

# The Bilberry Unit, Wharfedale Hospital floor 2

## Quality Report

Wharfedale hospital  
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

### Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

## Overall summary

Bilberry unit is managed by Villa Care Limited. The unit supports patients aged 60 years plus who are medically optimised for discharge and have finished their acute episode of care at local NHS Trust hospitals. These patients are waiting whilst assessment or packages of care are put in place or are awaiting placement into a nursing or care home. The service has worked in

partnership with the local NHS Trust under a service level agreement. Patients are cared for by nursing and health care staff from Villa Care Limited and medical and therapy staff input is provided by the acute trust. A social work team employed by the local authority is based in the hospital and supports discharge planning.

# Summary of findings

Patients deemed suitable are transferred to the wards from the acute NHS Trust and remain a trust patient until they were finally discharged from the service.

The service is based on Heather ward and Bilberry ward at the Wharfedale Hospital in Otley. The Bilberry unit comprises of side rooms and bay accommodation. Male and female patients are nursed in separate bay areas and/or side rooms.

We inspected this service using our comprehensive inspection methodology and carried out an unannounced inspection on 12 February 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

## Services we rate

We rated it as **Good** overall.

A shared governance system was in place with the local NHS Trust. The registered manager worked closely with the chief nurse from the local NHS Trust who had ultimate responsibility for governance.

The incidents we reviewed at the inspection showed that staff had learned from recognised incidents. Managers had investigated incidents and had shared lessons learned with the team.

The service treated concerns and complaints seriously, investigated them and shared these with all staff.

The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

The service was awarded a 'Bronze' award through the metrics award system for having achieved consistently high metrics results.

Managers had the right skills and abilities to run the service. The service had adopted a values-based behavioural framework and staff described a positive culture where managers, staff and the multidisciplinary team worked well together.

The service had enough staff with the right qualifications, and experience and to provide the right care and treatment. Managers appraised staff's work performance as a means of development.

Nurse and care support staffing levels were adequate. The planned level of nurse staffing was met on the day of our visit and the staffing rota showed planned staffing levels were achieved.

There was evidence of multidisciplinary working on both wards. The unit discharge co-ordinator worked closely with the acute NHS Trust and social workers to facilitate the safe and timely discharge of patients from the wards.

Service provision on the wards had improved patients' outcomes. The service had worked closely with the local NHS Trust's therapy teams to enable patients to benefit from an improved therapy perspective.

Staff showed compassion and provided emotional support to patients and supported patients and those close to them in decisions about their care and treatment. Feedback from patients confirmed staff treated them well and with kindness.

The service planned and provided services that met and took account of the individual needs of local people. Care and treatment was based on national guidance and managers checked that staff followed this guidance.

The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service was proud they had reached the final stage of the Health Service Journal Partnership Awards 2019. These awards showcased the most effective partnerships between the private sector, third sector and the NHS.

The service had suitable premises and equipment. Equipment and premises were visibly clean, and staff used control measures to prevent the spread of infection.

# Summary of findings

Following this inspection, we told the provider it must take some actions to comply with the regulations and it should make other improvements, as a regulation had been breached, to help the service improve.

However, we also found the following issues that the service provider needs to improve:

Staff knowledge, understanding and application was poor in some areas for example safeguarding, consent and the mental capacity act.

Staff we spoke with did not know what female genital mutilation or radicalisation was. Two staff were unaware of how to access the safeguarding policy.

An ongoing review of patients' capacity had not taken place whilst in the Bilberry unit.

Bed rails were in place on five patients' beds on Heather ward. Deprivation of Liberty Safeguards (DoLS) documentation was completed for four patients, however, one patients' documentation was out of date. One patient who had bed rails had no DoLS documentation completed. The unit followed the Acute NHS Trust Hospital policy for bedrails and deprivation of liberty (DoLS). The provider confirmed that all service

users had a bedrail assessment in place and the presence of bedrails did not automatically require a DoLS process to be initiated. We did not see a copy of the Trust policy for bedrails and DoLS.

Staff were not always responding to patients call bells in a timely way.

Patients records were not always kept up to date and gaps were noted in patient documentation. Some patients' complex needs, and outcomes were not identified.

Patients discharge plans were not always commenced on admission to the Bilberry unit and it was not always clear who led on some patients discharge. Following the inspection, the provider confirmed that the patients discharge process was led by the adult social care team.

On Heather ward nurses gave medication without question therefore we were not assured staff would challenge potentially dangerous medication doses.

We also issued the provider with two requirement notices that affected The Bilberry Unit Details are at the end of the report.

**Ellen Armistead**

Deputy Chief Inspector of Hospitals (Hospitals)

# Summary of findings

## Our judgements about each of the main services

### Service

**Community  
health  
inpatient  
services**

### Rating

**Good**



### Summary of each main service

We rated this service as good overall with ratings of good for effective, caring, responsive and well led. Requires improvement for safe. There were areas of good practice, and areas identified where the service should and must improve..

# Summary of findings

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Good 

# The Bilberry Unit, Wharfedale Hospital, Floor 2

**Services we looked at**

Community health inpatient services;

# Summary of this inspection

## Background to The Bilberry Unit, Wharfedale Hospital floor 2

The local NHS Trust has worked in partnership with Villa Care Limited to provide this service on the Bilberry unit. Nursing and care in the Bilberry Unit are provided by the Villa Care Group, whilst, a local NHS Trust provides physiotherapy and occupational therapy staff.

The Bilberry unit comprised of Bilberry and Heather wards at Wharfedale hospital. Patients who no longer need to be in hospital but require a period of

recuperation and/or further assessment are admitted to the unit. Patients are assessed to determine the type of care needs they require, either to prepare for discharge home or for transfer to another care setting. This service was registered by CQC on 18 January 2017.

We carried out an unannounced visit to the hospital on the 12 February 2019.

## Our inspection team

The team that inspected the service comprised of two CQC inspectors, one CQC inspection manager and a specialist adviser.

## Information about The Bilberry Unit, Wharfedale Hospital floor 2

The Bilberry unit at Wharfedale Hospital is a 52-bedded unit which comprises of two inpatient wards, Heather ward and Bilberry ward. The unit supports patients aged 60 years plus who are medically optimised for discharge and have finished their acute episode of care at local NHS Trust hospitals. These patients are waiting whilst assessment or packages of care are put in place or are awaiting placement into a nursing or care home.

This service is registered for the regulated activity for Treatment of disease, disorder or injury.

The registered manager is Ms Louise Taylor.

During the inspection, we visited Heather ward and Bilberry ward. Two six bedded bays in Heather ward were designated enhanced care beds. These beds were used for patients who required additional support with their care needs and/or were susceptible to falls.

We spoke with 19 staff including registered nurses, health care assistants, reception staff, medical staff and senior managers. We also spoke with four social work staff employed by the local authority and were based at the hospital.

We spoke with 12 patients and two relatives. We reviewed 21 sets of patient records which included five records specifically related to bed rails.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC. At this inspection we found the service was not meeting all the standards of quality and safety it was inspected against.

**Activity** (February 2018 to February 2019)

In the reporting period from February 2018 to February 2019, 100% of the admissions to the Bilberry unit were NHS funded and the patient group were medically optimised for discharge patients.

The service employed 23 registered nurses, two bank nurses, 25 care assistants and one receptionist. The accountable officer for controlled drugs (CDs) was the local NHS Trust lead pharmacist.

### Track record on safety

- Zero Never events
- Clinical incidents one no harm, zero low harm, zero moderate harm, zero severe harm, zero death

# Summary of this inspection

- One serious injury
- Zero incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),
- One incidence of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- One incidence of hospital acquired Clostridium difficile (c.diff)
- Zero incidences of hospital acquired E-Coli
- Three complaints were identified on the service complaints register.

- The local NHS Trust provides physiotherapy and occupational therapy staff.

## **Services provided under service level agreement:**

- Clinical and non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- RMO provision

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated it as **Requires improvement** because:

- Staff demonstrated a limited knowledge around safeguarding and how to apply it and did not recognise the importance of early intervention in this area. Not all staff knew how to access the safeguarding policy.
- There were concerns about the use of bedrails being used to restrain patients rather than to keep patients safe. The unit followed the Acute NHS Trust Hospital policy for bedrails and deprivation of liberty (DoLS). The provider confirmed that all service users had a bedrail assessment in place and the presence of bedrails did not automatically require a DoLS process to be initiated. We did not see a copy of the Trust policy for bedrails and DoLS.
- There were concerns about the inappropriate use of incontinence pads on patients who were assessed as being able to use the toilet.
- We had concerns that there was no system to ensure all the equipment on the resuscitation trolley was fully stocked. When we inspected we found torn packaging on one face mask and expiry dates were missing on some packaged equipment. This was raised at the time of inspection. The provider has since confirmed that resuscitation equipment provided by the local NHS Trust. The Trust had confirmed the Magill forceps and Calisto Size 3 blade did not require expiry dates, as per their policy.
- Patients records were not always kept up to date. Falls risk assessments and complex needs assessments were not always completed. Patients outcome goals were not clear and were not personalised to the individual's needs.
- On Heather ward nurses gave medicines without question therefore we were not assured staff would challenge medication doses.

However, we also found the following areas of good practice:

- The service had enough staff with the right qualifications, and experience to provide the right care and treatment.
- The service had suitable premises and equipment. Equipment and premises were visibly clean, and staff used control measures to prevent the spread of infection.

**Requires improvement**



# Summary of this inspection

- The incidents we reviewed at the inspection showed that staff had learned from recognised incidents. Managers had investigated incidents and had shared lessons learned with the team.

## Are services effective?

We rated it as **Good** because:

- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service provided care and treatment based on national guidance and monitored staff application to ensure guidance was followed.
- Patients outcomes had improved following the implementation of a wider variety of food choices. The service considered patients preferences which included religious and cultural aspects.
- Service provision on the wards had improved patient's outcomes. The service had worked closely with the local NHS Trust therapy team to enable patients to benefit from an improved therapy perspective.

However, we also found the following issues the service provider needs to improve:

- Staff knowledge, understanding and application was limited in the areas of consent and the Mental Capacity Act (2005). Five patient capacity assessments did not confirm an ongoing review of patients' capacity had taken place in the Bilberry unit.
- Deprivation of Liberty Safeguards (DoLS) assessments were not carried out on all patients who had bed rails and one DoLS assessment was out of date. The unit followed the Acute NHS Trust hospital policy for bedrails and deprivation of liberty (DoLS). The provider confirmed that all service users had a bedrails assessment in place and that the presence of bedrails did not automatically require a DoLS process to be initiated. We did not see a copy of the Trust policy for bedrails and DoLS.
- Two patient's records did not show complex needs were assessed or care plans identified.

**Good**



## Are services caring?

We rated it as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.

**Good**



# Summary of this inspection

- Staff provided emotional support to patients. Staff were respectful to patients and supported patients appropriately.
- Friends and Family' results for both wards were both positive.
- Advocacy and social services support for patients were easy to access.
- The 'You Said, We Did' comments displayed on the ward said 'Care attention very good. Staff are friendly and helpful.' 'Must be the nicest hospital in the land. All staff are brilliant.' 'It was good treatment here'.

However, we also found the following issues the service provider needs to improve:

- A mixture of patients' responses was given about timeliness of call bells being responded to by staff.
- Four patient records showed no evidence of the patients' voice, family or carer input documented.
- We observed on two occasions that patients' immediate needs were not always met in a timely manner.

## Are services responsive?

We rated it as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs and could access the service when they needed to.
- Patients said they could access several activities during their stay on the unit.
- The butterfly scheme was used to identify patients living with dementia and provide additional support if appropriate.
- Care was coordinated for patients approaching end of life through the multidisciplinary team and palliative care team.
- The service worked closely with a local carers organisation which ensured patients were not readmitted due to identification of their home needs and support put in place prior to discharge home.
- The service treated concerns and complaints seriously, investigated them and shared complaint findings with staff.

However, we also found the following issues that the service provider needs to improve:

**Good**



# Summary of this inspection

- Patients discharge plans were not always commenced on admission to the Bilberry unit and it was not always clear who led on some patients discharge. Following the inspection, the provider confirmed that the patients discharge process was led by the adult social care team.
- Staff were unable to articulate what support was available for patients with learning disabilities.

## Are services well-led?

We rated it as **Good** because:

- Managers in the service had the right skills and abilities to run a service.
- The service had adopted a values-based behavioural framework.
- Managers across the service promoted a positive culture that supported and valued staff. Staff we spoke to were very positive and said they were supported by the management team.
- The service improved service quality. Systems were in place identify risks and plans to eliminate or reduce them. Plans were in place to cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities and improve patient outcomes. The service used a secure electronic system with security safeguards.
- The service engaged well with patients, staff, the public and local organisations. The service planned and managed appropriate services and collaborated with partner organisations effectively.

However, we also found the following issues that the service provider needs to improve:

- Staff morale was mixed and not all staff felt empowered to make change and improve service quality.
- When issues arose, staff said they directed the issues to a manager rather than resolve them themselves.
- Staff had completed training in areas pertinent to their roles but did not always put this knowledge into action

**Good**








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Community health inpatient services

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

## Are community health inpatient services safe?

Requires improvement 

We rated safe as requires improvement.

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Mandatory training was completed by staff annually. Mandatory training statistics confirmed that 100% of staff had completed their training as of the 12 February 2019. During our inspection, we spoke with five staff members who all reported they had completed their mandatory training.

Mandatory training and monitoring of attendance was managed and monitored through the Villa Care head office. Target levels for all mandatory (statutory training) was set at 95%. During the inspection we asked some senior staff what the mandatory training compliance rates for the wards were, they could not tell us.

The training matrix tracked all training for existing staff and had a traffic light system which alerted the human resources department when refresher training was required. The human resource department informed the matron when individual staff mandatory training sessions were due. The matron then allocated staff to mandatory training sessions on the off duty. All new starters completed mandatory training before commencing work.

The 2018 Intercollegiate document, 'Adult Safeguarding Roles and Competencies for health care staff (First edition – Aug 2018)' guidance identified the minimum training requirements for specific staff groups. Level three training was identified for registered health care staff who engaged in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).

Safeguarding training was mandatory for all staff. Level two safeguarding adults and children's training was included as part of the mandatory training agenda and staff received yearly safeguarding training updates. Safeguarding training statistics provided up to the 12 February 2019 confirmed 100% of nurses, healthcare assistants and support workers were trained to level 2 safeguarding adults and children.

We asked staff if they had received safeguarding training. One member of staff was unsure if they had received any safeguarding training.

Resident Medical Officers (RMO's) had completed yearly level two online safeguarding training.

Each RMO completed basic and advanced life support training, whilst trained nursing staff had completed level two immediate life support training. Care support workers completed level one life support training yearly. To test skill competencies unannounced resuscitation scenarios took place on the Bilberry Unit, the last resuscitation scenario was December 2018.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked with other agencies to do so.**

# Community health inpatient services

Staff had training on how to recognise and report abuse, however, not all staff were able to demonstrate how to apply it. We talked with staff about the correct procedure for raising safeguarding concerns. Three staff members demonstrated a basic understanding of the safeguarding procedure. Four staff members said they would speak to their manager but appeared unaware of their responsibility when raising safeguarding concerns. Staff said an incident form was also completed for the safeguarding issue as part of the investigation process.

The Trust specialist nurse adviser for safeguarding adults commented that the service Villa Care had a good understanding of safeguarding. The ward staff had rung for advice and appropriately referred any abuse or neglect concerns to the safeguarding team. A good relationship existed with ward staff and this was demonstrated in their ability to contact the safeguarding team regularly for advice.

Safeguarding adults was a standing agenda item at the Villa Care governance forums. Learning and discussions from safeguarding adult cases took place and multidisciplinary team involvement was evident in relation to the root cause analysis process when applied. Learning from the cases was illustrated in the Villa Care governance forum minutes dated the 10 August 2018 and 5 November 2018.

Prior to starting with the service, staff received Disclosure and Barring Service (DBS) checks at an enhanced level.

Adult and children's safeguarding policies and procedures outlined staff responsibilities and involvement of other professions such as the local authority and/or police. Guidance about female genital mutilation was included in the policy. Staff we spoke with did not know what female genital mutilation or radicalisation was. The safeguarding policy was due for review in June 2019. We asked two staff how to access the policy, both were unaware.

A Villa Care service manager was the named safeguarding lead for the service. They had completed a manager's level course with the local integrated safeguarding team and had also obtained the train the trainers' certificate with the local authority's safeguarding team. Villa Care's safeguarding lead nurse had completed level two training in safeguarding children and adults and had received

additional training to enable them to perform in their role and responsibilities included attendance at safeguarding meetings. A safeguarding champion was also identified for both wards.

All staff were aware of any patients with safeguarding concerns on the ward at the time of the inspection. We reviewed one patient's safeguarding records and observed the records appropriately identified their needs.

Safeguarding issues were discussed through the clinical supervision process and individual cases shared on a one to one basis. The senior management met monthly with social workers to discuss safeguarding events on the ward areas which enabled them to reflect on practice. In the last 12 months no serious safeguarding concerns or reviews were identified on the Bilberry Unit.

However, on the day of inspection we identified some safeguarding concerns which were identified by the hospital based social workers. The concerns related to staff use of bedrails to restrain patients without benefit to the patients and the use of incontinent pads on patients who could use the toilet. Since the inspection we have been in contact with the lead social worker to determine what action if any they took. We have been informed that a meeting will take place with the safeguarding team, NHS Trust matron and the Villa Care discharge team manager. Local social work staff will also be reminded of the importance of raising concerns when they have witnessed or are aware of behaviour that might cause harm.

## Cleanliness, infection control and hygiene

### The service-controlled infection risk well.

Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Hand washing facilities were available, and staff were seen to have bare arms below their elbows. Hand gel was used between patient contact and was available for patient and visitor use. Monthly hand hygiene audit results from April 2018 to February 2019 showed hand hygiene compliance had improved to 100% from November 2018 until February 2019.

The unit was visibly clean and control measures such as hand gel, aprons and gloves were available. However, there was not always protective masks available. On one occasion the correct waste bin was not available. A staff

# Community health inpatient services

member told us to put used personal protective equipment in a domestic waste bin in a patient's room. Otherwise, we observed clinical bins were available throughout the clinical area.

A designated infection control lead was identified for the service. The NHS Trust was contacted for infection prevention and control (IPC) advice. Staff told us that an IPC nurse came to the unit from the NHS Trust immediately following a request for their support.

Staff confirmed they had completed infection control training.

The provider identified the Trust had standardised the identification and management of the adult patients with sepsis. This was outlined in their guidelines with a clear treatment pathway identified. The Trust was rolling out a training package prioritising clinical areas identified as high risk.

Cleaning schedules were displayed and were signed and dated when the task was completed. Ward cleaning frequencies were identified as daily, weekly, six monthly and annually. Random checks of curtains and curtain rails confirmed they were clean and dust free on Bilberry ward.

The internal performance audit (17 January 2019), identified four patients were not Methicillin-resistant Staphylococcus (MRSA) screened within 30 days. Screening of these patients was completed the next day.

## Environment and equipment

### The service had suitable premises and equipment and looked after them well.

Arrangements were in place which controlled access to the Bilberry unit thereby maintaining peoples' security. We observed windows were fitted with window restrictors to ensure people's safety.

Environmental and identified equipment maintenance, for example fire equipment and portable appliance testing were managed through the local NHS Trust and Wharfedale Hospital site land lord. Villa Care's equipment maintenance responsibilities included six-monthly servicing of the hoists in use on the unit. Documentation confirmed patient hoist equipment was regularly serviced throughout 2018/19.

The Control of Substances Hazardous to Health (COSHH) folder contained data sheets about the substances in use on the unit. COSHH substances were locked away when not in use.

The resuscitation trolley was located on Bilberry ward and was shared with Heather ward. Daily checks of resuscitation equipment on top of the trolley had taken place and was documented. Monthly checks of equipment inside the resuscitation trolley took place and was documented. Random checks of the resuscitation equipment confirmed the equipment to be in date. However, we observed one small 'Nippy' face mask packaging was torn, and no expiry dates were identified on the Magill forceps and Calisto size three blade. The lack of expiry dates and torn packaging was raised this with staff who acted to identify the expiry dates and replace the Nippy face mask at the time of inspection. Resuscitation equipment was provided by the local NHS Trust who confirmed the Magill forceps and Calisto Size 3 blade do not require expiry dates, as per their policy.

A checklist which identified contents inside the resuscitation trolley did not exist and we raised this with the nurse at the time of inspection. At the end of the inspection a laminated checklist which identified the resuscitation equipment inside of the trolley was produced and placed on the resuscitation trolley to inform staff of what equipment should be present.

Random checks of other equipment in use on the ward took place, for example, in bay 1-4 the Blood pressure machine test label had an August 2021 expiry date. Oxygen and suction apparatus were located by each bed and emergency bells were present in all bays and side rooms. Each bay had a television shared by patients.

## Assessing and responding to patient risk

### Staff completed and updated risk assessments for each patient.

Staff kept clear records and asked for support when necessary.

The admission policy and criteria identified the type of patient admitted to the unit. Discussions with the multidisciplinary team (MDT) and staff confirmed their knowledge of the service admission criteria and what happened when patient fell outside of these criteria.

# Community health inpatient services

Patients acuity was measured through the 'Rhys Hearn Dependency Tool'. Staff said patient dependency levels could be high, so to ensure safe staffing levels and meet patients' needs, patient's dependency were measured weekly. The completed weekly dependency tool dated 17 December to 31 December 2018 informed staff of patient care needs and dependencies for that week. The summary key identified the number of hours of support the patient required per day. For example, A – one hour daily, B – two hours daily, C – three hours daily and D – four hours daily. Patient dependency levels were documented for each patient. New dependency tools were being introduced to replace the existing tools and were the same ones as used by the NHS Trust.

Two enhanced bays of six beds each were located on Heather ward. Patients at high risk of falls were cared for in these bays and staffed constantly by a care support worker.

In line with the trust's deteriorating patient policy, all patients on the Bilberry unit had clinical observations and national early warning score (NEWS) recorded using the electronic observation (e-obs) recording system. This e-obs system was implemented on the Bilberry unit in July 2018. Auditing of patient observations from April 2018 – February 2019 had confirmed 100% compliance of documentation of patient observations since the introduction of the e-obs system. We reviewed four sets of patient notes and found three patient notes had clinical observations/NEWS recorded.

A clinical escalation procedure was in place. In line, with the NEWS graded response strategy, if a patient's NEWS score triggered they were reviewed by the resident medical officer (RMO) who was available onsite 24/7. Based upon the RMO clinical assessment, if further medical intervention was required the patient was transferred back to the NHS Trust.

We reviewed four patients fall risk assessment records and found that three of the four patient records had completed fall risk assessments. However, on the inspection we found a patient on medication which had side effects of increased fall risks, this was not documented in the fall risk assessment. The provider said they used the NHS Trust Falls risk assessment which only asked for the quantity of tablets per day.

The assessment and care records for another five patients indicated the use of bedrails for patient safety purposes. We reviewed the assessment and care forms and found one patient's assessment and care form was out of date.

Standard operating procedures were identified for the clinically unwell patient. When a patient collapsed, resuscitation commenced, and the resuscitation team was called. During the day staff contacted ward one - the surgical day case ward and outpatients for additional support.

Should a patient collapse at night or weekends the resuscitation team was called. Staff also called 999 for an ambulance to transfer the patient to the NHS Trust. Clinically unwell patients were also transferred back to the main NHS Trust site.

Daily multidisciplinary team (MDT) safety huddles included discussions about alerts and safety issues. We observed one MDT safety huddle and noted that it was attended by members of the multidisciplinary team. Discussions followed a set format, for example unwell patients, patients pressure sore status, patients on fluid balance charts, infection control issues, incidents, discharges and staffing updates.

## Staffing

**The service had enough nursing staff with the right qualifications, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**

The actual staffing complement for the Bilberry unit included a service manager, a matron, 11 band five whole time equivalent (wte) registered nurses on day duty; 11 band five equivalent registered nurses on night duty. Care support workers (CSW) comprised of 11 wte night CSW. Day duty CSW staffing levels included two band four CSW and 15 band three CSW. In addition, two kitchen assistants were employed to cook meals, supported by CSW who gave out the meals and drinks. One administrator worked for four hours per day, Monday – Friday.

The planned establishment per shift for each ward was:

Day Duty: Two trained nurses, Four care support workers, one administrator and one matron

Night Duty: Two trained nurses, two care support workers

# Community health inpatient services

We reviewed two staff rotas dated week commencing 15 October 2018 and 14 January 2019. We noted that the planned establishment per shift was reflected in the staff rotas. We also observed the service manager worked Monday to Friday whilst the matron worked Monday to Wednesday and Friday each week.

Bank staff usage was to supplement staff sickness which was identified as 0.25% over the last 12 months. There had been 3.5% bank and agency staff usage on the Bilberry unit over the last 12 months, which was equivalent to 50 shifts of staff replacement.

Senior staff said there had been good nurse recruitment and nurses liked working on the Bilberry unit; currently there were no nursing vacancies. One nurse was due to start in March 2019. Nursing and care staff worked across both sites and staff transport was provided.

On entry to the Bilberry unit the staffing board displayed the registered and unregistered staffing levels and number of patients for the day. Bilberry ward had 22 patients, whilst Heather ward had 25 patients.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**

Resident medical officers (RMO's) were employed through a private company. The lead consultant at this company responsibilities included the provision of the RMO's ongoing appraisal and training to the Villa Care Group.

The RMO's worked 24/7, one week on, one week off rotation between the RMO's which started each Monday. When the RMO worked for a large part of the night they said day tasks were completed at 9am the morning after their night shift. This assured them that the tasks would be completed by staff. Discussions with medical staff identified they liked working on the unit and were enabled to make decisions about patients care and treatment needs. Staff confirmed that the RMO was easy to access.

RMO staff said they received senior medical support from the NHS Trust. They said they had access to the bleep and phone numbers of the on-call registrar. Additional support was provided by the two consultant ward rounds which took place each Tuesday and Friday.

When a patient review was required by a senior doctor the patient was sent to the NHS Trust emergency department where they were reviewed by the hospital team. To ensure the patients safety their management was continued on the main hospital site when required.

## Records

### Staff kept records of patients' care and treatment.

The Bilberry unit used patient pathway manager (PPM), which was an integrated electronic care record. It allowed clinicians and health care staff from across the organisation to access key information about a patient's treatment and care in a timely manner. Electronic documentation was implemented on the Bilberry Unit in November 2018, so the documentation used mirrored the local NHS Trust. Each patient had an electronic record, paper nursing file, medical file and bedside notes. This meant that it was difficult to find information and we found that the daily records in three patients records was not always kept up to date in the three patient records, however this had not impacted on patient care.

Records were clear and easily available to all staff providing care. Staff said patients risk assessments were reviewed weekly or more often as required. Care plans that were associated with the risk assessments were reviewed by staff daily. However, we found information was not always kept up to date. Whilst, checking patient records, we found a completed pre-assessment information form in the wrong patients file.

Four patients' records had the patient's admission weight recorded appropriately and evidence of pressure area assessment documented. However, we found the patients' voice, family or carer input was not documented in four records.

We escalated concerns about the lack of patient medical records for one patient admitted to the Bilberry unit in February 2019. We also observed the falls risk assessment was not completed despite the patient being at risk of falls. Staff said it took two to three days for medical records to arrive.

Monitoring of patient records took place and the audit outcomes were communicated to staff. Staff meeting minutes dated 7 November 2018 provided evidence of discussions about the importance of clear documentation. Shortfalls were identified around the

# Community health inpatient services

grading of wounds and documenting this clearly. Nurses were reminded of their responsibilities to check the patients skin daily and check with care staff they were documenting clearly the patients risk, category of the skin and grading of wounds in the documentation.

The ward metrics audit included monthly documentation audits. The documentation audits scores from April 2018 – February 2019 ranged from 52% to 84%. The February 2019 ward metrics action plan confirmed actions to improve documentation standards and identified completion dates were achieved for each action.

## Medicines

**The service followed best practice when recording and storing medicines.** We had no concerns about medicines storage and security. Medicines were stored in locked cupboards in locked treatment rooms. We checked the fridges used for the storage of medicines and saw that daily temperature checks were recorded.

On Heather ward nurses gave medicines without question therefore we were not assured staff would challenge incorrect medicine doses.

A patient was prescribed fluoxetine which was an antidepressant medication every other day for 14 days; but prior to admission this medication was omitted. When asked why the medication was given after being omitted the staff said it was because that's how it was prescribed prior to admission.

Staff stated they were following instructions, when we asked why the patient was on the unusual dose. Nursing and medical staff were unable to provide an answer as the information was not given on admission. Staff recognised this was unsafe practice and stated they would report the incident and discuss with a member of pharmacy staff.

The fluoxetine medication was not reconciled and staff were unable to provide evidence that the medication was checked on admission. There was no evidence the patient was involved in checks against their medicines on admission to the unit.

The Bilberry unit used electronic drug charts. We checked four drug charts and found all had allergies correctly documented, all had recorded any omitted medication and all medication was signed and dated.

We observed a partial drug round. The nurse on the drug round wore a 'Do Not Disturb' red tabard. Single nurse administration took place and when a medicine was not given a reason was entered onto the electronic prescription. The patients were asked whether the medication prescribed was 'ok' and whether they were ready to receive their medication. For example, one patient had a topical gel prescribed, the nurse pulled the curtain around the patient to maintain their dignity during the application of the topical gel.

The trust pharmacy technician visited daily. They ensured newly admitted patients had their prescribed medication and patients discharge medication was ordered. The pharmacy technician carried out medication audits which included controlled drugs CD audits. The 31 December 2018 quarterly CD check by the hospital pharmacist and Bilberry Unit matron identified no issues with CD storage or record keeping.

The medicines management audits from April 2018 to February 2019 confirmed compliance between 83.3% and 100%, of which eight audits had scored 100%.

## Incident reporting, learning and improvement

On the day of inspection staff had not recognised a patient was on an unusual medicines dose, although, when questioned they recognised this was unsafe practice and stated they would report the incident and discuss with pharmacy. This discussion was not witnessed during the inspection.

We were told and saw from incident investigations that managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. However, we were told of an incident which was not reported to the day staff where security was called out to the patient during the night and the day staff had questioned whether two staff should attend the patient's needs. Staff told us they were waiting for the manager to attend before dealing with this fully. The provider confirmed that senior staff were fully aware of the incident at the time. Junior staff had made some interventions but were waiting for more senior staff to advise on the next steps to be taken.

Staff reported incidents using an electronic incident reporting system which was owned by the local NHS

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Trust and shared by the service. Incident data was sent to the service matron for investigation. Discussions with one staff member identified a limited understanding of incident reporting. Designated staff had received training in root cause analysis (RCA). If a serious incident was reported the matron would undertake a root cause analysis (RCA). Staff said feedback from incidents was given individually or as part of the safety huddle.

Staff we spoke with knew of the duty of candour requirements. They understood this involved being open and honest with patients when things go wrong.

We reviewed two incidents which required a 'duty of candour' response and saw the 'duty of candour' letters were sent to patients. One investigation associated with one incident had completed, the investigation outcomes and areas of good practice were shared with the multidisciplinary team. The action plan confirmed completion of actions dated January 2019.

The incident log provided detailed the last 12 months. All but two of the 82 incidents were identified as low-grade incidents. The one high grade incident had a root cause analysis review completed. We observed all incidents had lessons learned / actions taken identified. Themes identified included slips, trips and falls and unwitnessed falls.

## Safety performance

### The service used safety monitoring results well.

Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

The safety thermometer was used to record the prevalence of patient harms and to provide immediate information and analysis for frontline teams to monitor their performance in delivering harm free care. Measurement at the frontline was intended to focus attention on patient harms and their elimination. The Bilberry unit participated in the safety thermometer.

The local NHS trust had undertaken monthly unannounced metrics audits which in effect was a 'ward health check'. Statistics for the Bilberry unit from April 2018 to February 2019 confirmed 81% to 100% harm free care was achieved. We observed that most readings fell within the 95% - 100% range.

## Are community health inpatient services effective?

(for example, treatment is effective)

Good 

We rated effective as good.

## Evidence-based care and treatment

### The service provided care and treatment based on national guidance and evidence of its effectiveness.

Managers checked to make sure staff followed guidance. For example, the malnutrition screening tool was used as a risk assessment tool. Managers had monitored the use of this tool and informed staff when desired practises in this area were not achieved.

We reviewed three clinical policies all of which were in date. The policies were produced by the local NHS Trust and adopted by Villa Care.

We looked through two patient records to ascertain whether the patients care, and treatment was based on national guidance and if so were their care and needs regularly reviewed. Two patient's records did not show complex needs were assessed or care plans identified.

Four patients' outcome goals were not clear and personalised to their needs.

Four patients' records showed physical and social needs were not holistically assessed.

Peoples mental health needs were assessed by the local NHS Trust prior to admission to the Bilberry unit. Bilberry unit admission criteria identified patients with mental health needs were not admitted to the unit.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health.** The service planned for patients' religious, cultural and other dietary preferences.

Patients outcomes had improved following the implementation of a wider variety of food choices. Patient feedback identified the food choices available for the evening meal were generally not to their liking. Patients were not eating very well at this time of the day and

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concerns over possible weight loss issues were identified. Following this review patients had an increased variety of food and meal choice at meal times and consumption increased.

The snacks available poster identified the types of snacks and specialist diets available on request. Access to the dietician and speech and language therapist support was available.

When issues around mealtimes and patients receipt of food in a timely manner were identified, staff were told to check all patients received the food they had ordered in a timely manner.

'You Said, We Did' comments identified 'Food is really nice, and staff are brilliant.'

We observed the tea rounds on the unit where patients were asked which beverage they wanted and whether they wanted something to eat. Patients were given a choice of tea, coffee and milk beverages. Drinks and call bells were within reach of patients. One patient said they were always served cold drinks of tea.

We checked four patient records and found all had completed nutritional assessments and one record had a completed fluid/food chart.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

The practical pain management system was used by a local NHS trust and electronic observations were used to assess pain levels in the patient. The information which related to the patients pain levels was fed into the patients national early warning score (NEWS). Visual pain assessment charts were also used by the service. We saw the 'Universal faces pain scale' available to assist assessments and monitoring of patients' pain.

Heather and Bilberry ward metrics confirmed scores of 100% for pain management and patient observations recording in January 2019.

## Patient outcomes

## Managers monitored the effectiveness of care and treatment and used the findings to improve them.

Information about the outcomes of people's care, assessment and treatment were routinely collected and monitored.

Standards of care which included pain management, patient dignity, pressure area care, nutrition and hydration were monitored through the hospital metrics audit. In January 2019 Heather ward and Bilberry ward metrics scoring generally showed patients outcomes were being achieved. The action plan dated 28 February 2019 from the February 2019 audit was provided as evidence and showed actions identified for the documentation, nutrition and infection prevention. We noted the actions identified were completed on the 27/28 February 2019. The January metrics audit had identified no actions pertaining to medicines management or pressure area care.

Service provision on the wards had improved patient's outcomes. The service had worked closely with local NHS trust therapy teams to enable patients to benefit from an improved therapy perspective. Joint working with the therapy team created a therapy room on the ward with all the expected equipment, for example, parallel bars. This enabled patients to continue with their rehabilitation goals whilst awaiting their final discharge to either community or reablement. This has taken some time to secure but is now complete and is a great addition to the wards.

To ensure patient information was shared appropriately and patients' outcomes were improved the quality of the handover procedure between nursing teams was audited through the trusts mandatory audit programme. The 6 June 2018 handover audit identified recommendations which related to the patients current national early warning score and a proposal to increase the frequency of the multidisciplinary safety huddle. Increasing the safety huddle increased the frequency of discussions about patients at risk / new patients at risk and how the patients care, and treatment could be changed so their outcome was improved.

The frequency of the safety huddle had not increased as we were told one safety huddle took place over the 24-hour period. In line with the trust's deteriorating patient policy, all patients on the Bilberry unit had clinical observations and national early warning score (NEWS)

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recorded using the electronic observation (e-obs) recording system. Auditing of patient observations from April 2018 – February 2019 confirmed 100% compliance of documentation of patient observations since the introduction of the e-obs system.

The 2018 hospital patient-led assessment of the care environment results did not identify separate results for Heather Ward and Bilberry ward. No actions were identified following this audit for the Bilberry unit.

## Competent staff

**The service made sure staff were competent for their roles.** Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

Medical staff received ongoing training and development through attendance on the twice weekly multidisciplinary meeting (MDT) ward rounds and through discussions of patient cases with consultant staff. Each RMO had received annual appraisals. Evidence of trainings sessions and appraisals were provided to Villa Care.

Staff had received an induction when new to the service. Staff said their induction included familiarisation with policies and procedures, the environment and health and safety essentials such as an awareness of where fire exits were located. One staff member said they had received a two-day supervision before they worked alone on the Bilberry unit, whilst another staff member reported that they had a good induction.

During the inspection, we were told records for staff appraisals was in the process of transferring from paper to electronic. The matron could not tell us the compliance rate for staff's appraisals during the inspection, we were informed all staff appraisals are completed annually in January. Information provided by the service confirmed trained nursing staff appraisal completion rates were 93% and care support workers appraisals were 100%.

Staff clinical supervision sessions took place four times/yearly and when required additional sessions were organised for individual staff. One staff member said they had received six-monthly clinical supervision which was documented, agreed and signed by them self. During clinical supervision sessions areas for development were identified and agreed with the service matron.

Care support workers completed 'Healthcare Assistant Skills' workbooks one and two which were introduced recently. Weekly sessions with Villa Care nurse trainers ensured staff skills were satisfactory.

Certificate in Dementia and end of life training was completed by 100% of nursing staff.

The tissue viability nurse had completed additional training in this area and maintained close links with the NHS Trust tissue viability team.

Staff had received training in sepsis screening and the national early warning score (NEWS) tool, two months ago. NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

Staff attended additional training provided by the NHS trust. The training sessions included: pressure ulcer care, moving and handling and skin assessment.

## Multidisciplinary working and coordinated care pathways

**Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care.

Physiotherapy services were provided five days a week. At weekends no physiotherapy services were available, so patients were transferred back to the NHS hospital to receive therapy.

Occupational therapy staff worked closely with staff and other health professionals to ensure patients had the relevant aids in place prior to discharge home or to another care setting. We saw this close working when we observed part of a physiotherapy and occupational therapy ward round which included discussions relating to a patient and their future homing needs and advocacy support.

The resident medical officer was available 24/7.

A team of social workers were based at the hospital who provided support when required. Villa care staff met daily with social workers.

The radiology service was based at the hospital and contact details for the radiologists were available.

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A phlebotomist was available Monday to Friday. Out of hours patients' bloods were taken by the doctor and transferred to the NHS Trust's emergency department immediately.

When patients were transferred from the NHS with a poor handover and key information missing, an incident form was completed and liaison with the relevant matron took place.

## **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

**Staff did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff did not understand how and when to assess whether a patient had the capacity to make decisions about their care.**

Three staff demonstrated a good understanding of consent. However, two staff members did not know consent needed to be documented. We checked four patient records, two records had completed consent forms and two had incomplete forms.

We spoke with one patient about their involvement in decision making which related to a do not resuscitate (DNAR) decision originally identified by the local NHS trust three months prior to admission to the Bilberry unit. The patient said they were not involved in the original decision about their resuscitation status and their DNAR status was not reviewed on arrival to the Bilberry unit. The provider identified that DNAR decisions were Consultant led within the local NHS Trust.

Mental capacity act and deprivation of liberty safeguards training sessions was completed by 100% of trained nursing staff. We asked staff about consent, mental capacity and deprivation of liberty. Two members of staff reported they had completed training in the mental capacity act, however they did not demonstrate a good understand of capacity. One staff member showed a good understanding of capacity.

Capacity assessments were completed by an NHS Trust prior to patient transfer to the Bilberry unit or by hospital social workers. Mental capacity assessments completed by social workers were recorded electronically on the

local council's information technology (IT) system not accessed by nursing staff. Patients' mental capacity assessment outcomes were shared at the ward safety huddle.

Five patient capacity assessments did not confirm an ongoing review of patients' capacity had taken place whilst in the Bilberry unit. One patient's records showed the patient lacked capacity though this was sometimes unclear as the documents contradicted themselves. The falls risk assessment said the patient had capacity whereas the overall assessment did not.

Discussions with staff confirmed they were clear one patient lacked capacity, but consent was not requested regarding the use of bedrails for this patient. Senior staff said the registered nursing staff did not assess patients' capacity prior to discharge and the adult social care professionals assessed patient capacity in relation to final discharge destinations.

We spoke with three staff on Heather ward about Deprivation of Liberty Safeguards (DoLS) and found that two staff did not understand DoLS and another staff member said it was not relevant for the ward. Another staff member was unaware of the deprivation of liberty and how it would apply to their role.

Bed rails were in place on five patients' beds on Heather ward. Bed rail assessments were completed by the local trust prior to the patients' arrival to the ward. DoLS documentation was completed for four patients, however, one patients' documentation was out of date. One patient who had bed rails had no DoLS documentation completed. Staff told us the DoLS care plans and policy in use in the unit was the same as the local NHS Trust.

Two patient's records did not show complex needs were assessed or care plans identified.

During the inspection, staff gave us inconsistent information about the availability of mental health support to the service. One staff member said there was no support whereas another staff member said they could access mental health support for patients.

**Are community health inpatient services caring?**

# Community health inpatient services

Good 

We rated caring as good.

## Compassionate care

**Staff cared for patients with compassion.** Feedback from patients confirmed staff treated them well and with kindness.

We spoke to three patients. Two patients reported to be happy with the care received and staff were friendly.

The provider identified that the service matron had received an award for exception patient care at Bilberry in Wharfedale.

We saw one patient in a hoist sling in a wheelchair for 25 minutes waiting to be transferred onto the bed.

We informed the matron that one patient's continence needs were not met as they had waited 23 minutes for a nurse to come and support them.

During the inspection, most patients was dressed and sat beside their beds. We saw televisions on in the bays.

A mixture of patients' responses was given about timeliness of call bells being responded to by staff. Three patients reported they often waited a long time for staff to respond to the call bell. Two other patients stated call bells were answered promptly. On Bilberry ward we witnessed a call bell was answered immediately and the staff member displayed a caring attitude towards the patient.

The internal performance audit (17 January 2019) confirmed good feedback received from the family & friends audit. The report also identified several call bells were not in reach of the patient. At the safety huddle, staff were reminded to check the bells were in reach always and on each occasion when supporting the patient.

Some of the 'You Said, We Did' comments displayed identified, 'Care attention very good. Staff are friendly and helpful.' 'Must be the nicest hospital in the land. All staff are brilliant.' 'It was good treatment here'.

Patients were encouraged to complete the 'Friends and Family' questionnaires prior to discharge. 'Friends and Family' results for both wards were both positive. On

Heather ward, a 48% response rate was obtained with 90.91% of comments positive. On Bilberry ward the 36% response rate (10 patients) all gave positive responses. The 'QR' code on the document ensured that feedback provided was confidential.

## Emotional support

**Staff provided emotional support to patients to minimise their distress.**

Staff worked closely with the local hospices when patients at the end of their life had chosen to go to a hospice. This ensured these patients had timely discharges to hospice care.

We observed staff in conversation to patients and noted they had a nice manner and spoke to patients at their level.

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

We carried out this observation in the enhanced care bay on Heather ward observing five patients over a period of 45 minutes with recordings made at five-minute intervals. The observation was carried out during a meal time. The interactions we observed between staff and patients were positive. Staff were respectful to patients and supported patients appropriately. Patients were relaxed with staff and there was a friendly atmosphere during the mealtime.

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

Discussions took place at a multidisciplinary meeting which confirmed the use of an advocate for one patient to ensure they were involved in any decision making. The outcome was for the social worker to arrange an advocate for this patient.

Advocacy and social services support were identified to support one patient's discharge needs.

One patient identified occasions when staff had not included them when they were getting them ready.

# Community health inpatient services

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

Good 

We rated responsive as good.

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

#### The service planned and provided services in a way that met the needs of local people.

Ongoing engagement took place with external stakeholders, for example a local NHS Trust, social care and some Leeds caring organisations. The service worked closely with a local carers organisation which ensured patients were not readmitted due to identification of their home needs and support put in place prior to discharge home.

An activities co-ordinator worked on the Bilberry unit. Activities patients could access were displayed and included access to a hairdresser, exercise with pulse, Annies museum and reminiscence, Carla's sing a long and dancing and fun with Carma. Some of the patients we spoke with said they had attended some activities.

Information about the pets as therapy dog which visited the ward was displayed.

Patients were nursed in single sex bays.

Enhanced beds were available on Heather ward for high risk falls patients. The two bays had a direct staff member assigned as an observer who were within the area of the two bays always. In addition, a nurse and care support workers were assigned to the area to support patients' needs, for example, personal and continence care.

### Meeting the needs of people in vulnerable circumstances

Staff reported patients with learning difficulties were identified on the electronic records. Two members of staff were unable to tell us what support was available to patients with learning difficulties.

We observed the butterfly scheme was used to identify patients living with dementia and provide additional support if appropriate. Two staff members could not tell us what support was available for patients living with dementia.

We saw twiddlemuffs available around the wards. A twiddlemuff is a knitted muff which has various distractions attached, for example, buttons and ribbons. These are single use aids used for distraction purposes or de-escalation of anxiety for patients with cognitive impairment.

People with mental health issues were admitted to Bilberry if an established and effective management plan was in place. Should a patient develop mental health issues they were referred to the mental health team. If mental health team support was not accessed the patient was transferred out to an appropriate service. Escalation pathways included the chief nurse from the local NHS Trust and the local mental health provider. However, on the day of inspection we saw patients with mental health issues were resident on Heather ward.

Patients pre-admission plans identified information about their care needs, their proposed discharge plan and whether they met the criteria for admission to the Bilberry unit. The service identified their key focus related to the person's discharge plans and goals for the outward journey from hospital. We were told the discharge process was monitored by ward staff with the input of the local trust's quality matron and the head of discharge. One of the four patient records we reviewed had evidence of discharge planning from admission. This finding showed the discharge planning process required strengthening. Further development was required to assure the provider that patients discharge needs and plans were being met prior to discharge from the Bilberry unit. Speaking with some patients confirmed they were unclear about their discharge plans.

At the daily safety huddle meeting patients discharge plans were discussed and attended by therapy, social workers and nursing staff, however, it was not always clear who led on some patients discharge. Difficulties existed as the mental health team did not come to the Wharfedale Hospital site to review patients which made a

# Community health inpatient services

safe discharge difficult. Weekly consultant ward rounds addressed medical issues prior to discharge. Community referrals for district nurse input and/or other support were made prior to the patients discharge.

Care was coordinated for patients approaching end of life through the multidisciplinary team and palliative care team. The patient's care, nutrition and pain management needs were identified in the care of the dying person multidisciplinary documentation. Guidance was incorporated into this care plan for staff reference. Patients approaching end of life were admitted to the ward whilst waiting for a bed either at a hospice or for arrangements to be completed prior to their discharge home.

Interpreting services were available to patients. We asked staff about access to interpreters and received a mixture of responses. Some staff knew how to access an interpreter, whilst, one staff member did not know how to contact an interpreter. One manager said they would ask their manager.

## Access to the right care at the right time

### People could access the service when they needed it.

Admission criteria to the Bilberry Unit were identified and admissions took place daily. Patients from a wide range of specialities were admitted onto the unit, were in the over 60-year age group and were optimised for discharge. Patients who required end of life' and / or palliative care were admitted prior to their hospice admission. The service admissions and discharge manager reviewed patient's suitability for admission to the Bilberry unit against set admission criteria.

Other patients were assessed on an individual basis which included patients with a degree of cognitive impairment or dementia, patients requiring an enhanced level of care (not one to one care) and bariatric patients prior to discharge.

Patients pre-admission assessments were shared with the nursing staff and / or matron who confirmed the patient's suitability for admission.

Staff told us there was not a set cut off time for patient admissions but would consider what is in the patient's best interest. We checked four patient records, we found one patient living with advanced dementia was admitted on the ward at 4.00am.

Patients told us their treatment and care were delivered at the right time. For example, one patient confirmed their wound was redressed every two days as planned.

## Learning from complaints and concerns

### The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Complaints were generally managed through the 'Patient Advice Liaison' service, however, staff said that verbal complaints were resolved locally. The matron investigated issues raised through the complaints process with the support of the local service manager. Complaints were also discussed at governance meetings. Minutes dated 10 August 2018 and 5 November 2018 from the Villa Care governance forum meeting confirmed complaints were presented. No complaints had triggered a 'Duty of Candour' response.

The local complaints register confirmed the Bilberry unit had received three complaints in 2018 / 19. The themes of the complaints related to a lack of information prior to discharge, care and treatment issues. The complaints register did not identify the learning from these complaints so that issues were not repeated.

Complaints which included those raised through the patient advice liaison services (PALS) were a standing agenda item at the Villa Care governance forum. Thirteen concerns were raised through the PALS service from 15 January 2018 to 2 November 2018. Themes from these concerns mainly related to staff attitudes (x4) and communication.

Additional information for patients and families on how to raise concerns and / or complaints was communicated through the 'Need support raising a concern' poster which was displayed on the Bilberry Unit.

## Are community health inpatient services well-led?

Good 

We rated well-led as good.

## Leadership of services

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## **Managers had the right skills and abilities to run a service.**

Daily management of the Bilberry unit was supported by an operational manager and a matron. The matron was supported by the operational manager and the clinical director. Staff said they felt well supported by managers. The matron from the Bilberry unit was also responsible for one Villa Care ward, J11 at the local NHS Trust. Meeting minutes confirmed this matron spent more time on the Bilberry unit than they had previously.

The service worked closely with a link matron from a local NHS trust. In the absence of the matron an experienced nurse took charge of the wards.

## **Service vision and strategy**

### **The service had a vision for what it wanted to achieve.**

The service had adopted a values-based behavioural framework which was applied during recruitment, employment and volunteering processes. Staff were expected to agree to this framework and signed and dated the document as confirmation of agreement. Both nurses in charge of Heather ward and Bilberry ward understood the remit of the unit and Villa Care values.

The service vision and values were initially introduced to staff as part of their service induction.

## **Culture within the service**

### **Managers promoted a positive culture that supported and valued staff.**

Variable staff performance was managed through the company policy systems of supervision, appraisal, performance and one to one meetings.

Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

Guidance was available for staff to access should they have a concern about another person's practice. The Whistleblowing policy and procedure (PM11) included a section on 'Bullying and harassment' of whistle-blowers and identified a new personal liability had been imposed

on co-workers and vicarious liability on the employer if the whistle-blower experienced bullying or harassment. Staff were very positive and said they were supported by the management team.

The 'Freedom to Speak up Guardian' was identified by name with contact number and email.

A person-centred culture was not always evident and on occasions people's needs were not met. Examples seen related to patients falls risk assessment documentation not always being completed and people's complex needs identified through their care plans.

Staff had completed training in areas pertinent to their roles but did not always demonstrate this knowledge and understanding. Instead, they told us they referred issues to managers rather than trying to resolve the issues themselves. -

## **Governance, risk management and quality measurement**

### **The service improved service quality and had good systems to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected.**

A shared governance system was in place with a local NHS trust. The registered manager had ultimate responsibility however this was delegated to the trust via the service level agreement. The registered manager worked closely with the chief nurse from a local NHS trust.

A liaison quality assurance matron was contactable Monday to Friday; they visited the Bilberry unit weekly for a mini governance meeting with the service matron. Staff described an open relationship between both providers and if quality assurance was not available the local trust head of nursing would be contacted. Monthly governance meetings took place with the Trust matron.

Governance forum meeting minutes from August and November 2018 confirmed quality and risk information was regularly reviewed at divisional and board level and actions undertaken as required.

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

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

No recurrent governance trends were identified for the Bilberry unit. Governance meetings included discussions on the patient story, performance metrics, safeguarding adults, complaints and issues and root cause analysis action plans.

Local audit plans included monthly metrics audits and we saw that for most shortfalls action plans were in place to address any improvements required. Monthly cleaning audits, monthly compassion audits and quarterly focus audits were also carried out, for example, falls, MRSA, property lists.

We saw evidence that patients' outcomes were monitored, and the service had been awarded a bronze award for consistently high metrics results.

The January performance report for the Bilberry unit monitored performance against identified measures. These measures included patient identification, current NEWS score, infection control and continence, nutrition and hydration, falls and pain management, dignity, pressure area grading, staffing (human resources review) and quality assurance / risk management. The last internal audit took place on the 17 January 2019 which identified six actions which were completed on the 17 and 18 January 2019.

Clinical leaders were sighted on the risks which related to the Bilberry unit. The corporate risk register identified two risks applicable to the service. The risks related to patient transfer arrangements to the local hospital trust and patient's medication availability following transfer from the local trust to the Wharfedale Hospital Bilberry unit. The pharmacist we spoke with was working with pharmacists on the main trust site to mitigate the medication availability risk. Risk scores were 12 and nine respectively and mitigating actions were identified to ensure both risks were reduced. Review dates of 1 April 2019 were identified against each risk.

The recognition of risks associated with unwell patients transfer from Villa Care wards was included as a standing

agenda item on the 5 November 2018 Villa Care governance forum meeting minutes. The agreement was that investigations would take place of each transfer and any themes identified would be discussed at governance.

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

## Staff and public engagement

**The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.**

Staff meetings updated staff in changes and enabled staff feedback and involvement in changes implemented in the service. Meeting minutes of two staff meetings held on the 7 November 2018 confirmed discussions about issues raised and the actions identified to prevent a reoccurrence. This meeting included discussions about progress made following the implementation of the e-meds system and how well staff had embraced the change.

One staff member stated staff engagement needed to improve, for example the member of staff had an idea of how to improve practice, informed leadership but had no response.

Staff were involved when electronic observations were introduced over the last 12 months.

The staff survey (undated) provided was completed by ten staff. Staff responses confirmed staff satisfaction with working conditions, training and support received.

Patient feedback was collected through the 'How we feel' survey which took place in June 2017 and the December 2018 'Friends and Family' tests for the Bilberry unit.

Social care and caring organisations are involved in designing service improvements. For example, the service had worked closely with a local carers association to ensure patients were not readmitted as home needs and support was put in place prior to the patients discharge.

## Information management

The Bilberry unit had implemented electronic whiteboards which contained patient information in areas such as name, speciality, consultant, length of stay, NEWS score and physiological observations. We also saw

# Community health inpatient services

activities needed for discharge identified for each patient, for example, social worker assessment, neighbourhood team, care package. This electronic board could be accessed by the multidisciplinary team and updated as required.

Patients x-rays were accessed through the patient archiving and communication system (PACS) which meant x-rays could be stored and accessed quickly by medical and nursing teams.

Electronic documentation had been implemented on the Bilberry Unit from November 2018 which meant the documentation used mirrored the local NHS Trust. This documentation was monitored monthly and outcomes of the audits discussed at governance meetings.

Bar coded equipment supplies meant they never ran out of supplies.

Physiotherapy referrals were scanned onto the electronic information system.

## Innovation, improvement and sustainability

**The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**

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

The service said they had received very positive feedback from families about the care and support their relatives had received as part of their end of life care.

The service was awarded a 'Bronze' award through the metrics award system for having achieved consistently high metrics results.

# Outstanding practice and areas for improvement

## Areas for improvement

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

- The provider must ensure that discharge plans and risks to patients are identified, assessed and monitored consistently on each ward, and action plans in assessments and care plans are updated and contain enough detail to enable staff to reduce those risks effectively.
- The provider must ensure that staff have and can demonstrate an understanding of training sessions attended so they can put this understanding into practice within the clinical environment. Staff had completed training in areas such as Dementia, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, however, staff were unable to demonstrate their knowledge and understanding in these areas when asked.

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

- The provider should ensure that all patients are given enough support and opportunity to be fully involved in the planning of their own care and that this is reflected in patient records which show evidence that the patients' voice, family or carer input is documented.
- The provider should ensure staff can demonstrate an understanding of how to recognise and manage safeguarding events. Nursing staff should be supported to lead and be involved in safeguarding events with the support of the matron.

- The provider should ensure staff are aware of and have received training updates about female genital mutation and radicalisation.
- The provider should ensure staff complete training in the identification and management of the adult patients with sepsis.
- The provider should ensure all equipment in the resuscitation trolley have expiry dates and packaging is intact as we observed one small 'Nippy' face mask packaging was torn, and no expiry dates on the Magill forceps and Calisto size three blade.
- The provider should ensure staff question unusual medicine doses when prescribed.
- The provider should ensure that patient call bells are answered promptly.
- The provider should ensure patients in hoist slings when in a wheelchair do not experience long waits to be transferred.
- The provider should ensure staff are aware of what support is available for patients with dementia type conditions and learning difficulties.
- The provider should ensure the patients discharge plan is commenced on admission to the Bilberry unit.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The registered person must ensure that discharge plans and risks to patients are identified, assessed and monitored consistently on each ward, and action plans in assessments and care plans are updated and contain enough detail to enable staff to reduce those risks effectively.</p> <p>Regulation 12 (1)(2)(a)(b)(i)</p>

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