Stockport NHS Foundation Trust

RWJ

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)
RWJ09	Stepping Hill Hospital	Community Unit	SK2 7JE

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

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Overall summary

We inspected the Community Unit at Stockport NHS Foundation Trust, which is located in the trust's main site at Stepping Hill Hospital. The unit is a community facility based within Stepping Hill Hospital but managed through the trust's community business group. The unit was operational 24 hours a day seven days a week. Service users were transferred to the unit seven days a week from within the trust. The unit has 16 beds and had been opened on 24 November 2016 as part of a health and social care system response to the urgent care situation in relation to Delayed Transfer of Care (DTOC) and decreased access to community capacity.

During our inspection we spoke with four residents and six members of staff. We observed a GP ward round and reviewed four sets of residents' records.

We did not rate this service in view of the short period of time that the unit had been opened. However, our key findings were:

- Staff were aware of how to report incidents and feedback from incidents was provided.
- Lessons were learned from incidents and were distributed to facilitate learning.
- Safety performance was being monitored. Care and treatment was provided in line with guidelines and the service was planning to participate in clinical audits where they were eligible to take part.
- Residents told us there pain was effectively monitored and we saw evidence of this in their records.
- Staff treated patients with kindness, dignity and respect.
- Staff provided care to patients while maintaining their privacy, dignity and confidentiality.
- Services were planned to meet the needs of the local population and included national initiatives and priorities.
- Reasonable adjustments were routinely considered and made to meet the needs of patients living with a disability.
- Staff felt supported and able to speak up if they had concerns.
- All staff were committed to delivering good, compassionate care.
- Staff who worked for the trust were aware of the trusts vision and values.
- Staffing levels were not always sufficient and there was a high reliance on bank and agency staff members, however, the use of bank and agency staff ensure minimum staffing levels were maintained at all times. Recruitment was ongoing to fill current vacancies, but long-term plans for the unit had not been agreed upon.

Summary of findings

Background to the service

The Community Unit (CU) opened on 24 November 2016 as part of a health and social care system response to the urgent care situation in relation to Delayed Transfer of Care (DTOC) and decreased access to community capacity. The unit sits within the Borough Wide Intermediate Tier programme of Stockport Together.

The initial intention had been to provide a facility in the community but given the urgent timeframe required to open, the unit was located on the decommissioned A15 ward at Stockport NHS Foundation Trust. Nonetheless, the unit environment has been adapted to resemble a non-acute facility with a community ethos. Volunteers and Targeted Prevention Alliance (TPA) visit the unit to facilitate activities. Life Leisure also provides an eight week exercise programme.

The Unit accepts people who are on a step down hospital discharge pathway or who are referred within the Transfer to Assess Pathway 2 or 3. The resident's current acute medical episode is complete and they have been reviewed and discharged by a Consultant, no longer requiring an acute setting and are safe to transfer.

Typically residents have been discharged to the unit when they have been:-

- Accepted by Active Recovery/ Intermediate Care bed based or home based provision, with or without a date for the provision to commence, facilitating the Community Unit instigating rehabilitative goals.
- Accepted for a package of care at home provided there is a date for the package of care to commence.
- Accepted for a package of care (for 1 or 2 visits a day) where there is no date for the package of care to commence.

Some of the residents accepted for the above have mild cognitive impairment or mild dementia.

From 24 November 2016 to 10 February 2017, the unit had had 153 admissions. This had increased to 261 up to and including 24 March 2017.

Our inspection team

Our inspection team consisted of two inspection managers, three inspectors, one doctor and a nurse.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services 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 service and asked other organisations to share what they knew. We carried out an unannounced visit on 21, 22 and 28 March 2017. We talked with people

Summary of findings

who use 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 use services. We met with people who use services and carers, who shared their views and experiences of the core service.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the service MUST take to improve

- Ensure that the environment and equipment is clean and meets the requirements of the trust's own quality indicators in terms of infection control.
- Ensure staff show awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS).
- Ensure complaint responses are provided in a timeframe agreed with a complainant.

Action the service SHOULD take to improve

- Consider undertaking a medication audit.
- Ensure that a records audit is undertaken.
- The service should complete a comprehensive assessment of compliance with more recent NICE guidance.

Action the provider COULD take to improve

Stockport NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Are services safe?

By safe, we mean that people are protected from abuse

Summary

In relation to the safe domain we found that:

- Staffing levels were not always sufficient and there was a high reliance on bank and agency staff members. However, the use of bank and agency staff ensure minimum staffing levels were maintained at all times. Recruitment was ongoing to fill current vacancies, but long-term plans for the unit had not been agreed upon.
- The environment required decoration and was dirty in places. It did not meet best practice requirements or the trust's own quality indicators in terms of infection control.
- Despite there being a medication incident involving controlled drugs, no medications audit had been undertaken.

However:

- Staff were aware of how to report incidents and feedback from incidents was provided.
- Lessons were learned from incidents and were distributed to facilitate learning.
- Safety performance was being monitored.
- Staff were aware of how to raise and manage safeguarding issues.
- Staff observed appropriate measures to protect residents from avoidable infections.
- Staff completed residents' records in legible handwriting.
- Medical staffing cover was provided by GPs.

Detailed findings

Safety performance

- The safety thermometer is a national improvement tool for measuring, monitoring and analysing avoidable harm to residents and 'harm free' care. Performance against the four possible harms; falls, pressure ulcers, catheter acquired urinary tract infections (CAUTI) and blood clots (venous thromboembolism or VTE), was monitored on a monthly basis.
- The safety thermometer showed 100% harm free care from November 2016 – March 2017.

Incident reporting, learning and improvement

Are services safe?

- Staff understood their responsibility to report incidents and explained that they were encouraged to do this. The unit used an electronic incident reporting system for staff employed by the trust, which triggered an email to senior staff to alert them to an incident once a staff member had reported it. Agency staff reported incidents on a paper form, which was then transferred onto the electronic system.
- There were no never events. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all health care providers.
- Senior staff told us general feedback on resident safety information was discussed at staff meetings or in staff huddles
- Staff told us that learning from incidents was disseminated through a communication file. We saw that learning from incidents and safety issues was available for staff via a copy of a safety bulletin being kept in the staff room for staff to access.
- From November 2016 to February 2017 there were 19 incidents; 17 of these were low or no harm incidents.

Duty of Candour

- Staff we spoke with understood the duty of candour. 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 residents (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

Safeguarding

- Safeguarding policies and procedures were in place and staff knew how to refer a safeguarding issue to protect adults and children from abuse. The trust had a safeguarding lead who provided guidance during the day in the week. Staff had access to advice out of hours and at weekends from the on-call manager. Any referrals from the unit were sent to the trust's safeguarding team and the local authority.
- Staff were able to describe an example of a recent appropriate safeguarding referral that had been made in relation to protecting a resident who was vulnerable from financial abuse. This showed staff knew how to recognise a safeguarding incident.
- Trust staff within the unit were compliant with their safeguarding vulnerable adults level two training. The trust told us that bank and agency staff had to be compliant to be able to work on the unit.

Medicines

- When the unit first opened, the pharmacist and unit manager agreed that controlled drugs (CDs) would be counted weekly as a stock check with close monitoring, as opposed to daily, as is the case on the hospital wards. There was a controlled drugs incident were stock levels did not reflect the balance remaining. Following the incident both the pharmacist and unit manager reviewed practice. Enquiries were made with other community facilities and the decision was made that the unit registered nurse and a second witness would check CDs daily. At the time of our inspection, we observed the CDs were checked daily and there were appropriate stock levels in place.
- The unit had a clear guidance document outlining how staff should manage controlled drugs.
- At the time of our inspection, medications were stored in drugs cupboards in a locked clinical room. The registered nurse held the keys. At the time of our inspection all cupboards were locked. Controlled drug books were completed and the volume of controlled drugs in the cupboards matched what was stated to be there.
- Medicines requiring cool storage at temperatures below eight degrees centigrade were appropriately stored in fridges. Daily temperature checks were not completed at the time of our inspection. We escalated this issue at the time of our inspection. This had been addressed at the time of our unannounced inspection.
- The service had not had a medications' audit at the time of our inspection.
- A member of the pharmacy team visited medical wards regularly. Pharmacy staff checked that the medicines residents were taking when they were admitted to the wards were correct and that records were up to date.
- The service had a medications' discharge planning sheet for each resident. This was used as a prompt for staff to ensure residents had the correct medications with them on discharge.

Environment and equipment

- At the time of our inspection, some residents' beds were up against the radiators. This represented a resident

safety risk, which we escalated to the unit manager at the time of our inspection. The unit manager said she would reassess the layout of the beds to ensure that they were not placed up against the radiators.
- There were several rusty locker tops, two bathroom floors were partially lifted away and there were areas of black mould in corners of the walls in bathrooms. We escalated this issue at the time of our inspection. The unit manager said she would liaise with the facilities staff to ensure these issues were looked into.
- There was a black waste bin in the main corridor area that was not labelled. We observed two full black waste bins in the dining area that were not labelled. We escalated this at the time of our inspection.
- The unit did not have access to a resuscitation trolley. However, they did have an emergency grab bag that was checked in line with the trust policies and procedures. However, emergency drugs were kept locked in the drugs cupboard which could pose a risk of a delay in an emergency and the keys were not available.
- Emergency drugs should be stored so they can be easily accessible and tamper proof. We noted that non-clinical stock was stored in paper mache bowls on open shelving outside the bathroom areas.

Quality of records

- Residents' records were centrally stored in a records trolley. We reviewed four residents' records. All nursing assessments were complete and residents had nutritional assessments, falls risk assessments and evidence of completed resident observations at regular intervals.
- Records showed evidence of MDT input, assessment of pressure areas and assessment of nutritional status.
- Staff told us and the trust confirmed that there were no records' audit in place at the time of our inspection. The trust told us that the Community Unitwould be included in the business group's 2017 / 18 schedule of services' record keeping audits.
- Resident information boards did not respect resident confidentiality as they were visible by residents and the public. Resident information boards provided, at a glance, an overview of the key risks, medication and discharge plans for each resident.

Cleanliness, infection control and hygiene

- At the time of our inspection areas of the unit were not visibly clean for example, there was black mould on shower curtains and on the lower edge of walls and brown scaling on an area of a sink. We escalated our concerns regarding this at the time of our inspection.
- In March 2017, the service had an infection control audit. This showed that the unit was overall 50% compliant with the audit requirements. Concerns included bed pans and toilets not being stain free, shower curtains not being clean, the absence of documented evidence of daily and weekly cleaning, hand wash sinks containing inappropriate items, the absence of documented evidence of weekly flushing of water outlets and the absence of spill kits. The unit had an action plan to address the concerns outlined in the infection control audit. Some actions had been completed at the time of our inspection but others were still outstanding but had not yet past the timeframe for completion.
- Side rooms were used as isolation rooms for residents at increased risk of cross infection.
- Staff followed good practice guidance in relation to the control and prevention of infection in line with trust policies and procedures. There was a sufficient number of hand wash sinks and hand gels. Hand towel and soap dispensers were adequately stocked. We observed staff following hand hygiene practice, arms bare below the elbow and using personal protective equipment where appropriate.

Mandatory training

- Trust staff within the unit were trained in equality and diversity, health and safety, infection prevention and control and other subjects. Staff were 100% compliant with their mandatory training.
- The trust relied heavily on agency staff to staff the unit. We were told that the agency had to provide the trust with assurance that their staff are up to date with their mandatory training.

Assessing and responding to patient risk

- The service had a standard operating procedure outlining the admission criteria for the unit. The Unit accepted people who are on a step down hospital discharge pathway or who are referred within Transfer to Assess Pathway two or three. The resident's current

acute medical episode was complete and they had been reviewed and discharged by a Consultant, no longer requiring care from an acute setting and were deemed safe to transfer.

- At the time of our inspection, nursing risk assessments were undertaken within six hours of admission including pressure ulcer, nutritional and falls risks assessments. Our records review confirmed that risk assessments had been completed in the records we reviewed.
- A national early warning score system (EWS) was used throughout the trust to alert staff if a resident's condition was deteriorating. This is a basic set of observations, such as respiratory rate, temperature, blood pressure and pain score and is used to alert staff to any changes in a resident's condition. Observations were done on admission then repeated once every 24 hours.
- GPs came into the unit three times per week to review all residents. Outside these times, nurses had access to GPs 24 hours a day, either to the GPs that regularly visited the unit or from the out of hours service, Mastercall Healthcare.
- The service had 'whiteboard rounds' that all staff attended. These were effectively run and actions were identified regarding residents being discharged and those still awaiting input from the reablement team or a short-term placement or intermediate care.
- There was a deteriorating patient escalation policy in place. If a resident deteriorated staff told us they would dial '999' in an emergency.

Staffing levels and caseload

- Senior staff told us that no formal staffing tool was used to determine staffing requirements. The service planned to have one registered nurse on duty at all times. The service manager was planned to be supernumerary (a person in excess of the regular, required, or usual number of staff who would not normally provide care to residents).
- We requested the off-duty log that outlined the number of staff who were working on the unit at any particular point in time. From November 2016 to March 2017 the records showed that on two night shifts there was not a registered nurse on duty. However, since January 2017 there had consistently been one or more nurses on duty.
- The service planned to have two healthcare assistants working at any one point in time. We requested the off-duty log that outlined the number of staff who were working on the unit at any particular point in time. From November 2016 to March 2017 the records showed that on five shifts there was one healthcare assistant on duty. However, since January 2017 there had consistently been two or more healthcare assistants on duty.
- At the time of our inspection, the unit should have had one whole time equivalent (wte) unit manager, 5.25 wte nursing staff, 15.08 wte support staff, 2.81wte therapists and 1.53 wte administration staff. The unit had one wte unit manager, 0.8 wte nursing staff, 3.8 wte support staff and one wte therapist. The unit had five wte support staff due to start on 3 April 2017 and 1.8 wte therapist. This meant there were 4.45 wte vacancies for nursing staff, and 6.28 wte vacancies for support staff. Therapists and the unit manager position would be at full complement once the new staff members had started. The trust told us that because the unit was initially planned to be open on a short-term basis, temporary and agency staff had been used. However, a recent decision (March 2017) by the Clinical Commissioning Group (CCG) to extend the period the unit was open for had resulted in the trust's decision to recruit substantive staff to the posts.
- From 23 November 2016 to 28 March 2017 the unit was staffed by 38% agency staff and 51% bank staff. We noted that these staff were predominantly the same core of personnel, meaning there was still some continuity of care for residents.

Managing anticipated risks

- The community unit opened on 24 November 2016 as part of a health and social care system response to the urgent care situation in relation to Delayed Transfer of Care (DTOC) and decreased access to Community capacity. Plans were in place to address demand and were continuously reviewed by the clinical commissioning group (CCG).

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

In relation to the effective domain we found that:

- Care and treatment was provided in line with guidelines and the service was planning to participate in clinical audits where they were eligible to take part.
- Residents told us their pain was effectively monitored and we saw evidence of this in their records.
- Nutrition and fluid assessments were regularly assessed and residents were well supported in meeting their nutritional and hydration needs.
- There was a focus on discharge planning from the moment of admission and there was good multidisciplinary working to support this.
- Residents' care plans and assessments were completed consistently.

However:

- Staff showed a lack of awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS).
- The service had not completed comprehensive assessment of compliance with more recent NICE guidance.

Detailed findings

Evidence based care and treatment

- The trust told us that the community business group's governance lead reviews the NICE guidance monthly and identifies a relevant head of service within the business group services to address the guidance area. A clinical lead is appointed to review the guidance. The clinical lead determines if the guidance is relevant to the business group. If the guidance is not relevant, the trust governance system is updated to show this. If the guidance is relevant and the trust is fully compliant, the clinical lead updated the governance system to show this. If the trust was partially compliant, the clinical lead completed a gap analysis and developed an action plan. Any barriers to compliance were escalated to the head of the service and the governance lead. This information was then input on the trust's governance system.
- At the time of our inspection, the service was fully compliant with the National Institute for Health and Care Excellence (NICE) guidance for NG027 (Transition between in resident hospital settings and community or care home settings for adults with social care needs), CG171 ((Updated) Urinary incontinence in women: management), NG007 (Maintaining a healthy weight and preventing excess weight gain among adults and children) and CG140 ((Updated Aug) Palliative care for adults: strong opioids for pain relief), which evidences best practice in these areas.
- However, the service was partially compliant with NG005 (Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes), which was being reviewed and monitored by the pharmacy team. The service was also partially compliant with CG043 ((Updated) Obesity prevention). The unit itself was fully compliant with this guidance, but had noted there was a requirement to address the interface with the hospital and so had recorded itself of partially compliant whilst this was addressed. There were three other guidance areas where the unit were partially compliant with NICE guidance, all with action plans (NG032 Older people: independence and mental wellbeing, NG019 (Updated Jan) Diabetic foot problems: prevention and management and NG056 Multimorbidity: clinical assessment and management).
- The unit was being assessed at the time of our inspection in four other areas (CG095 ((Updated Nov) Chest pain of recent onset: assessment and diagnosis), CG127 ((Updated Nov) Hypertension in adults: diagnosis and management), NG059 (Low back pain and sciatica in over 16s: assessment and management) and NG018 ((Updated Nov) Diabetes (type 1 and type 2) in children and young people: diagnosis and management). The unit had yet to be assessed against 16 more recent guidance areas provided by NICE from November 2016 – February 2017 including, QS086 ((Updated Jan) Falls in older people).
- Staff were using national and best practice guidelines to care for and treat residents. These included guidelines on nutritional screening.

Are services effective?

- Nursing care indicator audits were also completed on a monthly basis. We requested this information from the trust but had not received it at the time of reporting.
- Residents' needs were assessed on admission and comprehensive care plans were formulated and delivered in line with best practice. We reviewed residents' care plans and found that these and risk assessments were completed to identify additional support needs.
- We requested details of audits undertaken by unit but did not received them at the time of reporting. The trust indicated to us at the time of our inspection that now the unit's opening period had been extended audits would be commenced in line with other audits undertaken by the community arm of the trust.

Pain relief

- Pain relief was managed on an individual basis and was regularly monitored and reviewed by doctors. There was evidence in residents' records that correct type of pain relief had been prescribed appropriately and was administered when they required pain relief.
- Residents told us that they were asked about their pain and supported to manage it.

Nutrition and hydration

- All residents were served meals from the meal trolley by a healthcare assistant. Meals were not pre-plated which meant residents could have choice and control their portion size.
- Residents received assistance with eating and drinking in line with their individual needs.
- Staff had ready access to speech and language therapy and dietetics and referred residents based on their individual need.
- Residents told us there was plenty of choice at each meal and that the food was of a good standard.
- We saw drinks were available and in reach for all residents.
- We saw evidence staff completed malnutrition universal screening tool (MUST) assessments of residents' nutritional status.

Patient outcomes

- The service monitored patient outcomes resident and provided monthly 'patient metrics' (including length of stay, discharge destination and number of readmission) reports to the trust board and periodic reports to the CCG. The information showed that intended outcomes for people were achieved and as a result the CCG had just extended the period the unit was open to August 2017.
- At the time of our inspection, the unit had been open for fourteen weeks. It was not benchmarking itself against other units at that point in time.
- We saw some evidence that data collated had been used to improve resident outcomes, for example a patient had sustained a fall. The service had reviewed this and as a result introduced falls risk assessment completion within 6 hours.

Competent staff

- At the time of our inspection, senior staff told us that no competency checks were undertaken when staff started working at the service. The service relied on agency staff and the agency producing a list of skills that the staff member had. We were told competency assessments would commence once the service had employed more nurses working for them.
- Senior staff told us that the trust had recently decided to recruit substantive post holders as the units estimated closure date had been extended. The unit manager planned to put in place the trust's monitoring processes to review staff competencies, ensure staff received appropriate training and to offer appraisals.

Multi-disciplinary working and coordinated care pathways

- Staff worked well as a multi-disciplinary team to promote early discharge.
- The Multidisciplinary team (MDT) had input from a range of allied healthcare professionals (AHP) including Occupational, physio and speech and language therapists, dietician, social worker and medical staff.

Referral, transfer, discharge and transition

- Residents were referred into the community inpatient service from Stepping Hill hospital.
- When patients were referred to the unit they were assessed against the admission criteria for the service to ensure patients could be cared for appropriately.
- Discharge planning commenced on admission and staff worked closely with community colleagues to ensure a smooth and timely transition for patients.

Access to information

Are services effective?

- Staff had access to information they needed to deliver effective care and treatment to patients. All staff we spoke to were aware they could easily access to Trust information including policies, procedures and patient information leaflets on the unit computers.
- There were computers available, which gave staff access to trust information.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff did not demonstrate a good understanding of the trust's policy regarding the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs).
- Staff we spoke to on the unit did not know that the use of bed rails can be a form of restraint as outlined in the Royal College of Nursing (RCN) rights, risk and responsibilities guidance.
- There was a mental capacity act and DoLs policy at a trust wide level, which reflected national guidance and legislation.
- Staff had the appropriate skills and knowledge to obtain consent from patients. Most staff we spoke with were clear on how they sought verbal informed consent and written consent before providing care or treatment.

Are services caring?

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

Summary

In relation to the caring domain, we found that:

- Staff treated patients with kindness, dignity and respect.
- Staff provided care to patients while maintaining their privacy, dignity and confidentiality.
- Patients spoke positively about the way staff treated them.
- Patients told us they were involved in decisions about their care and were informed about their plans of care.
- Staff took their time to support patients and ensure they knew what was happening.
- Staff showed that they understood the importance of providing emotional support for patients and their families.

Detailed findings

Compassionate care

- Staff offered kind and considerate care to patients and those close to them. We saw that privacy and dignity was maintained and that patients' needs were appropriately met.
- We spoke with three patients, who all gave us positive feedback about how staff treated and interacted with them.
- We observed staff taking the time to interact with patients in a respectful manner.

Understanding and involvement of residents and those close to them

- Staff respected patients' rights to make choices about their care.
- Staff communicated with patients in a way they could understand.
- Patients and their families told us that staff kept them informed about their treatment and care. They spoke positively about the information staff gave to them verbally and in the form of written materials.
- Patients told us the medical staff fully explained the treatment options to them and allowed them to make informed decisions.

Emotional support

- Staff understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives.
- Visiting times for the unit met the needs of the friends and relatives we spoke to. Open visiting times were available if patients needed support from their relatives.
- Patients and relatives told us that staff supported them with their emotional needs.
- The chaplaincy and spiritual service was also available for spiritual, religious or pastoral support to those of all faiths and beliefs.

Are services responsive to people's needs?

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

Summary

In relation to the responsive domain, we found:

- Services were planned to meet the needs of the local population and included national initiatives and priorities.
- Reasonable adjustments were routinely considered and made to meet the needs of patients living with a disability.
- The service had discharge planning documentation that staff could use as a checklist to ensure residents had appropriate medication, equipment and belongings on discharge from the unit.
- Translation services and interpreters were available to support patients whose first language was not English.

Detailed findings

Planning and delivering services which meet people's needs

- Services were planned to meet the needs of the local population and included national initiatives and priorities. Part of the trust's overall strategy was to focus on the care of older people so as to better met the care needs of the local population.
- The Community Unit (CU) opened on 24 November 2016 as part of a health and social care system response to the urgent care situation in relation to Delayed Transfer of Care (DTOC) and decreased access to Community capacity. The Unit sat within the Borough Wide Intermediate Tier programme of Stockport Together. The initial intention had been to provide a facility in the community but given the urgent time frame required to open, the Unit was located on the decommissioned A15 ward at Stockport NHS Foundation Trust. Volunteers and Targeted Prevention Alliance (TPA) visit the Unit to facilitated activities. Life Leisure were also providing an eight week exercise programme.
- The premises and facilities at the unit were appropriate for the services that were planned and delivered. Patients had access to a range of different areas including a library, living rooms, kitchen and bathrooms.

Equality and diversity

- Translation services and interpreters were available to support patients whose first language was not English. These translation services could be provided face to face, via telephone or in a written format. Leaflets and information were also readily available and could be requested in other languages or formats.
- Reasonable adjustments were routinely considered and made to meet the needs of patients living with a disability. The majority of areas were wheelchair accessible and there were designated bathrooms for patients living with a disability.

Meeting the needs of people in vulnerable circumstances

- The service had discharge planning documentation that staff could use as a checklist to ensure residents had appropriate medication, equipment and belongings on discharge from the unit.
- The unit offered service users access to a range of activities such as games and DVD afternoons.
- Staff told us that the trust had a chaplaincy and spiritual care department. The service was provided seven days a week and provided multi faith support to residents.
- Residents had access to a dining area and were supported to have their meals together rather than sitting by their beds. This meant that they were encouraged to come together to socialise.
- The unit did not have dementia friendly signage or environment, such as different coloured flooring or clear large pictures on the toilets or bathrooms.

Access to the right care at the right time

- Medical staff were available during the day Monday to Friday 9am – 5pm. Residents would be transferred to Stepping Hill hospital if required. Staff would dial 999 in emergencies.
- The GP out of hours service were available and reviewed patients at the weekends and during out of hours as required at the Unit.
- We found that discharges were arranged at an appropriate time of day, and relevant teams and services were informed.

Are services responsive to people's needs?

- There were set admission criteria to ensure patients could be cared for appropriately and we found that this was adhered to strictly.
- From 24 November 2016 – 10 February 2017 the average length of stay for 49% of residents was two nights or less. A further 22% of residents stayed between three and four nights. 13% of residents stayed over seven nights. However, during February 2017 these figures had changed to 33% of residents staying two nights or less, 25% of residents staying three to four nights and 8% staying over seven nights. Staff told us that the average length of stay was currently being impacted upon because they had two residents who were in longer than had been anticipated.
- The unit told us that 3.7% (5 out of 133 residents) were readmitted back to the hospital; one following Medical Registrar involvement after a series of sustained hypoglycaemic episodes and four following a GP / Mastercall Out of Hours service appointment.
- From 24 November 2016 – 10 February 2017 bed occupancy averaged 86%. (This includes the early period when the Unit was newly opened and processes for the transfers of patients were still to be embedded).

Learning from complaints and concerns

- Staff understood the process for receiving and handling complaints.
- Information on how to raise a complaint was available in leaflet form and staff told us that they provided these to patients as needed.
- From November 2016 – March 2017, the unit had received one complaint. We saw evidence that the complaint had been fully investigated and that learning had taken place from concerns addressed. However, the response to the complaint was four days later than the trust's agreed timescale.

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

In relation to the well-led domain, we found:

- Staff felt supported and able to speak up if they had concerns.
- All staff were committed to delivering good, compassionate care.
- Staff who worked for the trust were aware of the trust's vision and values.
- The unit had an improving governance framework and had sought support to strengthen this.

However,

- There was an absence of regular unit meetings.

Detailed findings

Leadership of this service

- Staff told us that the community unit manager was approachable and friendly.
- The leadership in the department reflected the vision and values set out by the trust. Staff spoke positively about their managers and leaders.

Service vision and strategy

- The trust's vision is to be nationally recognised for their specialism in the care of older people and as an organisation that provides excellent cancer care.
- The trust's values were based on the 'Your Health. Our Priority' promise. They were around the behaviours staff and patients felt helped deliver safe, effective and compassionate care.
- These values were grouped into three subjects quality and safety, communication and service.
- Staff who worked for the trust permanently were aware of the trust vision, objectives and values. They were also able to articulate the vision and values and how these related to their day to day roles. We found that temporary staff were not able to articulate the trust's vision and values.

Governance, risk management and quality measurement

- The trust acknowledged that due to the minimal timeframe within which to open the Unit, agency staff had been utilised which in itself had given rise to financial, operational and governance challenges that had needed to be managed. However, the trust told us that these issues have now been mitigated by its decision to recruit substantively to nursing and therapy posts.
- At the time of our inspection it was apparent that governance processes were improving. The unit had a risk register in place, which covered the key risks the unit faced.
- There was a designated governance lead for community services and they were working closely with the unit to implement systems to support effective governance.
- The unit manager planned on introducing formal weekly staff meetings once the new personnel had started.

Culture within this service

- Staff within the service explained that from time to time they felt excluded from the trust's main medicine service because they were a community unit. The unit manager had plans in place to help develop people's views and experiences to help improve the service. This included increasing the amount of feedback sought then creating action plans to address changes based on the information received.
- There was a strong resident centred culture, which was open and transparent allowing staff to speak up when they had concerns.
- Staff felt encouraged to raise issues and concerns and felt confident to do so.
- Feedback was sought through the friends and family test.

Public engagement

- The trust told us that collecting Friends and Family Test feedback from residents had initially proved a challenge in that the Friends and Family Test (FFT) cards have needed to be returned via Freepost to Healthcare Communications, the company who collate the FFT information on behalf of the Trust after the resident has

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been discharged. The process for capturing the FFT feedback had therefore been revised. We reviewed the findings for nine residents and their families. All feedback was positive and the nine responses indicated the individuals were likely or very likely to recommend the unit to others.

- Staff told us they routinely engaged with residents and their relatives to gain feedback from them.

Staff engagement

- The unit did not have formal staff meetings. The unit manager planned to introduce them once she had secured more trust staff in post.
- In the staff room there was a copy of January's team brief, a newsletter which covers areas such as performance in the trust, workforce and new projects.

Innovation, improvement and sustainability

- The unit were aiming to get Daisy Accreditation. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment 13. Safeguarding service users from abuse and improper treatment At the time of our inspection staff were unclear on the requirements of the Mental Capacity Act 2005 and of the trust's policy regarding DoLs assessments. This represented a safeguarding risk to patients.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment 15. Premises and Equipment At the time of our inspection there were parts of the community unit that were not clean and properly maintained. This represented a risk to patients.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints 16. Receiving and acting on complaints At the time of the inspection the complaint the unit had received was responded to four days later than the date agreed with the complainant. This is not in accordance with the NHS complaints handling regulations.