Care Quality Commission

North East London NHS Foundation Trust

RAT

Waltham Forest Rehabilitation Services

Quality Report

Ainslie Rehabilitation Unit
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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)
RATLQ	**Waltham Forest Rehabilitation Services**	Ainslie Rehabilitation Unit	E4 6UW

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

Summary of findings

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Summary of findings

Overall summary

- The service had agreed referral pathways and procedures in place. Waiting times to access the service were short. Integrated care and joint assessments with allied health professionals were in place. The Ainslie Unit was clean, hygienic and well maintained. There were robust arrangements in place to store, manage and administer medicines. Care and treatment records were fit for purpose, appropriately stored and readily accessible to staff. Patient consent to treatment was obtained and appropriately recorded. Patients and carers were asked to feedback on the service provided using a friends and family test (FFT), however take up of this in some months was very low.
- Safe staffing levels were maintained on the unit. Staff were supported to complete mandatory training and had their performance regularly appraised. Incidents were appropriately reported and investigated and learning from incidents was shared. Appropriate procedures to safeguard patients were in place.
- A range of best practice guidelines to support the care and treatment of patients were in use. Audits were regularly completed to monitor the outcomes of care and treatment patients received. Patients received caring, compassionate treatment and were involved in making decisions about their care. Care and treatment was delivered in ways that maintained and promoted patients dignity and respect. However, some physiotherapy exercises were taking place in the public lounge, which could compromise patient's privacy and dignity.
- The trusts vision and values were known to and promoted by staff and underpinned the care and treatment delivered on the unit. There was clear leadership of the unit at a local level and corporate level. Appropriate governance, risk management and quality improvement measures were in place. Several examples of new and emerging innovative practice were observed during the inspection.

Summary of findings

Background to the service

North East London NHS Foundation Trust (NELFT) provides care and treatment at the Ainslie rehabilitation unit. The Ainslie unit includes 32 rehabilitation beds, over two wards for patients aged 18 or over. It provides short term inpatient rehabilitation services for patients who are medically well enough to leave hospital and receive care in a community nurse and therapy led unit. On discharge from the unit, patients will be expected to return to their usual place of residence.

The unit is managed by nursing and therapy. There is consultant medical cover two sessions each week and a staff grade doctor on duty each weekday. Out of hours medical cover is provided by a GP service.. The unit is staffed by nurses permanently based on site who look after patient's medical needs and help with medicines and personal care.

Other team members of the Ainslie unit team include: physiotherapists**;** occupational therapists**;** speech and language therapists (SALT); and dieticians. The therapy staff are only available Monday to Friday, with a small team of therapists being available on weekends.

Visiting times at the unit are from 10am to 8pm. The unit has a protected mealtimes policy that relatives and friends are asked to observe. However, the unit encourages friends or relatives wishing to assist patients at meal times.

At the time of the last inspection on the 24 January 2014 the unit was not meeting the essential standards ensuring that patients were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record, (Regulation 20(1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These compliance actions were inspected as part of the inspection on the 10 August 2015 and the requirements had been met.

Our inspection team

The team that inspected the community health inpatient services consisted of three people: a CQC inspector, a specialist advisor and an expert by experience. The expert by experience is a person who has developed expertise in relation to health services by using them.

Why we carried out this inspection

We inspected this core service to find out whether improvements had been made since our last inspection on 24 January 2014.

How we carried out this inspection

To fully understand the experience of people who use services, 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?

Summary of findings

- Is it well-led?

Before the inspection visit, we reviewed information that we held about the service.

During the inspection visit, the inspection team:

- visited the Ainslie unit and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service and two visiting relatives
- spoke with the manager of the Ainslie unit
- spoke with six other staff members
- spoke with: the assistant director for community service; the director of nursing and patient experience; and the assistant director of nursing and patient experience
- looked at 12 patients care and treatment records.
- carried out a check of the Ainslie unit's medicines management
- observed a ward round
- attended a multi-disciplinary meeting
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the provider say

- The trust had rolled out the NHS friends and family test (FFT) survey. We reviewed the results for June and July 2015. We found that 100% of people who responded to the survey in June and July said they found it easy to get care and support at the Ainslie unit. In July 2015 responses were low with only one person responding. However, the person had responded that they would be extremely likely to recommend the service to their friends or family.
- We observed staff responding to patients in a kind and compassionate manner. Feedback from all the patients and carers we spoke with was positive about the emotional support staff provided.
- Patients we spoke with told us staff had always involved them in decisions about their care and they had been involved in their care planning.

Good practice

- Several examples of new and emerging innovative practice were observed during our inspection, including: the patient experience department, who had developed the patient experience strategy and operational policy with the objectives of ensuring patient's experiences of care and treatment was safe, fair, and rewarding.
- The trust had introduced a nurse for frailty. The nurse specialised in providing care and advice for staff in providing care for frail older people.
- The trust's care makers' initiative included a hub for staff where they could access information and guidance, as well as information on events and webinars to promote compassion and person-centred care.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should ensure patients are asked if they wish to do their physiotherapy exercises in the lounge area and their response should be documented.
- The Ainslie unit should promote the friends and family test (FFT) and encourage patients to complete questionnaires prior to leaving the unit.

Care Quality Commission

North East London NHS Foundation Trust

Waltham Forest Rehabilitation Services

Detailed findings from this inspection

Are services safe?

By safe, we mean that people are protected from abuse

Summary

- The Ainslie Unit was clean, hygienic and well maintained. Appropriate infection control measures were in place. There were robust arrangements in place to store, manage and administer medicines. Care and treatment records were fit for purpose, appropriately stored and readily accessible to staff.
- Safe staffing levels were maintained on the unit. Vacant posts were being recruited to. Staff were supported to complete mandatory training.
- There were appropriate measures in place to monitor the safety performance of the Ainslie Unit. Incidents were appropriately reported and investigated. Learning from incidents was shared. Staff had completed safeguarding training and understood their responsibilities should they have any safeguarding concerns. Safeguarding concerns were appropriately shared with other agencies.

Safety Performance

- The trust used the NHS Safety Thermometer to monitor incidents of: venous thromboembolism (VTE); pressure ulcers; patient falls; catheter and urinary tract infections (UTI). We saw that in July 2015 the Ainslie unit was 93% harm free. We saw that one of the 13 patients whose records we looked at had recently developed a grade 2 pressure ulcer. This incident had been investigated and appropriate care and treatment was in place.
- We viewed the trusts 'Quality Account' report 2014/15. This reported on how the trust monitored its performance year on year. The director and assistant director of nursing and patient experience visited the unit during our visit. They told us an aspect of their role was to monitor the safety performance of the unit based on internal and external information. The director of nursing and patient experience had conducted a review of services based on the CQC key lines of enquiry (KLOE)

in June 2015. An action plan was in place as a result of the review and actions were monitored by the assistant director of community health services and the director of nursing and patient experience.

- The trust used the NHS safety thermometer as part of safety monitoring. The trust conducted a thematic review of Ainslie unit services in February 2015 which found that the unit had been consistent in submitting safety thermometer data each month. The average harm free care rate at Ainslie rehabilitation unit was 97%; this was above the national target of 95%.
- The director of nursing and patient experience told us patient safety alerts issued by the central alerting system (CAS) were cascaded by email to the Ainslie unit matron. The matron would respond stating what actions had been taken in response to the alert.

Incident reporting, learning and improvement

- The Ainslie unit had systems in place to ensure that incidents were reported and investigated appropriately. The unit had one serious incident (SI) in the previous 12 months. The ward manager and assistant director of community health told us they reviewed all incidents that were flagged as moderate or above on the trust's electronic incident recording system.
- The trust's internal thematic review from February 2015 found the Ainslie unit to have a high level incident reporting culture. This meant patients could be sure that staff reported any safety incidents appropriately.
- Serious incidents would have a root cause analysis (RCA) completed as part of the investigation of incidents. The director of nursing and patient experience told us they monitored incident reports for themes and to ensure incidents were investigated promptly. Identified learning from incidents and lessons learned from incidents was shared across teams. For example, we viewed a report for an incident on 10 June 2015. We saw that the incident had been appropriately investigated and actions had been put in place to reduce the likelihood of the incident being repeated.
- All the nursing and medical staff we spoke to stated that they were encouraged to report incidents via the trust's electronic incident recording system. We viewed the trust's incident log and saw that required actions had been addressed and were being recorded in a timely way. Incidents were monitored by the assistant director of community health services and the director of nursing and patient experience for trends.
- The trust's quality and safety team reviewed the numbers of incidents each week and informed the chief nurse of any variation in the numbers of incidents. If the quality and safety team identified themes from incidents these would be investigated by the trust's head of risk.
- The service held monthly departmental governance meetings. Safety and risk were standard agenda items at the meetings. Where incidents had been reported a full investigation had been carried out and steps were taken to ensure lessons were learnt. Action plans were produced following investigations. These were monitored and tracked to completion at subsequent meetings. Staff told us that learning from incidents was cascaded to staff at team meetings.
- Staff told us they understood their responsibilities to report incidents using the electronic reporting system, and knew how to raise concerns. Staff confirmed that they received feedback on incidents that took place in other areas of the service as well as their own. Staff and managers told us they were satisfied there was a culture of reporting incidents promptly at the Ainslie unit.
- We looked at the clinical governance arrangements for reporting risk and found that the Ainslie unit was included on the community health divisional risk register. For example, the trust had identified an inability to access pathology results when samples were sent to an external provider. The risk was recorded on the risk register and actions the trust was taking to mitigate the risks were recorded.
- Managers we spoke with were aware of and able to explain the duty of candour. This is a contractual duty of candour imposed on all NHS providers of services to 'provide to the service user and any other relevant person all necessary support and all relevant information' in the event that a 'reportable patient safety incident' occurs. Managers told us they had not had reason to use the duty of candour since its implementation in November 2014.

Are services safe?

Safeguarding

- Staff we spoke with understood their safeguarding responsibilities and knew what to do if they had concerns. 100% of staff had up to date training in safeguarding children and young people.
- We viewed the trust's safeguarding adults' policy. We saw this had been reviewed and updated in April 2014.
- Staff on the wards had access to the contact details of the local authority safeguarding team for safeguarding advice or to report concerns. The trust had information sharing protocols in place with the local authority.
- Staff we spoke with were aware of what safeguarding meant and could identify different types of abuse. Staff were aware of the procedures for reporting safeguarding concerns.
- Staff we spoke with were aware of the whistle blowing policy and said they would report any concerns they had to the ward manager.

Medicines

- Up to date copies of the British National Formulary for were available on both Ainslie unit wards.
- Medicines were stored safely with room and fridge temperatures checked regularly and recorded. We viewed records that confirmed medicines were being stored at the required temperatures. All the drug store cupboards were locked and controlled medicines were stored in separate locked cupboards.
- Nursing staff' training in medicines administration was up to date. Nursing staff were aware of policies on the administration of controlled drugs and the Nursing and Midwifery Council's Standards for Medicine Management.
- All medication errors were reported as incidents, recorded on the electronic system, investigated and reviewed at the monthly 'paediatric and neonatal departmental governance and quality group'. Staff were open and reported medication incidents. We saw evidence that these were investigated, and staff involved in incidents had their performance reviewed.
- We found that access to controlled drugs (CD's) was restricted to appropriate designated staff and CD's were secured inside a double locked cupboard. Medicines requiring refrigeration were stored in a lockable fridge. A compliant CD register was in place. This is a bonded book used to record CD medicines. We found no discrepancies between the stock, controlled drugs in the cupboard, and the CD register.

Environment and equipment

- The ward areas provided a safe environment for patients. Wards were clean and well maintained.
- Entrances to all ward areas were secure, entry was granted by a member of staff via an intercom during the day and at night.
- Staff we spoke with told us they were able to access all required equipment necessary for providing care and supporting rehabilitation.
- An established audit programme was in place for reviewing infection control and cleanliness in clinical areas. The Ainslie unit undertook a comprehensive environmental and infection control audits quarterly. We saw that improvement actions identified by the audits had been followed up and implemented. For example, ensuring that staff used personal protective equipment when providing care to a patient with an infection.

Quality of records

- Patients' records were managed in accordance with the Data Protection Act 1998. Records were stored securely on the wards in lockable trolleys by the nurses' station and in the matron's office.
- Patient's personal records including medical records were fit for purpose. We looked at the care and treatment records of 12 patients in full and parts of a further five care and treatment records. We also looked at notes made in ward rounds and at handover meetings. We found that risk assessments for falls were fully completed. We found that care records were accurate, legible and readily accessible. Records showed that patients had been assessed and that care plans and risk assessments had been developed with them.
- To promote the quality of care provided, "Intentional rounding comfort checks" were completed by nursing staff for each patient. Nurses met with patients at agreed points throughout the day to carry out a series of

checks, the outcome of which was recorded. The frequency of these rounds was reviewed and agreed each day with individual patients. When completing records of the round entries were dated and timed in accordance with the nursing and midwifery council (NMC) record keeping guidance.

- The assistant director of community health showed us an action plan the trust had completed following a previous CQC inspection in January 2014. In response the trust had implemented a wide range of actions to address identified shortfalls in the units records management practice. This included: a comprehensive review of the Ainslie units records including; individual reviews of records at twice weekly multi-disciplinary meetings; wireless access for the Ainslie unit; new computers; the introduction of standard operating procedures to ensure the unit's practice was in line with the trust's records management policy; and training for staff in record keeping. We saw that these actions had been completed in May 2015; and there was on-going monitoring of records management at the Ainslie unit by the assistant director of community health and the director of nursing and patient experience to ensure that the progress made was maintained.
- The trust had completed a further review of recording practice at the Ainslie unit in February 2015. We saw that improvement actions identified as part of the action plan following the review had been implemented.
- Patients were identified on "magic" whiteboards in the nurses' station on the Ainslie unit wards. These were boards that carried patient's information for nursing staff. The boards could be closed when not in use and this ensured patient's information remained confidential.
- We viewed staff training records and found that most staff training in information governance was up to date.
- Leaflets explaining patients' rights to access their medical records were available on the ward. The trust's website carried information on patient's rights under the Freedom of Information Act 2000.
- Staff told us patient's records were kept for seven years and then destroyed securely. We reviewed the trust's policies on record retention and found that records were kept and destroyed in accordance with the trust's policy.

Cleanliness, hygiene and infection control

- All the areas we visited were clean and free from clutter. We saw housekeeping staff cleaning on the wards during our visit.
- Monthly infection control audits were completed. For the year to June 2015 the Ainslie unit were fully compliant with NICE standards for infection control.
- We saw staff regularly washing their hands between treating patients. Hand washing facilities and hand sanitising gels were readily available. 'Bare below the elbow' policies were adhered to. Staff told us they actively challenged anyone who did not follow this policy.
- At the time of our visit, the unit was achieving trust compliance standards for hand hygiene. The service was achieving 100% compliance with the national institute for clinical excellence (NICE) national specifications for cleaning. We saw that gloves, aprons, and other personal protective equipment (PPE) were readily available to staff.
- The importance of all visitors cleaning their hands was publicised and we observed visitors using hand gels and washing their hands.
- There were no reported cases of Clostridium difficile (C. diff) in the past 12 months. However, staff told us they had provided care and treatment for a person with methicillin-resistant staphylococcus aureus (MRSA). We did not review the records for the person. However, staff told us the person had been treated in accordance with the trust's serious incident policy on MRSA and outbreak management policy, including the person being kept in isolation. We viewed the trust's serious incident policy and outbreak management policy. We saw this provided comprehensive guidance and flowcharts for staff in dealing with a health care associated infection. The policies also provided staff with guidance on the procedures to follow in notifying infectious diseases. Following the incident the trust had introduced quarterly infection prevention and control reports including MRSA prevention measures for the Ainslie unit.
- A programme of training and assessment was in place for 'aseptic no touch technique' (ANTT) for staff. This is a clinical approach which aims to protect patients from health care associated infection.

Are services safe?

Mandatory training

- We reviewed the Ainslie unit's records for training. We saw that compliance with mandatory training was 90% to 100%. We found that training where mandatory training had not yet been completed staff had been booked to attend upcoming sessions. Staff were supported to attend mandatory training within their working hours.
- Staff told us major incident awareness training for community staff was delivered through a combination of e-learning and discussion in team meetings. Staff we spoke with told us they had not been involved in a rehearsal for dealing with a major incident.

Assessing and responding to patient risk

- The community health service maintained a risk register. The service's risk register was monitored by the clinical commissioning group (CCG). The main risk to the Ainslie unit was identified as high use of agency staff due to vacancies.
- Ainslie unit staff we spoke with were able to demonstrate awareness of the key risks to patients. For example, risks of falls and pressure damage.
- Depending on risks identified to patients, staff were aware of how to arrange further support by referral for specialist assessment or supply of additional equipment.
- We viewed 12 patient records. We found that risk assessments were fully completed for each patient, these included skin integrity, nutrition, pain assessment, falls risks, and activities of daily living.
- The risk of patients acquiring pressure ulcers was identified as a primary concern for the Ainslie unit. Pressure ulcers assessed as a severity of grade two or above were referred for investigation as a serious incident and a RCA was undertaken.

Staffing levels and caseload

- We viewed the trust's staffing action plan. This clearly set out the trust's staffing standard operating procedures. For example, the plan required the Ainslie unit to clearly display information about the nurses and care staff present and planned on each shift. We saw that information on the required number of staff and actual number of staff on shift was displayed on the Ainslie unit wards. On the day of our visit the number of staff on duty met the required staffing levels.
- The Ainslie unit had introduced 'Health Roster' an electronic rostering tool, (e-rostering). The e-rostering tool was used to plan staff workload. Managers we spoke with were positive about e-rostering. Manager's explained the tool allowed them to achieve required staffing levels, whilst reflecting teams' skill mix and complexity of patient needs.
- The ward manager told us they could monitor work for each day and ensure it was allocated via the e-rostering system. The matron explained and demonstrated how the e-rostering system was used to ensure patient safety was not compromised.
- The matron told us that the e-rostering tool adequately supported the planning of staff cover arrangements in the event of staff being absent due to sickness or holiday.
- The Ainslie unit had a number of vacancies at the time of our inspection. We saw that these positions were being advertised and interviews arranged. The director of nursing and patient experience told us the trust had launched a return to practice initiative for nurses who were looking to return to work. The trust had also developed relationships with a local college to raise awareness of employment opportunities at the trust with the colleges students.
- The service used agency staff to cover workload. Managers told us that the unit always requested agency staff that were familiar with the unit. New agency staff received an induction for a week and were invited to shadow an experienced member of staff. Agency staff could access policies and procedures via the trust's intranet.
- The director of nursing and patient experience told us that a monthly board report was produced on staffing. If staffing levels fell below certain levels the team would be contacted immediately by the director of nursing and patient experience.

Managing anticipated risks

- The service managed foreseeable risks and planned changes in demand due to seasonal fluctuations,

Are services safe?

including disruptions to the service due to adverse weather. Staff told us that the Ainslie unit had admission criteria to ensure that only patients who would benefit from the service were admitted.

- The service had a winter plan in place. This included staff having access to 4x4 cars to maintain staff safety and support them getting to work; the trust provided telephone access to specialist services, which would provide advice to patients and staff during adverse weather. Planning included staff that lived closest to the unit covering the shifts of staff that were unable to get into work due to snow.
- The trust had a policy for managing deteriorating patients. This included comprehensive guidance for staff on the trust's resuscitation procedures and staff roles and responsibilities.

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

- The service had agreed referral pathways and procedures in place. The service had close working arrangements with GP practices and with social services in supporting patients care and treatment in the community. This included integrated care and joint assessments with allied health professionals including physiotherapists and occupational therapists.
- Patient consent to treatment was obtained and appropriately recorded. A range of best practice guidelines to support the care and treatment of patients were in use. Audits were regularly completed to monitor the outcomes of care and treatment patients received.
- All staff received induction upon joining the service and had their performance appraised annually.

Evidence based care and treatment

- The Ainslie unit used National Institute of Clinical Excellence (NICE) and Royal College of Nursing (RCN) policies and best practice guidelines to support the care and treatment of patients. We saw evidence of references to the use of national guidelines within a number of the trust's policies. Staff could access guidance on the trust intranet.
- Staff understood their individual roles and responsibilities in the delivery of evidence based care. Staff referred to relevant codes of practice. Staff used nationally recognised assessment tools to screen patients for certain risks. For example, infection control procedures.
- Patient's assessments were completed using templates that followed national guidelines. For example, skin integrity, falls risks, nutrition, pain management, and activities of daily living. Records we viewed were completed in a timely way and at appropriate intervals.
- Staff we spoke with understood how NICE guidance informed local guidelines. We observed staff following appropriate assessment guidelines when delivering care to patients.
- Staff received the minutes of meetings where guidance was discussed; these included changes to practice which might affect their area of work. Audits were used in the service and informed the development of local guidance and practice. For example, as a result of a trust thematic review in February 2014 the trust had implemented a number of changes to practice including: ensuring patient identity wristbands were compliant with national patient safety agency (NPSA) requirements; and replacement of the units medicines charts to ensure they were compliant with the academy of royal medical colleges standards for the design of hospital in-patient prescription charts.

Nutrition and hydration

- The Ainslie unit used a recognised assessment tool supported by national guidance to review the appropriateness of patient's nutrition. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. The nutrition and hydration assessments we viewed were completed appropriately. Care plans were in place for nutrition and hydration and were reviewed regularly.
- Where a need for additional support with nutrition and hydration was identified, for example patients with diabetes, nursing staff referred them to a dietician.
- The trust had completed a comprehensive review of patient's nutrition and hydration needs practices at the Ainslie unit in February 2015. We found that areas for improvement had been identified and an action plan had been implemented to address the required improvements.

Patient outcomes

- It is a national requirement that category three and four pressure ulcers are reviewed using a root cause analysis (RCA) investigation. We saw that the trust had procedures in place to complete RCA's on all grade 3 and 4 pressure ulcers.

Are services effective?

- Audits of community adults' services were undertaken to monitor the outcomes of care and treatment patients received. Staff we spoke with confirmed the were engaged in regular audits. Staff confirmed that clinical leads provided feedback to teams on the results of audit activity. For example, hand hygiene audit results were displayed on staff noticeboards as well as up to date NHS safety thermometer results. Safety thermometer results were also discussed at team meetings.
- We viewed the trust's audit planner. This included regular three monthly audits including: safety thermometer; VTE; record keeping; medicine management; falls; pressure ulcer; MUST; and medicines. This meant the trust were regularly auditing services to monitor patient outcomes.

Competent staff

- Staff had received annual appraisal as part of their continuous professional development (CPD). We viewed the staff performance appraisal schedule and saw that 100% of staff had received an appraisal in the previous 12 months. We saw that the trust "staff talent and review system" (STARS) was used for staff appraisals and this system was linked to the trust's vision and values.
- A corporate induction was completed by staff joining the service. New staff also received an induction at a local level. The trust provided staff with information about training events to support and enhance competencies in particular skill areas relevant to the service.
- Staff training and development was supported. We found the service encouraged skills development. Staff of different grades confirmed that training needs were identified as part of appraisal, and staff could request further training that was relevant to their role. 100% of staff had received supervision in May 2015. Staff told us there was also group supervision during regular team meetings.
- Nursing staff told us the trust was supportive with their revalidation. The trust had developed systems to assist staff in recording their continuous professional development (CPD).
- Health care assistants (HCA) were encouraged to study for the care certificate and could develop their HCA role into a care maker role. This was a trust initiative to enhance staff skills and knowledge in regards to compassion and person-centred care.
- The trust had communities of practice groups. These were groups where staff could share good practice, review case studies, and take part in action learning sets.

Multidisciplinary working and co-ordinated care pathways

- Multidisciplinary team working supported the coordination of care pathways for patients. The service had close working arrangements with GP practices and with social services in supporting patients care and treatment in the community.
- Staff told us the unit worked effectively with other specialisms, this included integrated care and joint assessments with allied health professionals including physiotherapists and occupational therapists (OT). Staff said they felt aligned with colleagues in other specialisms and part of an integrated team.
- Allied health professionals supported multi-disciplinary working and the use of best practice for patients. Nursing staff told us they felt well supported by other professional staff that provided multi-disciplinary support.
- Multidisciplinary team meetings could be convened to address the needs of patients with complex care needs.

Referral, transfer, discharge and transition

- The service had agreed referral pathways and procedures in place. Staff told us there were clear criteria for referral of patients which meant that inappropriate referrals could be identified. We viewed the admissions criteria for the Ainslie unit. This specified that referrals could be accepted from any health, social care or supported housing professional.
- Admission to the unit could only be accessed via the trust's single point of access. This is a service that reviews patients' needs and prevents unnecessary admissions
- Managers we spoke with told us the ethos of the Ainslie unit was to enable patients to return safely to their own

home. As a result of this remit the unit had a length of stay limit of 21 days. Therapists would continue support patients in the community for up to six weeks. If a person required therapist input beyond six weeks, they would be transferred to the community therapy teams.

- Therapists in the team provided goal-orientated, time limited interventions, aimed at improving patients functioning and independence.
- Transfer arrangements from the acute hospital to the Ainslie unit were supported by Ainslie unit staff. For example, staff liaised closely with the acute hospital about transfer arrangements. Transfers had to be accompanied by documentation from the acute hospital confirming the patient was medically fit for transfer. Patients' records would be transferred with them.
- The Ainslie unit team told us that inappropriate referrals from the acute hospital had reduced due to the hospital teams improved communication and understanding of the criteria for admission to the unit.
- The unit's policy was that patients must receive an initial assessment within 24 hours of admission and a full multidisciplinary assessment within five days of admission. Records we viewed confirmed that patients had received assessments within the Ainslie unit's policy timescales.
- When a patient was due to be discharged to their home address the Ainslie unit liaised closely with the local authority social services in assessing patient's social care needs. The multidisciplinary team would ensure the patient was comfortable to return home, and would arrange the intervention from the community health team and local authority social services. A discharge summary would be sent to the person's GP within 48 hours of discharge.

Access to information

- Information to support staff practice and guidance about patient care and treatment was available through the trust intranet, which also provided signposting and links to external internet sites. Staff told us the trust intranet provided a good source of information to support their work. Clear, comprehensive evidence based content was available on the website for all clinicians.
- Staff told us they received briefings, newsletters, and updates about particular themes by email on a regular basis.
- Patient's details were registered on the trust's electronic system and assigned to a key worker. Staff had access to patient's care plans and treatments records. These were kept securely in the matron's office.
- Information displayed in the staff area was up to date and relevant.

Consent, Mental Capacity Act, and the Deprivation of Liberty Safeguards

- We saw evidence of verbal consent being obtained before care was delivered. We reviewed consent information for a selection of patients as part of our review of care and treatment records. We found consent was obtained and records were completed correctly.
- Where nursing staff used photography to obtain a record of the patient's condition and symptoms, this was done with the patient's written consent.
- Staff told us they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Standards (DoLS) training. Records we viewed confirmed that most staff had received training in MCA and DoLS and this was up to date.
- Staff we spoke with demonstrated understanding of the MCA and of their responsibilities under DoLS. A mental capacity assessment was undertaken if nursing staff had a concern that a patient might not have capacity to consent.
- Managers were aware of the trust's responsibilities under the Mental Health Act 1983 code of practice. Staff told us that they would refer patients experiencing mental health issues to the mental health team for assessment. Staff said they had a good working relationship with mental health services. The trust had a telephone support line for both patients and staff to seek advice and guidance.

Are services caring?

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

Summary

- We observed caring, compassionate care being delivered by staff at the unit. Patients told us staff had been very kind and understanding. Patients were involved in decisions about their care. Staff clearly explained the care and treatment options available to patients.
- Patients were very positive about the care and treatment they received. Staff encouraged and supported patient independence whilst providing care and treatment.
- Care and treatment was delivered in ways that maintained and promoted patients dignity and respect. However, some physiotherapy exercises were taking place in the public lounge, which could compromise patient's privacy and dignity.
- Patients and carers were asked to complete a friends and family test (FFT), however take up of this in some months was very low. The Ainslie unit should promote the friends and family test (FFT) and encourage patients to complete questionnaires prior to leaving the unit.

Compassionate care

- We observed caring, compassionate care being delivered by staff at the unit. Staff were seen to be very considerate and empathetic towards patients, their relatives and other people. Staff demonstrated a good understanding of patients' emotional wellbeing. Patient's social and emotional needs were embedded in the care and treatment provided. There was a strong person-centred culture on the wards. Most patients we spoke with told us staff had been very kind and understanding.
- Throughout our inspection we found the approach staff used was consistently appropriate and demonstrated compassion and consideration for the patient. Staff interacted with patients and relatives in a respectful and considerate manner.
- The trust had rolled out the NHS friends and family test (FFT) survey. We reviewed the results for June and July 2015. We found that 100% of people who responded to the survey in June and July said they found it easy to get care and support at the Ainslie unit. In July 2015 responses were low with only one person responding. However, the person had responded that they would be extremely likely to recommend the service to their friends or family.

Understanding and involvement of patients and those close to them

- Staff demonstrated good communication skills during the examination of patients. Staff gave clear explanations and checked patients understanding.
- During our observation of a physiotherapy session we saw staff explaining to a person what they could expect to happen next and the possible outcomes of treatment. The physiotherapist answered any questions the patient had.
- Patients we spoke with told us staff had always involved them in decisions about their care and they had been involved in their care planning.
- Confidentiality was maintained in discussions with patients and their relatives; and in written records and other communications.
- Comprehensive advice and information leaflets on care and treatment were available on the wards. Patients, carers or friends and families could also access these from the trust's website.

Emotional support

- We observed staff providing emotional support to patients and to relatives. Staff were aware of the emotional aspects of care for patients living with long term conditions and provided specialist support for patients where this was needed. Relationships between patients and staff were caring and supportive. Relationships with patients and their families were valued by staff.
- We observed staff responding to patients in a kind and compassionate manner. Feedback from all the patients and carers we spoke with was positive about the emotional support staff provided.

Are services caring?

- We observed care and treatment being delivered; we saw staff respecting and maintaining patients' dignity; administering care sensitively and with compassion. For example, staff drew curtains when providing personal or intimate care to ensure patient's privacy and dignity was not compromised whilst receiving care and treatment.
- We observed care and treatment being delivered by physiotherapy staff. However, patients were doing their walking exercises in a public lounge. Staff told us they had considered that the public space used may not have ensured patients' privacy and dignity were maintained; but, that there was no other private space for walking exercise on the unit. We spoke with a person who was receiving physiotherapy. They told us they did not feel their privacy and dignity was compromised. Physiotherapy staff told us they had not had any complaints from patients about doing their walking exercises in the lounge.
- We saw that discussions with patients were conducted with appropriate sensitivity to their needs.
- Patients we spoke with were very positive about the care and treatment they received.
- The promotion of self-care was of particular relevance to the care of patients in the Ainslie unit. We observed patients' independence being promoted by staff encouraging patients with their mobility and staff assessing patient's ability in activities of daily living (ADL).

Are services responsive to people's needs?

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

Summary

- The service had developed a referral pathway that worked in partnership with other stakeholders, such as local authorities and GPs. Waiting times to access the service were short. Staff completed training in dementia awareness and were able to access specialist services such as learning disability, podiatry, physiotherapy and speech and language therapy.
- The trust had a patient experience strategy in place, which enabled patients to be involved in decision making about their care and treatment and to look more broadly at service review and development.
- Patient's cultural and religious preferences concerning diet were assessed and met whilst receiving care and treatment. Information about care and treatment options and complaints was available in other languages and formats upon request.

Planning and delivering services which meet people's needs

- Managers told us the trust and unit worked with local service commissioners, including local authorities, GP's, and other providers to co-ordinate and integrate care pathways. The service had arrangements in place to refer patients who required support from mental health services or local authority social services.
- The trust had a patient experience strategy in place. This included patients being involved in their individual care planning and decision making about their own care and treatment in collaboration with the Ainslie unit team. Patients received clear verbal and written information, including risks, benefits and alternative treatments to guide their participation in their own care plan; information could be provided in formats appropriate to the individual.
- Senior staff told us patients could apply to be part of the trust's patient experience partnership groups. Patients could formally register with the trust's patient experience department and would be appointed via application and competitive interview for a specific period of time.

Equality and diversity

- Equality and diversity training was mandatory for staff. Records we viewed confirmed that most staff training in equality and diversity was up to date.
- Staff we spoke with told us that patient's cultural and religious needs were assessed as part of initial assessments. We viewed 12 patient's care records and saw that these included specific information on their cultural or religious dietary preferences, this ensured food and drink met their religious or cultural needs.
- The trust's customer services department could provide information documents in other languages, large print, Braille and audio format upon request. Staff told us; patients could request information and receive it quickly from the trust's customer services department.

Meeting the needs of people in vulnerable circumstances

- Dementia awareness training was rolled out to all staff working at the Ainslie unit.
- The "butterfly scheme" was in operation on the wards. We saw that on the ward magic boards the service used the butterfly symbol to identify patients who had been identified with dementia. Staff told us this acted as a visual prompt to aid staff in identifying patients with a diagnosis of dementia and meeting their needs.
- The Ainslie unit staff had access to a learning disability service that could provide specialist multidisciplinary assessment and intervention to individuals aged 18 and over with learning disabilities and complex health care needs. The learning disability service could also provide advice and support to carers and other professionals.
- The Ainslie unit wards were accessible to wheelchair users and bariatric patients. There was a lift to a ward on the first floor of the unit.

Access to the right care at the right time

- Services responded quickly and waiting times were low. The service used a single point of access to triage and signpost patients. This meant patients could be sure they received the right care services in a timely way.

Are services responsive to people's needs?

- Patients with diabetes or at risk of diabetes had access by referral from a health care professional to specialist diabetes services, this included patients with renal disease, foot care, and retinal disease.
- The Ainslie unit team had access to a range of specialist teams who provided care and treatment. For example, podiatry and physiotherapy. Speech and language therapy (SALT) was available from the SALT team.

Learning from complaints and concerns

- The trust had complaints handling policies and procedures in place. All complaints to the service were recorded. Information on the trust's complaints policy and procedures was available on the trust's internet website.
- Information on the ward for patients included information about how to make comments and compliments or raise concerns or complaints. Most patients we spoke with were aware of the complaints procedure.
- Staff we spoke with were aware of the trust's complaints policy and of their responsibilities within the complaints process. Formal complaints patients were directed to the trust's customer services department and informal complaints were dealt with at a ward level. Staff were aware of complaints patients had raised and what had been done to resolve these.
- Action to be undertaken following the investigation of a complaint was identified and discussed with the patient. The completion of actions was monitored. Line managers fed back learning from complaint investigations at team meetings. Staff could describe how services had changed as a result of action taken.

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

- The trusts vision and values were known to and promoted by staff and underpinned the care and treatment delivered on the unit. There was clear leadership of the unit at a local level and corporate level. Senior managers within the trust were known to staff and had spent time on the unit. Staff felt well supported in their roles.
- Appropriate governance, risk management and quality improvement measures were in place. Several examples of new and emerging innovative practice were observed during the inspection, including the implementation of patient experience programmes to ensure that care and treatment was safe, fair, and rewarding; The introduction of a nurse for frailty and the introduction of a hub for staff to promote compassion and person centred care.

Service vision and strategy

- The trust's vision was promoted at the Ainslie unit; posters and information about values were displayed around the wards. The vision known as the 'five P's' included: 'People first', patients, service users and carers were the trust's top priority, and treating others how we would like to be treated: 'Prioritising quality'; providing the best service possible, following best practice and national developments: 'Progressive, innovative and continually improving', listening and continually improving services for the benefit of patients, service users and carers: 'Professional and honest', creating relationships based on honesty, respect and trust, and meeting the highest standards of professionalism and confidentiality. 'Promoting what is possible', independence, opportunity and choice, helping patients achieve the best quality of life possible, giving them the information and support they needed.
- Staff told us the trust held engagement forums when formulating the trust's strategy. Most staff we spoke with told us the trust's vision and strategy was publicised on the trust's intranet, and they incorporated the trust's values into their practice.
- Managers told us the local vision and strategy for the Ainslie unit was to ensure the unit followed its action plan to align it with the NELFT values and strategy. This was due to the unit joining the trust after a period of being managed by another provider. Managers and staff told us they felt there was a clear vision for the Ainslie unit and a strategy of improvement and change to services delivery.

Governance, risk management and quality measurement

- The service had governance and risk processes in place. The trust had an up to date risk management policy. The Ainslie unit maintained a risk register. The register was reviewed regularly and most staff were aware of the risks in the service and the action taken to mitigate risks. However, other staff we spoke with were unaware of the risk register and felt it was not readily accessible.
- The assistant director of community health services told us they had monthly meetings with the matron where locally managed risks were discussed. Trust wide risks were also linked to clinical governance meetings. Key risks for the Ainslie unit included high use of agency staff.
- The unit regularly undertook a range of audits to improve performance and support safety. A comprehensive audit in 2014 had identified changes required as a result of the audit. An action plan was put in place and all recommendations in the action plan had been implemented.
- An annual plan for national and local audits of the unit was in place. Audit progress was reported monthly. Governance meeting minutes evidenced that audit plans were reviewed by the assistant director of community health at the monthly meetings. Updates were provided for audits in progress. For example, as a result of a comprehensive audit of services in 2014 the trust had trained all staff on the use of the trust's electronic records system.
- The unit used the NHS safety thermometer to monitor: pressure ulcer care; falls; catheter care; and

Are services well-led?

venosthromboembelism (VTE). Managers told us the safety thermometer information was used to identify trends and identify improvements in patient care over time.

- The trust's patient experience team monitored the Ainslie unit's performance against a number of criteria. For example, a trust thematic review of the unit in February 2015 reviewed the unit's performance in regards to: medicines, environment and infection control, and records. An action plan was in place following the review. We saw that improvements identified by the review had been acted on and implemented
- Managers and staff told us team meetings were held regularly. Our review of documents showed that these meetings were recorded and included case discussions. Actions taken were documented and reviewed in subsequent meetings.

Leadership of this service

- The chief executive was well established in their role and known to staff in community services. Staff felt there was clear leadership at executive level.
- Managers and team leaders demonstrated a clear understanding of their role and position in the trust.
- The director of nursing and patient experience told us the Ainsley unit had been closely monitored for the previous 12 months by the patient experience team. Records we viewed confirmed this.
- Local leadership was effective and staff said their direct line managers were supportive. The senior management team for community services provided leadership that was visible to staff.
- The director of nursing and patient experience and assistant director of nursing and patient experience told us they had 'walked the floor' at the unit in June 2015 when they had spoken with patients and staff.
- Health care assistants we spoke with told us they felt comfortable in their role and well supported in their development.

Culture within this service

- Staff generally reported a positive culture in the Ainslie unit, staff were supportive of each other. Staff said there was a team ethic in the unit and they enjoyed their role. Staff told us they were able to put forward ideas and discuss them as a team.
- Staff said the trust was good to work for, with an open and patient focused culture.
- Staff told they had were consulted about practice issues and felt involved in the decision making processes on the unit.
- Staff told us there was a culture of being honest and open and said they were encouraged to report incidents.

Public engagement

- Staff at the unit told us they engaged with the public through the NHS FFT. However, we saw that in July 2015 there had only been one respondent. This meant information collected did not provide representative information on patient's experiences.
- The trust had a patient experience strategy in place. The strategy linked patient experience directly with the trust board. Examples at the Ainslie unit included: robust arrangements for gathering information on compliments and complaints: and gathering feedback on patient views of their care and treatment via the FFT and thematic reviews:
- The matron told us the Ainslie unit were looking to establish a team of volunteers to provide activities and support patients.
- Patients led assessments relating to the care environment (PLACE). These were assessments by patients on the environment at the unit. The assessments provided motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced. The 2014 PLACE assessment found that the Ainslie unit received a 97.5% rating for cleanliness: 89% for food; 88% for privacy and dignity; and 92% for condition and maintenance of the environment.

Are services well-led?

- Patients could apply to the patient experience department to be involved in staff interview panels, developing patient information leaflets, planning groups to influence service delivery, and acting as service user representatives at corporate meetings.

Staff engagement

- The trust had a number of ways of engaging with staff. For example, the Ainslie unit had effective levels of support, supervision and appraisal.
- The director of nursing and patient experience told us the trust had conducted a number of staff focus groups to gain staff input into the trust's values, the 'five P's'.
- The patient experience team ran a weekly blog staff could use to discuss practice issues, to make suggestions and join in discussions about improving practice.
- The trust had a weekly newsletter to update staff on what was happening in the organization. Staff could contribute to the newsletter.
- The trust had introduced a staff recognition strategy. This introduced team of the month awards, where staff had the opportunity to nominate teams who they felt had gone the extra mile. The Ainslie unit won a team of the month award in 2014.

Innovation, improvement and sustainability

- Several examples of new and emerging innovative practice were observed during our inspection, including: The patient experience department, who had developed the patient experience strategy and operational policy with the objectives of ensuring patient's experiences of care and treatment was safe, fair, and rewarding.
- The trust had introduced a nurse for frailty. The nurse specialised in providing care and advice for staff in providing care for frail older people.
- The trust's care makers' initiative included a hub for staff where they could access information and guidance, as well as information on events and webinars to promote compassion and person-centred care.