Care Quality Commission

Babington Hospital

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Babington Hospital is a community hospital in Belper, Derbyshire, providing services in Amber Valley in South Derbyshire and Derby, with some Nottinghamshire and North Derbyshire patients being admitted.

At the time of our visit there was one inpatient ward, Baron, which provides rehabilitation services for up to 20 adults. Chevin ward, which provides up to nine beds to help manage the additional demand during the winter months had recently closed. Baron ward held an additional four beds for people with complex conditions unable to be discharged. This arrangement was planned to continue until the end of March 2014.

Patients were very positive about the caring way staff treated them. They felt involved in their care plans and received information in a way they could understand it. We observed staff using good communication skills to establish rapport with patients and build their trust. Bathroom and toilet windows were not fully obscured at night so that patients' dignity was compromised.

The Trust employed a range of specialist teams to support staff on inpatient units. These included continence nurse specialists, the falls team and speech and language therapists. There were plans for seven day working to cover all four local hospitals including Babington, to provide a better service for patients.

Patients on the ward received integrated rehabilitation from an effective multidisciplinary team. The staff had developed opportunities to promote people's independence and emotional well-being. Patients' progress was monitored and reviewed and the staff team could access other professionals for advice as needed. There were sufficient staff on duty during the day but night time cover was not always sufficient to meet people's needs.

There were systems in place to monitor and report safety incidents including falls and pressures ulcers. There was a culture of learning as a result of incidents. Patients' care was centred on safety and preventing avoidable harm. Patient information was kept securely and the environment and equipment were appropriately maintained. We saw there were some discrepancies in recording patients' nutritional needs which might put people at risk.

The discharge planning system on the ward was effective. There was good engagement with other partners including social care. Managers were largely seen as supportive and there were monthly staff meetings at which staff were encouraged to raise concerns. Staff had confidence that ward managers prioritised safe, high quality, compassionate care and escalated issues and concerns in an appropriate way. Not all staff felt valued by the Trust. Healthcare support workers felt in some cases their additional training and skills were not acknowledged and that opportunities for progression were limited.

Summary of findings

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

We always ask the following five questions of services.

Are services safe?

Services were safe. There were systems in place to monitor and report safety incidents including falls and pressures ulcers and there was a culture of learning from incidents. Patients' care was centred on safety and preventing avoidable harm. Patient information was kept securely and the environment and equipment were appropriately maintained.

Are services effective?

Patients on the ward received integrated rehabilitation from an effective multidisciplinary team. The staff had developed opportunities to promote people's independence and emotional well-being. Patients' progress was monitored and reviewed and the staff team could access other professionals for advice as needed. There were sufficient staff on duty during the day but night time cover was not always sufficient to meet people's needs.

Are services caring?

Patients were very positive about the caring way staff treated them. They felt involved in their care plans and received information in a way they could understand it. We observed staff using good communication skills to establish rapport with patients and build their trust. Bathroom and toilet windows were not fully obscured at night so that patients' dignity was compromised.

Are services responsive to people's needs?

The Trust employed a range of specialist teams to support staff on inpatient units. These included continence nurse specialists, a falls team and speech and language therapists. There were plans for seven day working to cover all four local hospitals including Babington, to provide a stronger integrated service for patients.

The discharge planning system on the ward was effective. A new model of coordinating discharge planning was being tested and feedback was positive. There was good engagement with other partners including social care.

Are services well-led?

Managers were largely seen as supportive and there were monthly staff meetings at which staff were encouraged to raise concerns. Staff had confidence that ward managers prioritised safe, high quality, compassionate care and escalated issues and concerns in an appropriate way. Staff were supported through regular one-to-one meetings and an annual appraisal. Staff could also attend other peer support network meetings.

Not all staff felt valued by the Trust. Healthcare support workers felt in some cases their additional training and skills were not acknowledged and that opportunities for progression were limited.

Summary of findings

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

Community inpatient services

Patients were very positive about the caring way staff treated them. They felt involved in their care plans and received information in a way they could understand it. We observed staff using good communication skills to establish rapport with patients and build their trust. The Trust employed a range of specialist teams to support staff on inpatient units. These included continence nurse specialists, the falls team and speech and language therapists. There were plans for seven day working to cover all four local hospitals including Babington, so as to provide a better service for patients.

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Summary of findings

What people who use the community health services say

The Trust used the Friends and Family Test, which asks patients whether they would recommend the ward to their friends and family if they required similar care or treatment. The score for all inpatient facilities provided across the Trust put the Trust in the top 25% for England

Patients told us they found the care and treatment at Babington Hospital effective and safe. They reported the food was good and they were given help and support to eat when they needed it. Patients generally found the transfer to and from other services worked well.

Areas for improvement

Action the community health service SHOULD take to improve

- Ensure there are sufficient staff on duty at night to meet people's needs.

Action the community health service COULD take to improve

- Monitor and record people's nutritional needs consistently.
- Provide professional development opportunities for healthcare support workers who undergo further training.
- Ensure people's privacy is promoted in bathrooms and toilets by installing suitable window blinds.

Good practice

Our inspection team highlighted the following areas of good practice:

- There was very good integrated rehabilitation taking place as part of people's care plans, supported by efficient multi-disciplinary working.
- Discharge planning was very well managed.

Care Quality Commission

Babington Hospital

Detailed findings

Services we looked at:
Community inpatient services

Our inspection team

Our inspection team was led by:

Chair: Helen Mackenzie, Director of Nursing and Governance, Berkshire Healthcare Foundation Trust

Head of Inspection: Ros Johnson, Care Quality Commission

The team included a CQC inspector, a nurse specialist and experts by experience with personal experience of using or caring for someone who uses the type of service we inspected.

Background to Babington Hospital

Babington hospital is managed by Derbyshire Community Health services NHS Trust which delivers a variety of services across Derbyshire and in parts of Leicestershire. It was registered with CQC as a location of Derbyshire Community Health Services NHS Trust in May 2011. Babington Hospital is registered to provide the regulated activities: Diagnostic and screening procedures; and Treatment of disease, disorder or injury.

At the time of our visit there was one inpatient ward, Baron, which provides rehabilitation services for up to 20 adults. Chevin ward, which provides up to nine beds to help manage the additional demand during the winter months had recently closed; Baron ward held an additional four beds for people with complex conditions unable to be discharged. This arrangement was planned to continue until the end of March 2014.

Babington Hospital has not previously been inspected by the CQC.

Why we carried out this inspection

This provider and location were inspected as part of the first pilot phase of the new inspection process we are introducing for community health services. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

Detailed findings

The inspection team always looks at the following core service area at each inspection:

- Community inpatient services

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the location. We carried out an announced visit on 26 February 2014. During our visit we spoke with staff in a number of different roles, held a focus group with health care assistants, spoke with patients and their relatives, observed people's care and treatment and reviewed personal care or treatment records. We also reviewed information sent to us by patients and local people following a press release and publicity about our inspection. We also reviewed information from comment cards completed by people using the services.

Community inpatient services

Information about the service

Babington Hospital is a community hospital in Belper, Derbyshire. The area served by the hospital is Amber Valley in South Derbyshire and Derby, with some Nottinghamshire and North Derbyshire patients being admitted. At the time of our visit there was one inpatient ward, Baron, which provides rehabilitation services for up to 20 adults. Chevin ward, which provides up to nine beds to help manage the additional demand during the winter months had recently closed. Baron ward held an additional four beds for people with complex conditions unable to be discharged. This arrangement was planned to continue until the end of March 2014.

During our inspection we spoke with a range of staff on the ward, approximately 10 patients on the ward and reviewed information from comment cards that were completed by people using the services.

Summary of findings

Patients were very positive about the caring way staff treated them. They felt involved in their care plans and received information in a way they could understand it. We observed staff using good communication skills to establish rapport with patients and build their trust. Bathroom and toilet windows were not fully obscured at night so that patients' dignity was compromised.

The Trust employed a range of specialist teams to support staff on inpatient units. These included continence nurse specialists, the falls team and speech and language therapists. There were plans for seven day working to cover all four local hospitals including Babington, to provide a better service for patients.

Patients on the ward received integrated rehabilitation from an effective multidisciplinary team. The staff had developed opportunities to promote people's independence and emotional well-being. Patients' progress was monitored and reviewed and the staff team could access other professionals for advice as needed. There were sufficient staff on duty during the day but night time cover was not always sufficient to meet people's needs.

There were systems in place to monitor and report safety incidents including falls and pressures ulcers. There was a culture of learning as a result of incidents. Patients' care was centred on safety and preventing avoidable harm. Patient information was kept securely and the environment and equipment were appropriately maintained. We saw there were some discrepancies in recording patients' nutritional needs which might put people at risk.

The discharge planning system on the ward was effective. There was good engagement with other partners including social care. Managers were largely seen as supportive and there were monthly staff meetings at which staff were encouraged to raise concerns. Staff had confidence that ward managers prioritised safe, high quality, compassionate care and escalated issues and concerns in an appropriate way.

Community inpatient services

Not all staff felt valued by the Trust. Healthcare support workers felt in some cases their additional training and skills were not acknowledged and that opportunities for progression were limited.

Are community inpatient services safe?

Safety in the past

There were mechanisms in place to monitor and report safety incidents such as falls and pressure ulcers. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. Incident data were reported to the safety group and cascaded to staff. Staff at all levels told us they got feedback at on safety incidents at weekly and monthly ward meetings. There was a notice board on the ward headed 'Safe Care Information' and last updated 26 February 2014. This listed the number of preventable incidents including pressure ulcers, as well as complaints.

Learning and improvement

All staff were actively encouraged to record incidents on the electronic reporting system. Health care assistants asserted they could do this themselves, and did not need to go through a manager. The ward manager was clear about the root cause analysis process, and how improvements to practice could be made as a result of the analysis. Staff were confident in approaches to pressure area care and the manager completed root cause analyses (RCA) together with the tissue viability team. They were sent to the lead nurse who would then approve whether categorised avoidable or unavoidable. Staff told us that patients were also involved in the RCA process.

Staff received regular feedback from divisional governance meetings. Lessons learned were shared at ward meetings and information was extracted from audits and the incident reporting system. Audits were discussed and new practice reinforced such as double checking for medicines administration.

Systems, processes and practices

Overall there were effective and reliable systems in place to enable staff to deliver safe care. Staff completed suitable risk assessments and appropriate screening tools, as well as a significant events record. One patient said, "I feel very safe, I trust the staff." We looked at a number of patients' care records. Documentation centred on safety; care records were comprehensive, legible, organised and up to date. We saw that confidential patient information and

patient records were kept securely; documents were transported to other locations by secure courier. The ward staff followed clear criteria for reporting incidents and timescales for doing so.

The environment and facilities were clean and maintained to an appropriate level of hygiene. Cleaning equipment was stored correctly so as to reduce the risk of infection. Cleaning schedules were available. The clinic room was well organised and medicines were stored safely. Emergency equipment was available. Equipment such as furniture and mobility equipment was checked regularly and maintained as needed.

Monitoring safety and responding to risk

Staff told us that quarterly records audits were carried out. These looked at five patients selected at random, from pre-ward admission through to discharge, looking at the whole patient journey.

Patients told us they were checked regularly for damage to their skin caused by pressure. We saw from observations, examining care records and talking with staff and patients that care was focused around the patient and risks were identified and monitored appropriately

Anticipation and planning

The Trust was a key partner in the local health economy's development of seven day services and promoting the delivery of extended service provision across the week; Derbyshire was one of the "Early Adopter" sites. As part of this the Trust was developing an Advanced Nurse Practitioner (ANP) role to work across both acute and community trusts supporting patients in acute and community care, in and out of hours. At Babington Hospital there was an ANP in post who helped ensure smooth handovers of care with the acute hospitals and liaised with other specialist nurses. The plans were for this role were to extend from five day to seven day cover. The working relationships and networks to support this role were developing.

Are community inpatient services effective?

(for example, treatment is effective)

Evidence-based guidance

We found good integrated rehabilitation taking place as part of people's care plans. This was supported by efficient multi-disciplinary working. Therapists on the ward ran a breakfast club. Suitable patients were encouraged to make breakfast, enhancing their skills in preparation for discharge. There were group as well as individual physiotherapy sessions. Patients were encouraged to use the lounge area during the day, rather than stay immobile in bed. This helped their social interaction and pressure area care.

We saw holistic assessments were carried out so as to ensure appropriate treatment plans. Care plans reflected the care patients were receiving. Healthcare support workers talked about rehabilitation as an integral part of their care work, and how they withdrew support by degrees so as to promote independence. Patients told us they received effective care and treatment. They told us the staff team worked together towards promoting their independence. There were large informative displays about nutrition and hydration in the dining area.

Monitoring and improvement of outcomes

We saw arrangements in place to check that care and treatment was effective. Where screening tools were completed, findings were followed up by an appropriate professional where needed. Care plans were kept up to date. Staff in different roles told us how they communicated with each other about patients' progress and worked together as a team. Patients also reflected this when they spoke with us about the care they received. One person said, "They're helping me to walk and gain independence."

Patients' nutritional needs were monitored by the dietician and housekeeper. We saw there were some discrepancies in recording which might put people at risk. Those who needed extra support at mealtimes were given a distinctive placemat. This helped staff ensure they received the help they needed to eat and drink. We saw that food and fluid balance charts were completed.

Sufficient capacity

The ward divided into two 'wings', male and female. The ward was staffed by two staff nurses and four healthcare support workers during the day, and at night by one staff nurse and three healthcare support workers. The ward was very busy with staff when we were there in the middle of the day but these included therapy staff.

Community inpatient services

The manager told us the aim of the ward was to be responsive to patients' needs; to this end staff were brought in at short notice or shifts re-arranged to make sure there were sufficient staff. Managers could access bank staff directly

There was an advanced nurse practitioner (ANP) on duty but they did not appear on the written roster. They had advanced skills in clinical decision making and prescribing. They were able to admit patients and carry out patients' daily review patients daily; they also took part in the weekly ward round with the doctor.

Several patients told us there were too few staff on duty at nights, which meant they had to wait a long time for example to have help to use the toilet. Healthcare support workers also felt there were risks at night associated with the use of bank or agency staff. They found they were not always sufficiently trained and personal care tasks, turning people or responding to call bells took longer. There were more people in hospital with dementia who needed supervision and were at risk of falling if in their confusion they tried to get to the toilet without staff help.

Multidisciplinary working and support

Staff planned and delivered treatment as an integrated team so as to support people to be as independent as possible. A falls awareness class was running on the day of our visit. This was run by therapy staff and involved nurses as well. Consultants and specialist staff were visible on the ward and provided good communication with other staff. For example, the dietician had completed information about patients' dietary needs. Some gaps in coordination with social services were identified so that social care packages were not in place and this could delay discharge.

Are community inpatient services caring?

Compassion, kindness, dignity and respect

Patients told us the staff were mostly very kind and behaved in a caring way. We observed staff treating patients with dignity and respect, using good communication skills. One patient told us, "The nurses are mostly lovely and kind." Another said, "I'm very happy with the staff." Staff told us patients were asked if they had a preference of male or female staff for intimate care. Health care support workers told us they used cue cards to help communicate with people who had limited verbal communication. We did note however that bathroom and toilet windows did not have blinds or curtains. Although the glazing in these rooms was frosted this meant that patients may not have a sense of privacy after dark. The ward manager told us that the blinds had been removed for redecoration and had not been replaced.

Involvement in care

Patients told us they felt fully involved in their care and that staff explained everything in a way they could understand. They received a ward welcome information pack and were provided with leaflets about self-care on discharge. Most said they were involved in discussing their care plans and signed them, although some told us they had not been involved. There was clear information on the ward for patients and relatives, including visiting times and a key to the different staff uniforms. Staff told us they used the interpreting services and we saw a few examples of when interpreters had been arranged.

Trust and respect

Patients told us they were treated with respect and we observed staff treating people as individuals and respecting their decisions.

Emotional support

A 'pets as therapy' (PAT) dog visited the ward every week, which helped support patients' emotional wellbeing. Patients and their relatives were supported and encouraged to regain their independence and prepare for their discharge home.

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

Meeting people's needs

The Trust employed a range of specialist teams to support staff in the community and on inpatient units. These included continence nurse specialists, the falls team and speech and language therapists. There were plans for seven day working to cover all four local hospitals for admissions. The aim was to improve services for people and the cost effectiveness of staff, by enabling a more integrated service. Patients told us their needs were met. One person said, "I'm a slow eater …sometimes I need a bit

longer to eat my food and staff help me." Others told us how the physiotherapy and support from staff was helping them to improve and regain their confidence and independence.

Access to services

People were able to go to Babington Hospital for rehabilitation following illness or injury, such as a fall at home or suffering a stroke. They were referred from an acute hospital or by their GP for assessment. Four beds were allocated to people with complex conditions who were unable to be discharged home. This meant that people did not have prolonged stays at an acute hospital and were able to stay closer to home.

Vulnerable people and capacity

Arrangements were in place to ensure staff understood the requirements set out in the Mental Capacity Act 2005 and recognised their responsibilities when delivering care. We saw that staff attended mandatory training in safeguarding vulnerable adults, consent and mental capacity. We observed staff treating vulnerable people who were distressed or confused with patience and respect.

Leaving hospital

Patients and their carers were aware of their discharge plans and were involved in making sure they were successful. The ward staff found the 'Jonah' discharge tool used by the Trust very effective. We observed a discharge planning meeting, which was an opportunity to make sure the right equipment was in place and the correct professionals were involved in order for the patient to be sufficiently independent. A home visit was arranged before discharge to make sure the person could cope in their own home. This was an effective collaborative and multi-disciplinary meeting, to which all relevant professionals contributed so that shared priorities were set.

All patients were given a predicted date of discharge on admission, depending on their presenting condition. This could be extended as necessary, according to the patient's needs. This meant that gaps in service provision were identified to support the patient regain their independence. The staff supported relatives with looking for care homes and arranging social care packages. Patients whose discharge was delayed were highlighted by the tool and tasks were identified to ensure continued discharge planning. Patients at risk of delayed discharge were also highlighted so that progress could be monitored closely.

There were weekly meetings with the ward manager, matron, general manager and social care, shared with Ripley Hospital, which were focused on moving patients through the system to prevent unnecessary delays to discharge. Top delays were escalated to divisional managers following these meetings so that barriers to discharge in the wider system could be addressed.

Learning from experiences, concerns and complaints

The ward was testing a new approach of managing discharge planning. A health care assistant had been seconded to coordinate the discharge planning process, arranging case conferences, making home visits and updating an overall list. The aim of this was to use staff time more efficiently, and staff felt it was working well.

Patients told us they knew who to talk to if they had a concern and felt confident they would be listened to. The Trust used the Friends and Family Test, which asks patients whether they would recommend the ward to their friends and family if they required similar care or treatment. The score for all inpatient facilities provided across the Trust averaged a high score of 88 during the period April to September 2013.

Are community inpatient services well-led?

Vision, strategy and risks

Staff told us senior managers and executives were visible in promoting the vision and values of the Trust. They saw them for example appearing in online video clips.

The last assessment by the NHS Litigation Authority (NHSLA) was in 2012. The NHSLA handles negligence claims made against NHS organisations and assesses the processes trusts have in place to improve risk management .The trust was assessed at level 1 in 2012 which meant they had policies in place which described the actions staff were required to follow. We saw that staff were familiar with the incident reporting system, understood their responsibilities for risk management and were confident that any incidents reported would be investigated.

Quality, performance and problems

Managers were largely seen as supportive; there were monthly staff meetings at which staff were encouraged to

raise concerns. Staff told us they had regular one to one meetings with managers, although these had to be requested, and had an annual appraisal. Some staff told us this was a formality and not always a useful event.

The advanced nurse practitioner attended County-wide team meetings, where role support and management structures were discussed. New staff told us they were well supported by the team and senior staff. Some staff did not feel valued by managers and health care support workers felt in some cases their additional training and skills were not acknowledged. They felt progression opportunities were limited, and that there were different approaches in the different geographical areas of the Trust.

Leadership and culture

Leadership on the ward was visible, and staff reported that managers prioritised safe, high quality, compassionate care. Ward managers and sisters were seen to escalate issues and concerns; they provided supportive supervision sessions and were all approachable.

Communication about changes in the Trust were cascaded to staff through a variety of routes. The Trust issued a monthly bulletin, The Voice, and the Chief Executive wrote a weekly update email to staff.

Patient experiences and staff involvement and engagement

Staff told us they accessed the staff forum on the Trust's intranet, which could be used anonymously. This was well used and members of the executive team often responded in a supportive way. Staff were encouraged to raise concerns and there was information displayed in the office about this. A meeting for healthcare support workers was held recently for the first time; staff were able to raise concerns about delegated tasks.

Learning, improvement, innovation and sustainability

New staff received an induction into the Trust. Staff told us this had been improved recently because new staff attended induction before starting their job. This meant that staff had access to the IT system immediately they started. Staff told us they had good access to training. In addition to the mandatory training staff received they were able to access other training they identified to support their role.