

# St. James Hospital Wards J30 & J31

## 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 and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



### Overall summary

St. James Hospital Wards J30 & J31 was run by Villa Care Limited and provided nursing care to patients over the age of 60 years who were medically optimised for discharge from hospital care or who did not require inpatient medical treatment.

The service was provided across three wards J30, J31 and J11 and was based in the Beckett Wing of St James University Hospital in Leeds. All wards were mixed gender with separate bays for males and females and a number of side rooms.

# Summary of findings

The service worked in partnership with The Leeds Teaching Hospitals NHS Trust under a service level agreement. Patients were cared for by nursing and health care staff from Villa Care Limited and medical and therapy staff input was provided by the acute trust. Patients deemed suitable were transferred to the wards from the acute NHS Trust and remained a trust patient until they were finally discharged from the service.

We carried out a responsive inspection of this service on 11 December 2018 in response to concerns we received from the local authority safeguarding team and complaints from service users and their carers and relatives about poor care and communication.

We found the following issues that the service provider needs to improve:

- We did not find a responsive culture in terms of meeting people's needs. The service was focused on outputs in terms of timely discharge of patients but we did not find a visible person-centred culture.
- The service did not encourage patients to maintain or improve their independence whilst being cared for on the wards. Throughout the inspection most of the patients remained in hospital gowns or in their own nightwear in bed and we did not see staff encourage or assist them to get up, dressed and move around.
- We saw limited engagement with patients or activities offered to enhance their wellbeing. Most patients were either sat in a chair or in bed with very little social interaction.
- The service was not able to provide evidence of positive patient outcomes. Measures were not in place to demonstrate whether patients physical, psychological or mental well-being had been maintained, improved or deteriorated whilst they were on the wards.
- We did not see staff take the time to interact with people who use the service and those close to them. Some staff appeared to struggle to understand questions and their communication skills were limited when speaking with patients.
- Patients and those close to them did not feel involved in decisions about their care and treatment.

- We found that staff did not always ensure patients dignity was maintained. During the inspection we raised concerns with staff about three patients whose dignity was not being maintained.
- Infection control procedures were not always correctly followed and implemented by all staff and we found the completion of some patient records were poor.
- Although compliance with staff completing mandatory training was high, we found staff knowledge, understanding and application was poor in some areas for example safeguarding, infection control and the mental capacity act.
- Managers could not effectively articulate the key risks to the service and could not provide evidence of the effectiveness of the service. There was limited engagement with service users and their families to involve them in service development and improvement.

However, we found the following areas of good practice:

- The service managed medicines well. We found medicines including oxygen were correctly stored and patients received their medication, including time critical medicines on time.
- Nurse and health care staffing levels were adequate. The planned level of nurse staffing was met on the day of our visit and the staffing rota showed that planned staffing levels were mostly achieved.
- All patients we spoke with told us that staff responded to requests for pain relief and this was well managed.
- We saw good evidence of multidisciplinary working on the wards. The wards had a discharge co-ordinator who worked closely with the acute NHS trust and social workers to facilitate the safe and timely discharge of patients from the wards.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices. Details are at the end of the report.

# Summary of findings

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Requires improvement 

**Services we looked at**

Community health inpatient services

# Summary of this inspection

## Background to St. James Hospital Wards J30 & J31

St. James Hospital Wards J30 & J31 is run by Villa Care Limited and provides nursing care to patients over the age of 60 years who are medically optimised for discharge from hospital care or who do not require inpatient medical treatment but require a period of recuperation or assessment prior to discharge.

The service works in partnership with The Leeds Teaching Hospitals NHS Trust under a service level agreement. Patients are cared for by nursing and health care staff from Villa Care Limited and medical and therapy staff input are provided by the acute trust. The service is provided within the acute trusts accommodation and the trust are responsible for providing equipment, catering and domestic services. Patients deemed suitable are transferred to the wards from Leeds Teaching Hospital NHS Trust and remain a trust patient until they are finally discharged from the service.

Patients transferred to the unit are medically fit to leave the acute bed site but may not be ready to go home at that point, may be ready to go home but are awaiting a home care package to be put in place or are awaiting placement into a nursing or care home.

The service is provided across three wards J30, J31 and J11 and is based in the Beckett Wing of St James University Hospital in Leeds.

Ward J30 has 31 beds

Ward J31 has 30 beds

Ward J11 has 30 beds

All wards are mixed gender with separate bays for males and females and a number of side rooms.

The regulated activities based at this location are 'Treatment of disease, disorder or injury'.

The registered manager is Ms Louise Taylor.

This location has not been previously inspected.

## Our inspection team

The team that inspected the service comprised a CQC inspection manager, a CQC inspector, a CQC assistant inspector and a specialist advisor.

## Why we carried out this inspection

We carried out a responsive inspection of this service in response to concerns we received from the local authority and complaints from service users and their carers/relatives. Prior to the inspection the local authority contacted us as they had received a number of

safeguarding concerns from relatives regarding the care being provided to the patients on Wards J30 and J31. CQC also received several complaints directly from relatives of patients about poor care and communication.

## 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 this inspection

- Is it well-led?

During the inspection visit, the inspection team:

- visited all three wards at the hospital, looked at the quality of the ward environment and observed how staff were caring for patients. We focused the inspection on J30 and J31.
- spoke with 13 patients who were using the service and five relatives;
- spoke with the registered manager and managers or acting managers for each of the wards;
- spoke with 14 other staff members; including nurses, health care assistants, therapists and social workers;
- attended and observed one handover meeting;
- looked at seven care and treatment records of patients and four prescription records;
- carried out a specific check of the medication management on two wards;
- looked at a range of policies, procedures and other documents relating to the running of the service;
- carried out a direct observation of care using the Short Observational Framework for Inspection (SOFI). SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems. It enables inspectors to observe people's care or treatment looking particularly at staff interactions.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as requires improvement because;

- Staff had variable knowledge and understanding of the providers safeguarding policies and their role and responsibilities in relation to protecting patients from abuse. Some staff we spoke with did not know the correct procedure for raising safeguarding concerns.
- Patient records we reviewed were not always completed to a good standard. We found gaps in some risk assessments and the recording of food and fluid charts was poor.
- Infection control procedures were not always correctly followed and implemented by staff. For example; we observed inconsistent use of 'I am clean' stickers, a health care assistant not using personal protective equipment whilst providing care to a patient and one registered nurse wearing nail varnish.
- Although compliance with staff completing mandatory training was high, we found staff knowledge, understanding and application was poor in some areas for example safeguarding, infection control and the mental capacity act.
- Hazardous cleaning substances were not locked away securely which posed a risk to vulnerable adults on the wards.

However:

- The service managed medicines well. We found medicines including oxygen were correctly stored and patients received their medication, including time critical medicines on time.
- Nurse and health care staffing levels were adequate. The planned level of nurse staffing was met on the day of our visit and the staffing rota showed that planned staffing levels were mostly achieved.
- Measures were in place to ensure that staff assessed and responded to a deteriorating patient. Staff used a nationally recognised tool to detect if a patient's condition deteriorated. There were clear protocols for staff to follow which included what action to take and who to contact in the event of a patient deteriorating.

Requires improvement



### Are services effective?

We rated effective as requires improvement because:

Requires improvement



# Summary of this inspection

- Staff we spoke with did not have had a good understanding of consent and the principles of the Mental Capacity Act although training figures indicated that staff compliant with Mental Capacity Act training.
- We could not be assured that staff had received an annual appraisal of their work performance. We asked the service to provide evidence of staff appraisal rates and compliance and this was not provided.
- We did not see evidence of positive patient outcomes. Managers we spoke with were not able to tell us about any measures they had in place to demonstrate whether patients physical, psychological or mental well-being had been maintained, improved or deteriorated whilst they were on the wards.
- At lunch time we observed a member of staff supporting a patient to eat however they needed to be directed by other staff to do this. We saw patients' relatives assisting other patients with their meals and one family told us they came in at meal times to help their relative who was not able to feed themselves, as they were not confident staff would do this.

However:

- The service participated in a regular audit programme. We saw evidence of action taken following audit to improve audit results and saw that this was discussed at team meetings.
- All patients we spoke with told us that staff responded to requests for pain relief and this was well managed.
- We saw evidence of multidisciplinary working on the wards.

## Are services caring?

We rated caring as requires improvement because;

- We did not see staff take the time to interact with people who use the service and those close to them. Some staff appeared to struggle to understand questions and their communication skills were limited when speaking with patients.
- Staff did not always involve patients and those close to them in decisions about their care and treatment.
- We found that staff did not always ensure patients dignity was maintained. During the inspection we raised concerns with staff about three patients whose dignity was not being maintained.

However:

- Patients we spoke with during the inspection told us that on the whole staff treated them well and were helpful.

**Requires improvement**





# Summary of this inspection

## Are services responsive?

We rated responsive as requires improvement because;

- There was limited engagement with patients or activities offered to enhance their well-being. Most patient were either sat in a chair or in bed with very little social interaction.
- We did not find the service encouraged patients to maintain or improve their independence whilst being cared for on the wards. Throughout the inspection most of the patients remained in hospital gowns or in their own nightwear in bed and we did not see staff encourage or assist them to get up, dressed and move around.
- Although the service aimed to transfer patients onto the ward before 8pm, we found three patients had been transferred onto the wards at night and one of the patients was unwell during the transfer. This elderly patient should not have been transferred to the ward during the night when they were clearly unwell and disorientated.

However:

- The ward had a discharge co-ordinator who worked closely with the acute NHS trust and social worker to facilitate the safe and timely discharge of patients from the wards.
- Managers said they learned from complaints and used them to identify areas of concern which needed improvement. We saw that complaints were discussed in governance meetings and monthly ward meetings.

**Requires improvement**



## Are services well-led?

We rated well-led as requires improvement because:

- Clinical leaders we spoke with could not effectively articulate the key risks to the service. There was no local risk register at ward level so we could not be assured that local risks had been recognised or were being managed.
- We did not find a responsive culture in terms of meeting people's needs. The service was focused on outputs in terms of timely discharge of patients but we did not find a visible person-centred culture and staff were not empowered to improve care.
- There service did not engage with service users and their families to involve them in service development and improvement.
- We did not find many areas of innovation or find that staff were involved in service improvement initiatives.

However:

**Requires improvement**



# Summary of this inspection

- There was a clear line of management. Staff said they felt well supported by managers.
- Managers we spoke with were proud of their services and told us that the model of 'discharge to assess' was based on the success of their services. They told us other trusts had been to visit the wards to see how their services worked.
- The service shared electronic management systems with the acute NHS trust. Staff told us they could access the right systems to do their job.
- The service had reached the final stage of the Health Service Journal Partnership Awards 2019. These awards showcased the most effective partnerships between the private sector and third sector and the NHS.






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement

# Community health inpatient services

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

## Are community health inpatient services safe?

Requires improvement 

### Mandatory training

The service provided mandatory training in key skills to all staff. Staff were required to complete mandatory training in topic areas such as infection control, moving and handling and data protection. Training was provided by either eLearning or face to face.

Information provided showed good compliance with the completion of mandatory training for December 2018 (see below).

### Name of training and compliance rate

- Confidentiality/data protection 99%
- Fire safety 96%
- Diversity and equality 99%
- Health and safety/COSHH 100%
- First aid/CPR 100%
- Food hygiene 100%
- Infection control 100%
- Mental Capacity Act and DOLS 93%
- Manual handling/hoist 93%
- Communication 96%
- Safeguarding 91%

Staff we spoke with said they were up to date with their mandatory training however four members of staff told us that they did not have access to their mandatory

training record. Managers monitored mandatory training and when staff were due for training or out of date, managers booked staff onto the appropriate training session.

Training records and certificates were not kept on site; they were stored at the provider head office so we did not see them during the inspection. The service provided us with copies of attendance lists and some certificates of attendance following the inspection.

Staff also received an awareness session on procedures they shared with the local NHS trust, for example, incident reporting and record keeping. This training was provided by the local NHS trust.

### Safeguarding

We found staff had variable knowledge and understanding of the providers safeguarding policies and their role and responsibilities in relation to protecting patients from abuse. We asked staff about the correct procedure for raising safeguarding concerns and three staff members were not able to answer appropriately, however, one staff member knew the correct procedure for raising safeguarding concerns. A social worker we spoke with on the wards was also clear on how to report a safeguarding concern.

A safeguarding contact number was displayed on the wall, however, staff we spoke with were not aware of this number. One staff member told us the matron was the safeguarding lead on the wards.

During our inspection, staff told us that there was a patient on the ward with a safeguarding concern. The patient had been moved to the ward the previous evening. We checked the nursing records and found these

# Community health inpatient services

contained limited information and it was not clear what action needed to be taken to protect the patient from harm. We discussed this with the matron who despite being the safeguarding lead was not yet aware there was a patient on the ward with a safeguarding concern.

Safeguarding training was mandatory for all staff. Information provided by managers showed that overall compliance with safeguarding training was 91% at December 2018. The training records were not made available to the inspection team at the time of the inspection. Managers told us that this included safeguarding adults level 2 and safeguarding children level 2 training. We asked for a breakdown of the safeguarding training rates to show the different levels, however this was not provided.

The service used the same systems as the local NHS trust to manage safeguarding alerts and concerns. Staff reported that the service had joint monthly safeguarding meetings with the trust who gave them clear information and feedback on any safeguarding alerts and concerns which had been raised. We saw that safeguarding adults was a standard item for discussion at the joint governance meeting held between Villa Care Limited and the local NHS Trust.

The service had received several safeguarding concerns in the last year relating to patients in their care. As a registered provider the service had not notified the Care Quality Commission (CQC) of these events and was therefore not meeting their statutory requirements. This was a breach of the CQC (Registration) Regulations 2009 (Regulation 18).

We checked the provider safeguarding policy and found this was beyond its review date of October 2018. The service was moving to the acute trust policy from January 2019.

## Cleanliness, infection control and hygiene

Most areas we visited were visibly clean. Ward cleaning was carried out by domestic staff employed by the local NHS trust.

We saw that personal protective equipment, such as gloves and aprons, were available. Hand washing facilities and alcohol gel were available either within each

bay and side room or next to the entrance. However, we saw overflowing bins (non-clinical waste) in one of the female bays on Ward J30 and paper towels were not readily available in all holders.

All staff were bare below the elbows and we saw staff performing good hand hygiene and in most cases using personal protective equipment appropriately. One health care assistant did not use any personal protective equipment whilst providing clinical care to a patient and one registered nurse on Ward J31 was wearing nail varnish which was an infection transmission risk.

Information on infection, prevention and control was displayed throughout the wards. This included guidelines, policy updates, hand hygiene posters and the results of hand hygiene audits for the months of August (100%), September (100%) and October (80%). Ward cleaning schedules were also displayed.

We observed staff cleaning equipment such as commodes appropriately and they applied 'I am clean' stickers following cleaning. The use of these stickers was not always consistent. We saw walking aids in a storage area and noted these did not have any labels attached to show when they were last cleaned.

Compliance with infection, prevention and control standards was audited monthly as part of the ward metrics programme. Overall the scores showed an upward trend in improvement. Results showed that between January 2018 and November 2018 audit results for infection prevention were variable. Ward J30 scored between 60% and 70% for two months, between 80% and 90% for seven months and scored 100% for two months. Ward J31 scored between 60% and 70% for two months, between 70% and 90% for four months and scored 100% for four months (J31 was not audited for the month of January 2018). We saw that actions to improve ward metrics were discussed at governance meetings and with staff at ward team meetings.

Infection, prevention and control was part of mandatory training for all staff and information provided showed that 100% of staff had completed this training as at December 2018.

## Environment and equipment

# Community health inpatient services

There was a large day room on Ward J30 with a lounge area and TV, a table and chairs. Other equipment was in the room including gym bars for physiotherapy treatment. There was a small day room on Ward J30.

We checked 10 pieces of equipment which included hoists, standing aids, blood pressure monitors, commodes and portable fans. We found they were clean and most were maintenance tested within timescales. Three electrical items did not have stickers applied to inform staff they had been tested for electrical safety and two pieces of equipment had stickers which showed they were overdue for testing. These were a hoist which was due for testing in March 2017 and a standing aid due for testing in May 2018. Although some equipment was provided by the local acute trust, the service was responsible for ensuring equipment was fit for purpose.

Staff carried out daily checks of emergency equipment on wards. Resuscitation trolleys were locked to ensure they had not been tampered with and emergency drugs boxes were intact and in date. However, despite daily checking of the trolleys, on Ward J30 we found some items out of date, for example, three sets of defibrillator pads (expiry dates May 2018 and August 2018) and an airway device. We informed managers of this at the time of the inspection who removed the out of date items.

During our inspection we saw a fire door propped open with a door wedge. This posed a risk to patients and staff in the event of a fire and they should never be propped open.

Equipment for the management and prevention of pressure ulcers was available such as specialist mattresses and cushions. We also saw a commode for bariatric patients was available.

Patient bathrooms, shower rooms and toilets had dementia friendly signage to enable patients to easily identify them and help reduce confusion. Side rooms did not have ensuite facilities.

A patient bathroom on both wards were being used for storing equipment such as walking aids, catheter bag stands and hoists. The bath was inaccessible and the service provided us with evidence of regular water flushing to reduce the risk of legionella.

Patient shower rooms had a drop-down seat to enable patients to be seated when showering. Toilets had room for wheelchair access and were fitted with handrails to support patients with reduced mobility.

The dirty utility rooms on Ward J31 and J30 were unlocked and we saw cleaning products/solutions and alcohol gel left unattended in the room and not kept in a locked cupboard. A bottle of made up cleaning solution with no lid on was also left in the sink. These products were easily accessible which posed a risk to vulnerable patients. They should be stored under the control of substances hazardous to health (COSHH) guidelines in a locked cupboard.

The kitchen fridge on one of the wards was used to store patient foods and we found they contained open juice cartons and milk with no date opened on them. We also found bread which was two days out of date. Staff informed us that the service was reliant on the supply of food from the local NHS trust however, the provider had not taken any action to ensure use by dates were adhered to.

During our inspection we noticed equipment had been left in the middle of the corridor creating a falls risk. We highlighted this and the items were removed.

We saw appropriate segregation of clinical waste and disposal of sharps. Sharps bins were correctly assembled, dated and signed with a temporary closure in place.

## Assessing and responding to patient risk

Measures were in place to ensure that staff assessed and responded to patient risk. Nursing staff completed a range of patient risk assessments including falls, moving and handling, nutrition and hydration and pressure damage risk.

The service used the National Early Warning Score (NEWS) to measure whether a patient's condition was improving, stable or deteriorating indicating when a patient may require a higher level of care. Staff recorded patient observations electronically.

In the event of a patient deteriorating staff could contact the elderly care registrar and could liaise with the bed management team for readmission of the patient to the

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acute trust. In the event of an emergency staff would call an emergency ambulance. There was a clear protocol for the transfer of patients back to an acute medical bed within the hospital.

Staff had an awareness of sepsis and we saw certificates of attendance to show that three staff had attended sepsis awareness training.

Patients at high risk of falls and those needing closer supervision were cared for in enhanced bays. This meant a health care assistant stayed in each bay at all times. Staff told us they did not leave the area or go behind curtains, so they were able to constantly observe the high-risk patients.

We reviewed the bed rail assessment of a patient on Ward J31 and found this identified the patient was at risk of falls, with impaired judgement and a lack of awareness of ability. However, this patient was not in the enhanced bay and was not being observed by a health care assistant. The service used a separate assessment to identify patients for placement on an enhanced bay. The service informed us that an identified falls risk alone would not trigger admission to an enhanced bay.

We saw information leaflets available for patients, these included information about preventing deep vein thrombosis and falls.

## Nurse staffing

The planned staffing level for each ward was two registered nurses and five health care assistants for the day and night shift. Staff we spoke with informed us that the matron and deputy matron were usually supernumerary. There was also a discharge co-ordinator for each ward.

We checked the staffing rota for both wards which showed that planned staffing levels were mostly achieved. The matron told us that staff sickness levels were low but they had access to regular agency nursing and health care staff if needed.

During our inspection, we observed a nurse handover on Ward J31 at 8am. The handover sheet was not updated for all patients. During the handover staff were reminded to ensure fluid balance charts and the enhanced bay booklets were fully completed. We felt staff knew the patients well and saw staff were provided with details for all patients including, their past medical history, reason

for admission, current level of mobility, current medical status, including observations. If patients needed to be reviewed by a doctor, this was highlighted at the handover and entered in to the doctor's book. It was also noted at the handover that staff needed to follow up a safeguarding concern.

We were told that wards held a daily safety huddle to discuss patient risk, however, we did have the opportunity to see a huddle on the day of our visit.

## Medical staffing

All medical cover was provided by the local NHS acute trust. There was a junior doctor (FY2) available on the wards from 9am to 5pm Monday to Friday. Out of hours, staff could bleep the on-call medical registrar or the elderly medicine registrar from the acute hospital site. A registered nurse we spoke with told us that the medical staff were very responsive when they were bleeped and usually called the ward back within five minutes. We saw posters displaying clear instructions for ward staff on how to contact medical staff in hours and out of hours.

The consultant responsible for the care of the patient at the time of their admission to the acute trust was identified on a whiteboard at the nurses' station. However, staff explained that in the event of a patient deteriorating they would contact the elderly registrar on call, not the original consultants team. We were told all patients were reviewed each week by a consultant in elderly medicine.

## Quality of records

Staff used a combination of electronic and paper records. Care plan records were kept in folders by the patient's bed and medical notes were kept in an unlocked trolley behind the nurse's station which was not always manned by staff.

The service had started using the same documentation as the local NHS trust in January 2018. The aim of this was to make the transfer of patients between the two organisations more efficient and reduce duplication.

We reviewed seven patient records which included both paper and electronic, and found that in general the standard of record keeping required improvement. For example, we found incomplete documentation of pressure risk assessment in three records and one set of



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care records did not show any details of discharge planning. We also looked at five food and fluid charts and found they were poorly completed with meals missing and fluid balance charts not fully completed or totalled.

Compliance with documentation standards was audited monthly as part of the ward metrics programme. Results showed that between January 2018 and November 2018 audit results for documentation were poor for Wards J30 and J31 ranging from 32% to 80%.

Records were not always stored securely. During the inspection on Ward J31 we saw an open trolley containing patients notes, which was left unattended outside a patient bay. We also observed patient identifiable information on an unlocked computer screen.

## Medicines

The service used the same medicines management processes as the local NHS trust.

We had no concerns about medicines storage and security. Medicines were stored in locked cupboards in locked treatment rooms. We checked the fridges used for the storage of medicines and saw that daily temperature checks were recorded. The service was also recording the room temperature daily.

The service used electronic prescribing. We looked at four medicine administration records which included patients who were prescribed time critical medicines and saw these had been given within 30 minutes of the prescribed times on all occasions. We were told that staff set alarms on their own phones to remind them about time critical medicines. The records also showed that for patients with diabetes, staff had recorded the patient's blood glucose levels prior to the administration of insulin.

We saw a registered nurse wearing a tabard whilst completing medicine administration to patients. Do not disturb tabards are used to prevent the member of staff being interrupted and therefore minimising the risk of medicine errors.

A pharmacist visited the service each day, part of this role included auditing and weekly and monthly checks of medicines including transdermal patches, tablets and injections. The pharmacy department was responsible for the destruction of controlled drugs.

The service had hypoglycaemia kits which enabled staff to respond quickly in the event of a patient having a hypoglycaemic episode. We saw that kits were checked daily. In addition, the service had sepsis grab packs.

We looked at three oxygen cylinders and saw these were stored safely and were within date.

## Incident reporting, learning and improvement

Staff reported incidents using an electronic incident reporting system. This system was owned by the local NHS trust and shared by the service. Incident data was sent to the service matron for investigation. If a serious incident was reported the matron would undertake a root cause analysis.

In accordance with the Serious Incident Framework 2015, the service reported two serious incidents which met the reporting criteria set by NHS England. Both incidents occurred on Ward J31. One incident occurred in April 2018 (grade 3 pressure ulcer) and the other in October 2018 (unwitnessed fall with fracture). The first incident had been investigated and we saw that issues and lessons learnt had been identified, which included addressing the training needs of all staff.

We saw that feedback and learning from incident investigations was shared. Incidents was a standard agenda item for the governance meetings held between Villa Care and the local NHS trust. The matron told us that shared learning from incidents was discussed with staff at monthly staff meetings and she had recently shared the outcome of an incident investigation at the meeting. We reviewed the minutes of staff meetings and found evidence of shared learning with staff.

Providers of healthcare services must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. This is the Duty of Candour. Staff we spoke with knew of the Duty of Candour requirements. They understood that this involved being open and honest with patients when things go wrong.

## Safety performance

The wards participated in the Safety Thermometer. The safety thermometer is used to record the prevalence of patient harms and to provide immediate information and



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analysis for frontline teams to monitor their performance in delivering harm free care. Measurement at the frontline is intended to focus attention on patient harms and their elimination.

The wards displayed patient safety information. Ward J31 displayed data for October 2018 relating to supported discharge (83.3%), care standards for documentation (56%), pressure area care (60%) and infection prevention and controls standards (65%).

## Are community health inpatient services effective?

(for example, treatment is effective)

Requires improvement 

### Evidence based care and treatment

Staff worked to most the policies and procedures of the acute NHS trust for patient care related activities and followed Villa Care Limited human resources policies. We checked 17 Villa Care policies and found five were outside of their review date. Two staff we spoke with did not know how to access the company policies and procedures.

The service participated in the local NHS acute trust's mandatory clinical audit programme which included the following audits:

- Handover Q1 (Apr - Jun)
- Patient Property and Valuables Q2 (Jul - Sept)
- Medicines Management Q3 (Oct - Dec)
- Enhanced Care Q3 (Oct - Dec)
- MRSA Screening / Decolonisation Q3 (Oct - Dec)
- Nutrition Q4 (Jan - Mar)
- Safeguarding Q4 (Jan - Mar)

The audits were arranged and managed by the trust. We saw evidence of action being taken to improve audit results and saw that this was discussed at ward team meetings.

In addition to this a ward metrics audit was carried out monthly on each ward. Ward metrics were part of the ward health check metrics programme used by the local NHS trust and included a monthly audit of 10 care records for each ward. Information from the records was used to measure against standards in areas such as

medicines management, patient observations, falls assessment, infection prevention, pressure area care, continence, nutrition, hydration, pain management, patient dignity, documentation, emergency equipment and patient identification. Managers told us they had achieved good results in the ward metrics in the last three to four months. We looked at the ward metrics for Ward J30 and J31 for the period January 2018 to November 2018 and found results showed an overall improvement during this period although improvement was still needed in some areas. The metrics with the lowest scores were hydration and documentation.

We asked the service to supply examples of where they had adopted national best practice guidelines in their service, however they did not supply us with any information.

### Nutrition and hydration

Patients were screened using the malnutrition universal screening tool. We saw that these were stored in a patient's electronic record and three we checked had been appropriately completed. Hoist scales were available for patients who were not mobile. A dietitian visited the ward weekly to provide support. We noted a dietitian review in the notes of one patient.

Information on menus and meal choices were displayed on the wards; hot and cold options were available at both lunch and dinner. Special diets were catered for with a range of texture modified diets, kosher diets and gluten free meals. There was a menu for patients with dementia which offered finger foods. There was a red menu for patients requiring nutritional support which included options for afternoon and evening snacks and additional nutritious fluids. Dementia friendly cups and plates (blue) had been ordered for the wards but were not yet in use.

We saw patients' dietary requirements displayed on a notice board in kitchen for all staff to see.

At lunch time we observed a member of staff assisting one patient with their meal, however they needed to be directed by other staff to do this and were distracted by another patient before returning to assist the patient. We saw one patient's relatives assisting another patient in the bay with their meal. One patient dropped their soup

# Community health inpatient services

spoon and there were no staff to attend to the patient. The patient attempted to eat soup with their hands. We saw that a health care assistant came into the bay to assist with the patient following this.

One family told us they came in at meal times to assist their relative who was not able to feed themselves as they were not confident staff would do this. They also helped other patients on the ward who had a red tray to indicate they needed assistance to eat their meals.

We saw that all patients had access to drinks with water jugs and cups in reach.

The local NHS trust were responsible for providing meals for patients. We found bread in one fridge which was two days out of date.

## Pain relief

All patients we spoke with told us that staff responded to requests for pain relief and this was well managed.

## Patient outcomes

Managers we spoke with were not able to tell us about any measures they had in place to demonstrate whether patients physical, psychological or mental well-being had been maintained, improved or deteriorated whilst they were on the wards.

The service monitored the effectiveness of care and treatment through the ward metrics, readmission rates and length of stay. Managers told us that readmission rates following discharge from the wards were low and were approximately 3%.

## Competent staff

The service had a 'Development Appraisal Policy and Procedure' document which stated that all staff will have an appraisal with their line manager annually and new employees will be appraised in their sixth month of employment, and thereafter on an annual basis that coincides with the overall schedule. We were informed that the matron and the deputy matron carried out appraisals for all nursing staff, and the managers carried out appraisals with the matron and deputy matron.

We asked the service to provide evidence of staff appraisal rates and compliance and this was not provided. Therefore, we could not be assured that staff had received an annual appraisal of their work performance.

The service aimed to provide supervision four times a year. This was a combination of one to one meetings and group supervision.

Staff had access to a clinical skills portal online which is provided by Villa Care. We saw evidence that some staff had completed additional training in venepuncture, bladder scanning and catheterisation (train the trainer). Posters were displayed on the wards for planned training sessions which included manual handling, venepuncture and lead electrocardiography.

Staff we spoke with said they had received a good induction when they first started their role. A health care assistant told us they had completed an English language test for role and had a five day induction provided by Villa Care. An induction booklet was used for new staff on the ward which included a check sheet for the first day and a plan for future training and development.

New health care assistants were required to complete the care certificate. We saw evidence that several health care staff were attending care certificate training.

Managers reported they had funded an associate practitioner nursing role who was currently in training.

The service provided evidence that two members of staff had post graduate qualifications for end of life care and dementia care.

## Multidisciplinary working and coordinated care pathways

Staff we spoke with were positive about multidisciplinary team working. All groups of staff said that relationships between professions were strong. Staff from the acute NHS trust reported an improvement in the relationship with Villa Care staff over the past few months.

We saw evidence in patients' notes of multidisciplinary involvement; including the palliative care team and referrals to the dietician and speech and language therapist.

Social workers were based on the wards and physiotherapy staff (who were employed by the acute

# Community health inpatient services

NHS trust) visited the ward Monday to Friday. There was a full-time physiotherapy assistant covering Ward J31 and a senior physiotherapist for three days per week. On Ward J30 there was a full-time physiotherapist. Both wards had access to an occupational therapist when needed. Staff said that most patients came onto ward with a therapy care plan and sitting out charts. Out of hours and weekends there was acute respiratory physiotherapy cover only.

Multidisciplinary team meetings were held on the wards twice a week and were attended by social workers, nurses, discharge co-ordinators, occupational therapists, physiotherapists and medical staff. Patient's progress was discussed at these meetings including therapy input to maintain and improve function. Staff said that communication between all members of the multidisciplinary team was good.

## Health promotion

Health promotional material on alcohol consumption and smoking cessation were displayed on the wards.

## Consent, Mental Capacity act and Deprivation of Liberty Safeguards

Information supplied by the service showed that staff compliance with the Mental Capacity Act and Deprivation of Liberty safeguards was 93%.

The referral criteria for the wards state they will accept a patient with a degree of cognitive impairment assessed on an individual basis. At the time of inspection there were three patients with dementia and one patient presenting as confused on Ward J31.

We asked staff about consent, mental capacity and Deprivation of Liberty safeguards. One member of staff could demonstrate a good understanding, however three staff we spoke with were unable to explain appropriately and were unclear of their role in assessing capacity.

There was a lead for the Mental Capacity Act and Deprivation of Liberty safeguards in the acute NHS trust and staff were aware of how to contact them for advice.

We saw a bed rail assessment for one patient documented as falls risk with lack of awareness of ability. We did not see any evidence of a capacity assessment recorded for this patient. The wards followed the acute NHS trust hospital policy for bedrails and Deprivation of

Liberty safeguards. The provider confirmed that all service users had a bedrails assessment in place and a lack of awareness of ability from a falls risk assessment would not necessarily trigger the need for a capacity assessment.

One patient had a do not attempt cardiopulmonary resuscitation order in place. We noted that this had been discussed with the patient and their family and was signed by a consultant.

## Are community health inpatient services caring?

Requires improvement 

## Compassionate care

Patients we spoke with during the inspection told us that on the whole staff treated them well and were helpful. However, we received several negative comments about the service from relatives during the inspection. Comments included 'the service is terrible' and 'I am not happy with my mother's care' and 'communication is poor'.

Although patients had call bells in reach, they told us that staff often took a long time to answer when they called. Patients and relatives said that staff took a long time to respond to requests for toileting. One relative we spoke with told us it was two hours before staff responded to a request to take his mother to the toilet. We observed a patient waiting nine minutes for their call bell to be answered on Ward J11. One staff member reported concerns that when staff were under increased pressure, patients were not always seen promptly.

We found that staff did not always ensure patients dignity was maintained. On Ward 31 we observed a patient sat out of bed, wearing a hospital gown, their legs were uncovered and they were wearing an incontinence pad which was visible. We raised this as a concern with staff and asked that the patient was covered. We also raised concerns around the dignity of two patients on Ward J11 who had parts of their bodies inappropriately showing and staff corrected this at our request.

# Community health inpatient services

Friends and Family information was displayed for staff and visitors, as well as thank you cards from patients and relatives.

Overall results in the Friends and Family test from December 2017 to 30 November 2018 are below;

- Ward J30 had a recommended score of 91.3% and not recommended 2.8% (36 responses in total)
- Ward J31 had a recommended score of 81.8% and not recommended 9.1% (7 responses in total)

The service was unable to calculate a response rate for the wards due to the system used within the acute NHS trust, however, information provided by the service showed that between 1 January 2018 and 1 November 2018, 936 patients were discharged from Ward J30 and J31 therefore the response rate was approximately 5% for the above period.

## Emotional support

We did not see staff take the time to interact with people who use the service and those close to them. Some staff appeared to struggle to understand questions and their communication skills were limited when speaking with patients. One health care assistant had been assigned an observation role and was sat in a patient bay. Their role was not to provide direct patient care. We did not see any social interaction between the health care assistant and the patients in the bay. We observed another health care assistant assisting a patient their breakfast but noted the staff member did not interact with the patient whilst performing this task.

We carried out a direct observation of care using the Short Observational Framework for Inspection (SOFI). SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems. It enables inspectors to observe people's care or treatment looking particularly at staff interactions.

We carried out this observation at 11.30am in a bay (non-enhanced) on Ward J30 observing five patients over a period of 40 minutes with recordings made at five-minute intervals. None of the patients were dressed, three were in bed and two were sitting in chairs at the side of their bed. We observed very little interaction between staff and patients. There were only seven

interactions in total over the 40 minute period, three were positive and four were neutral with patients initiating the conversations. One patient rang the call bell to ask for assistance to go to the toilet. A member of staff said they would return to assist the patient and did not return for 20 minutes. We saw the patient was visibly uncomfortable and distressed by this. There was a visitor present in the room talking to one patient. Data showed that there was no staff interaction with the patients for 83% of the time frames. Patients' mood was recorded as being positive and engaged in a task or conversation for 15% of the time frames, negative for 13% and 72% as neutral which meant they were passive, watching or withdrawn.

## Understanding and involvement of patients and those close to them

We spoke with nine patients and four relatives on Ward J30. Two patients knew what their plan for discharge was. The remaining patients and relatives told us that they had either no idea or had a vague idea about their discharges plans. Patients' relatives were not happy with the level of communication they received about their loved one's care and did not feel they were kept up to date with what was happening. The service worked in collaboration with social care services to facilitate the discharge process.

Frequently asked questions and answers were displayed on a notice board for patients and relatives to read.

## Are community health inpatient services responsive to people's needs? (for example, to feedback?)

Requires improvement 

## Planning and delivering services which meet people's needs

The service had a service level agreement with the local NHS trust to provide services on the wards. There was clear access criteria and the service worked with the trust to ensure this was adhered to.

The service worked closely with other health and social care providers to meet the needs of their patients.

# Community health inpatient services

The service had an Accessible Information and Communication Policy which was due for review by 2019. Information leaflets were available in standard and large print size. The service had access to trust translation services which included a sign language translator. Communication aids with visual prompts were available for use on the wards.

## Meeting the needs of people in vulnerable circumstances

We did not find the service encouraged patients to maintain or improve their independence whilst being cared for on the wards. Best practice shows that getting patients up and dressed in their own clothes can boost their recovery. However, we did not see staff encourage or assist patients to get up, dressed and move around or involve them in activities.

Throughout the inspection most of the patients remained in hospital gowns or in their own nightwear in bed. When we arrived on the wards at 6.45am, we observed staff washing patients. A health care assistant told us they cleaned and changed patients and then turned the lights out and let them go back to sleep. At 9am all patients on Ward J31 were in their night wear. At 10.50 am on Ward J11 we checked 13 patients and all patients were in night wear and nine were in bed. On Ward J31 we observed nine patients, seven patients were in hospital robes or nightwear, one patient was dressed as they were being discharged that day and one patient had been dressed by their family who visited the ward daily. We saw that some patients remained in bed to eat their meals. The service told us they positively encouraged patients to wear their own clothing if they chose to, but they were limited to what was made available by relatives.

There was limited engagement with patients or activities offered to enhance their well-being. Most patients were either sat in a chair or in bed with very little social interaction. Staff told us there were other activities planned for patients for example, visitors to play music, do exercises and provide hand massage and nail painting. However, during our visit we did not see any patients being engaged with activities other than talking to their relatives or other visitors. We noted an activity sheet within a set of care records we reviewed, however, the activities were not varied or stimulating, they were listed as 'sat out', 'watching TV' and 'had visitors'.

An activity co-ordinator worked on the wards Monday to Friday between 1pm and 5pm. We checked the patient activity records from 21 November to 4 December and there were only nine activities with different patients were documented. This included going through photo album with two patients, playing a board game with three patients, painting with one patients, having a nostalgic conversation with two patients, doing a puzzle with one patient.

We saw an engagement board on Ward J30 with 'things we can do' listed such as exercise, painting, folding laundry, chat, word search. The board listed activities planned for different days of the week however the only activity listed for the week were; Wednesday – TV and Thursday – music/dance. There were no activities listed for the remaining days.

Relatives told us they did not see a lot of activities being offered to patients on the wards.

The ward day rooms were not used as a social area by patients. During our inspection we saw one male patient sit in the day room for a short period and one female patient who sat in the television area during lunchtime. We saw staff sat in the day room at times throughout the inspection who were undertaking administration tasks with no patients present. We did not see the day room being used by therapy staff to carry out rehabilitation activities with patients.

There were some dementia friendly initiatives on the wards. For example, there was dementia friendly signage on the toilets and bathrooms, however there was limited signage or contrasting colours seen on other areas of the wards. We saw historical pictures of the local area displayed on Ward J31 and a poster about reminiscence therapy.

A patient's relative told us that their mother had dementia and they had completed an 'all about me' booklet but this had been temporarily mislaid and was eventually found at the back of the patient's folder. The family did not feel that all staff understood dementia and they had complained to a member of staff who they said had avoided washing their mother the day before.

Staff told us that mental health support for patients was provided by a local mental health trust and if necessary one to one support would be provided for a patient with mental health issues.



# Community health inpatient services

During our inspection we saw posters displayed with contact details for the learning disability and autism lead professionals who worked for the local NHS trust.

Ward visiting times were from 11am to 7pm.

## Access to the right care at the right time

There was agreed access criteria for the wards. The ward accepted patients who;

- Were aged 60 years and over
- Were medically optimised for discharge from acute hospital care or do not require inpatient medical treatment
- Had been assessed as having an identified need for care and may require 24-hour care or a package of care
- Were awaiting reablement
- Required palliative or end of life care

Other patients would be assessed on an individual basis which included patients with a degree of cognitive impairment or dementia, patients requiring an enhanced level of care (not one to one care), bariatric patients and patients from the frailty unit requiring overnight stay prior to discharge.

The discharge co-ordinator reviewed and screened all new referrals and requested any further information required to decide whether to admit the patient. Following agreement to admit a patient, there was a nurse to nurse handover before final acceptance of the patient onto the ward. Out of hours the nursing staff carried out this task. Staff told us they aimed to transfer patients before 8pm.

During the inspection we found that three patients had been transferred to the ward during the previous night. One patient had been transferred onto Ward J30 at 11.50pm, one patient onto Ward J11 at 3.40am and another patient aged 86 years was transferred onto Ward J31 at 5am. We saw in the notes of the patient transferred to Ward J31, they were deemed to be 'stable to be medical outlier' however, it was noted by the porter transferring the patient that they were vomiting during the transfer. The nursing documentation stated that the patient 'came to the ward very upset and vomiting'. We spoke with this patient who asked us which ward they were on and why they were there. We did not think this was elderly patient should have been transferred to the ward during the night and when they were clearly unwell

and disorientated. The time of transfer of patients to the wards was dependent on the base ward in the acute hospital although this occurred with the agreement of the Villa Care ward staff.

Patient length of stay was recorded on a white board at the nurse's station. This included the total length of stay for the current episode of care, and included time spent on the main hospital site as well as the length of time spent on Wards J30 and J31. This ranged from three days to 125 days.

The service provided data on their length of stay for their wards. The data showed that the average length of stay per month from January 2018 to October 2018 varied between 17.6 and 6.9 days on Ward J30 and between 23.9 and 8.1 days on Ward J31.

A social worker we spoke with explained that discharge planning was done in conjunction with patients and their families and was documented in the patient notes or on the electronic patient record. A social worker said the team work well together, including the discharge co-ordinator, to ensure patients were discharged safely.

We were told that the ward aimed to discharge people to their own homes by 3pm so that any package of care could recommence with a tea time visit. Discharges to care homes were not time limited however the ward usually tried to arrange this before 6pm. Discharge transport was arranged by the ward.

The service acted as a 'trusted assessor' for discharging patients to care homes. Managers said they received positive feedback from care homes.

The discharge co-ordinators for the wards met daily with the discharge co-ordinator from the acute NHS trust to discuss planned discharges. During our inspection we attended the discharge co-ordinators meeting who discussed contacting patients' families and liaising with social worker to ensure safe and timely discharge.

The service operated a 'red bag scheme'. The red bag travelled with the patients and contained a copy of their discharge summary, care plan, medication to take home and home planner.

## Learning from complaints and concerns

Information was displayed on how to make a complaint and how to contact the Patient Advice and Liaison

# Community health inpatient services

Service (PALS). The service did not have their own complaints procedures in place, despite this being a requirement in the service level agreement. PALS and complaints were managed by the local NHS trusts complaints team and any complaints which related to the Villa Care wards, were forwarded to the matron for investigation.

From December 2017 to December 2018, the service received 11 formal complaints and 38 concerns through PALS for Wards J30 and J31. The main themes of the complaints and concerns were, neglect in hospital, patient not fit for discharge, lost belongings and communication with relatives regarding discharge.

Managers said they learned from complaints and used them to identify areas of concern which needed improvement. We saw that complaints and PALS cases were discussed at governance meetings and with staff at monthly ward meetings. Themes from complaints were discussed at the governance meeting with the local NHS trust. In response to complaints from relatives regarding discharge information, a discharge co-ordinator had been allocated to work on each ward. We saw in the minutes of ward team meetings that in response to complaints, health care assistants had been asked not to use the word 'nappy'.

## Are community health inpatient services well-led?

Requires improvement 

### Leadership

A clinical director and a business director had overall responsibility for leading the service with the support of an assistant director.

For day to day management of the wards there was an operational manager, a matron and a deputy matron. A separate matron from the Wharfedale Unit covered Ward J11. The service worked closely with a link matron from the local NHS trust. In the absence of the matron and the deputy matron, an experienced nurse took charge of the wards.

The matron was supported by the operational manager and the clinical director. Staff said they felt well supported by managers.

### Vision and strategy

Villa Care Limited had a philosophy of continuous improvement, working together as a team, respect for every patient as an individual and excellence in all aspects of nursing care.

### Culture

One staff member reported the other staff to be friendly and approachable.

The matron was proud of the services they provided and how it helped flow through the acute hospital. Staff were also proud of their partnership working.

However, we did not find a responsive culture in terms of meeting people's needs. The service was focused on outputs in terms of timely discharge of patients but we did not find a visible person-centred culture and staff were not empowered to improve care.

### Governance

Monthly staff meetings were held on the wards to share information with staff. These were led by the matron and any issues of concern were escalated up to the operational managers and directors.

The service worked closely with a quality matron for the acute NHS trust. Joint governance meetings were held every six to eight weeks and were attended by the matron and deputy matron, directors and operational managers from Villa Care and the quality matron and the deputy chief nurse/director of nursing (operations) from the local acute trust.

We reviewed the minutes of the governance meetings which included discussion on a patient story, patient care and safety, clinical effectiveness, risk management and patient experience.

Complaints and any safeguarding concerns were also discussed at this meeting. The governance meetings and agenda were led and chaired by the local NHS trust.

The governance committee structure showed access to the trust board was through identified groups and committees, for example the quality assurance committee and quality management group. Specialised

# Community health inpatient services

groups such as the safeguarding steering group, medicines optimisation, mortality improvement group and the patient experience sub-group reported into these groups.

Local audit plans included monthly metrics audits and we saw that for most shortfalls action plans were in place to address any improvements required.

The 'Quality Safety Matters' newsletter identified safety issues and lessons learnt.

We were not assured that managers were monitoring the effectiveness and implementation of mandatory training and that staff were putting this into practice. Although compliance with training was high, we found that not all staff understood and applied this knowledge, for example in safeguarding and infection, prevention and control.

## Management of risk, issues and performance

Clinical leaders we spoke with could not effectively articulate the key risks to the service. There was no local risk register at ward level so we could not be assured that risks we identified on inspection had been recognised and mitigated by the service. Staff told us risks were held on the main hospital risk register.

We viewed the main hospital risk register and found there was one risk documented for the service at St. James Wards J30 & J31. This was 'the risk of patient deterioration due to the inability to provide intervention, resulting in further deterioration of patient and delays to treatment'. We saw that key controls and gaps in controls were identified and further mitigation action was taken to reduce this risk.

The service had a number of key performance measures as part of their service level agreement. These included monthly ward metrics (via the ward health check), harm free care, patient experience, complaints management and participation in the trusts audit programme. There were also KPIs related to length of stay, delayed discharges and the prevention of unnecessary or inappropriate hospital admissions/readmissions.

We saw that the percentage of patients maintaining or increasing their functional independence score was also a key performance indicator but the service level agreement did not specify how this would be measured.

Some performance measures and indicators were reviewed and discussed at the governance meeting with the local NHS trust. We reviewed three sets of minutes and found this was limited to ward metrics and outcomes of audits and did not include all the indicators stipulated in the service level agreement.

## Information management

The service shared electronic management systems with the acute NHS trust. Staff told us they could access the right systems to do their job.

## Engagement

The service participated in the Friends and Family Test using the systems within the local NHS trust. We saw test cards were available for patients and their families to provide feedback. However, response rates were less than 5% with the service receiving a total of 47 responses from Wards J30 and J31 from December 2017 to 30 November 2018. We did not see any other methods of engagement with service users and their families to involve them in the development and improvement of the service.

We were told staff were kept up to date with monthly team meetings. If staff were unable to attend the meeting, the minutes were sent by email to all staff.

We saw in the minutes of the governance meetings that the service was keen to introduce a similar system of positive recognition used in the acute NHS trust which celebrated when a ward had been free from patient harm such as falls and pressure ulcers. Managers thought this would boost team morale.

In the staff room on Ward J31, we saw displays showing 'we need to work on these' and 'we are doing well with these'.

## Learning, continuous improvement and innovation

Manager we spoke with were proud of their services and told us that the model of 'discharge to assess' was based on the success of their services. They told us other trusts had been to visit the wards to see how their services worked.

The service had reached the final stage of the Health Service Journal Partnership Awards 2019. These awards showcased the most effective partnerships between the private sector and third sector and the NHS.



# Community health inpatient services

We saw evidence that there was some gradual service improvement in the results of some of their ward metrics, however further improvement was required in some areas.

We did not find many areas of innovation or find that staff were involved in service improvement initiatives.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- Ensure they maintain patients' privacy and dignity at all times.
- Ensure that call bells are answered promptly and that staff respond quickly to patients requesting assistance with toileting.
- Ensure they meet the individual needs of patients to maintain or improve their independence whilst on the wards.
- Ensure they assess, monitor, measure and improve the quality and effectiveness of services to patients, in particular to patients maintaining or increasing their functional independence.
- Ensure that all staff receive a yearly performance review and development appraisal and have a system for monitoring this.
- Ensure there is an effective system for identification, oversight and management of risks to the service.
- Ensure that they maintain an accurate, complete and contemporaneous record in respect of each patient and this is stored securely.
- Ensure that hazardous cleaning substances are stored securely so they do not pose a risk to vulnerable adults on the wards.

- Ensure all equipment is safety tested on time and all equipment on the resuscitation trollies is in date.
- Ensure that fire doors are always closed and not propped open with a door wedge.

### Action the provider **SHOULD** take to improve

- Ensure that they review staff's knowledge, understanding and application following mandatory training to ensure that learning is embedded in practice, especially in safeguarding, infection control and the Mental Capacity Act.
- Ensure that they provide adequate assistance to all patients who are unable to feed themselves to make sure they are sufficiently nourished.
- Ensure that all staff communicate effectively with patients and that they involve patients and those close to them in decisions about their care and treatment.
- Improve engagement with service users and their families to involve them in the development and improvement of the service.
- Ensure that all policies are regularly reviewed and up to date and all staff know how to access them.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

How the regulation was not being met: Care provided was not person centred and did not meet the individual needs of patients or encourage them to maintain or improve their independence.

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: Systems and processes were not always operated effectively to ensure improvement and good governance of services.