

South Warwickshire NHS Foundation Trust

RJC

Community health inpatient services

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RJC46	Royal Leamington Spa Rehabilitation Hospital		
RJC03	Stratford Hospital		
RJC04	Ellen Badger Hospital		

This report describes our judgement of the quality of care provided within this core service by South Warwickshire NHS Foundation Trust . Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our ‘Intelligent Monitoring’ system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by South Warwickshire NHS Foundation Trust and these are brought together to inform our overall judgement of South Warwickshire NHS Foundation Trust

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We rated community inpatient services as good because:

- We saw that community inpatient services were safe, effective, caring, responsive and well-led. All care provided revolved around patient rehabilitation and reablement. Feedback from patients and relatives was very positive and we observed staff were caring and compassionate in their approach.
- Admissions and discharges were well managed. Delayed transfers of care were mainly due to family choice, lack of nursing home places and waiting for packages of care.
- Staff were aware of specific needs individual patients had and were able to put in place appropriate arrangements, where possible. Staff were knowledgeable about the complaints process and what action they would take.
- Risks and issues described by staff corresponded to those reported and were understood by leaders.
- There was a clear vision and strategy for the future of the service. Leaders were clear of their roles and accountabilities. There was a strong focus on continuous learning and improvement at all staff levels. Staff shared innovations and improvement work that they were involved with.
- Staff on the Central England Rehabilitation Unit (CERU) had developed an assessment tool called Sensory Tool to Assess Responsiveness (STAR). STAR is a tool aimed at providing an accurate diagnosis of prolonged disordered consciousness and establishing any means of communication in the patient.

Summary of findings

Background to the service

Community inpatient services for South Warwickshire NHS Foundation Trust (SWFT) are provided at:

- Royal Leamington Spa Rehabilitation Unit
- Stratford Community Hospital
- Ellen Badger Hospital.

Stroke rehabilitation services are provided at Feldon Stroke Unit which is a 20 bedded ward on the Leamington Spa Hospital site. This is a consultant led ward with a 42 day target length of stay. The Central England Rehabilitation Unit (CERU) is also based here. CERU offers neuro rehabilitation to young adults following referral from acute hospitals.

Community hospital inpatient services are also provided at Ellen Badger hospital in Shipston on Stour and the Nicol unit at Stratford Hospital. Each of these units had 18 in-patient beds with a further bed available specifically for GP admissions. This was for patients requiring palliative or end of life care, or a period of further assessment or non-complex rehabilitation in order to avoid unnecessary admission to an acute setting.

All wards were nurse led with medical cover provided by GP practices with which SWFT had service level agreements for medical care provision.

Our inspection team

Our inspection team was led by:

Chair: Jenny Leggott, Former Director of Nursing and Midwifery at Nottingham University Hospitals NHS Trust

Head of Hospital Inspections: Bernadette Hanney, CQC

The team included one CQC inspector and two specialist advisors with knowledge of community services.

Why we carried out this inspection

We inspected this core service as part of our planned comprehensive inspection programme.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 15 to 18 March 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses and therapists. We

talked with people who used services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who used services. We met with people who used services and carers, who shared their views and experiences of the core service.

We spoke with 14 patients and eight relatives of people using the service and observed interaction between patients and nursing staff. We spoke with 25 members of staff, ranging from nurses of all grades, healthcare assistants, domestic staff, doctors and consultants. We looked at the medical and care records of 20 patients, observed one staff handover, attended two multidisciplinary team meetings and reviewed data held at ward level.

Summary of findings

What people who use the provider say

Patients and visitors told us that all staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being administered.

Comments received included:

“I have been treated with respect and kindness at all stages.”

“I couldn’t ask for better care here. It’s nearly as good as being at home.”

“The food is good.”

Good practice

Outstanding practice

- Central England Rehabilitation Unit (CERU) provided neuro rehabilitation to young adults. Staff on CERU had developed and published an assessment tool called Sensory Tool to Assess Responsiveness (STAR). STAR was a tool aimed at providing an accurate

diagnosis of prolonged disordered consciousness and establishing any means of communication in the patient. The STAR was used to assess responses to stimulation in visual, auditory and motor modalities, and also records observations of communication and emotion.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- Consider developing a specific written strategy or vision statement for community inpatient services.

Action the provider COULD take to improve

South Warwickshire NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated community health inpatient services as good for safety because:

- Patients were protected from avoidable harm and abuse.
- Incident reporting occurred regularly and appropriately throughout all areas and staff received feedback when they reported an incident. We saw evidence of lessons learnt from incidents being shared across community services.
- Harm free care was consistently reported to be above the 90% target.
- Individual risk assessments were seen to promote independence whilst keeping patients safe.
- The ward environments across all three community hospitals were visibly clean and tidy.
- Patient records were personalised, detailed and fully completed.
- Nurse staffing levels met patients' needs at the time of the inspection. Staffing shortages were acted upon appropriately with the use of temporary staff and an effective induction process was in place.

- Wards were always fully staffed and where unexpected shortfalls occurred, plans were in place to manage this.
- The trust had utilised major incident plans to good effect, including dealing with extreme weather situations.

Detailed findings

Safety performance

- Safety thermometer information was displayed on all the wards we visited. The safety thermometer is a national tool that allows trusts to measure and compare their performance in four key areas of safety: falls with harm, pressure ulcers, venous thromboembolism (VTE) and urinary tract infections (UTI's) in patients with catheters. The data is collected on one day a month and then analysed, allowing trusts to see where they can improve their performance.
- There were three new pressure ulcers, three falls with harm and three UTI's in patients with a catheter reported from January 2015 and January 2016 across the whole service.

Are services safe?

- Safety thermometer scores were high (good) for February 2016 with a score of 90% on Campion Ward in Royal Leamington Spa Rehabilitation Hospital and 94% at Ellen Badger Hospital. An average score of 96% was reported across community services for 2015.
- Staff we spoke with were fully aware of the importance of patient safety. Within patient records we saw that patients were individually risk assessed on admission with periodic review to ensure that their independence was promoted whilst protecting their safety.

Incident reporting, learning and improvement

- Staff reported incidents through the trust's electronic reporting system. All staff we spoke with were familiar with this process. Staff told us they were encouraged to report incidents. They gave us examples of reportable incidents such as patient falls, low staffing levels and pressure ulcers.
- January and December 2015 there were 92 incidents reported to the National Reporting and Learning System (NRLS). These were across all three community inpatient services, none of which were reported as serious incidents.
- The Central England Rehabilitation Unit (CERU) at Royal Leamington Spa Rehabilitation Hospital had reported a 'Never Event' in February 2016 which related to the misplacement of a nasogastric (NG) tube used for feeding. The patient had acquired aspiration pneumonia and subsequently died. Never events are serious wholly preventable patient safety incidents that should not occur if the available preventable measures have been implemented by healthcare providers (Serious Incident Framework, NHS England March 2015).
- An investigation into the incident had commenced and immediate learning was identified which included two practice alerts being issued. The root cause analysis (RCA) investigation report into the incident had not been completed at the time of our inspection. We were told that, when completed, the RCA would be reported through the clinical governance committee for approval.
- The trust received notification of all new patient safety alerts. Patient safety alerts notify the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death. Senior managers and ward staff confirmed the notifications were received and distributed to all staff. From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- Nursing staff we spoke with were aware that the duty required them to be open and honest with patients and relatives about any care or treatment that may have gone wrong. Staff said they believed they worked in an open culture and would be confident about reporting concerns or possible mistakes that had been made.

Safeguarding

- There were no safeguarding concerns received from the community hospitals in the last 12 months.
- All staff had completed safeguarding adults training to level one. The trust target compliance target rate is 95%.
- Staff understood their role in reporting concerns and said they were confident to raise issues with the safeguarding team to promote patient safety and avoid harm. They were able to describe the process and show us how they accessed the form which they were required to complete.
- Patients we spoke with in all areas told us they felt safe and well cared for by the staff. We saw that patients had their call bells to hand; we heard and saw call bells answered promptly.
- Staff were aware of who the safeguarding leads for the trust were and knew how to contact the safeguarding team.
- We saw safeguarding details displayed in the community services we visited which provided information and contact details.

Medicines

- We found secure storage of medicines within all areas of hospital wards; for example, medicine cupboards were locked and medicine trolleys were locked and secured.
- Fridge and room temperatures where medicines were stored were checked on a daily basis at all three community hospitals. Temperatures were checked to ensure the efficacy of medicines is not adversely affected.

Are services safe?

- The promotion of safe practice was seen in all areas. For example the use of oral syringes, date of opening evident on eye drops, a robust drug recall process in place and nursing staff undergo drug assessments.
- Pharmacy support was available in the inpatient services. This assisted the staff to check their stock and ensure routine medication was available.
- We observed medication rounds carried out by trained nurses. Patient name bands were checked and the patient was asked to confirm their date of birth. If a patient declined medication, this was recorded appropriately on the medicine chart. This meant medication rounds were carried out safely.
- Staff administering medicines promoted the wearing of the red tabard system to reduce any distractions during medicines rounds.
- We found in all areas that controlled drug (CD) management was appropriate with the correct usage of registers and storage; CD cupboards were double locked and the keys securely kept, stock balances were in order and daily checks were evident.

Environment and equipment

- We found all areas we visited to be visibly clean, well maintained and free from trip hazards.
- Signage was clear and well positioned to ensure patients and visitors were able to source the appropriate area and wards safely.
- We saw that patient-led assessments of the care environment (PLACE) results for 2015 were displayed on each ward. For example at Stratford Hospital the cleanliness score was 100%, with the national average being 98%. Both Ellen Badger Hospital and Royal Leamington Spa Rehabilitation Hospital scored 99% for cleanliness.
- Portable electrical equipment was tested to ensure it was safe and fit for use. Re-test date stickers were in place.
- A wide range of appropriate therapy and mobility equipment was in use and was found to be clean and in good condition.
- If patients required specific equipment, nursing staff and/or therapy staff would organise this appropriately, for example to accommodate bariatric patients.
- The community hospitals did not have resuscitation trolleys. They used grab bags which were regularly checked and equipment was seen to be in date. Grab bags are small bags with resuscitation equipment that

could be used in areas not easily accessed by a trolley. There was a portable defibrillator on the wards at all of the community hospitals which were checked daily. Airway management equipment was also available.

- Waste management was handled correctly and staff were able to describe different types of waste disposal. Foot operated bins were in place in all areas.
- Staff told us they were able to access all types of equipment including specialist equipment when required, for example pressure relieving mattresses and cushions.

Quality of records

- We reviewed 20 patient records across the three community hospitals and noted that all were legible, complete and accurate. This meant patient records were maintained appropriately to ensure patients received safe care and treatment.
- Nursing records were audited on a spot check basis by the trust and we were shown the results of the last three audits undertaken. Patient observations, falls assessments, tissue viability assessments, nutritional assessments and missed medication were some of the entries audited for completeness. We saw from the results of the February 2016 audit that Stratford Hospital and Ellen Badger Hospital had achieved 100% compliance and Feldon Ward at Royal Leamington Spa Rehabilitation Hospital had achieved 99% compliance.

Cleanliness, infection control and hygiene

- Standards of cleanliness and hygiene were maintained across all the hospital sites by the external cleaning company. We heard from management and staff in all departments that this was a reliable system which prevented and protected people from a healthcare associated infection.
- During our visit both Feldon Ward at Royal Leamington Spa Rehabilitation Hospital and Nicol Ward at Stratford Hospital were closed to visitors due to an outbreak of sickness on the wards. We saw appropriate infection control processes had been put in place by the trust.
- We saw staff adhere to handwashing procedures and the use of hand gel. We saw that nursing and medical staff washed their hands and used hand gel between patients, adhered to the bare below the elbow policy and correctly used personal protective equipment (PPE) such as aprons and gloves.

Are services safe?

- We saw that where necessary the correct use of signage was in place on the wards: reminding people to wash their hands to protect patients, relatives and staff from cross infection.
- Staff received training in the safety systems, processes and practices. An infection prevention and control (IPC) audit undertaken by the trust's IPC team demonstrated compliance was 95% at Ellen Badger Hospital and 91% at Stratford Hospital. The trust target was set at 90%.

Mandatory training

- Staff attended mandatory training as part of induction. Regular planned updates which included resuscitation, infection control, information governance, fire safety, equality and diversity, moving and handling, health and safety and conflict resolution were in place.
- Mandatory training compliance ranged from 95% and 100% across inpatient services. Staff requiring updates were booked to attend training where it was available but in some cases dates of additional training courses were awaited.

Assessing and responding to patient risk

- In the community hospital wards a bedside handover was held for every patient at every shift. Staff present from each shift included a registered nurse, healthcare assistant, therapist and the ward manager. This ensured that any changes in the patient's care or condition were relayed to new staff members.
- Multidisciplinary team (MDT) handover sheets were used which included patient allergies, resuscitation status, moving and handling requirements, diet and fluids, nursing needs and MDT plan.
- Records held completed Malnutrition Universal Screening Tools (MUST), Waterlow (tool used to assess risk of patient developing a pressure ulcer) and falls assessments. Initial National Early Warning Scores (NEWS) (assessment of respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate, and level of consciousness) and pain assessments were well documented.
- Staff at the three community hospitals explained that if a patients' health deteriorated they would liaise with the appropriate doctor, GP or out-of-hours service first, depending on the situation. If the patients' condition required more urgent attention, ward staff would dial 999 for admission to Warwick Hospital.

- Staff on the Central England Rehabilitation Unit (CERU) had developed an assessment tool called Sensory Tool to Assess Responsiveness (STAR). STAR is a tool aimed at providing an accurate diagnosis of prolonged disordered consciousness and establishing any means of communication in the patient.

Staffing levels and caseload

- Skill mix was appropriate on all wards with sufficient registered and unregistered staff to maintain patient safety during our inspection. The numbers of staff on each ward varied according to the speciality and ward activity. Staffing establishments had been reviewed in line with ward bed numbers and activity.
- Each ward had a senior ward manager, staff nurses and band 2 and 3 healthcare support workers as well as therapists and housekeeping staff.
- All wards displayed planned and actual staffing numbers on duty at the entrance to the ward. All areas were observed to be staffed to the correct numbers during inspection.
- Staffing levels and skill mix were planned and reviewed around the dependency of the patients on the ward to ensure they received safe care and treatment at all times. The trust advised they also followed National Institute of Health and Care Excellence (NICE) Safe Staffing Guidelines of one nurse to eight patients during early and late shifts. For example, we saw that Ellen Badger hospital had three nurses and three healthcare assistants on duty on the day of our visit to care for 18 patients.
- Ward staff explained that bank staff and agency staff were used to address any gaps. When agency use was required on a frequent basis, the community hospitals requested the same staff member to reduce any potential inconsistencies in patient care.
- Local general practitioner (GP) practices oversaw patients care during their in-patient period at Stratford upon Avon and Ellen Badger community hospitals. A daily ward (Monday to Friday) round took place on the wards. A doctor's service and emergency care practitioners were available out of hours.
- Feldon Ward at Royal Leamington Spa Rehabilitation Hospital was a consultant led stroke rehabilitation unit. Twice weekly consultant ward rounds take place. A senior house officer (SHO) was also based on the ward Monday to Friday.

Are services safe?

Managing anticipated risks

- Senior management and ward staff told us that as part of the trusts' winter pressures plan, Ellen Badger Community Hospital were able to increase their bed numbers from 18 to 23.
- Staff locked the community hospitals at night; there were no security staff on site but staff said that if they had any concerns the policy was to contact the police.

Major incident awareness and training

- The trust's major incident plan provided guidance on actions required by departments and staff to provide an emergency response, additional service, or special assistance to meet the demands of a major incident or emergency.
- Shortly before our inspection Ellen Badger Community Hospital had encountered a major incident which required implementation of incident plans. Following heavy rain the river at the back of the hospital had breached its banks. Senior staff were aware that this might happen again and had put precautions in place to mitigate the risk to patients. For example, they had contacted the local authority who had provided sandbags to protect the building.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We rated community health inpatient services as good for effective because:

- Patient's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Patients were receiving adequate pain relief, nutrition and hydration.
- There was a centrally hosted clinical computer system, which allowed all members of the multi-disciplinary team (MDT) to access and share records.
- There was a comprehensive trust induction programme and staff received timely appraisals and were supported with professional development.
- Discharge planning was integral to the care of patients and began from the first day of their admission. Delayed transfers of care were mainly due to family choice, lack of nursing home places and waiting for packages of care to be put in place.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. Deprivation of Liberty was recognised and acted on in a timely and appropriate manner.

Detailed findings

Evidence based care and treatment

- Trust policies and procedures reflected national best practice guidance. Inpatient services used National Institute of Health and Care Excellence (NICE) and Royal College of Nursing (RCN) best practice guidelines to support the care and treatment provided for patients.
- Community inpatient services used the SSKIN care bundle (a nationally recognised tool standing for Surface, Skin inspection, Keep moving, Incontinence and Nutrition) for minimising the risk of skin damage. This was effectively followed in all the care plans we looked and appropriate pressure relieving equipment was in place.

- Nursing and therapy staff we spoke with were aware of best practice guidance and they told us that policies were easily accessible via the hospital's intranet.
- Feldon Ward at Royal Leamington Spa Rehabilitation Hospital had policies that followed the NICE guidance for stroke in adults. Staff showed awareness of the stroke care pathway and we saw effective treatment planning in nursing and medical records.
- Best practice was shared amongst the three community hospitals through ward manager monthly meetings and meetings with divisional managers. The matron of community services visited each hospital at least weekly and had an oversight of how they implemented any required changes and ensured they were embedded in practice.

Pain relief

- Patient records showed that pain assessments were completed regularly and effectively. Analgesia was prescribed and administered appropriately on the community hospital wards.
- Patients told us that staff provided pain relief quickly when they needed it. During observation of a medication round we saw the nurse asked patients if they were in pain and would like pain relief medicine.

Nutrition and hydration

- Nursing teams used Malnutrition Universal Screening Tools (MUST) assessments. Patients were screened on admission for malnourishment and the dietitian assessed all patients whose nutritional needs were highlighted.
- Patients were weighed on admission and weekly thereafter to ensure nutritional needs were being met.
- Food and fluids were within patients' reach. A red tray system was used for patients who required assistance with eating and drinking.
- Patients told us that they were offered hot drinks at bedtime.
- Most patients told us they enjoyed the food provided and the patient-led assessments of the care environment (PLACE) assessment score for food in 2015

Are services effective?

at the Ellen Badger Hospital was 100%. Royal Leamington Spa Rehabilitation Hospital and Stratford Hospital scored 97% and 98% respectively, which is better than the England average of 91%.

Patient outcomes

- The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. The matron of community services told us that they contributed to trust SSNAP data. The trust was rated as band D (A being the best and E the worst).
- We saw evidence of the recommendations and action plan produced by the trust in response to the SSNAP audit. The trust reported a consistent improvement in the service since January 2015. Quality and audit information collected at each community hospital demonstrated local audits were ongoing. For example monitoring of falls and length of stay in hospital. Falls data for February 2016 indicated that the number of falls in integrated and community services had fallen monthly since the beginning of 2016. We looked at the data for Nicol unit at Stratford Hospital and noted that there had been only one reported fall in February 2016, down from two falls reported in January 2016. Therapy staff advised that to reduce the number of falls, community inpatient services had introduced individual assessments for patients who had been screened for cognitive impairment at the community hospitals.

Competent staff

- Staff advised that formal clinical supervision was not provided. Informal supervision was available on a day to day basis and as required.
- We saw evidence of support provided to staff through additional speciality training to enhance their skills and performance. For example, Parkinson's disease training.
- Staff advised that peer support was very good and frequent. Staff felt able to approach colleagues for advice and support across all inpatient locations.
- Staff told us that there was an induction programme for all staff. We saw a comprehensive induction checklist in use. We spoke with a physiotherapist who confirmed they had completed the trust induction programme before taking up their clinical role. All bank and agency

staff also completed a local induction. These were reviewed by either the line manager/ or a nominated member of staff to ensure they were signed and completed by the staff member.

- The trust provided details of appraisals for community inpatient services. This showed that from 92% to 100% of staff had an up to date appraisal at the time of our inspection which was better than the trust's appraisal rate target of 90%.

Multi-disciplinary working and coordinated care pathways

- We observed exceptional multi-disciplinary (MDT) working in the hospitals. The MDT meetings and discussions we observed were professionally managed; patient focussed and considered all elements of a patient's well-being.
- We met and spoke with physiotherapists, occupational therapists and speech and language therapist who were all working as a team in the patient's best interest. Each member of staff told us they felt valued within the team and they saw themselves as an effective part of the patient's journey.
- All the patients' records we reviewed had a detailed therapy assessment showing good MDT review. Care pathways were detailed in each patient's notes with review dates and estimated dates of discharge documented.

Referral, transfer, discharge and transition

- Discharge summaries were written and printed out on the day of discharge, to be delivered with the patient to the receiving community team or GP and copies were filed in patient notes. This meant that all health professionals involved in the patients care were aware of their discharge and current clinical condition and medication.
- Therapy staff confirmed that a summary was completed for each patient after they had been discharged. If a patient required additional support once they had been discharged, the therapy staff liaised with the community therapy teams to ensure the patient received continued support as required.
- Staff reported that discharges were usually straight forward and problem free. The team worked closely with social workers who were regularly present and available on the wards. However, delayed discharges were due to a range of reasons including family choices

Are services effective?

and necessary alterations being made in the home, continuing healthcare needs, waiting for the correct package of care and the availability of nursing home places. Information made available by the trust showed there had been six medically well patients waiting in hospital for a social care package of care in February 2016.

- Average length of stay for patients for the period April to December 2015 at Ellen Badger Hospital was 29 days, Stratford Hospital was 22 days and Feldon ward at Royal Leamington Spa Rehabilitation Hospital was 50 days. Length of stay was above the trust target for both Ellen Badger and Feldon ward, however, there was evidence that the length of stay had reduced over time due to greater multi-disciplinary input and improved discharge planning.
- We attended an MDT meeting at Stratford Hospital. A discussion about each patient's discharge planning and current status took place at the meeting. Information was shared and all members of the team were made aware of any issues regarding each patient's discharge. Any identified actions were agreed to aid discharge. We saw that patients' expected date of discharge was set at the MDT. These were set according to each patient's ability.

Access to information

- Medical records were transferred from Warwick Hospital, or other acute setting, to the community hospital when the patient was admitted.
- Nursing and therapy staff could access patients' records via the electronic records system.
- Staff we spoke with were able to access trust policies and information via the trust intranet.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Patients agreed to rehabilitation as part of the admission criteria and consent was sought and recorded in documentation.
- We saw how consent for procedures had been obtained or discussed with the patient or their relatives. When patients did not have capacity to make decisions or give consent we saw conversations with the patient and their relative had been documented to show how a decision had been reached as to whether or not to carry out a procedure. The reasons for the procedure being needed were also documented. This demonstrated that staff had a good awareness of the Mental Capacity Act (MCA) 2005 assessments and Deprivation of Liberty Safeguards.
- We observed staff obtaining consent before providing any care or treatments. Three patients we spoke with told us that staff never do anything without asking first.
- Staff demonstrated a good understanding of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and knew what to do when patients were unable to give informed consent.
- We saw that when people lacked mental capacity to make a decision, staff organised 'best interests' decisions in accordance with legislation and team input.
- We found deprivation of liberties safeguards applications had been made and completed appropriately within the records we inspected at CERU. During our inspection visit we saw evidence of a capacity assessment being completed prior to a best interest meeting being arranged with the patient's family.
- Staff completed training in consent, MCA and DoLS. We saw information provided by the trust which showed that 97% of staff from inpatient services had completed this training.

Are services caring?

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

Summary

We rated community health inpatient services as good for caring because:

- Staff treated patients with compassion, dignity, and respect throughout the inspection.
- Patients and visitors told us that all staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being administered.
- Wards issued friends and family test (FFT) comment cards and they had a good response rate. Results were displayed on ward noticeboards.
- Patients and relatives were complimentary about care, therapy and medical staff.
- Patients and those close to them received the support they needed to cope emotionally with their care, treatment or their life changing condition.

Detailed findings

Compassionate care

- Feedback we received from patients was consistently positive about the way nursing and therapy staff treated them. We spoke with 14 patients and eight visitors who all told us that the care they received from all staff was excellent.
- Patients felt safe and cared for during their stay. Staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being delivered.
- We observed staff speaking to patients in a sensitive and compassionate manner. Staff knocked on doors before entering private areas and used privacy screens where available.
- There was extensive and proactive engagement between staff and patients to provide rehabilitation programmes. Patients told us that they were encouraged to be as independent as possible, but staff provided appropriate assistance in a sensitive way.
- The Friends and Family Test scores were positive. For example 96% of respondents were extremely satisfied with the clinical treatment and quality of care they received Ellen Badger Hospital.

- Patient-led assessments of the care environment (PLACE) assessments January to June 2015 showed that the average score for privacy, dignity and wellbeing across all three community hospitals was an average of 97% which was better than the England average of 94%.
- We saw examples of thank you cards and letters displayed on all the wards we visited. They all had positive comments about how caring and supportive the staff were.

Understanding and involvement of patients and those close to them

- Patients confirmed that their care plans had been explained to them and that they understood and agreed with the content.
- Patient's anxieties were lessened as they were routinely involved in planning and making decisions about their care and treatment. Staff ensured that patients and those close to them were able to ask questions about their care and treatment at all times including the ward round and at visiting times.
- There were information leaflets about national and local help and support groups displayed on all the wards.
- The trust had translation services in place. Staff were able to complete an interpreter request form on the trust intranet and request for the service to be provided by telephone or face-to-face.
- Patients and relatives told us they were aware of discharge plans. Some expected to go home with support from community services, whilst others were going to alternative care settings to continue their rehabilitation.
- Patients received a therapy discharge summary with information to take home when leaving the wards.

Emotional support

- During the MDT meetings and case conferences staff discussed the impact that a person's care, treatment or condition had on their wellbeing and on those close to them. They considered long term emotional and social support that may be required.

Are services caring?

- One patient explained that they had been in the hospital for many weeks and due to the encouragement provided by staff, they had much more confidence in themselves and their own wellbeing.
- We observed examples of nursing staff, healthcare assistants and therapy staff encouraging patients to manage their own health, including participating in exercises to improve their mobility.
- Staff offered emotional support to those people close to patients with a life changing condition. A ward manager told us that staff provided information and advice. This was also confirmed by a relative we spoke with.
- Each ward had individual visiting times. The community inpatient wards were flexible when a patient was very ill or when relative had to travel to visit.
- We saw leaflets available for bereaved relatives. This included details of the availability of bereavement advisors and details of the processes that bereaved relatives need to follow after a death.
- Staff gave patients advice about the services available and how to access them.

Are services responsive to people's needs?

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

Summary

We rated community health inpatient services as good for responsiveness because:

- Services were planned and delivered in a way that meets the needs of the local population.
- The needs of different people were taken into account when planning and delivering services. One member of staff told us that they respect the equality and diversity of patients and their families.
- The facilities and premises were appropriate for the services being delivered.
- Complaints and concerns were taken seriously, responded to in a timely way and listened to. Improvements were made to the quality of care as a result of complaints and concerns.

Detailed findings

Planning and delivering services which meet people's needs

- The needs of the local population were considered in how the community services were planned and delivered. Commissioners, social care providers and relevant stakeholders were all involved in planning services through network meetings ensuring flexibility, choice and continuity of care.
- Feldon ward at Royal Leamington Spa Rehabilitation Hospital provided stroke rehabilitation services. This meant that patients were transferred to the ward following an acute episode of care within Warwick Hospital or other local acute hospitals. Feldon ward provided community rehabilitation and twenty-four hour nursing care for a short period for individuals who were unable to manage at home following a stroke. The ward had a 42 day target length of stay following which appropriate referral was made for the patient to other services in the community such as the stroke outreach team.
- Patients requiring neuro-rehabilitation as a result of an acquired brain injury could be referred to the Central England Rehabilitation Unit (CERU) from major trauma centres in any part of the country. Following referral, an assessment would take place and if the patient was considered appropriate they were placed on the unit's

waiting list. At the time of our inspection there were no major trauma patients (MTP) waiting for a bed at CERU. There was one non major trauma patients (Level 1) on the waiting list. Level 1 patients have highly complex rehabilitation needs that are beyond the scope of their local specialist services. We were told that any delays in admission were usually for patients that have tracheostomies. CERU, from a safety aspect, would not admit more than four patients on tracheostomies to a ward at a time.

- The longest wait for admission to the unit for a major trauma patient was eight weeks. This was because the patient required a specialist ventilator which meant nursing staff needed training and signed competencies to manage the equipment before the admission of the patient.
- We heard patients' expectations being discussed during multidisciplinary team meetings. Estimated discharge dates and take home medication were also discussed during this time.

Equality and diversity

- Community inpatient teams across all three locations demonstrated personalised patient care in line with patient preferences. Staff told us they respected the equality and diversity of patients and their families.
- Special diets for patients with different cultural needs and preferences were adhered to and catered for and the dieticians took all requirements into account when assessing patients' nutritional needs.
- Disability access to the buildings was good with accessible toilet facilities available which were well signposted.

Meeting the needs of people in vulnerable circumstances

- All of the community hospital wards had 'dementia champions' who were care and/or therapy staff. They had extra training and attended link meetings to ensure they were up to date with best practice recommendations and could help to inform the other staff on the wards.

Are services responsive to people's needs?

- Pictures of food and meals were available for patients who had memory or speech difficulties enabling patients to have as much choice and input as possible.
- Most patient assessments were multidisciplinary assessments with a social worker, physiotherapist and occupational therapist input. This linked with community handover and a fuller integrated, comprehensive assessment of patient need prior to discharge. Staff had access to the learning disability team, who worked for the same community division
- The care plans we viewed demonstrated that patients' individual needs were taken into account before care started.

Access to the right care at the right time

- The identification of patients who could be transferred to a community hospital was completed by the discharge team at Warwick Hospital. Patients were transferred accordingly following assessment.
- Physiotherapy staff assessed the patient on the same day as admittance depending on the admittance time. If a patient was admitted at the weekend, the assessment would take place on a Monday, as physiotherapy support was not provided at the weekends.
- Nursing staff informed us that some patients were medically fit for discharge but were waiting for social care packages to be in place. For example, at the time of our visit, there was one out of 21 patients at Ellen Badger Hospital and two out of 20 patients on Feldon ward at Leamington Spa Rehabilitation Hospital waiting for a social care package.

Learning from complaints and concerns

- Patients and relatives we spoke with informed us that they had no problems with their care.
- We saw that information was displayed in the form of posters and leaflets detailing how concerns and complaints could be raised. These were easily accessible for patients and relatives if they were needed.
- Each ward also displayed information for patients and their visitors which also detailed complaints and compliments. An example was Campion ward at CERU where information displayed showed there had been no complaints received in February 2016.
- We found that the ward staff were able to describe complaint escalation procedures, the role of the Patient Advice and Liaison Service (PALS) and the mechanisms for making a formal complaint. They explained that they would try to resolve the patients' concern or complaint straight way and that this resulted in few formal complaints being raised.
- There had been four written complaints about inpatient services during 2015. Three of these related to the CERU unit at Royal Leamington Spa Rehabilitation Hospital. The main theme of these complaints had been poor communication. We saw from records examined that appropriate action plans had been devised and lessons learned had been discussed at staff meetings and with the MDT as necessary.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

We rated community health inpatient services as good for well-led because:

- Leadership was good at local and divisional level. Staff felt supported and informed. They were aware of the values of the trust and clear that services were designed with the patient at the centre.
- There were governance arrangements in place and effective lines of communication to ensure issues were escalated appropriately.
- There was effective teamwork and clearly visible leadership within the services. Staff were positive about the culture within the community inpatient services and the level of support they received from their managers.
- Patients' views and experiences were gathered and consideration was given to these when improving services.

However:

- There was no specific written strategy or vision statement for community inpatient services.

Detailed findings

Service vision and strategy

- The trust's vision was to provide high quality, clinically and cost effective NHS healthcare services that met the needs of patients and the population that they serve
- The trust's values were displayed at community locations and they were; to provide safe, effective, compassionate and trusted care. We saw the vision and values on display in the community hospitals and staff were aware of, and could describe the trust's values.
- There was a vision for the integrated community services which was 'to improve the wellbeing of the patients served and to be recognised for always doing the best they could.' However, there was no specific written strategy or vision statement for community inpatient services.

Governance, risk management and quality measurement

- We saw copies of local risk registers which included recommendations and actions relating to identified risks. These had been reviewed to show how risks had been mitigated to reduce the risk to staff and patients. For example, patients requiring one to one or close supervision being admitted to Feldon Ward at Royal Leamington Spa Rehabilitation Hospital which might result in extra staffing being required to monitor those patients.
- There were no items relating to community hospitals that had reached the threshold to be on the trust's risk register.
- Senior staff told us that they attended quarterly governance meetings and shared the information with staff at the team meetings held in the various hospitals.
- We saw minutes of a governance meeting attended by senior staff and sisters from each hospital. During this meeting, a comprehensive review of all governance issues relating to community wards was discussed. This included the unit risk register, operational risks, complaints, incidents, safety thermometer, information governance and the audit programme

Leadership of this service

- We found a clear management structure in place. Staff were aware of senior managers, their roles within the organisation and how to contact them as necessary.
- The matron for community inpatient services was visible on the wards. She told us that she was proud of the service provided in the unit and that staff treat all patients as individuals.
- Staff spoke highly of their ward manager at each of the community hospitals and said they were supportive and focused on good care given with kindness and compassion.

Culture within this service

- At ward level, we saw staff worked well together and there was respect between specialities and across disciplines. We saw examples of good team working on the wards between staff of different disciplines and grades.

Are services well-led?

- Community inpatient staff reported an open and transparent culture on their individual wards and felt they were able to raise concerns.
- Staff spoke positively about the service they provided for patients. Staff said high quality compassionate patient care was a priority.

Public engagement

- We saw patient forum notice boards sited around the hospital with local service news and updates. Contact details were advertised for patient and carer support along with information leaflets to take away.
- The NHS Friends and Family Test was introduced in 2013. This initiative was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. Each community hospital carried out the FFT. All community hospitals achieved 100% in February 2016 in relation to recommending the hospital to friends and family. This information was displayed at each of the community hospitals.

Staff engagement

- Staff were encouraged to share their views at their team meetings.

- The trust held staff engagement sessions during 2015 to promote the hospital values and informed staff of future plans. Staff that attended said they felt involved and valued at these meetings.
- Staff received a staff magazine called 'the pulse' which contained key information about projects and introduced new staff for example, consultants to the organisation. The trust also used social media to keep staff up-to-date with important developments.
- Other regular staff communication and engagement forums included a link called 'Rumour Mill' on the trust's intranet, where staff could ask questions and other staff and managers could provide answers.
- Staff in community services had been given a staff handbook which provided staff with information and guidance. For example, education, learning and development and health and well-being.

Innovation, improvement and sustainability

- Staff on CERU had developed and published an assessment tool called Sensory Tool to Assess Responsiveness (STAR). STAR is a tool aimed at providing an accurate diagnosis of prolonged disordered consciousness and establishing any means of communication in the patient. The STAR is used to assess responses to stimulation in visual, auditory and motor modalities, and also records observations of communication and emotion.

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.

This section is primarily information for the provider

Enforcement actions

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.