North Bristol NHS Trust

Frenchay Hospital

Quality Report

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

Ratings

Overall rating for this hospital	Requires improvement
Outpatients and diagnostic imaging	**Requires improvement**

Summary of findings

Letter from the Chief Inspector of Hospitals

North Bristol NHS Trust is an acute trust located in Bristol that provides hospital and community services to a population of about 900,000 people in Bristol, South Gloucestershire and North Somerset. It also provides specialist services such as neurosciences, renal, trauma and plastics/burns to people from across the South West and beyond.

The trust has five main locations that are registered with the Care Quality Commission. It provides healthcare from Southmead Hospital, Cossham Hospital, the Frenchay Hospital site, the Riverside Unit and Eastgate House. The main hospital at Frenchay closed in May 2014 when the new hospital at Southmead opened, but the Head Injury Therapy Unit still provides outpatient services at the Frenchay site. The trust also provides community healthcare for children and young people across Bristol and South Gloucestershire.

The Head Injury Therapy Unit is a specialist outpatient multidisciplinary rehabilitation service for people who have had a brain injury. It is the only service remaining at the Frenchay Hospital site and has 13 staff who provide a range of therapies for 63 patients.

We inspected the Head Injury Therapy Unit as part of the North Bristol NHS Trust inspection. The trust was selected because it was an example of a medium risk trust according to our 'Intelligent Monitoring' model. This model looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations. Overall, we rated the Head Injury Therapy Unit as good. We found safety required improvement. Patients were treated by caring staff who were responsive to the needs of patients and the unit was well led. Our key findings were as follows:

- The unit was fully staffed with a team of specialised staff who adopted a multidisciplinary approach to patient care. Their approach to care was adapted to suit the individual needs of the patient.
- There were shortfalls in the management of safety in the department. There were issues with infection control, equipment maintenance and understanding the importance of reporting and learning from incidents.
- Staff were aware of the incident reporting tool but were unsure what would be a reportable incident.
- Staff felt well supported by their individual discipline-specific managers and the Head Injury Therapy Unit manager.
- Referral to treatment times were within 10 weeks below the 18 week target.
- Signposts were not clear on the hospital site which made the unit difficult to find. Patients were not offered transport unless they lived a certain distance away.
- The unit required refurbishment, although we were told they were moving soon. Some staff said that some of the rooms were not fit for purpose, they were cluttered, had to share with other staff and they were small.

There were areas of poor practice where the trust needs to make improvements. Importantly, the trust must:

- ensure that all staff at the Head Injury Therapy Unit understand the incident reporting policy and report all incidents
- ensure that equipment and supplies are monitored and serviced appropriately to ensure that patients are not at risk of receiving treatment and care using defective or out-of-date equipment
- ensure that infection control procedures are followed and monitored in the Head Injury Therapy Unit so that patients are not put at risk.
- ensure that the rooms remain free from clutter.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Outpatients and diagnostic imaging	Requires improvement 	Overall, we have rated the Head Injury Therapy Unit to require improvement. The unit was fully staffed with a team of specialised staff who adopted a multidisciplinary approach to patient care. Their approach to care was adapted to suit the individual needs of the patient however access to transport was an issue. There were shortfalls in the management of safety in the department. There were issues with infection control, equipment maintenance and understanding the importance of reporting and learning from incidents. Staff were aware of the incident reporting tool but were unsure what would be a reportable incident. Signposts were not clear on the hospital site which made the unit difficult to find. Patients were not offered transport unless they lived a certain distance away. The unit required refurbishment, although we were told they were moving soon. Some staff said that some of the rooms were not fit for purpose, they were cluttered, had to share with other staff and they were small. Referral to treatment times were within 10 weeks below the 18 weeks target. Staff felt well supported by their individual discipline specific managers and the Head Injury Therapy Unit manager.

Good

Frenchay Hospital

Detailed findings

Services we looked at
Outpatients and diagnostic imaging

Contents

Detailed findings

Background to Frenchay Hospital

North Bristol NHS Trust is an acute trust located in Bristol that provides hospital and community services to a population of about 900,000 people in Bristol, South Gloucestershire and North Somerset. It also provides addition specialist services such as neurosciences, renal, trauma and plastics/burns to people from across the South West and in some instances nationally or internationally. The trust has five main locations that are registered with the Care Quality Commission. It provides healthcare from Southmead Hospital, Cossham Hospital, Frenchay Hospital site , the Riverside Unit and Eastgate House. The main hospital at Frenchay closed in May 2014 when the new hospital at Southmead opened, but the Head Injury Therapy Unit still provides outpatient services at the Frenchay site. The trust also provides community healthcare for children and young people across Bristol and South Gloucestershire.

The trust is not a foundation trust.

The city of Bristol is ranked 79 out of 326 local authorities in the Indices of Multiple Deprivation. South Gloucestershire is less deprived with a rank score of 272 out of 326. Life expectancy for both men and women in Bristol is slightly worse than the England average but is better than the average for men and women in South Gloucestershire. According to the last census, 16% of Bristol's population and five per cent of the population of South Gloucestershire were from black and ethnic minority groups.

The Head Injury Therapy Unit is a specialist outpatient multidisciplinary rehabilitation service for people who have had a brain injury. It has 13 staff who provide a range of therapies for 63 patients.

We inspected this site as part of the North Bristol NHS Trust inspection. The trust was selected because it was an example of a medium risk trust according to our 'Intelligent Monitoring' model. This model looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations.

Our inspection team

Our inspection team was led by:

Chair: Andy Welch, Medical Director, Newcastle upon Tyne NHS Foundation Trust.

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team visiting the Frenchay site comprised of one CQC inspector.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the two local clinical commissioning groups, the NHS Trust Development Authority, the General Medical Council, the Nursing and Midwifery Council and the Royal Colleges.

We held a listening event in Bristol on 3 September 2014, when people shared their views and experiences. More than 35 people attended the event. People who were unable to attend the event shared their experiences by email or telephone.

Detailed findings

We carried out announced inspections of the unit on 7 and 13 November 2014. We interviewed staff and talked with patients and staff from the outpatient service. We observed how people were cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

Facts and data about Frenchay Hospital

The Head Injury Therapy Unit is a specialist outpatient multidisciplinary rehabilitation service for people who have had a brain injury. It has 13 staff who provide a range of therapies for 63 patients.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement

Notes

<Notes here>

Outpatients and diagnostic imaging

Safe	Requires improvement
Effective	
Caring	Good
Responsive	Requires improvement
Well-led	Good
Overall	Requires improvement

Information about the service

Frenchay Hospital has one outpatients service, the Head Injury Therapy Unit, since Southmead Hospital opened in May 2014. Most of Frenchay Hospital was being demolished at the time of our inspection and there was a plan to move the Head Injury Therapy Unit into a new building in February 2015. The service has 13 staff who provide a range of therapies to 63 patients. These therapies include clinical neuropsychology, occupational therapy, physiotherapy, speech and language therapy and medical consultations. The service also provides home visits to patients in the community. We spoke with two patients and carers individually and were invited to be part of a staff-led patient focus group. We also spoke with reception staff, assistants, practitioners and the manager.

Summary of findings

The unit was fully staffed with a team of specialised staff who adopted a multidisciplinary approach to patient care. Their approach to care was adapted to suit the individual needs of the patient.

There were shortfalls in the management of safety in the unit. There were issues with infection control, equipment maintenance, and understanding the importance of reporting and learning from incidents. Staff were aware of the incident reporting tool but were unsure as to what would be a reportable incident.

Signposts were not clear on the hospital site which made the unit difficult to find. Patients were not offered transport unless they lived a certain distance away. The unit required refurbishment, although we were told they were moving soon. Some staff said that some of the rooms were not fit for purpose, they were cluttered, had to share with other staff and they were small.

Staff felt well supported by their individual discipline specific managers and the head injury therapy unit manager. The unit had a risk register. The unit was to move into a new facility with more space and assessment rooms in early 2015. The service was well led, but improvements were required with the management of risk.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Requires improvement

We found that safety in the Head Injury Therapy Unit required improvement. The incident reporting process was not being followed. We were told of individual incidents that occurred in the department that had not been reported. Medical equipment and consumables in the department such as alcohol gels were out of date and infection control audits were not being undertaken.

Incidents

- Staff could identify the process for incident reporting but said they had never had to use it. The manager said they had only had one reported incident in eight years. This was when a patient fell. The manager said that their low fall rate was because patient weaknesses were identified before they attended the unit.
- We were informed of an incident that occurred the week before inspection when a patient had an epileptic seizure. When asked, the manager said this was not reported as an incident because the patient did not fall over. An incident report had not been made in line with the trust incident reporting policy.
- We were informed that several weeks before the inspection there had been a break-in to the unit when there had been a lone worker. This had only been reported to the local security team at Frenchay Hospital and was discussed in their local staff meeting. An incident report had not been made in line with the trust incident reporting policy.

Cleanliness, infection control and hygiene

- We found three bottles of alcohol gel were available in the unit, all of which were out of date. One bottle expired in 2010, whereas the other two expired in 2013. There were no replacement bottles on site, but they had been ordered before the inspection.
- We were told that all taps in the unit were flushed on a weekly basis and that this was recorded in a book. When asked to see this book, we found that the taps were last flushed in September 2012. Flushing taps reduces the risk of water-borne bacteria such as Legionella.
- We were told that a cleaner attended the unit every day, but records were not maintained or provided to demonstrate that cleaning was undertaken regularly. We observed the unit looked clean.
- We were told that the unit does not take part in any department hand-washing audits or infection control audits.

Environment and equipment

- Suction equipment was available on site but its required annual service was out of date. This meant that patients were potentially at risk from faulty equipment.
- The first aid kit was not easily accessible and was stored with bags of blankets in a locked cupboard in the activity room. Items in the first aid kit, including sterile dressings, eye pad dressings and alcohol-free wipes were all out of date in 2013.

Medicines

- There was an oxygen cylinder in the unit that required servicing in December 2013. There was no evidence to suggest that this had been carried out.

Records

- Records were requested and delivered before patients attended the unit. The flow of records was monitored on a computer system and in a notebook showing when they were requested and the date they were received. We were told that notes were received on time and receipt of temporary notes was rare.
- We were told that staff tried not to keep any notes on site overnight, but if this was necessary they were kept locked securely.
- We observed that the key to patients' psychological notes was kept on top of the filing cabinet. Although it was not visible, it could still be easily accessed. The cupboard that the filing cabinet was in was also unlocked and located in a corridor that patients or members of the public could access.

Safeguarding

- All staff we spoke with were up to date with their mandatory training on safeguarding of vulnerable adults and safeguarding children. When asked, staff could discuss the principles of safeguarding and said they felt confident to talk to their manager if they suspected a safeguarding issue.

Outpatients and diagnostic imaging

- We looked in the unit's policy log and found that only six of 13 staff had signed to confirm that they had read and understood the safeguarding policy between May 2013 and October 2014.

Mandatory training

- All members of staff said they have received all their mandatory training. One member of staff showed us their intranet record of training and was able to explain when updates for training were due.
- We looked in the unit's policy log and found that only three members of staff had read and understood the incident reporting policy, and only five members of staff had read the violence and aggression policy. We asked the manager about this and she confirmed that this showed they had either not read the policy, or had read the policy but not signed the log record. We spoke to members of staff who were aware of the log book and knew they needed to sign it.

Assessing and responding to patient risk

- The manager said they were fully staffed to provide the service. Staff also felt they had the correct number of staff to perform their jobs to a high level.

Nursing/ Allied health professional/ Medical Staffing

- There was a wide variety of expertise in the department and staff worked as a cohesive team.

Are outpatient and diagnostic imaging services effective?

Staff in the unit worked in line with practice guidelines and standards and had a multidisciplinary approach to the care they provided. Patients were involved in the care they received and staff were encouraged to engage in continuing professional development .

Evidence-based care and treatment

- Treatment was based on NICE guidelines, British Psychological Society guidelines, and best practice documents. The unit also had input from The Brain Injury Rehabilitation Trust.

Patient outcomes

- Patient outcomes were recorded and based on staff to patient contact time; patient goal achievements; pre and post treatment questionnaires and group questionnaires. Patient goals were set at the beginning of their therapy and monitored throughout.

Competent staff

- All staff had received a recent appraisal and were given the opportunity to develop through further training.
- Staff said they were given the opportunity to complete their continuing professional development to ensure that the service they provided was in line with best practice. Staff attended training at Southmead Hospital within their specific therapies and had training in smaller teams at the unit.
- Continuing professional development meetings were held regularly as part of a rolling meeting schedule.
- We spoke with two members of staff who had recently joined the unit. They said that they had a specific induction for their roles and were well supervised and supported by their peers. We saw evidence that induction schedules were being met.

Multidisciplinary working

- The unit was structured so that a patient only had one care pathway with multidisciplinary team input from different therapies. We were told that a patient attended one appointment and was seen by various professionals on that day to reduce the number of times they had to attend.
- Each patient was assessed and a care plan was created. There was then a whole multidisciplinary team review to determine which treatments were best suited to that patient. The identification of patient goals and achievement targets were also discussed. This information was then discussed with the patient.
- We saw examples of multidisciplinary team working in a patient focus group where a psychologist was being assisted by an occupational therapist to discuss both the clinical and practical elements of the patients' conditions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were aware of their responsibilities with consent, mental capacity act and deprivation of liberty safeguards and said they would go to management if they suspected an issue.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services caring?

Good

We saw examples of good care and an approach to care that benefited the health and wellbeing of the patient. Staff showed compassion to their patients. Support was offered to relatives as well as patients to ensure that the welfare of carers was also considered in patient care.

Compassionate care

- We saw evidence from comment cards stating that patients had been well cared for by the staff. They said the staff were experienced and understanding of patients' needs. One patient said they felt "blessed to be treated" by the team.
- Staff were very personable, engaged positively with patients and showed compassion. The staff ensured that the unit was calm and caring by how they interacted with patients and each other.

Understanding and involvement of patients and those close to them

- Staff had an understanding of the difficulties that patients were going through. They understood that the patients they cared for were going through massive life changes as a result of their injury.
- We observed a staff-led focus group that five patients and two carers attended along with two members of the Head Injury Therapy Unit team. This focus group was part of a course designed for patients to understand symptoms of their head injuries and to inform them in addressing these symptoms. These sessions did not replace one-to-one sessions, which all patients also received.
- We observed that patients were talking with each other as well as talking to staff members; they were sharing stories about their condition and relating to the information being discussed.
- There were visual aids in the form of a presentation and hand outs specific to the focus group. Focus groups included topics such as relationships, memory and concentration, communication skills, fatigue, thoughts and feelings.
- Patients, carers and relatives were offered sessions with a psychologist; carers and relatives could receive these separate from the patient if they felt it would help them manage their own wellbeing.

Emotional support

- We spoke with a carer who said that having a head injury could be very isolating and that the unit had allowed her husband to become part of something, to show that he is not alone.
- One patient we spoke with found it difficult and distressing to discuss their condition with their friends and family. They said that staff in the department helped them through therapy and focus groups to give them the tools to discuss their condition with others. This had a positive impact on their quality of life.

Are outpatient and diagnostic imaging services responsive?

Requires improvement

A large proportion of the hospital was being demolished at the time of the inspection; the Head Injury Therapy Unit was difficult to find because signposts were not clear. Not all patients were offered transport as eligibility was assessed by the unit based on distance. Some staff told us that the unit was not fit for purpose rooms were small, some were cluttered with filing cabinets and equipment, staff had to share rooms and renovation was required. Patients were assessed before the 18-week referral target and were in constant communication with the administration team before their appointments.

Service planning and delivery to meet the needs of local people

- There were no clear signposts into the hospital and nothing upon entrance to say that only one entrance was open. It was discussed in a team meeting that maps were to be sent out to patients.
- Staff said the rooms were not fit for purpose because there were no separate therapy and assessment rooms. We were told that staff had to share rooms, the rooms were too small and the layout was not optimised for quality patient care. We were told that there will be sufficient space in the new building which the unit will move to in February 2015.

Outpatients and diagnostic imaging

- We saw that the larger therapy/ treatment rooms were cluttered with filing cabinets and equipment. When asked about it we were told that they are being stored in these rooms until they move to the new building.
- We were told by the manager that the environment was an issue because it had not been decorated for 20 years.

Access and flow

- We were shown data that indicated that patients' referral to treatment times were within 10 weeks, below the trust's 18-week target. We were told that the department did not have any internal targets set to reduce this further.
- When a staff member was on annual leave, no cover was provided so appointments were booked for when they returned delaying patients' treatment.
- One patient said they received their referral letters and appointments promptly after referral by their GP.
- The receptionist told us that she telephoned patients, depending on their impairments, to remind them of their appointments and sometimes rang a patient several times to encourage attendance.
- Patients were seen quickly once they arrived in the unit; when they were waiting, the reception and other staff were in constant conversation with patients as they walked by.

Meeting people's individual needs

- We were told by a member of staff that not all patients were told about hospital transport. Eligibility was assessed by the unit and were told that patients were only offered it if they lived a certain distance away and did not have family or friends to bring them to appointments. When asked what the arrangement was for patients who live nearer and were unable to bring themselves we were told that they would have to use public transport.
- There were leaflets available for patients and a map was given to them at their assessment appointment because the layout of the hospital was changing through demolition.
- We were told that one patient being treated in the unit required a translator. This was arranged by the translation services in the trust and was available in order to meet the patient's needs.

Learning from complaints and concerns

- Staff could not explain the complaints procedure and did not know where to direct patients if they wanted to complain, but said they would go to their manager for advice. No staff could provide any examples of when they had received a complaint and learnt from it however complaints leaflets were available in the waiting areas.

Are outpatient and diagnostic imaging services well-led?

Good

Staff felt well supported by their management teams and felt in contact with the trust. The unit had a risk register. The unit was to move into a new facility with more space and assessment rooms in early 2015. The service was well led, but improvements were required with the management of risk.

Vision and strategy for this service

- The unit was focused on a smooth transition into the new building in February 2015. Staff will have their own desk space and the addition of one assessment room. The team had been tasked by the manager to decide which equipment they needed for the new building. We were told that the new department will be fit for purpose.
- Members of staff were able to discuss the trust's values.
- We were told by the manager that patient information was going to be re-assessed with the input from the team. Staff stated that the psychological report was written for physicians and might be difficult for patients to understand. A new report was to be introduced on a trial basis, specifically for each patient and based on their psychological report.

Governance, risk management and quality measurement

- The unit had a risk register that was reviewed every two months at a clinical governance meeting. After our visit we were provided with the risk register. The highest risks on the register were the risks of patients absconding from the unit; and violence to staff during home visits. These had all been added to the risk register in 2013.

Actions had been taken to mitigate these risks and the risks were currently assessed by management to have no impact. There was no evidence of actions being evaluated where the risk remained the same.

Leadership of service

- Staff said they felt well supported by their direct managers and by the divisional management who were located in the Brunel building. There was an emphasis on staff attending meetings at Southmead Hospital to ensure that they were part of decisions affecting the unit.
- The staff felt well informed through governance meetings, team meetings and individual meetings. We observed that information from senior management meetings was discussed in a general staff meeting.
- Staff had one-to-one meetings with their line manager every two weeks to support them with their needs.

Culture within the service

- Staff said that they enjoy working at the unit and they were patient-focused. We were told that because the unit was small, it ran 'like a family' and they were all there to support each other.

Public and staff engagement

- All patients were encouraged to give feedback to the unit once their treatment goals had been met. We were told that over 100 comment sheets had been collected. We were not provided any evidence to show what was done with this information or if any actions or improvements have occurred as a result.

Innovation, improvement and sustainability

- The unit was a specialist centre and was the only one of its kind in the Somerset and Bristol region. We observed that all staff working in the unit had training to specifically treat patients with head injuries and this gave them an understanding of the specific symptoms a patient with head injuries presents.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

1. The trust must ensure that all staff at the Head Injury Therapy Unit understand the incident reporting policy and report all incidents.
2. The trust must ensure that equipment and supplies are monitored and serviced appropriately to ensure that patients are not at risk of receiving treatment and care using defective or out-of-date equipment.
3. The trust must ensure that infection control procedures are followed and monitored in the Head Injury Therapy Unit so that patients are not put at risk.
4. Ensure that the rooms remain free from clutter.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment 16 (1) The registered person had not made suitable arrangements to protect patients and others who may be at risk from the use of unsafe equipment by ensuring that equipment provided was: (a) properly maintained and suitable for its purpose This is because equipment was not serviced appropriately, taps were not flushed effectively consumable items were out of date.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person had not protected service users, and others who may be at risk, against the risk of inappropriate or unsafe treatment, by means of effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity. This is because we saw no evidence of incident reporting taking place at the unit and that staff had little understanding of the policy. Regulation 10 (b).

Regulated activity	Regulation

This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person had not protected service users against the risks associated with the unsafe use and management of medicines. This is because the oxygen cylinder on site was out of date. Regulation 13.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The registered person has not ensured that people are protected against the risks associated with unsafe or unsuitable premises by means of proper operation of the premises. This is due the the use of rooms no longer fit for purpose, being cluttered with filing cabinets and equipment and in need of renovation. Regulation 15(1) (c) (i)