Solent NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected, information we hold about quality, and information given to us from patients, the public and other organisations.

Summary of findings

Contents

Summary of findings

Overall summary

Solent NHS Trust provides an inpatient service on Spinnaker ward, St Mary's Hospital. The service provides intermediate care primarily as a step-down facility following discharge from the local acute hospital. The ward also has allocated step- up beds used to avoid admission to the local acute hospital.

Patients and their relatives commented favourably on the care and treatment they or their relative received on the wards. Patients (and/or relatives where appropriate) were involved in decisions about their care and their plans for discharge.

We found the wards delivered safe care and people were protected from abuse and avoidable harm. There were systems and processes in place for identifying, investigating and learning from incidents. Patients' needs were assessed and records indicated that treatment, care and support was provided to meet those needs. There was effective multidisciplinary and multi agency working to ensure that people received care that met their needs, at the right time and without delay. Discharge planning was comprehensive and consistent.The service had employed a social worker to facilitate timely discharge of patients.

Staff followed best practice guidelines when treating and supporting people. There were audit systems in place to check on the quality of care, including the prevention of infections. We saw staff using good hand washing techniques and there were sufficient handwashing facilities throughout the wards**.**

We found some staff, and in particular those contracted from other organisations, had not completed appropriate training in safeguarding adults, Mental Capacity Act and dementia care.

We found that the care was delivered by caring and compassionate staff. We observed staff treating patients with dignity and respect. The service was responsive to the views and needs of people who used the service. Staff gave us examples of how services had been developed in response to patient feedback.

Spinnaker ward was well-led. Staff told us they felt able to raise concerns and were supported to carry out their job role. Staff were proud to work at the service and aware of the vision and values of the organisation. The service was very effective in monitoring its own performance and had involved patients in this process.

Summary of findings

The five questions we ask and what we found at this location

We always ask the following five questions of services.

Are services safe?

Services were safe because there were systems for identifying, investigating and learning from patient safety incidents and an emphasis in the organisation to reduce harm. Risk assessments were in place with input from healthcare professionals. There was regular monitoring of safe staffing levels.

Are services effective?

Patient care and treatment was effective, and was in line with legislation and best practice. Audits were undertaken to monitor care and outcomes, and action plans implemented where required to improve care.

Appropriate equipment was maintained and available to assist staff in providing care and treatment.

Are services caring?

Patients (and their relatives where appropriate) were involved with their care and staff treated them with respect. We saw good examples of care being provided with compassion and of effective interactions between staff and patients.

Are services responsive to people's needs?

There was effective multidisciplinary and multi-agency working to ensure that people received care that met their needs, at the right time and without delay. The service was responsive to the views and needs of people who used the service.

Are services well-led?

Staff worked well together as a team. They were well led and supported and promoted the vision and values of the organisation.

Summary of findings

What we found about each of the core services provided from this location

Community inpatient services

Patients and their relatives commented favourably on the care and treatment they or their relative received on the wards. Patients (and/or relatives where appropriate) were involved in decisions about their care and their plans for discharge.

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Spinnaker ward was well-led. Staff told us they felt able to raise concerns and were supported to carry out their job role. Staff were proud to work at the service and aware of the vision and values of the organisation. We saw evidence of good integrated team work and regular monitoring of the quality of the service being delivered.

Summary of findings

What people who use the community health services say

All but one patient said that they felt safe on the ward. The one patient who said that they did not feel safe could not explain why. This patient had a diagnosis of dementia. Some patients said that they had to wait to be assisted to the toilet, especially in the mornings when they said that staff were particularly busy. However, overall they felt that the standard of care was good, both day and night. Patients described staff as caring and compassionate and said that they were treated with respect. They said that 'nothing was too much trouble'. Patients said that staff were respectful and helped them to maintain their dignity. They felt that their treatment was effective and that the ward was well equipped and clean.

Areas for improvement

Action the community health service SHOULD take to improve

The service should ensure that all staff, including those contracted from other organisations that have contact with patients, have completed appropriate training including safeguarding adults, Mental Capacity Act and dementia care.

Good practice

Our inspection team highlighted the following areas of good practice:

Multi-disciplinary working was very effective. Staff were motivated and had a clear vision of the services vision and values.

The service had been responsive in employing a social worker to facilitate timely discharge of patients.

The service was very effective in monitoring its own performance and had involved patients in this process.

Solent NHS Trust

Detailed Findings

Services we looked at:
Community inpatient services

Our inspection team

Our inspection team was led by:

Chair: Stephen Dalton, Chief Executive Mental Health Network, NHS Confederation

Head of Inspection: Anne Davis, Care Quality Commission

The team included a CQC inspector, a specialist advisor who had a background in nursing, a pharmacist and an 'expert by experience'. Experts by experience have personal experience of using or caring for someone who uses the type of service we were inspecting.

Background to Solent NHS Trust

In January 2012 , Spinnaker Ward , based on the St Mary's community Health Campus , opened as a 16 bedded step down (admission from an acute hospital) and step up (admission from home) unit for Portsmouth City patients provided by Solent NHS Trust. There are eight private cubicles and two four bedded bays.

Spinnaker Ward was inspected by CQC in September 2013 when we found it to be compliant with the five standards we reviewed.

The primary aims of Spinnaker Ward are:

- To provide timely, comprehensive, person centred assessment and intervention
- To facilitate timely transfer of care following hospital admission, providing active rehabilitation and support that will enable people to maximise their functional potential and regain/maintain their optimal level of independence
- To achieve the best health and wellbeing outcomes for patients with a specific medical, nursing or therapeutic need for which the rehabilitation resources of the ward are appropriate
- To minimise the need for long term intervention from statutory services
- To provide care as near as possible in a safe environment.
- To provide a safe, quality service that promotes dignity and supports choice for older people.

Why we carried out this inspection

There had been no concerns raised about Spinnaker ward prior to our inspection. We chose to inspect Spinnaker Ward as part of the first pilot phase of the new inspection process we are introducing for community health services. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

Detailed Findings

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?

The inspection team always looked at the following core service areas:

- Community inpatient services

We reviewed the information that we held about the service and the information provided by Solent NHS trust before our visit. We carried out an announced visit on 19 March 2014 and an unannounced visit on the evening of 20 March 2014. During our announced visit we spoke with 10 patients and received written feedback from 11 comment cards. We spoke with a range of staff including a senior manager, a ward manager, nurses, therapists, a senior house officer, health care assistants and housekeeping and catering staff. We observed how people were being cared for and reviewed personal care or treatment records of patients.

Community inpatient services

Information about the service

Solent NHS Trust provides an inpatient service on Spinnaker ward, St Mary's Hospital, for Portsmouth City patients. The service provides 16 intermediate care beds primarily as a step-down facility following discharge from the local acute hospital. The ward also has allocated step-up beds (admission from home) used to avoid admission to the local acute hospital. There are eight private cubicles and two four bedded bays.

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Summary of findings

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Spinnaker ward was well-led. Staff told us they felt able to raise concerns and were supported to carry out their job role. Staff were proud to work at the service and aware of the vision and values of the organisation. We saw evidence of good integrated team work and regular monitoring of the quality of the service being delivered.

Community inpatient services

Are community inpatient services safe?

Safety in the past

Spinnaker Ward was judged compliant with the five standards we reviewed in September 2013.

Solent staff were confident about reporting incidents and providing information to the ward matron or senior manager if they suspected poor practice which could harm a person. Staff employed by Solent had attended safeguarding training and were knowledgeable about the safeguarding process to follow should they need to. Housekeeping staff were not employed by Solent but were contracted in. We spoke with two housekeeping staff who told us that their direct employer was responsible for their training. Housekeeping staff had direct patient contact but had not completed adult safeguarding training. Housekeeping staff said that would always report any poor practice or abuse if witnessed or disclosed to them but varied in their views about whether they would report to their own line manager or to the senior member of staff on the ward.

Adverse incidents were collated by the clinical governance team and information on all incidents was provided to managers and the trust board. The trust encouraged staff to report all incidents and data showed there was high reporting of incidents from the wards, most were assessed a minor. None of the safeguarding or whistleblowing concerns raised since the trust registered with the Care Quality Commission (CQC) related to Spinnaker Ward. The trust have not had any "never events" in the last 12 months.

From data received prior to the inspection we knew the trust's rate for new pressure ulcers was typically above the national average. But it was following the England trend of a general decrease in new pressure ulcers and most occurred in the community. The trust required staff to report all grade 2,3 and 4 pressure ulcers and had introduced processes for reviewing all incidents to identify if avoidable or unavoidable. We were not aware of any avoidable pressure ulcers reported from Spinnaker Ward

The hospitals rate for falls was slightly above England's average for most of the previous 12 months, but measures had been put in place to reduce falls and we saw these systems implemented on the ward. Staff told us all falls were reported and the reasons investigated. For example, one incident which had resulted in an injury had prompted a root cause analysis which concluded that all possible falls prevention measures were in place and that the incident could not have been avoided.

Learning and improvement

Staff had received appropriate training to allow them out carry out their roles. For example moving and handling and tissue viability, including the grading and reporting of pressure ulcers. Nurses completed medication assessments during their induction and then annually.

There was an open policy on reporting any medication errors/omissions in recording. Staff were clear about what action needed to be taken as a result of any error or omission. Any repeated error would result in reflective practice and retraining in the management of medicines. All medicine incidents were reviewed by the pharmacy team and learning disseminated.

Findings resulting from audits around falls and pressure ulcers were monitored by the matron and ward managers. Matrons and senior staff from Portsmouth and Southampton inpatient wards attended a governance group to discuss feedback and learning from incidents, and outcomes from audits.

There had been one SIRI (serious incident requiring investigation) in the last twelve months. This had been thoroughly investigated and learning had taken place as a result. The action was that staff needed to look more closely at the information provided about patient's needs and risks associated with their care at the time of their admission to Spinnaker Ward.

Systems, processes and practices

Medicines were handled safely within the community in-patient units. All medicines were stored safely and prescriptions were reviewed in a timely manner by pharmacy staff. There were standard operating procedures in place for the management of controlled drugs, and we saw these were followed. Medicines incidents were reviewed and learning from those incidents was disseminated.

The trust had committed to improving the detection and management of medically deteriorating patients in the wards and a reduction in incidents. We saw the use of an early warning score system 'track and trigger' system to

identify deteriorating patients. There was a process to ensure appropriate response and that included nurses calling an ambulance, where necessary, rather than waiting to go through a hierarchy of doctors.

There were pain control care plans in place and there was access to cardio pulmonary resuscitation medicines, oxygen and automated defibrillators.

The hospital environment was clean and there were clear infection prevention and control systems and processes in place. We observed staff using good hand washing procedures and there was access to alcohol hand gels. There were numerous hand washing facilities on the wards with access to liquid soap and paper towels.

The trust had committed to reducing pressure ulcers by 35% overall across its services. We looked at pressure area care on Spinnaker Ward and found they provided appropriate pressure relieving equipment and had detailed care plans for each person, to maintain their skin integrity.

Monitoring safety and responding to risk

There were clear systems in place for assessing and monitoring risk, For example, we saw that there were good systems in place for monitoring people's nutritional needs and for identifying patients who were at risk of malnutrition. Observation charts were regularly completed for the early warning score. This is a national system for recognising very sick patients whose condition is deteriorating and who need more intensive medical or nursing care. There were detailed instructions to guide staff about how to assist patients to move safely. This included photographic prompts to help to ensure that this was carried out consistently.

Staff told us that daily hand-overs took place during shift changes. We also saw a detailed written handover which clearly reflected patient's daily care and treatment needs. Staff told us they felt this made them aware of any new issues or concerns about the patients. We saw the service was managing patient risks such as falls, pressure ulcers and infections. This information was monitored monthly.

Staffing numbers were fairly static and we saw that there were generally six nursing and care staff employed in the morning this comprised two or three nurses there were four nursing staff in the afternoon and three staff employed overnight. Staff told us additional staff could be accessed if the needs of the patients increased, and patient safety was at risk. Workforce staffing levels were monitored every month with any effects of staff sickness taken into account. Staffing levels were declared safe for the two months of January 2014 and February 2014.

The wards had medical cover during the week between 9am and 5 pm. This was provided by a consultant geriatrician who visited twice a week and two ward based Senior House Officers. The out of hours GP service was provided medical cover from 5pm and overnight, and at weekends. Staff said that this arrangement worked well. This had been subject to a quality review to ensure that the contract prioritised call from the wards. We were told this was working well and there had been no incidents arising from lack of timely medical support.

The wards undertook a range of safety audits including pressure ulcers, falls and medicines management. The use of the deteriorating patient track and trigger system was monitored and there was an audit of all patients who returned to the acute hospital and unexpected deaths.

Anticipation and planning

The service had recently introduced an e-rostering system that analysed current staffing levels and anticipated need. The trust had introduced a system of daily reporting by phone to the deputy director of nursing, to confirm that there were sufficient staff. We were told that a need for extra staff was identified then they could be bought in to meet that need. Therapists told us that additional therapies were being planned to extend the range of interventions being offered, for example anxiety management classes.

Three 'in reach' workers were based in the acute hospital. Their role was to assess potential patients, along with medical professionals to ensure that they were medically fit to come to Spinnaker ward. This helped to ensure that patients admitted to Spinnaker ward were medically fit for and met the criteria for rehabilitation. When a bed became available nursing staff completed a further assessment to ensure that the patient continued to be medically fit to be admitted. This also helped with forward planning, for example ordering bariatric equipment, interpreter, so ready for admission.

Are community inpatient services effective?

Community inpatient services

(for example, treatment is effective)

Evidence-based guidance

Patient care and treatment was effective, was in line with legislation and was based on guidance issued by expert bodies such as the National Institute for Health and Care Excellence for example the reduction of falls.

We saw mental capacity assessments had been completed for some patients where there was a concern that they may have cognitive impairment. Staff had an awareness of the issues around patients who lacked capacity to make an informed choice about their care and/or treatment and felt that they managed patients with an element of cognitive impairment well. But not all staff had undertaken training in mental capacity and those we spoke with felt that this would be useful. Not all staff had received training in the needs of people with dementia although we were told that this was a mandatory training course. A dementia pathway was being developed so that staff could be sure they were meeting the needs of patients with dementia effectively.

Staff had undertaken a wide range of training and the staff we spoke with had all received an appraisal. Clinical supervision for nurses was ongoing. (Clinical supervision is an opportunity for practising professionals to discuss and review their practice in order to improve their care). There were professional groups for sharing best practice for healthcare professionals across the trust.

Matrons and senior staff from Portsmouth and Southampton inpatient wards attended a governance group to discuss implementation of best practice and standard documentation across the wards.

Monitoring and improvement of outcomes

One goal of the ward was to provide rehabilitation to enable the safe discharge of each patient. The target length of stay was 20 days following their admission. When we visited we saw that the longest stay of a patient was around six weeks, where awaiting social services funding. Most patients were discharged around the target time of 20 days. This showed that the ward was flexible where necessary but also largely achieved agreed dates of discharge.

There was a regular multidisciplinary review of all patients. All the staff we spoke with felt that they worked well as a team and had worked hard to create the integrated team providing optimal care and treatment. Members of the physiotherapy team worked seven days a week to improve rehabilitation outcomes and facilitate discharge for patients at the agreed times.

Patients were asked if they felt the service provided in Spinnaker ward was effective, and the results of surveys and family and friends test were positive.

There were a number of other ways in which the ward monitored their progress and outcomes. A service level dashboard helped the service to monitor how they were performing in terms of managing incidents and staffing, and this linked in with action plans. Feedback was also gained from staff in acute NHS wards about their experience of referring people to Spinnaker Ward. Patients mobility scores were measured when they were admitted and on discharge. This enabled the service to monitor how effective they had been in this aspect of the patient's rehabilitation

The service had an effective complaints procedure. One complaint made in the past twelve months had been investigated thoroughly, in line with policy. Written feedback had been provided to the complainant. They had been provided with the opportunity to raise a further concern if they were dissatisfied with the response.

Staffing, equipment and facilities

Equipment was supplied by a private contractor and the ward had worked to improve flexibility of this service, for example staff could prioritise how soon equipment was needed and obtain anything that was required urgently in good time.

Appropriate equipment was maintained and available to assist staff in providing care and treatment. Therapy staff told us there was more than enough equipment within the unit for the effective rehabilitation of patients

We found that there was an apropriate mix of multidisciplinary staff on the ward to meet patients needs and for effective rehabilitation.

The environment was designed to meet the needs of people requiring rehabilitation, for example there was an adapted kitchen where occupational therapists could assess people's abilities and a well-equipped physiotherapy room. There was also a large communal dining /sitting room where people could socialise and watch television and films. There was an adapted room for

bariatric patients and those we spoke with confirmed that appropriate equipment had been provided to support their rehabilitation. Patients told us that the ward was well designed to meet their needs with plenty of space between beds on bays and with good communal facilities on the ward

Staff felt that the environment for patients was excellent citing good results from PLACE (Patient led assessments of the care environment) audits. PLACE is a system for assessing the quality of the patient environment.

Multidisciplinary working and support

We saw evidence of good multidisciplinary team (MDT) working in patient records and through discussion with staff. There was an MDT meeting on the ward twice a week to plan care and treatment.Care and treatment records contained comprehensive multi-disciplinary notes, assessments and care plans which were regularly reviewed and updated.

The wards were consultant led and the consultant carried out ward rounds and attended the MDT meeting. We also saw informal meetings taking place between therapists, doctors and ward staff used to discuss certain patient's progress.

The ward employed physiotherapists who worked seven days a week and occupational therapists who worked Monday to Friday. They had recently employed a social worker who helped, to facilitate patients' discharge. This released health care staff to spend more time rehabilitating inpatients.

The Portsmouth Rehabilitation and Re-ablement team (PRRT) was critical in minimising delays in discharging patients. The PRRT includes community nurses, physiotherapists, occupational therapists and social care services to support patients following discharge. Staff said that they worked closely and the PRRT team, who followed up therapy programmes started on the ward to ensure a continuity of care.The ward also had links and worked effectively with other specialist healthcare workers such as dieticians.

There was evidence of effective multi disciplinary working within the ward. For example, every morning a therapist worked with nurses and health care assistants to attend to two patient's personal care. This helped to ensure that nursing and care staff had enough support and also enabled the therapists to assess what help patient's needed.

All audits were linked into national guidance and staff said that a priority next year was going to be falls linking into the national FallSafe project, The project will help hospital wards to carefully assess patients' risk of falling, and introduce simple, but effective and evidence-based measures to prevent falls in future.

Are community inpatient services caring?

Compassion, kindness, dignity and respect

The ward environment supported patient privacy and dignity. Half of the beds in the ward were in single rooms. The bay areas were single sexed and there were ample toilet and bathing facilities. We found call bells were all in reach of patients, all patients who were in the communal area were dressed in their day clothes. We observed that staff knocked on people's doors, introduced themselves to patients and addressed them in a respectful way. When personal care was being delivered there was a notice on display which said 'do not enter personal care being given.'

Patient records were held securely. Patients said they felt well cared for. Patients had access to their mobile phones. Catering staff said that they could accommodate any special diets.

The ward had conducted a patient listening exercise for more qualitative detailed feedback. Staff sat with patients and asked them open ended questions in a small focus group. Staff said this produced more constructive comments than asking people individually. Some patients were unhappy about the lack of televisions and radios available. Patients were encouraged to go to the communal area to watch televisions, but additional radios were provided to people who had requested them.

Informed decisions

There were information packs available for each person which provided information about the service, including how people could complain if they wished to. The vision statement of the ward was available and patients were asked for their views about this. Patients had given permission for their name to be displayed and charts to be placed at the end of their bed.

Community inpatient services

There were leaflets for patients and their visitors about the aims and objectives of the ward. Most patients said that they felt involved in decisions about their care, some patients said that their family were involved in meetings when they did not feel able to take part themselves.

Emotional support

Patients described staff as caring and compassionate and said that they were treated with respect. They said that 'nothing was too much trouble'. We witnessed positive interactions with staff explaining who they were and what their role was.

We saw that people had personal possessions to hand, for example, handbags. This provided them with reassurance that they had important possessions close to them. We saw that staff apologised for any delays when patients had requested assistance and advised the patient that they would return as soon as possible.

Staff liaised with relatives where this was appropriate, for example for a patient who was distressed following a change in medication.

Are community inpatient services responsive to people's needs?

(for example, to feedback?)

Meeting people's needs

We found evidence that Spinnaker ward was responsive to the needs of people who used the service. Patients we spoke with spoke overwhelmingly of care and support provided being of a high standard. Waiting times were good with patients generally waiting just over half a day to be admitted. We saw that intentional rounding took place. Intentional rounding is a process where nurses and support staff carry out regular checks with individual patients at set intervals with the aim of anticipating their needs

Access to services

Staff said that they aimed to work seamlessly with acute and community providers to enable the best possible outcome for people. The trust employed 'in reach ' workers based at the acute hospital who assessed people who were ready to be discharged from the acute ward for rehabilitation. This helped to ensure that patients were appropriately placed and that the service could meet their needs.

Senior managers told us they monitored length of stay and waiting lists for the wards and worked with community teams to ensure that there was timely discharge to free up rehabilitation beds

Staff reported some delays when patients were in Spinnaker ward and needed specific medical tests such as echocardiograms , as it was not always clear how long they would have to wait for these as they were treated as outpatients by the acute hospital. The outcome of these tests could have an impact upon when patients were discharged from Spinnaker ward.

Care co-ordination

There were detailed daily handover sheets which provided staff with a lot of information about patient's current needs. Staff told us and care plans recorded liaison with community teams and social care providers to help to ensure appropriate care packages were in place on discharge.

We saw discharge checklists which included evidence of communication with the patient and families to confirm discharge plans and the planned date of discharge. They also included details of equipment that may be required at home, when it had been ordered and expected delivery date. Staff told us they had good relationships with the community therapists who would in some cases visit patients at home to complete their rehabilitation programme. We saw that the doctors wrote up prescriptions at least 48 hours prior to the discharge to ensure the medicines had arrived in time for the planned discharge.

Learning from experiences, concerns and complaints

Staff said that if a patient needed social work intervention, they referred very early on to ensure that support would be in place on discharge. Staff said that although delayed discharge was rare, there had sometimes been delays when patients had particular housing needs, an example of a delay in discharge was given where a patient was under 60, had particular support needs and required a placement in a care home. The service had responded by employing a social worker who would liaise with adult social services to assist the process of securing long term placements

Community inpatient services

Are community inpatient services well-led?

Vision and strategy

The ward was taking part in the 'productive ward' series. This helped to gain staff opinion about whether certain processes on the ward were working. Using the productive care series handbook the team were asked to contribute towards creating a ward vision by asking them how they viewed the ward and how they thought others did. Key words and phrases were used to create a vision that reflected the teams views.

Staff told us the trust were committed to providing good services and were aware of the 'Solent Quality Wheel'. We saw the 'wheels' displayed on the wards. Staff were able to talk about the concepts of the' wheels' and felt the trust tried hard to communicate their vision to all staff. Staff appraisals were based on the corporate objectives, values and behaviours described in the Solent 'wheels'.

Governance arrangements

There were clear governance structures for Spinnaker ward. Information on incidents and other indicators of quality such as complaints, patient and staff feedback was collated by the trust governance team. A monthly performance and quality report for the Portsmouth included data from Spinnaker ward. Monthly divisional governance meetings, were attended by clinical and operational directors and governance lead. Identified issues were presented at the trust Assurance committee and were also presented to the board. Matrons and senior managers held regular hospital governance meetings across Portsmouth and Southampton.

We saw a commitment to incident reporting, internal audits and quality monitoring. We were told feedback from audits and incidents reports was shared with staff so they knew any issues that needed to be addressed or areas for improvement. We found there were clear systems in place for monitoring risk.

Leadership and culture

Staff worked well together as an integrated team.

Staff said that the operations director and clinical director were accessible and were genuinely interested about things going on at service level This meant for example if a particular piece of equipment was needed it was supplied. A new modern matron had been recently employed who spent time on the ward and carried out a monthly matron walk around. This included a patient listening exercise.

Staff we spoke to felt very supported by the senior staff and reported that they had regular one to one meetings with the ward manager and annual appraisals. Staff appraisals were linked to the vision and values of the organisation.

Patients (and relatives where appropriate) told us they felt well looked after and felt they could approach any staff if they had any concerns.

Acting on feedback

Staff feedback was routinely collected through the NHS staff opinion survey. Data was broken down by directorate, key themes were identified and an action plan was formulated at locality level. Staff feedback was also gathered at ward meetings. Their views and opinions were listened to and where practicable were acted upon for example making the staff handover more effective and improving signage around the ward.

Staff had recently been asked to answer the five key CQC questions: Was the service safe, effective, caring responsive and well led. Staff responded positively about the service that they provided. Staff highlighted two areas which they felt needed improvement, how staff spoke to each other and the need to update patients mobility status so that all were clear how much support patient's needed to mobilise. Senior staff said that they intended to do a team building exercise to address the former and would audit mobility charts regularly to ensure that they accurately reflected patient's current mobility.

Patients views were gathered in a number of ways for example by snapshot surveys and all were requested to complete a satisfaction survey on discharge. Staff acted upon any concern raised in these surveys, for example they had made patient goals more explicit after one patient had commented that they were not familiar with what their goals were.

Continuous improvement and innovation

Staff were encouraged to take lead roles to support practice development and a clear focus on improvement in areas such as tissue viability We saw that key quality and safety issues were regularly highlighted, for example when

we visited it was nutrition and hydration week. We saw leaflets around the ward saying “is your patient drinking enough?” to constantly remind staff of the importance of good hydration.

Every month the organisation audited important areas to help them to ensure that they continued to meet their aims and objectives, such as the number of admissions, waiting times, length of stay and bed occupancy. This information was shared with commissioners.

Senior managers told us that as the complexity of patients on the wards increased ‘in house’ cross organisation training was provided, for example assessing deteriorating patients.

Inpatient managers had attended the trust leadership development programme. They had continued with action learning sets and projects to support continuous improvement and innovation. They told us a training needs analysis has been developed in partnership with Southampton University.