns was displayed at Oakwood Community Unit.
- Staff did not routinely complete major incident training as part of their mandatory training. However, information provided by the trust indicated that this might be included in induction training in the future with an update every two years.
- We saw escalation processes displayed in the units we visited. Information regarding plans for surge escalation was displayed at Oakwood Community Unit. Neither Oakwood Community Unit nor BreathingSpace formed part of the trusts major incident planning.
- Fire procedures were displayed on both units and we saw that fire exits were visible and clear. In addition to this, we saw an evacuation chair and ski pads, which are used to evacuate patients in the event of a fire, available in the upper floor stairwells at Breathing Space.

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 carried out this inspection because when we inspected the service in February 2015, we rated effective as requires improvement. We asked the provider to make improvements following that inspection.

At this inspection, we rated effective as good because:

- Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Patients were prescribed and administered pain relief in a timely manner.
- Staff providing care were competent and skilled.
- Information about people's care and treatment, and their outcomes, were routinely collected and monitored. This information was used to improve care.
- There was evidence of multi-disciplinary working across all teams and also evidence of collaborative working with other providers and the local authority. Referral processes were straightforward and staff did not raise any concerns about these.
- We saw that consent to care and treatment was consistently obtained in line with legislation and guidance, at BreathingSpace.

However we also found that:

- Consent to care and treatment, at the Oakwood Community Unit, was not always obtained in line with legislation and guidance, including the Mental Capacity Act 2005, for patients who lacked capacity.
- We also had concerns that some staff at the Oakwood Community Unit, did not fully understand how the positioning of patients and use of equipment, for example, chairs and bed rails could be considered to be mechanical restraint.

Detailed findings

Evidence based care and treatment

- We saw that trust policies had been developed based on national guidance such as that recommended by the National Institute for Health & Clinical Excellence (NICE).

- Staff at Oakwood Community Unit also used The British Society of Rehabilitation Medicine guidance for the patients having neurorehabilitation.
- Staff at BreathingSpace followed NICE and British Thoracic Society (BTS) guidelines, for example NICE chronic obstructive pulmonary disease in over 16s: diagnosis and management.
- Therapists at BreathingSpace used the active cycle of breathing techniques (ACBT) which are a group of techniques which use breathing exercises to improve the effectiveness of cough, loosen and clear secretions and improve ventilation. In addition to this, anxiety management and relaxation techniques were also used alongside exercise tolerance and management.
- Therapists at Oakwood Community Unit told us that they used Montreal cognitive assessment tool (MOCA) and the Rotwood Driving Battery (RDB) to assess patients cognitively.
- In addition to the above, the therapists used the timed up and go test (TUG) and Berg balance scale (BBS). These are tests used to assess a person's mobility and require both static and dynamic balance.
- The Willow unit used a neurorehabilitation coordinated care pathway that we found to be based on evidence based best practice guidance.

Pain relief

- Patients we spoke with told us that when they needed pain relief staff responded quickly to their needs.
- In patients records we looked at, we saw that a pain assessment chart was used. This included the use of an observational scoring tool for patients with dementia.
- The trust had not completed any pain audits specifically relating to patients within the community inpatient units in the last twelve months.

Nutrition and hydration

- We saw that patients on both units were assessed for risk of malnutrition. Where necessary food and fluid charts were used to monitor patients' intake and patients at risk were prescribed nutritional

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supplements. We saw that these charts were completed for all patients. In addition to this, we also saw that red glasses were used to identify patients who needed assistance with fluids.

- Both units completed monthly audits relating to the completion of nutritional risk assessments and the implementation of associated care plans. Information provided by the trust showed that both units had 100% compliance in these audits between April and July 2016.
- Two patients we spoke with at Oakwood Community Unit told us that the food could be improved. Patients at BreathingSpace told us that the food, which was prepared and cooked on site, was good.
- Patients in both units were encouraged to use the communal dining rooms for some of their meals.
- Protected mealtimes were promoted on the units and information about this initiative was displayed.

Patient outcomes

- Information provided by the trust and data displayed indicated that the units participated in local audit for example: nutrition and hydration, infection control including, hand hygiene, commodes, CPE, MRSA and Clostridium difficile. We saw that action plans and learning from these were shared with staff.
- In addition, we saw that the trust submitted data for national audit and achieved 95% (34/36) compliance with these submissions. Those audits relating to patients cared for the units included; the national lung cancer audit (NLCA), the national heart failure audit, the national diabetes (adult) inpatient audit and the national chronic obstructive pulmonary disease (COPD) audit. We saw that in the national heart failure audit and the national diabetes (adult) inpatient audit the trust scores were worse than the England average however, the trust had completed a gap analysis following the results of these audits and highlighted areas they needed to address. We saw details of this in the trust quality report.
- We also saw a local audit programme including for example the audit of neuro-rehabilitation standards and depression management following brain injury that would involve the patients being cared for on Willow however, we did not see the results of this audit.
- Occupational therapy (OT) staff at Oakwood Community Unit told us that they use the functional independence measure (FIM). Patients were assessed on admission

and again on discharge. The FIM instrument is a basic indicator of patient disability. FIM is used to track the changes in the functional ability of a patient during an episode of hospital rehabilitation care.

- The OT also told us that they audit themselves against their own local standards including response times and the FIM data they collated.
- Physiotherapy staff at Oakwood Community Unit told us that they did not collate patient outcome measures, but that they would like to introduce the use of the Barthel scale or Barthel ADL index. This is an ordinal scale used to measure performance in activities of daily living.
- Therapists at BreathingSpace also used the Canadian occupational performance measure (COPM) which is an individualised, person-centred outcome measure. The Canadian occupational performance measure is an evidence-based outcome measure designed to capture a patient's self-perception of performance in everyday living, over a period of time. We did not see any data to show the results of this outcome measure for patients on the unit.

Competent staff

- Information provided by the trust showed that 74% of staff, across both units had an appraisal between April 2015 and April 2016.
- Staff we spoke with on both units told us that they had up to date appraisals and development plans.
- A therapist told us that they find the appraisals to be beneficial because they were required to provide evidence of achievement of targets.
- The trust had arranged Nursing and Midwifery Council (NMC) revalidation sessions for registered nurses. This included journal clubs and continuing professional development (CPD) opportunities for staff. One member of staff told us that she had attended one of the sessions which had been run by the trust's Chief Nurse and that she had found this to be beneficial.
- The nurse consultant from BreathingSpace was providing supervision for the advanced nurse practitioner at Oakwood Community Unit.
- Nursing and therapy staff on both units told us that clinical supervision sessions were available for them to access. The trust did not keep formal records of the dates and times of clinical supervision sessions.
- Non-medical prescribers were available on both units.
- Healthcare support workers at BreathingSpace told us that they had been able to access extended skills

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training which enabled them to do spirometry tests, take blood and insert intravenous cannulas. They also said they were able to complete role specific update training such as smoking cessation, diabetes, chronic obstructive pulmonary disease and heart failure awareness training.

- Information provided by the trust showed that staff had postgraduate qualifications appropriate to their role. For example, registered nurses on BreathSpace had completed postgraduate study in Chronic Obstructive Pulmonary Disease and asthma.

Multi-disciplinary working (MDT) and coordinated care pathways

- An MDT meeting was held on Willow Unit every Monday morning. All staff disciplines including the unit manager, associate specialist doctor, physiotherapist, occupational therapist and the speech and language therapist, attended the meeting. All patients on the unit were discussed at this meeting and goals were set for each patient. The goals were documented in patient's notes and on the MDT Board. In addition to this, nursing and therapy staff held a daily board round.
- On Elm unit, an MDT Meeting was held on a Tuesday, with representatives from social care, physiotherapy, occupational therapy, the continuing health care team and transfer of care team and a community matron. The advanced nurse practitioner led this MDT. At this meeting, patient plans were discussed and agreed. The outcomes were documented in the patient's notes and on the electronic record system.
- There was no formal MDT meeting at BreathingSpace, but all staff we spoke with told us that all grades of staff worked closely together and communicated the needs of each patient effectively.

Referral, transfer and discharge

- Both units offered a step up/step down admission process. This meant that patients could be referred from the acute hospital or from their home.
- Willow unit used a consultation and/or transfer of care form and had a waiting list held on the electronic records system for patients waiting to come in for neurorehabilitation.
- Elm unit's waiting list was held at ward level. There was a white board with the date patients were referred to the unit. Discharge to assess patients were managed via the

transfer of care team, using the electronic patient record system for all patients waiting which was reviewed each day. In addition a detailed transfer of care pathway proforma was used.

- Staff at BreathingSpace told us that admissions from the acute were accepted between 08:00 and 22:00 however, patients could be accepted from their own home 24 hours per day. The unit accepted any patient with a known respiratory condition and the acute hospital, community nurses and matrons, the patient's general practitioner and also paramedics, could make referrals.
- Staff on BreathingSpace explained that they did not have a waiting list. When necessary, patients in the community took priority over a patient from the acute hospital.
- The advanced nurse practitioner and therapists at Oakwood Community Unit told us that they visited patients in the acute hospital wards to ensure they met the criteria for admission.
- At our previous inspection, we were told that delayed discharges were being encountered due to the role of completing the continuing healthcare assessments being transferred from social workers to nursing staff. At the time, only four staff were trained in this role. We discussed this with senior staff who advised us that all staff have now been trained and this had reduced the number of delays.
- In addition, the unit used a 'safe to go' pathway support document for admissions and discharges which enabled staff to identify simple and complex discharges.

Access to information

- Patient's medical records were transferred to both units when patients were admitted from the acute hospital. If patients were admitted from a community setting, for example, their own home, any previous hospital notes were requested from the acute. Neither unit reported any delays in obtaining the notes.
- Staff told us that most general practitioners in the area used the same electronic care records. This meant that staff could access the patient's records and share information relating to the patients current episode of care.

Consent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)

Are services effective?

- Consent to treatment means that a person must give their permission before they receive any kind of treatment or care. An explanation about the treatment must be given first. The principle of consent is an important part of medical ethics and human rights law. Consent can be given verbally or in writing.
- The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
- Where someone is judged not to have the capacity to make a specific decision (following a capacity assessment), that decision can be taken for them, but it must be in their best interests.
- The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are the Deprivation of Liberty Safeguards (DoLs).
- DoLs can only be used if the person will be deprived of their liberty in a care home or hospital.
- At Oakwood Community Unit, in the care records we looked at, we saw that eight patients were deemed to lack capacity but we were unable to find any evidence of a mental capacity assessment for five of these patients, in line with national guidance and trust policy. Only one patient had documented evidence that a best interest meeting had taken place. This had been completed whilst the patient was in the acute hospital.
- In one set of notes, it was documented that a patient liked to mobilise, however, we found that they were positioned in a chair that was tipped backwards. It was also noted that bedrails were being used for this patient and that there was no evidence of consent for this. We highlighted to senior staff that this could be considered to have been mechanical restraint in line with the wording of trust's restraint policy. The trust took immediate action and later that day we saw that the patient had sensor equipment in place and was seated in a neutral position with one to one observation from a care support worker. During our unannounced inspection, we revisited the area and found that the changes made to the care of the patient had been maintained.
- We also saw two chairs that position the patient in a tipped back position in the rehabilitation gym at Oakwood Community Unit. We asked staff when these chairs would be used and were told that these would not be used for patients who could walk.
- We saw staff on both units obtaining consent before providing any care or treatments. Patients we spoke with told us that staff never do anything without asking first.
- MCA training was part of the trusts adult safeguarding training. We saw that compliance rates for staff at Oakwood Community Unit were low.



Are services caring?

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

Summary

We previously carried an inspection in February 2015 and rated caring as good.

At this inspection, we rated caring as outstanding because:

- Friends and family test results were 100% positive for both units.
- Staff told us that they liked to treat patients like they were part of their own family.
- Feedback we received from patients and their relatives and carers was consistently positive about the way staff treated them. People told us that Oakwood Community Unit was 'brilliant' and 'nothing is too much trouble'. At BreathingSpace, we were told the staff were 'perfect in every way' and that the unit is like a five star hotel.
- Patients told us that they felt safe, that staff explained everything to them and that they give the best care.
- We observed a number of staff and patient or carer interactions during our inspection. We observed consistently caring and compassionate staff.
- Staff were highly motivated and inspired to offer care that is kind, promotes people's dignity, and involves them in planning their care.
- Patients and their families were supported emotionally. We saw a comments book that had, without exception, positive comments and thanks to the staff at BreathingSpace.
- All staff were very responsive to the psychological needs, not only of patients but also those close to them. We saw that numerous activities were arranged to prevent social isolation including themed monthly tea parties, bingo, board games, singing, art and crafts.

Detailed findings

Compassionate care

- The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. We looked at the FFT results for both units for the period April 2016 to July 2016 and found that 100% of patients would recommend the services provided by both units.

- During our inspection, we observed consistently caring and compassion interactions between staff and patients.
- Patients and relatives provided positive feedback about the care and treatment on both units without exception. Patients told us:
 - They feel safe and they could not fault the staff, 'they have a good sense of humour' and BreathingSpace was 'perfect'.
 - They felt safer in BreathingSpace than in the hospital. They said, staff were 'smashing and I can have a laugh and a joke with them' and that they all introduce themselves and 'they give me the best care'.
 - That they had been worried as this was their first admission but that staff at BreathingSpace had sat with them and explained everything.
 - BreathingSpace is like a five star hotel and the staff are perfect in every way.
 - Staff at Oakwood Community Unit 'can't do enough for me' and that the tea ladies are lovely.
 - That Oakwood Community Unit is 'fantastic'.
- During our previous inspection we had concern that at Oakwood Community Unit because we observed patients' names, diagnosis and level of mobility displayed on whiteboards on the outside of their room doors. This meant visitors would know who was in the unit and compromised patient's confidentiality, dignity and respect. We saw that the boards were no longer used to display any sensitive or confidential information.
- Healthcare support workers at BreathingSpace told us that they like to treat patients as if they were their own family and that they get to know them 'really well'.

Understanding and involvement of patients and those close to them

- We received consistently positive feedback from relatives and carers of patients on both units.
- Relatives told us that Oakwood Community Unit was 'brilliant', 'nothing is too much trouble' and that they would be happy for their relative to be admitted here again if necessary.



Are services caring?

- We were told that staff at Oakwood Community Unit had arranged for family to travel in the ambulance that was booked to take a patient home.
- A memorial service was held each year at BreathingSpace for patients who had passed away. Relatives and carers were invited to this. We saw an order of service booklet for this year's event and staff explained that all relatives are given a bookmark and a 'forget me not' tag, which they could attach to a memory tree that was located in the main atrium of the unit.
- We also saw a comments book for relatives and carers of patients cared for at BreathingSpace. These were all positive and included comments such as 'godsend', 'the best thing since sliced bread', 'simply the best' and 'words cannot express the care and love offered here'.

Emotional support

- A part time psychologist was available to support patients at Oakwood Community Unit. We saw information about this service was displayed.
- Anxiety management and relaxation sessions were available for patients on both units.
- Staff at BreathingSpace told us that they were able to refer patients to mental health services if they were assessed as needing psychological or emotional support or counselling.

Are services responsive to people's needs?

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

Summary

We carried out this inspection because when we inspected the service in February 2015, we rated responsive as requires improvement. We asked the provider to make improvements following that inspection.

At this inspection, we rated responsive as good because:

- Services had been planned and developed in a way that met the needs of the local population.
- The teams were highly responsive to the needs of the patients in their care and those close to them.
- We were told that the introduction of an activities coordinator at Oakwood Community Unit had 'transformed the service'.
- Staff respected patient's individuality.
- The facilities and premises were appropriate for the services being delivered.
- We saw evidence that staff were responsive to meeting the needs of vulnerable patients including those living with dementia.
- There were low numbers of complaints.

Detailed findings

Planning and delivering services which meet people's needs

- We found that the services, on both units, were planned to meet the needs of the local population and had admission criteria to ensure they were able to appropriately support the patients they were caring for.
- BreathingSpace was a unique facility which offered specialist medical treatment for people in Rotherham who were suffering from Chronic Obstructive Pulmonary Disease.
- During our previous inspection, we were informed that one of the criteria for Oakwood Community Unit stated that patients should not be admitted who were at a high risk of falls and that at times senior managers had overridden the criteria due to pressure on beds in the acute hospital. We asked staff if this was still a problem and were told that the admission criteria for the unit

had changed. This was due to an increase in staffing and there being more resources available to manage patients who were at risk of falls. This included the introduction of sensor equipment for these patients.

- Relatives of patients in Oakwood Community Unit told us that they had open visiting and disabled parking was available adjacent to the unit.
- Visiting at BreathingSpace was 3:30-4:30 and 6:30-8pm each day. Open visiting was available for patients at the end of life, those living with dementia and patients with learning disabilities. Visiting on the unit was also adults only.
- All of the patient rooms at BreathingSpace had a telephone; patients were provided with the telephone number that allowed their family and friends to telephone them whilst they were on the unit.
- We saw that therapists at Oakwood Community Unit provided a timetable for patients so that they were aware when the therapist would be coming to see them.
- Information about mealtimes and protected meals were displayed in both units.
- There were no overnight stay facilities for relatives on the units however; staff on both units told us that they would make provision for this. At Oakwood Community Unit, staff told us that there was a quiet room, which was used to hold meetings, and conversations with families; this room could be used for families. BreathingSpace staff said provided relatives with a recliner chair in the patient's room.

Equality and diversity

- Equality and diversity training was delivered to staff as an on-line module as part of their mandatory training. Overall compliance across both units was 83%.
- Staff we spoke with were aware of how they could access interpreter/translation services and we saw details about these services displayed on the units.
- A hearing loop system was available at BreathingSpace for patients with hearing problems.
- We were told that nutritional needs for religious purposes were supported e.g. Ramadan
- Staff told us that the trusts chaplaincy service was very responsive.

Are services responsive to people's needs?

- Patient toilets in the Oakwood Community Unit had the ability to be allocated for use by either men or women by the use of a movable sign on the door. All rooms at BreathingSpace had en suite bathrooms.
- We noticed during our inspection that whilst single sex sleeping accommodation was available in the form of single rooms at Oakwood Community Unit, men and women were often in rooms opposite each other, which resulted in them being able to see in to the room of someone of the opposite sex. In addition, we were told that only one shower room was currently in use on the unit, therefore it was not possible to dedicate this as a single sex facility. There was a second bathroom available on the unit, but this did not have equipment appropriate for the patients on the unit. We discussed this with the matron who advised that this was recognised and was on the units risk register.
- Staff in both units used the 'forget me not' scheme for dementia patients. In Oakwood Community Unit, an entire wall had been used to promote dementia awareness. Both units used the 'this is me' initiative. This is me is a tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.
- The overall compliance with dementia awareness training was 85%. Staff at Oakwood Community Unit were 75% compliant and staff on BreathingSpace 95% compliant.
- Staff at Oakwood Community Unit told us that they could access a specialist speech and language team from a neighbouring trust to support patients with communication needs. In addition to this, we were told that picture and letter boards were available.
- Both units had a wide variety of information leaflets available for patients and their relatives.
- Two registered nurses at Oakwood Community Unit had previously worked as learning disabilities (LD) nurses. These staff acted as ward champions and were a resource for advice and support to other members of the team.
- Oakwood Community Unit staff told us that they had attended dementia awareness training. One member of staff had completed level 2 training and staff told us they were able to access support from the trust specialist nurse.
- Staff at BreathingSpace told us that social isolation was also a concern for their patients and that they also arranged activities, such as board games and bingo, to prevent this. In addition to these activities events were also held on the unit, for example earlier in the year the staff had held an indoor street party to celebrate the Queens 90th birthday and we saw that tai chi classes were held in the unit each week.

Meeting the needs of people in vulnerable circumstances

- During our previous inspection, we had concerns that for some patients, especially those living with dementia, there was a risk of isolation and lack of social interaction if they were being cared for in the Oakwood Community Unit, as they were not using the communal lounge. Additionally, there was no provision for patients to take part in activities.
- The trust has now employed an activities coordinator and we found that the coordinator was providing an outstanding level of social activities. Each month the coordinator held a themed party and encouraged as many patients as possible to attend. Previously these had included an Olympic Games theme and a mad hatter's tea party.
- During our inspection, we attended a beach themed tea party; this was very well attended by patients, staff from the unit and staff from other areas of the hospital including members of the integrated medical division senior team. Former patients, patient's relatives and carers were also invited.
- There was a board on the unit that showed the activities that were taking place each day. The activities coordinator had also created 'rummage reminiscence boxes' and 'twiddle muffs' as well as a board game area, a false fire place for a more homely feel and a library area in the day room.
- One member of staff told us that the introduction of the activities coordinator had 'transformed the unit'.

Access to the right care at the right time

- The advanced nurse practitioner and therapists at Oakwood Community Unit told us that they assessed patients in the acute hospital to ensure that they were able to care for them appropriately on the unit.
- The nurse consultant at BreathingSpace explained that any patient with a known respiratory condition could be admitted to the unit. However, for safety reasons patients with acute asthma were admitted to the acute hospital and only accepted once they were stabilised.

Are services responsive to people's needs?

- Staff we spoke with told us that the consultants covering Oakwood Community Unit were available on their mobile telephones, when they were not present on the unit, and that they responded quickly when staff needed to contact them for advice and support.
- Therapists and nursing staff at Oakwood Community Unit told us that they were able to access specialist therapist and nurse support when this was identified as a need for their patients. We were told that specialist support therapists were accessed via e-mail and were responsive.
- Therapists were available on the units Monday to Friday. Outside normal working hours and at weekend's staff could access therapy support if needed from the acute trust.
- We saw information about how to raise concerns displayed on both units. Patients we spoke to said that they felt able to raise a concern, if they had one, but all of the patients we spoke to said that they had no complaints about the services.
- Staff at Oakwood Community Unit and BreathingSpace told us that they had low numbers of complaints.
- Information provided by the trust showed that there had been no complaints relating to BreathingSpace and only one complaint for Oakwood Community Unit in the three months prior to our inspection.
- All staff we spoke with were able to describe how they would deal with complaints.
- Information provided by the trust showed that the integrated medical division were not meeting the trusts key performance indicators of 95% of all complaints being responded to in 30 or 40 working days.

Learning from complaints and concerns

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 carried out this inspection because when we inspected the service in February 2015, we rated well-led as requires improvement. We asked the provider to make improvements following that inspection.

At this inspection, we rated well led as good because:

- All teams were aware of the trust vision and values. We saw these displayed during our inspection. In addition we saw robust strategic plans for both services.
- Governance, risk management and quality measurement processes were embedded in the teams and the division however, we did note that governance and business meetings were frequently cancelled.
- The division structure was clear. Staff we spoke with told us that senior staff were visible and supportive.
- We found that staff in all teams were consistently positive, friendly, helpful and approachable in all areas we visited. All staff were team focused.
- We saw examples of innovation, improvement and sustainability.

Detailed findings

Leadership of this service

- Both units were part of the division of integrated medicine. We found that the divisional structure was well embedded and included a clinical director, general manager, head of nursing, matron and ward managers.
- Staff on both units told us that the senior staff, including the matron and senior members of staff from the division were supportive, approachable and visible.
- At Oakwood Community Unit, staff told us that the ward managers 'lead from the front' and that the senior team were 'patient facing'. In addition, we were told that the managers on both units were 'great' and that they were always trying to improve the unit.
- We spent time with senior staff and found that they were supportive and visible. Staff we spoke with confirmed this and also said that they felt more connected with the acute hospital.

- We saw that senior members of the division attended the tea party on Oakwood Community Unit and saw that they interacted with patients, staff and visitors.

Service vision and strategy

- We saw the trust's vision and values displayed in the units we visited; In addition to this, we saw unit philosophies and mission statements for both Oakwood Community Unit and Breathing Space.
- We asked about strategies for the units and saw that BreathingSpace had completed a review of their services in 2015 that was a self-assessment of progress against the COPD Strategy. Within this document, the unit identified further strategic work streams and developments. These included, for example, the development of a hub for specialist respiratory nurse training, further involvement in research and clinical trials, a new urgent care pathway, reducing avoidable admissions and the development of a specialist respiratory community support service.
- We saw two presentations created by Oakwood Community Unit that showed the strategic aims of the service which included reducing length of stay and bed pressures in the acute hospital, improving the outcome for patients with complex discharge needs and supporting community colleagues in the management of long-term conditions.

Governance, risk management and quality measurement

- We looked at the risk registers for both units and found that these had evidence to show how the identified risks had been mitigated.
- We saw that the top five risks for BreathingSpace were highlighted in their newsletter. These were falls, senior staff cover, oxygen, security and prescribing. Staff we spoke with were aware of these risks and the actions in place to mitigate and minimise the risks.
- At Oakwood Community Unit, we saw that mixed sex accommodation was highlighted as a risk, which confirmed our findings.

Are services well-led?

- We saw that quality assurance data was collated for the integrated medical division through a performance dashboard. Local quality measure outcomes were displayed in both units.
- We looked at the business and governance meeting minutes for both units and found that these were attended by senior staff from the unit and discussion around finance, drug reports, performance, strategy, operational matters, human resource issues including mandatory training, sickness and vacancies, service developments and items that needed escalation to the divisional meeting. These meetings were planned to take place each month, however we saw that several of these meetings had been cancelled and there had only been one meeting for BreathingSpace and two for Oakwood Community Unit between April and August 2016.
- Staff of all disciplines told us that they attend the team meetings on the units and that a therapy team meeting that is also held in the acute hospital.
- Staff told us that they receive e-mail updates from the trust. At BreathingSpace, staff had access to a shared drive where they were able to access communication such as audit results and team meeting minutes.
- During our previous inspection some staff we spoke with felt the community services within the trust had not been seen as important as the acute side, this had led them to feeling frustrated. Staff we spoke to on both units told us that they felt that relationships between the community services and acute hospital had improved since the last inspection.
- Oakwood Community Unit had recently introduced an employee of the month award. Details about how to nominate a member of staff were displayed and a comments box was available for colleagues, patients and visitors to leave feedback about the unit or individual members of staff. Each month the comments were reviewed and member of staff was named as employee of the month.

Culture within this service

- At Oakwood Community Unit, staff told us that they feel like part of the team and that the unit has ‘found its feet now’, that it had transitioned and has a happy workforce. In addition to this, we were told that ‘the team works well together and everyone strives to do more’.
- Staff at BreathingSpace said that the unit had a positive friendly atmosphere.
- We found that all staff were positive, friendly and approachable during our inspection and patients also told us that the atmosphere in the units were good.
- Therapists at Oakwood Community Unit told us that they held a training meeting each week. This was either a journal club or in-service training with guest speakers. In addition to this, a team brief was held once a month with the clinical lead for the service.
- Staff we spoke with told us that development opportunities were offered by the trust and that training was available and that they were released to attend.

Public engagement

- Staff at BreathingSpace had involved patients, by asking for feedback in the development of an information pack about the unit.
- The nurse consultant at BreathingSpace explained that the two lead nurses work longer shifts over four days, because they found that relatives often wanted to speak to them at evening visiting. By changing the way they worked this helped to facilitate this.
- Therapists on the unit had also initiated an ischaemic lung disease support group.
- Former patients, relatives and carers were invited to attend the themed tea parties at Oakwood Community Unit and BreathingSpace held a memorial service for relatives and carers of former patients.

Staff engagement

Innovation, improvement and sustainability

- Staff we spoke with at Oakwood Community Unit told us that the Willow Unit had been nominated and shortlisted for a trust’s PROUD award. These trust awards celebrate excellence in healthcare by recognising colleagues who ‘pull out all the stops to deliver first class community and hospital services’.
- Therapists at Oakwood Community Unit had been awarded regional innovation funds to enable them to be involved in a vocational rehabilitation programme. This involved going to the patient’s workplace to complete assessments. This project had been successful and therapists were continuing to embed this process for suitable patients.
- BreathingSpace remains the only entirely nurse-led model of care for respiratory in and outpatients in Europe.

Are services well-led?

- Breathing Space had recently won the 'Yorkshire smoke free provider of the year award'.
- Staff we spoke with at BreathingSpace told us that two staff attend the National Respiratory Conference each year.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>Consent to care and treatment was not always obtained in line with legislation and guidance, including the Mental Capacity Act 2005, for patients who lacked capacity.</p>