

Bradford Teaching Hospitals NHS Foundation Trust

RAE

Community health inpatient services

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RAE3A	Westwood Park Community Hospital & DTC		
RAE5H	Westbourne Green Community Hospital		

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

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

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

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We found that community health inpatient services had made improvements since our 2014 inspection. We found:

- The nursing staff complement at the community hospitals had been increased based on patient acuity. Medical staff cover arrangements had been reviewed and formalised.
- The service had taken mitigating action because of a significantly high incidence of falls and a significant incidence of pressure ulcers, and had reviewed its policies with active monitoring of patients' safety.
- Systems were in place to report incidents and learning from incidents was shared with staff.
- Arrangements were in place for the ordering and delivery of medicines.
- The service operated clear admission protocols. Staff were aware of risks to the service, which were recorded in the risk register.
- Escalation plans for patients reflected their condition.
- The community hospitals used recognised patient outcome measures. Outcome data compared favourably with data from the national intermediate care audit.
- Multi-disciplinary meetings were held weekly and assessments and actions were reviewed for each patient.
- The monthly audit programme included the community hospitals' contribution to national audits.
- A matron reported to the divisional manager and provided oversight for the community hospitals. Each community hospital had in post a full time nursing sister.
- There was a positive culture in the community hospitals.
- An external review had concluded that the efficiency of the community hospitals compared well with other services nationally.
- Staff in the community hospitals had completed their mandatory training.
- Staff received an annual appraisal and staff development was supported

Summary of findings

Background to the service

Community health inpatient services in Bradford were provided in four community hospitals, located at Westwood Park, Eccleshill, Shipley and Westbourne Green. Each of these community hospitals provided a similar service, with between 17 and 19 beds per unit.

The community hospitals formed part of the care of the elderly directorate. The directorate provided a range of acute and rehabilitative services for elderly patients, within both the acute and intermediate care environment. Intermediate care services were provided in the community through adult inpatient beds in community hospitals and a virtual ward. Patients who were transferred to intermediate care were medically stable with a need for reablement and rehabilitation.

Community hospitals enabled patients to improve their independence and provided rehabilitation and treatment services. Patients in hospital were reviewed by the elderly care team to assess their suitability for transfer. Most admissions to the community hospitals were from the acute trust. Patients may also be stepped up to the community hospital following triage and assessment through the intermediate care hub.

Ahead of this inspection the trust informed us that Eccleshill, which we visited at our 2014 inspection, was temporarily closed. At this inspection we visited Westbourne Green, which was closed at our 2014 inspection, and revisited the Westwood Park Community Hospital.

Our inspection team

Our inspection team was led by:

Chair: Dr Christopher Tibbs

Head of Hospital Inspections: Julie Walton, Care Quality Commission

Why we carried out this inspection

This inspection was a follow up to the comprehensive inspection undertaken in October 2014 which rated

Community Health Inpatient Services as requiring improvement. As the Caring and Responsive domains were rated as good in 2014, these were not included in this inspection.

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?

The inspection team visited Westwood Park community hospital and Westbourne Green Community Hospital to inspect Inpatient services (one core service).

Prior to the announced inspection, we reviewed a range of information that we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

Summary of findings

Prior to the inspection we held a series of focus groups in Bradford to provide the opportunity for members of the community to express their view about hospital services.

During our visit we spoke with 20 members of hospital staff, including medical nursing, allied healthcare professionals, and support staff. We reviewed the records

for 25 patients. We observed as care and treatment was administered to 35 patients. However, as this inspection did not include a review of the Caring domain, we did not speak with patients or their relatives specifically.

We undertook the announced inspection visit between 11 and 13 January 2016.

What people who use the provider say

As this inspection did not include a review of the Caring domain, we did not speak with patients or their relatives specifically.

In the annual NHS Staff Survey 2014, the proportion of staff agreeing that feedback from patients was used to make informed decisions in their department was better than average when compared with other trusts nationally. The annual NHS Staff Survey does not distinguish the result for the community hospitals separately.

An external review commissioned by the service which reported in December 2015 commented that although the response rates for “Family and Friends” survey were low compared with other trusts, responses were consistently positive.

The Westwood Park Community Hospital analysed the results of local patient satisfaction surveys for each

patient discharged, and we saw the results of these were displayed in the hospital. The hospital could demonstrate it had made changes as a result of feedback, for example, the purchase of chairs for visitors and the provision of vision panels for patient bedrooms.

We observed a significant number of thank you cards and other communications from patients and their relatives and carers which consistently had a very positive theme.

In the Westbourne Green Community Hospital we reviewed the comments received from eight patients which said they were likely to recommend the hospital. However, four of the comments stated that more staff were needed.

The results of the friends and family test were displayed on the ward notice board, which indicated a zero percentage of people would not recommend the hospital.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The trust should ensure that staff wear personal protective equipment during the administration of medicines.
- The trust should consider providing alcohol gel dispensers at each bedside.
- The trust should ensure that pain scores are reassessed and recorded after analgesia is administered.
- The trust should ensure that nutritional assessments and fluid balance charts are completed and recorded at the time of the patient’s admission to the service.
- The trust should ensure that the standard operating procedures in community hospitals are approved and signed.
- The trust should consider facilitating arrangements for staff from the community hospitals to attend clinical governance meetings.

Bradford Teaching Hospitals NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We found that community health inpatient services had made improvements since our 2014 inspection. We found that:

- The service had taken mitigating action because of a significantly high incidence of falls and a significant incidence of pressure ulcers, had reviewed its policies and was actively monitoring the safety of patients.
- Systems were in place to report incidents. Investigations included root cause analysis and learning from the investigation of incidents was shared with staff and discussed in senior and ward staff meetings. The trust's duty of candour policy was applied in the investigation of incidents.
- Governance arrangements for safeguarding incidents were in place.
- Arrangements were in place for the ordering and delivery of medicines, and for recording the receipt of deliveries at the community hospitals.
- The environment at both community hospitals we visited was suitably maintained to meet the needs of patients. Therapy and resuscitation equipment was maintained appropriately.
- Patient records were fully documented and up to date. Care plans reflected the patient's individual needs and assessments were documented. Care plans included rehabilitation goals.
- Steps had been taken since our 2014 visit to support adherence to infection control practices.
- Staff in the community hospitals had completed their mandatory training.
- The service used the National Early Warning Score (NEWS) to assess the early symptoms of acute illness. The use of NEWS in community hospital settings was under review. Escalation plans for patients were selected carefully depending on their condition. This was supported by a review of each patient's care (Intentional rounding) every two hours and informed handovers.
- The nursing staff complement at the community hospitals had been increased based on acuity. The trust

Are services safe?

had undertaken an executive level clinical review supported by an external review of staffing and cover arrangements. Medical staff cover arrangements had been formalised.

Detailed findings

Safety performance

- The NHS Safety Thermometer is a national improvement tool for local measuring, monitoring and analysing patient harms and “harm free” care. This focuses on four avoidable harms: pressure ulcers, falls, and urinary tract infections in patients with a catheter, and blood clots or venous thromboembolism.
- NHS Safety Thermometer information was recorded monthly. We observed that the community inpatient wards displayed safety thermometer performance information which confirmed the delivery of harm free care.
- Because of a significantly high incidence of falls (the service reported 93 falls between April and November 2015 at one unit) and a significant incidence of pressure ulcers (25 of 33 serious incidents reported in the year to December 2015 were pressure ulcers) we found the service had taken mitigating action, which included conducting a root cause analysis of incidents and implementing falls risk care plans.
- An external review commissioned by the service, which reported in December 2015 recommended a review of policies relating to the assessment and care of patients after a fall, and continued active monitoring of the safety of patients. We found that the service had implemented the recommendations and that improvements had been achieved.

Westwood Park Community Hospital

- At Westwood Park we found safety incidents were reviewed in the weekly multi-disciplinary team meeting and action was taken to mitigate the risk of falls and pressure ulcers for high risk patients. We observed the weekly meeting during discussions about nine patients. Action taken included the prompt provision of equipment in the hospital and to support discharge.
- Three patients were admitted in late 2015 with grade three pressure ulcers. The service was able to evidence that for the three patients in their care, the pressure ulcers were healed in the three weeks prior to our inspection.

- Falls were mitigated by conducting a risk assessment for all patients admitted and undertaking post-fall observation of patients.
- The action taken in relation to falls and pressure ulcers, including assessment and the provision of equipment was confirmed by a review of the patient records. We also saw evidence that patients with pressure ulcers were referred to the tissue viability nursing service as part of their plan of care. A review of the staff handover records also confirmed that consistent mitigating action was maintained for patients at risk.

Westbourne Green Community Hospital

- The service reported 83 falls, which occurred in the clinical area between April and November 2015. We found mitigating action taken included completing a personal emergency evacuation plan (PEEP) and identifying patients at high risk of falls by using a yellow wrist band. Sensors and special beds were also used in falls prevention. We saw from a review of four patient records that falls assessments were completed and falls plans were followed appropriately.
- For Westbourne Green, one pressure ulcer had been identified in the six months prior to the inspection. We reviewed the patient record for a patient at very high risk of developing a pressure sore and found the assessment was completed and repeated appropriately and mitigation action was in place. For example, for two patients skin checks were completed four or five times daily and the air mattress was set to the correct level for the patient’s assessment score. Pressure ulcer prevention and management plans were in place.

Incident reporting, learning and improvement

- We reviewed actions taken since our 2014 inspection, when we recommended that the trust should explore why staff at Eccleshill Community Hospital were not using the incident reporting system. Although we were unable to review the current situation at Eccleshill because of the closure, the use of the incident reporting system was reviewed at the other two hospitals we visited.
- We found that systems were in place to report incidents. The service used an electronic system widely used in the NHS and staff were familiar with how to report incidents. The trust’s duty of candour policy was applied in the investigation of incidents.

Are services safe?

- The trust informed us there were no completed serious incident investigations for community services within the time period since the previous inspection.
- Learning from the previous investigation of incidents was shared with staff. We saw that the investigations included root cause analysis. For example, for an incident involving a fall, the lessons learned included identifying the need for a post falls checklist to be completed. Staff were informed of the need to complete this checklist. We saw from a review of records that this was now being done. In a second example we reviewed, the root cause was identified as the removal of a fall sensor. As a result the service had acquired additional falls sensors and we saw that these were being used, and that spare fall sensor equipment was also available.
- An external review commissioned by the service, which reported in December 2015 recommended a review of policies relating to the assessment and care of patients after a fall, and continued active monitoring of the safety of patients.
- For a further incident investigation relating to pressure care, a delay in referral to the tissue viability service were identified as a contributing factor. We saw from a review of the care record that referrals to the tissue viability service were now being made appropriately.
- We found that learning from the investigation of incidents was discussed in senior and ward staff meetings and shared with staff by email.

Westwood Park Community Hospital

- Staff at Westwood Park Community Hospital were aware of how to report incidents. Staff discussed an example of receiving feedback from the review of a falls incident.
- A review of incident reports indicated they were completed appropriately. We reviewed the related care records for two patients. For one patient, an incident report had been completed for a grade three pressure ulcer and a referral made to the tissue viability service. For the second patient, a dementia diagnosis was identified and appropriate action taken to minimise the risk of a falls incident.
- We reviewed the investigation of an incident that had occurred at Westwood Park in October 2012. The lack of appropriate handover from the acute hospital was identified as a contributing factor. Following action taken by the service, we saw that handover arrangements were comprehensive, including the

recording of the handover conversation between staff. Poor record keeping was also identified as a contributing factor; our review of patient records showed that these were now fully completed.

- We observed the weekly multi-disciplinary meeting during discussions about nine patients. Incidents were reviewed and action was taken to minimise the risks to patients.
- Safety information was displayed on noticeboards.

Westbourne Green Community Hospital

- Staff at Westbourne Green Community Hospital were aware of how to use the incident reporting system. Pressure ulcers of grade two and above were reported as incidents. For patients at risk, air mattresses were in place before the patient was admitted. Staff completed a review of each patient's care (Intentional rounding) every two hours to mitigate emerging risks to patients.
- The pressure ulcer which occurred in the six months previous to the inspection had been correctly reported using the electronic system.
- Staff gave examples of learning from incidents. For example, an incident in the trust involving the incorrect use of hoists had resulted in staff attending training in the use of equipment.
- We found that one investigation was ongoing, which related to Westbourne Green. Findings from the preliminary investigation were shared with us, which indicated the emerging root cause was related to the patient's medical condition. An independent assessor had found documentation was of a high standard and that staff interacted appropriately with patients and followed the patient's care and treatment plans.
- Staff confirmed that they were informed of safety alerts shared about incidents in the trust. We observed that "Falls lessons learnt" information for staff was displayed on a notice board. Staff received feedback about the investigation of incidents at governance meetings, where associated trends were discussed.

Safeguarding

- We were informed that trust governance teams reviewed actions from serious incidents, including those involving safeguarding matters. For safeguarding, the actions were reviewed by the chief nurse. Following the review of safeguarding investigations which may involve community hospitals, action plans were prepared.

Are services safe?

- In response to our request ahead of the visit, the trust were unable to provide service level information as to the proportion of staff that had completed their safeguarding training. However, when we visited the community hospitals we found evidence that safeguarding training was completed.

Westwood Park Community Hospital

- We observed the weekly multi-disciplinary meeting during discussions about nine patients. Incidents which involved potential safeguarding issues were reviewed. Action was taken to minimise the risks to patients.
- Staff were aware of how to identify a potential safeguarding incident and clear about how they would report it.
- We observed that safeguarding guidance information was displayed in the nursing staff work area.
- The training records we reviewed showed that safeguarding training was undertaken annually and was up to date. This was confirmed by the staff we spoke with.
- The matron with oversight of the community hospitals was aware of the safeguarding lead for the trust.

Westbourne Green Community Hospital

- Staff confirmed that they had completed safeguarding training, which was refreshed annually.
- Staff were able to explain the safeguarding policy and to identify correctly when they would refer a patient to the safeguarding team, and to describe appropriately the process they would follow.
- We reviewed documentation relating to a selection of safeguarding referrals and found this was completed correctly and in full. We saw evidence of joint working with the acute hospital and external agencies.

Medicines

- We reviewed actions taken since our 2014 inspection, when we recommended that the trust should review the governance arrangements to monitor and manage the safe delivery of medications to the community hospitals by a security guard. We also recommended that the trust should ensure that the medication fridge at Eccleshill Community Hospital was repaired promptly. Although we were unable to review the current situation at Eccleshill because of the closure, the use of the medicine fridges was reviewed at the other two hospitals we visited.

- A medicines policy was in place for the community hospital and patient group directions were used. Medicines were supplied to the hospital by an external provider.
- We found that appropriate arrangements were in place for the ordering and delivery of medicines, and for recording the receipt of deliveries at the community hospitals. We reviewed medicines fridges and found they were in working order.
- Following the inspection the trust informed CQC that it had introduced additional checks of medicine expiry dates before they were administered to patients, and was to commission an external review of the safety of medicines in clinical areas to provide further assurance as to current practice in handling medicines.

Westwood Park Community Hospital

- We observed the medicines administration round and checked the patient medication charts, which were satisfactorily completed. Staff wore personal protective equipment and used a do not disturb notice.
- We found the medicines fridge was located in a room with secure access and the fridge was locked. Fridge temperatures were checked daily. We reviewed the audit trail for November and December 2015, which was in order.
- When we checked the stocks of medicines we found one unlabelled item which was reviewed and corrected immediately. We found some expired items which we were informed were no longer used. The member of staff in charge of the ward arranged for the disposal of these items.
- We observed the weekly multi-disciplinary meeting during discussions about nine patients. The review of treatment for patients included discussion between medical and nursing staff as to the effectiveness of medicines currently being administered. Medicines information was shared when a patient was admitted from the acute hospital, or discharged to the community nursing service.
- We saw that the results of International Normalized Ratio (INR) checks for patients who received long term therapy were shared with the pharmacy to prepare prescriptions. We found the prescriptions were complete and in order. A review of the staff handover recording also confirmed that the discussion of medication for patients included arrangements for INR medication.

Are services safe?

- We reviewed the arrangements for the storage and use of oxygen and analgesic gases. Oxygen was stored in a secure room with appropriate signage and piped to designated spaces within the ward area. Oxygen for emergency use was available and qualified and unqualified nursing staff had received training in the administration of oxygen. No patients were being administered oxygen at the time of our inspection.
- Pharmacy arrangements for out of hours and weekends were in place with the acute hospital and the external provider.

Westbourne Green Community Hospital

- We observed the medicines administration round and checked the completion of medication charts for four patients. The patient's identity was checked and the medication charts were completed appropriately.
- We saw that medicines for some patients were overdue and staff recorded this to be noted for the next round of medicines. Medications audits were completed by night staff. One member of senior staff was observed not to be wearing personal protective equipment during the administration round, which may present some risk to the safety of patients.
- We found the medicines fridge was located in a room with secure access but was not locked due to a fault. A replacement fridge had been requested because of the fault. The existing fridge was checked by pharmacy who advised that meanwhile it was suitable for use. We observed that the seal was undamaged and temperatures were recorded and in range.
- When we checked the stocks of medicines we found controlled drugs were checked weekly.
- The results of International Normalized Ratio (INR) checks for patients who received long term therapy were shared with the external pharmacy by fax. We found the prescriptions were complete and in order.
- We reviewed the arrangements for the storage and use of oxygen. Oxygen storage rooms were identified appropriately. Oxygen for emergency use was available and we spoke with qualified and unqualified nursing staff involved with the administration of oxygen therapy to patients. The unqualified staff explained the procedures they followed to monitor therapy and qualified staff were involved appropriately. We checked the patient's treatment records for the administration of oxygen, which were up to date.

Environment and equipment

- During our inspection of both community hospitals, we toured the hospital units to inspect the environment, and to review the use and suitability of equipment. We found the environment at both community hospitals was suitably maintained to meet the needs of patients.
- The community hospital estates were managed by another trust and some items of equipment were supported by an external NHS organisation. We found from a review of the clinical engineering annual report for 2014 that clinical engineering were responsible for all medical equipment throughout the trust. Clinical engineering carried out planned preventive maintenance on most medical equipment in use. Clinical engineering were responsible for the equipment at the community hospitals including Westbourne Green and Westwood Park.

Westwood Park Community Hospital

- We observed the weekly multi-disciplinary meeting during discussions about nine patients. The availability of equipment to support the rehabilitation and discharge of patients was discussed. We saw that where necessary, action was taken to ensure the availability of equipment to support patients appropriately. For example, for patients that required an air mattress, equipment was identified with the patient's name and recorded in the electronic system. This allowed the equipment to be tracked during the patient's stay in hospital.
- Physiotherapy and occupational therapy equipment was available to support the rehabilitation of patients. For example, the occupational therapy kitchen was used for rehabilitation during the patient's stay and it was equipped with rehabilitation resources. Within the occupational therapy kitchen each of the appliances had been tested using the portable appliance test and a note of the date of test had been applied.
- We found that resuscitation equipment was in place and daily checks of the equipment were undertaken.

Westbourne Green Community Hospital

- The Westbourne Green Community Hospital was reopened in February 2015. Staff confirmed that the

Are services safe?

environment of the hospital was unchanged following the closure. The facilities included side rooms with bathroom facilities, shared bathrooms and toilets, and an assisted bathroom.

- During our inspection we identified a potential concern as to access to the first floor patio area which presented some risk to patients. When we revisited the area later in the inspection we found that action had been taken to prevent patients using this as an exit. Senior staff confirmed that estates issues were recorded and action taken was monitored.
- We confirmed from discussions with staff that items of equipment including hoists were regularly checked. Electrical equipment had been portable appliance tested and was in date. We checked that resuscitation equipment was in place and confirmed that daily checks of the resuscitation equipment were undertaken.
- Nursing and therapy staff confirmed that equipment was usually readily accessible. Pressure relieving equipment could be accessed within a timeframe of one to two hours if required. Standing hoists could require a wait of up to six weeks, but as the requirement was infrequent (typically twice per year) this was planned for so that availability did not present an issue.
- Patients were supported in how to use equipment, for example walking aids, both during their stay in hospital and ahead of their discharge. This included the use of falls sensors.
- We observed that information was displayed about the use of equipment which was available in the hospital to reduce the risk of falls.

Quality of records

- The trust executive informed us that an electronic patient record was to be introduced later in 2016. Staff in the community hospitals confirmed they were aware of this and were kept informed about the planned changes to patient record systems.
- We saw that an information leaflet was available about electronic patient records, "We're improving the way we manage health information."
- The trust confirmed that assistance in using the computer systems would be available for staff that required additional support.
- We reviewed actions taken since our 2014 inspection, when we found that the care plans we reviewed at Eccleshill Community Hospital did not document all aspects of care and treatment that patients received.

Although we were unable to review the current situation at Eccleshill because of the closure, a selection of care records were reviewed at the other two hospitals we visited.

Westwood Park Community Hospital

- We reviewed the records for three patients. We found care plans were structured and reflected the patient's individual needs and assessments were documented and up to date. Care plans included a record of rehabilitation goals set in conjunction with occupational therapists and physiotherapists. The care of each patient was reviewed every two hours and we found this was recorded in a care and comfort care plan.
- We found in two instances the care and comfort information had not been completed. Senior staff were able to provide evidence of the care provided from the record of other care plans, for example pressure area care, which had been completed within the required time and evidenced that care was provided.
- We were informed that an audit check of patient records was completed by senior staff each month and we saw evidence that this was completed appropriately for the previous 12 months.

Westbourne Green Community Hospital

- We reviewed the records for six patients. Patient's individual preferences were recorded. We found care plans reflected risk assessments.
- For one of the six patient records we reviewed, only one set of post falls observations were recorded. We found if the patient was stable, observations were discontinued appropriately.

Cleanliness, infection control and hygiene

- We reviewed actions taken since our 2014 inspection, when we recommended that the trust should review the suitability of the sluice room at Eccleshill Community Hospital. Although we were unable to review the current situation at Eccleshill because of the closure, cleanliness and infection control procedures were reviewed at the other two hospitals we visited.
- Prior to this inspection the trust executive informed us of steps it had taken since our 2014 visit to support adherence to infection control practices. Checks of environmental audits and actions had been completed and improvements made in provision of hand wash facilities.

Are services safe?

Westwood Park Community Hospital

- We checked the sluice area. Clean equipment for reuse was marked with a green sticker to indicate it had been cleaned. We observed a member of staff clean an item of equipment with the correct cleaning materials and applied the sticker to indicate it had been cleaned. In the sluice area we found a full sharps box which was locked and ready for disposal. Information on the front of the sharps box was correctly documented and the quantity within the sharps box was safely beneath the required level.
- We saw from our review of patient records that infection control risk assessments were completed.
- Personal protective equipment (gloves and aprons) was available for staff to use and we observed that staff used the glove and apron dispensers. We checked two bedroom bays and found personal protective equipment and hand gel were available. Wash basins were clean and washing facilities were available. No individual alcohol gels were placed at each bedside.
- Outside each bedroom an infection control board identified which infection control traffic system the patient required. We observed a patient's infection control risk change from green to red and the board was changed appropriately. We observed one staff member reminding another staff member to wash their hands on leaving a patient's room where the traffic light system indicated red.
- We spoke with housekeeping staff who completed housekeeping schedules on a daily basis. We saw evidence that schedules and accompanying charts were completed, which identified completed cleaning tasks and tasks which required to be completed. The cleaning schedule was displayed.
- Patient Led Assessments of the Care Environment (PLACE) were undertaken annually and environmental audits were completed monthly. Regular audits were completed for infection control. We found that the hand hygiene audit for December 2015 achieved 100%, the hygiene code spot check in October 2015 was 100% and the hand hygiene observational tool in September 2015 was 100%. The hospital had arrangements in place for the testing of water quality for legionella.

Westbourne Green Community Hospital

- We checked the ward area, a selection of patient bedrooms and the sluice area and found they were clean. We checked bathroom and toilet areas for cleanliness and they appeared clean.
- We saw that infection prevention notices were being used outside patient's bedrooms which reflected individual needs, for example type of hand washing. We observed that staff followed the instructions in the notice when they washed their hands. Personal protective equipment (gloves and aprons) was available for staff to use and we observed that staff used the glove and apron dispensers.
- We spoke with a member of medical staff about the procedures for infection control. They confirmed that in the event of an occasional outbreak, infection control specialist staff were consulted about the arrangements for the community hospital.

Mandatory training

- We reviewed actions taken since our 2014 inspection, when we required that the trust must ensure that medical and nursing staff at the community hospitals were up to date with mandatory training.
- In response to our request ahead of the visit, the trust were unable to provide service level information as to the proportion of staff that had completed their mandatory training. However, when we visited the community hospitals we found evidence that mandatory training was completed.
- We asked a selection of senior and junior staff with medical, nursing and allied health professional specialisms about the arrangements for the completion of their mandatory training. For staff we spoke with, training was up to date and this was checked at their annual appraisal. Staff told us that completion of their mandatory training was linked to their pay arrangements so that if training was not completed, they did not receive increments.

Westwood Park Community Hospital

- Qualified nursing staff and support staff we spoke with confirmed they had completed their mandatory training, including annual updates. Some training was delivered through e-learning.

Westbourne Green Community Hospital

- Qualified nursing staff and support staff confirmed they had completed their mandatory training. Staff received

Are services safe?

mandatory training at induction and it was updated annually. Mandatory training included, for example, moving and handling, first aid, infection control and safeguarding.

- Staff demonstrated from the staff intranet that their training was up to date and that they could arrange to complete training through the intranet.

Assessing and responding to patient risk

- The service used the National Early Warning Score (NEWS) to assess the early symptoms of acute illness.
- An external review commissioned by the service which reported in December 2015 described the steps which may be taken when a patient in the community hospitals became unwell and nursing staff assessed the urgency of intervention for the patient. The review made several recommendations, including that nursing staff assessing an inpatient who has become unwell should receive formal support for their assessment, which may include NEWS based triage.
- We discussed with senior staff the appropriateness of the NEWS scoring system for patients in a rehabilitation setting. We were informed that if a patient's condition deteriorated, the accepted procedure for escalation was to contact the consultant or other member of medical staff on call in the first instance. Senior staff told us they intended to move away from the use of NEWS scores for rehabilitation patients whose condition was stable. They informed us that escalation plans for patients were selected carefully depending on their condition.

Westwood Park Community Hospital

- The NEWS score was completed daily by nursing staff for three days following their admission. Subsequently, decisions as to whether daily NEWS scoring was continued were made with the involvement of the consultant or other medical staff.
- On each weekday intentional rounding took place every two hours; on Tuesdays the round was included with the multi-disciplinary team meeting. Intentional rounding involved checking patients regularly to identify and meet their care needs. This may include, for example, hydration or placing a call bell within their reach.
- We observed the weekly multi-disciplinary team meeting during discussions about nine patients. We saw

that specific risks to patients were identified and action taken to mitigate these was agreed. Actions taken at the previous meeting was reviewed to check its effectiveness.

- We saw that the standard operating procedure for the intentional rounding was displayed. A local policy was in place for the management of the deteriorating patient. Risk assessments were completed appropriately for a variety of conditions, which included the risk of falls, the risk of developing pressure ulcers, nutrition, hydration and medication. These were documented in the patient's care plan.
- The recording of staff handovers enabled the review of assessments by incoming nursing staff. A review of the staff handover recording confirmed that consistent mitigating action was maintained for patients at risk, for example, wound and pressure area care, and referrals to the tissue viability specialist service. Information from handovers was stored within the computer system. Each staff member had the information to hand during their shift.
- Nursing and support staff were allocated to patient's rooms according to the patient's risk assessment so that care and support was provided appropriately for the patient. Patients with the highest risk were placed nearest to the nursing staff base area.
- We observed four patients who were seated in chairs with call buzzers within their reach and these were responded to promptly by staff. We observed a patient identified as at high risk of falls seated in the lounge area. The care plan stated that the patient was to be accompanied, which included when they were seated, and we observed that staff followed the care plan.

Westbourne Green Community Hospital

- The NEWS score was completed daily by nursing staff. Where the patient's condition was assessed as stable, the NEWS score was discontinued. A local policy was in place for the management of the deteriorating patient. We observed that the risk escalation framework was displayed in the staff area.
- We reviewed the risk assessments for six patients and found risk assessments were completed appropriately for a range of conditions, including the risk of falls, the risk of developing pressure ulcers, nutrition, hydration and medication. These were documented in the

Are services safe?

patient's care plan. The care of each patient was reviewed every two hours and this was recorded in a care and comfort care plan. Care plans were appropriate for the patient assessments.

- Staff handovers were held and recorded in electronic form to enable the review of assessments by incoming nursing staff. We saw that staff used a daily handover sheet which identified the current care needs and risk factors for each patient. We observed there was a specific focus on falls prevention at the handover. We found a clear process was in place for responses to witnessed and unwitnessed falls and nursing staff could describe the falls management procedure.
- We spoke with occupational therapy and physiotherapy staff about the assessment and management of risks to patients. Therapy staff used a risk oriented approach to support patients. Assessments related to the therapy needs of patients were carried out by therapy staff and included in care planning. Goals were reviewed at each interaction with the patient and featured in the daily handovers, so that risks to the patient were managed and minimised.

Staffing levels and caseload

- We reviewed actions taken since our 2014 inspection, when we required that the trust must ensure that staffing levels on the community wards reflected the trust's own planned levels and an acuity or dependency tool was used to determine staffing levels. We also required that the trust must ensure that there was effective medical cover at the community hospitals so patients were assessed, reviewed and their needs responded to in a timely manner.
- The trust shared its action plan with CQC ahead of this inspection and we reviewed the actions the trust had taken in response to our requirements. The trust undertook an executive level clinical review of cover arrangements. The trust undertook to mitigate risk in terms of medical and nursing cover based on patient acuity and to commission an external review to support the work of its internal project groups reviewing this issue.
- At this inspection we found that nursing staff complement at the community hospitals had been increased based on acuity and the external review had been undertaken and had reported. The arrangements for medical staff cover had been reviewed and formalised.

- A band eight matron had been recruited to provide oversight of the community hospitals. An acuity tool had been implemented which had increased the staffing complement on the wards. At each community hospital one band seven senior nurse and two band six qualified nurses were in place, which included overnight. One registered nurse per shift had been added to a late shift on the days where a ward round was taking place. For other days an additional healthcare assistant was in place. Physiotherapy and occupational therapy staff also worked in the community hospitals and speech and language therapists and dieticians were available as required.
- The external team visited the community hospitals to assess the current medical and nurse staffing arrangements. The external report confirmed that medical staffing of the community hospitals was adequate. Medical staffing was provided by consultants who also worked in the acute hospital wards and by GPs. Each community hospital received a minimum of two visits per week from a consultant. Cover was provided during weekdays from 8am to 5pm. During normal working hours consultant staff also provided telephone advice to nursing and therapy staff.
- Senior managers recognised that nurse staffing in particular remained the biggest risk for the community hospitals, and took steps to mitigate these risks. We found the service was actively recruiting nursing staff, for example, by holding recruitment open days to promote the role of nursing in community hospitals. This was reflected in the risk register.

Westwood Park Community Hospital

- Westwood Park was supported by a consultant in elderly care for three sessions per week. Medical cover between 5pm and 8am Monday to Friday and at weekends and bank holidays was provided by a registrar on call in the elderly admissions unit, local care direct and the consultant on call.
- We reviewed staffing rotas from October 2015 which confirmed that for each early and late shift a minimum of two qualified nurses were present, supported by three healthcare assistant staff. At night, two qualified nurses were supported by one healthcare assistant. The nursing establishment was 11.09 whole time equivalent

Are services safe?

registered nurses, including vacancies. In addition a physiotherapist and an occupational therapist were present during mornings. There were 18 patients in the hospital.

- We saw from a review of board papers that the nursing staff fill rate for Westwood Park was 74% compared with a target of 80%. Temporary bank and agency nursing staff were used to meet shortfalls. The hospital did not use two agency staff nurses working together on the same shift. In addition, four or five therapy support workers (band three) and therapy assistants (band two) were in place.
- Extra nurse staffing for the afternoon and evening was introduced following implementation of the acuity tool. We saw from a review of the minutes of the ward meeting for January 2016 that staff discussed how best to utilise the extra staff.
- Westwood Park carried two staff nurse vacancies at the time of our inspection. Recruitment was in progress and we were informed candidates were at the shortlisting stage. Recruitment was also in progress for two healthcare support worker vacancies.

Westbourne Green Community Hospital

- Westbourne Green was supported by a consultant in elderly care or a GP with special interest for five sessions per week. Medical cover between 5pm and 8am Monday to Friday and at weekends and bank holidays was provided by a registrar in the elderly admissions unit on call, local care direct and the consultant or GP on call. We spoke with the GP who confirmed the arrangement to provide support and advice for nursing staff.
- We reviewed staffing rotas from October 2015 which confirmed that for each early and late shift a minimum of two qualified nurses were present, supported by two or three healthcare assistant staff. At night, two qualified nurses were supported by two healthcare assistants. The nursing establishment was 11.09 whole time

equivalent registered nurses, including vacancies. In addition a physiotherapist and an occupational therapist provided an additional half day support each weekday. There were 18 patients in the hospital.

- We saw from a review of board papers that the nursing staff fill rate for Westbourne Green was 81% compared with a target of 80%. Temporary bank and agency nursing staff were used to meet shortfalls. The hospital did not use two agency staff nurses working together on the same shift. Two staff members confirmed that they worked extra shifts when staff levels were low. In addition, nine rehabilitation support workers (band three) were in place. Westbourne Green carried one 0.5 wte staff nurse vacancy at the time of our inspection and recruitment was in progress.

Managing anticipated risks

- We asked senior staff about how potential risks were taken into account when planning services, for example seasonal fluctuations in demand, the impact of adverse weather, or other disruption to the availability of staff. We found that because the focus of the community hospitals was on the rehabilitation of patients, they were not expected to provide acute services in response to emergency situations.
- The impact of any seasonal variations on the community hospitals was minimal. Services in other areas of the trust that may be affected by winter pressures did not use the community hospitals for medical outlier patients or other emergency situations.

Major incident awareness and training

- Resilience arrangements were in place to enable the community hospitals to access extra staff and resources in response to major incidents. Senior staff confirmed that a business continuity plan for the trust to respond to major incidents was in place. Resilience training to support the service's response to major incidents was available for senior staff.

Are services effective?

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

Summary

We found that community health inpatient services had made improvements since our 2014 inspection. We found that:

- Following our 2014 inspection the service had reviewed the criteria and protocols for admission. We found that the service operated clear admission protocols with an emphasis on the patient's rehabilitation and discharge.
- The community hospitals followed National Institute for Health and Care Excellence (NICE) and other relevant national guidance.
- A regular programme of monthly audit was undertaken, which included the community hospitals contribution to national audits.
- The community hospitals used recognised patient outcome measures. Outcome data from Bradford community hospitals compared favourably with data from the national intermediate care audit. For example, the length of stay in the community hospitals was 23 days, compared with 28 days nationally.
- Staff received an annual appraisal and staff development was supported. Training to support competencies was specific to the community hospital setting.
- Multi-disciplinary meetings were held weekly for the community hospitals and assessments and actions to support the effectiveness of care and treatment were reviewed for each patient at each meeting.
- Staff could access information and guidance through a range of media. Each member of staff had an email address and staff could access information and guidance through the trust intranet. Information was communicated to staff through a weekly newsletter from the chief executive.
- Staff were clear as to when Deprivation of Liberty (DoLS) authorisations needed to be applied and were able to describe to us the process they followed. The community inpatients service were in the process of reviewing patients who may require DoLS. Staff demonstrated an understanding of consent, the Mental Capacity Act 2005 (MCA) and decision making and patients were asked for their consent appropriately.
- The community hospitals used an evidence based pain score to assess patients' pain. Nursing staff responded to patients' need for pain relief in coordination with other members of the multi-disciplinary team. However, pain scores were not always reassessed after analgesia was administered.
- Nutritional assessments were completed and the dietetic service provided input to the community hospitals. However, nutritional assessments did not always take place at the time of admission to the service.

Detailed findings

Evidence based care and treatment

- The community hospitals followed relevant National Institute for Health and Care Excellence (NICE) guidance. Policies based on NICE and other appropriate national guidance, for example the Royal Colleges, were accessible to staff through the trust intranet. We saw from a review of the meeting minutes that NICE guidance was discussed at governance meetings.
- Staff were asked to confirm with their signature that they had received and read standard operating procedures and protocols. This demonstrated that staff had read policies and procedures and provided an audit trail.
- Our review of patient records showed that patients were supported with a coordinated assessment, management and rehabilitation plan. The patient records showed evidence of care planning, sharing of information and access to medical and other specialist staff. A focus was maintained on planning for discharge and monitoring this objective throughout the patient's stay in hospital. We saw evidence that patients with long term conditions were managed in accordance with national guidance.
- During their initial assessment therapy staff worked with patients to set person centred goals. Rehabilitation activities and exercises were planned and delivered in line with recommendations from national guidance.

Westwood Park Community Hospital

Are services effective?

- Westwood Park followed a regular programme of audit and we saw the audit schedule was displayed in the hospital. Audits undertaken included, for example, the NHS safety thermometer and point prevalence surveys for falls, pressure area management, pain assessment and nutrition and hydration were undertaken monthly. Hand hygiene audits were also undertaken monthly and audits of medicines and oxygen administration safety were undertaken bi-monthly. We saw from the results of audit that 100% compliance was achieved.
- Our review of clinical notes showed that NICE guidance for pressure ulcer prevention and care was followed; for example, patient education, assessment and use of equipment; patient education leaflets were available on the ward.
- A standard operating procedure for intentional rounding was displayed in the hospital.
- Patient group directions were followed for medicines administration. The procedure used for bladder scanning, for example, followed appropriate clinical guidance.

Westbourne Green Community Hospital

- Westbourne Green undertook an audit programme and we saw the results of audit were displayed on a notice board in the hospital. Audits undertaken included, for example, a dress code observational tool; hand hygiene observational tool; and ward quality dashboard information.
- A standard operating procedure for intentional rounding was displayed in the hospital. Patient group directions were followed for medicines administration.

Pain relief

- Nursing staffing in the community hospitals used an evidence based pain score to assess patients' pain.
- Nursing staff responded to patients' need for pain relief in coordination with other members of the multi-disciplinary team. The appropriate response was documented in the patient's record.

Westwood Park Community Hospital

- We reviewed the pain care plan for two patients as it was documented in the patient record. We saw that appropriate clinical decisions were made based on the patient's pain scoring which was completed daily. Where pain relief was offered but declined by the patient, this was recorded.

- We observed the weekly multi-disciplinary team meeting during discussions about nine patients. We found that pain control was discussed where appropriate and the administration of analgesic medicine agreed.
- We observed as a member of nursing staff responded to a patient's request for pain relief. The staff member discussed the need for pain relief with the patient, before administering medicine.

Westbourne Green Community Hospital

- Nursing staffing used an evidence based pain score to assess patients' pain. We reviewed the pain assessment record for four patients. The pain assessment tool was included within the medicine chart.
- For one patient we found that the analgesia pain score was not usually recorded unless the patient experienced an acute episode of pain. We found four instances where there was no evidence that the patient's pain was reassessed after they had received pain relief. For another patient, we found two instances where the patient's pain was not reassessed. When we spoke with senior staff we were informed that the pain score was sometimes recorded on the NEWS chart. However, this meant that the record of pain assessment and pain relief may not be clear to staff reviewing the patient's care.

Nutrition and hydration

- Nutritional assessments were completed. The malnutrition universal screening tool (MUST) used in the community hospitals is a five-step screening tool to identify adults who are malnourished.
- The dietetic service provided input to the community hospitals equivalent to 0.4 whole time equivalent of specialist dietetic time.

Westwood Park Community Hospital

- We found from our review of patient records that nutritional assessments were completed appropriately. Where the nutrition score was zero, the food and drink chart was not completed.
- The chef worked specifically for the community hospital and food was cooked and prepared within the community hospital kitchen. The chef spoke with patients about their choice of food each day. Patients were provided with individual choice, including snacks.

Are services effective?

We observed that menu choices were displayed where patients could review these. We observed a display board within the kitchen area which showed each patient's requirements, likes, and dislikes.

- We observed that patients were well supplied with their choice of drinks by nursing and support staff. Patients could also make their own drinks.
- We observed the weekly multi-disciplinary meeting during discussions about nine patients. Patients' needs for appropriate nutrition and fluids were discussed, and action taken to support appropriate nutrition and hydration.
- Patients with special dietary need were catered for. A dietician visited the community hospital each week to prepare nutritional plans for individual patients.
- A review of the staff handover recording confirmed that patients' nutrition and fluid intake were discussed which included actions being taken to support nutrition and hydration and referrals to the dietician.

Westbourne Green Community Hospital

- We found from a review of five patient records that nutritional assessments were undertaken. However, for one patient the assessment was not completed until three weeks after admission. Individual preferences were noted (for example "cold drink given at request) although for two patients the fluid balance chart was incomplete. Referrals to the dietician were recorded.
- The chef worked specifically for the community hospital and food was freshly prepared in the community hospital kitchen. The chef also made snacks for patients. We observed that patients were well supplied with their choice of drinks by nursing and support staff.
- A notice was displayed which stated, "We operate a protected mealtimes policy which means that the ward is closed during meal times" and we found this was observed.
- Patients with special dietary need were catered for. A dietician visited the community hospital each week to prepare nutritional plans for individual patients.

Patient outcomes

- The community hospitals used recognised outcomes measures. The service participated in the national audit of intermediate care prepared by the national benchmarking partnership. The external team that reported on the community hospitals in December 2015 provided a comparison with intermediate care

nationally, including comparative patient outcomes for the community hospitals. The report stated that outcome data from Bradford community hospitals compared favourably with data from the national intermediate care audit.

- We reviewed actions taken since our 2014 inspection, when we found that the community hospitals did not have access to length of stay information. At this inspection the trust shared the external report presented to the trust in December 2015 which included this comparative information. The return to acute hospital readmission rate was 9% in 2013-14 which compared favourably with an 11% readmission rate nationally. The length of stay in the community hospital rehabilitation units was 23 days, compared with 28 days nationally. The proportion of patients returning to their own homes after a stay in the units (69%) was comparable with national rates (72%). The report concluded that Bradford community hospitals were effective in supporting inpatients to improve their level of independence.
- The trust informed us it participated in the Sentinel Stroke National Audit Programme (SSNAP). SSNAP collects data on the whole care pathway from initial arrival at hospital, through all inpatient settings, across Early Supported Discharge (ESD) and community rehabilitation (if provided) and up to a six month follow-up appointment. The SSNAP results for July to September 2015 showed that the overall score had improved from 54.7 (April to June 2015) to 63.7 for the period July to September 2015.
- The trust submitted evidence of the clinical audit schedule for the community hospitals, which included pressure care, patient records and care planning and medicines. However, the reports and action plans from these audits were not available at the time of inspection.

Westwood Park Community Hospital

- Senior staff were aware of the trust's participation in the national intermediate care audit and of the results and comparative information for the community hospitals.

Westbourne Green Community Hospital

- Senior staff provided examples of local outcomes achieved for patients. Medical, nursing, and therapy inputs for the patient were focussed on achieving combined aims and outcomes which followed the

Are services effective?

patient's care plan. Goals which supported patient outcomes were re-evaluated each week and were documented in the care plan. We saw that outcomes maximised the patient's independence and supported their discharge.

Competent staff

- We found that staff received an appraisal annually. However, updated appraisal rate data for the division of medicine, which included community hospitals, was not available at the time of our inspection.
- The external review commissioned by the service which reported in December 2015 made recommendations as to training for medical and nursing staff to support the function of the community hospitals. The report stated that registrar staff should receive advice as to the function of the community hospitals; senior nursing staff should be supported in gaining advanced skills.

Westwood Park Community Hospital

- For their appraisal, staff could choose personal objectives in addition to their main objectives which were set by the trust. Qualified nursing staff confirmed that training to support their role was available and staff were encouraged to attend, based on their appraisal.
- Training to support competencies was specific to the community hospital setting. We found healthcare assistant staff had completed further training to support their role in undertaking aspects of bladder scanning, phlebotomy and catheterisation.
- We were informed that individual healthcare assistant staff were also assigned additional roles which included managing stock levels and checking product expiry dates.
- Clinical supervision mentors were available within the trust. The hospital used mentoring to support some staff who may have struggled to achieve an acceptable level of performance in other areas of the trust.
- The ward manager confirmed that if poor performance was identified, the member of staff was supported to improve. We were informed that, for student nurses who may be struggling to achieve their competencies, the university had requested that they were allocated to Westwood Park for support and assessment as the hospital was regarded as fair and a suitable place to develop staff. The ward team were seen as supportive of staff who needed development.

Westbourne Green Community Hospital

- The senior nurse completed an appraisal for more junior nursing and support staff. Staff confirmed completion of their appraisal was mandatory, and they had completed this. The appraisal included a review of completed training.
- We spoke with rehabilitation support staff (band three) who confirmed they were well supported with training and development and had received an appraisal, which included a review of their objectives.
- Training to support competencies was specific to the community hospital setting. For agency staff, their competencies were checked before they worked on the ward. We spoke with one member of temporary therapy staff (band six) who confirmed this.
- Supervisory time was agreed locally to support staff induction and observation. We were informed that arrangements for clinically based supervision were agreed and finalised in November 2015. This provided for two days of supervisory time for the ward sister from January 2016. Staff received a monthly one to one supervision. Medical staff visiting the ward also provided aspects of education and support for nursing staff.

Multi-disciplinary working and coordinated care pathways

- Multi-disciplinary meetings were held weekly for the community hospitals and were attended by medical, nursing, therapy, social services and optionally by mental health services. Assessments and actions to support the effectiveness of care and treatment were reviewed for each patient at the multi-disciplinary meeting.

Westwood Park Community Hospital

- We observed the weekly multi-disciplinary meeting during discussions about nine patients. The meeting was attended by staff representing medical, nursing, physiotherapy, occupational therapy specialties, and by social services. We saw that staff from the range of specialties communicated effectively.
- Although a representative of mental health services was not present at the multi-disciplinary team meeting, arrangements to liaise with them were referred to in connection with a patient's discharge. Where patients lived outside the Bradford area, arrangements were discussed to liaise with services in the patient's home

Are services effective?

area about their discharge and home care. An identified member of social services staff was allocated to work with the hospital and attended the multi-disciplinary team meeting.

- Physiotherapy and occupational therapy staff completed a ward round when they arrived at the community hospital in the morning and once a week prior to their attending the multi-disciplinary team meeting.
- Staff handovers were recorded which facilitated multi-disciplinary team working. A review of the staff handover recording confirmed that arrangements for referrals to other services were discussed, for example, the tissue viability specialist service, the dietetic service, and social services. Information from the handovers was stored within the computer system so that each staff member could refer to the information during their shift.

Westbourne Green Community Hospital

- The weekly multi-disciplinary meeting was attended by staff representing medical, nursing, physiotherapy, occupational therapy specialties, and by social services. Physiotherapy and occupational therapy staff worked in the community hospital each day. Care of the elderly consultant medical staff or a GP worked in the community hospital according to their arranged visit plan, on three weekdays but could be contacted at other times. We spoke with a GP who confirmed that the multi-disciplinary team set goals for each patient which were reviewed at least weekly. We found family members had easy access for discussion with medical staff and other clinicians.
- Staff could access other healthcare professionals to support the effective care of patients. Mental health services may also attend the multi-disciplinary team meeting if this was relevant. The GP confirmed that referral to a mental health consultant for assessment was straightforward. A social worker was allocated to the community hospital. Social services facilitated the patient's discharge and liaison with care support.
- Staff felt the different disciplines worked effectively as a team. We found the rehabilitation support workers worked closely with physiotherapists and occupational therapists. The support workers we spoke with told us they felt part of the team.

Referral, transfer, discharge and transition

- We reviewed actions taken since our 2014 inspection, when we recommended that the trust should review the criteria and protocols for admission to the community hospital beds to ensure effective use of the service. At this inspection we found that the service operated clear admission protocols with an emphasis on the patient's rehabilitation and discharge.
- The patient's progress was monitored at least weekly through the multi-disciplinary team, which focussed on an appropriate discharge for the patient. We found there were no inappropriate admissions of medical outliers from the acute setting.
- Information submitted by the trust showed that most patients admitted to the community hospitals were transferred from the Bradford acute site. Just 3% were admitted directly from the community. In 2013-14, 974 patients were admitted to the trust's four community hospitals; 946 from Bradford acute hospitals, four from GPs, four from social care, two from services at home and 18 others referrals from neighbouring NHS acute hospitals. The trust information showed that 1138 patients were discharged from the trust's community hospitals for the period from January 2014 to June 2015.
- The elderly care directorate (which includes the community hospitals) were in liaison with commissioners to develop further its approach to admission avoidance, to maintain the patient in the community if appropriate. The virtual ward (hospital at home) service was to be expanded to develop pathways for admission avoidance. Some patients admitted may be direct GP step ups to the community hospital from the virtual ward.
- The external review which reported in December 2015 stated that each patient transferred from Bradford hospitals was seen on the acute site prior to transfer. For patients transferring from a medicine for the elderly bed, their responsible consultant identified that the patient was medically stable and suitable for transfer. Patients transferred from another acute hospital were the subject of a consultant to consultant conversation.
- The report made recommendations as to training for medical staff to support the function of the community hospitals. The report stated that registrar staff should receive advice as to the function of the community hospitals, and the role of consultants to support their role in accepting referrals from other specialties.

Westwood Park Community Hospital

Are services effective?

- For the planned admission of step up patients, we found GP admissions were planned to coincide with the consultant being available on the ward.
- Of the 1138 patients discharged from the trust's community hospitals for the period from January 2014 to June 2015, 357 of these were discharges from Westwood Park.
- We observed the weekly multi-disciplinary meeting during discussions about nine patients, with a focus on discharge dates. Liaison with mental health was referred to in connection with a patient's discharge. Where patients lived outside the Bradford area, arrangements were discussed to liaise with services in the patient's home area about their discharge and home care.
- A review of the staff handover recording confirmed that discharge planning and referrals for patients were discussed, for example referrals to the tissue viability specialist service or the dietician.

Westbourne Green Community Hospital

- Staff confirmed that most patients were admitted from the acute hospital, with GP step-up on occasion. The admission criteria was patients aged 65 and over with identified rehabilitation potential. The criteria were triaged by telephone.
- Of the 1138 patients discharged from the trust's community hospitals for the period from January 2014 to June 2015, 76 of these were discharges from Westbourne Green since the service was reopened in February 2015.
- We reviewed a new standard operating procedure for community hospital referrals. The document did not include an agreement or approval date and was not signed off as approved.
- Therapy staff confirmed they were involved in the handover each day at which referrals and discharges were reviewed. Therapy staff supported discharges by checking whether therapy input was needed and, for example, visiting the patient's home before their discharge to conduct an environmental check. A complex discharge coordinator was also available to provide additional support.
- We found discharges could be delayed on occasion by problems in providing equipment (usually supplied by the trust) to support the patient after their discharge, although staff said this was only occasionally an issue.
- The discharge plan used a predicted date of discharge which was reviewed at each multi-disciplinary team

meeting. We reviewed the discharge planning for one patient and found that a safe discharge was supported by consideration of the patient's and carer's needs. We observed the discharge arrangements being made for the patient. The discharge was delayed by one day beyond the provisional planned discharge to provide for social care arrangements to be in place.

Access to information

- Information was communicated to staff through a weekly newsletter from the Chief Executive.
- Each member of staff had an email address and staff could access information and guidance through the trust intranet.
- Electronic records were due to be implemented during 2016. The trust had identified the need to support some staff who required extra assistance to access the computer system and planned to provide extra support for these staff.

Westwood Park Community Hospital

- Staff we spoke with were aware of how to access policies for the service from the intranet and could demonstrate how the policies related to the needs of patients.
- We observed that a range of information about the service was available for patients, including information in languages other than English and in easy to read format, for example menus with choices of meals.

Westbourne Green Community Hospital

- We observed that information for staff and patients displayed on notice boards in the ward was up to date, for example pressure ulcer prevention guidance and care planning information. Pressure ulcer prevention information was available for patients and carers.
- Staff received regular briefings from the trust. We saw that staff could access information through the trust intranet and also received information through their email. Staff demonstrated they were aware of the trust computer system and how to use it effectively to access information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Are services effective?

- Deprivation of Liberty Safeguards (DoLS) provide a legal framework to ensure that patients are only deprived of their liberty when there is no other way to care for them or safely provide treatment and to ensure that patient's human rights are protected.
- We found the matron and senior nursing staff were clear as to when DoLS needed to be applied and were able to describe to us the process they followed. The matron informed us they contacted each community hospital daily to identify whether a patient had been admitted who required DoLS.
- We found the community inpatients service was in the process of arranging for staff to meet to review patients who may require DoLS.
- Staff demonstrated an understanding of consent, MCA and decision making. Patients who used the service were asked for their consent appropriately. Verbal consent was obtained before care was delivered.
- We reviewed consent information for a selection of patients as part of our review of records and found that it was obtained and completed correctly.
- We reviewed the procedures followed to implement an emergency DoLS following an incident in the week prior to our inspection. We found the consent policy for the service was followed by staff.
- We observed the weekly multi-disciplinary meeting during discussions about nine patients. We found that patient consent and DoLS were included in the discussions and appropriate action was taken.
- A review of the staff handover recording also confirmed that consent information was shared appropriately to support the care of patients effectively.

Westbourne Green Community Hospital

- There were no patients with a DoLS in place at the time of our inspection, although we discussed with staff one patient where a DoLS was under consideration.
- We observed that DoLS guidance information and documentation was available in the staff area.
- Staff we spoke with had completed training in DoLS and the MCA. We found staff could describe the procedures they followed in implementing DoLS.

Westwood Park Community Hospital

Are services well-led?

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

Summary

We found that community health inpatient services had made improvements since our 2014 inspection. We found that:

- The service had taken steps to develop the vision and strategy for the service, supported by consultation with internal and external stakeholders.
- An external report (December 2015) recommended a review of the identity of the community inpatient services to reflect more closely the function of the service in the rehabilitation of patients. The review was in progress at the time of our visit.
- Staff were aware of risks to the service, which were recorded in the risk register. A risk escalation framework was used.
- Clinical governance meetings for the elderly care speciality were held monthly, which community hospital staff could attend. Monthly staff meetings took place in the community hospitals.
- The Chief Executive and other executive staff had visited the community hospitals. Senior staff spoke highly of the directorate management and clinical lead for the service.
- A matron reported to the divisional manager and provided oversight for the community hospitals. Each community hospital had a full time nursing sister in post as the most senior member of staff of site.
- The trust executive had taken steps to improve the culture in the trust. In the community hospitals staff felt there was a positive culture in which they worked well together and were well supported.
- The trust had developed its consultation with the public. The strategy review was supported by a consultation exercise with stakeholders.
- Listening events were held at the community hospital sites during 2015 which included each of the community hospitals.
- Communication initiatives with staff had been introduced including a weekly newsletter and listening events with the Chief Executive.

- For the community hospitals, staff were consulted about recent arrangements for the closure and reopening of community hospital wards.
- An external review commissioned by the service concluded that the efficiency of the community hospitals compared well with other services nationally.

Detailed findings

Service vision and strategy

- At our 2014 inspection, we found that most staff were unclear about the vision and strategy for the trust, or for their own intermediate care services.
- At this inspection we found the trust had taken steps to address this. It had undertaken a strategy review supported by a consultation exercise with internal and external stakeholders so that the service strategy was jointly owned and supported quality improvement. The revised strategy was still to become embedded.
- An external review commissioned by the service which reported in December 2015 recommended a review of the identity of the community inpatient services as community hospitals, so that the identity more closely reflected the function of the service in the rehabilitation of patients.
- Senior managers for the service were able to relate their vision of a rehabilitation focus for community inpatients and the addition of day services to the five year plan for the trust.
- We spoke with the matron and senior nursing staff who were clear that the community inpatient beds were for patients who required rehabilitation, and not to cater for overspill from the acute hospital.
- The matron and senior staff described their vision as including the enhancement of the community inpatient environment to support the care and treatment of patients with dementia, with consistent high quality care and treatment provided in each of the community hospitals.

Westwood Park Community Hospital

Are services well-led?

- Staff were aware of the vision and strategy for the service and felt they related to the focus on rehabilitation for patients with more complex social needs, rather than medical needs.
- Staff said they felt it had taken a while for the trust to understand fully the role of the community hospital, where a medical focus was not the priority. Senior staff were involved in the rebranding for the community hospitals and felt they identified with this.

Westbourne Green Community Hospital

- Staff were aware of the trust vision and strategy and how this related to the strategy for the community inpatients service.

Governance, risk management and quality measurement

- At our 2014 inspection, we found that at Eccleshill Community Hospital, staff could not access the risk register. Although we were unable to review the current situation at Eccleshill because of the closure, staff awareness and use of the risk register were reviewed at the other two hospitals we visited.
- We found staff were aware of risks to the service which were recorded in the risk register. A risk escalation framework included the procedures for risk escalation and risk monitoring; issues were escalated to the clinical site manager.
- Clinical governance meetings for the elderly care speciality were held monthly. Staff of any grade could attend if they wished. We found more junior staff were encouraged to attend. We saw the minutes of the meeting held in December 2015 were available.
- Sister's meetings were also held at which, for example, findings from the investigation of incidents were discussed.
- A programme of regular audits was undertaken which staff told us was to provide assurance and a measure of quality; for example, hand hygiene or complaints audits.

Westwood Park Community Hospital

- We saw evidence of risks identified for the community hospital on the local risk register, which included estates, maintenance, staffing and local mattress storage. We found staff understood the operation of the risk register.
- Monthly ward staff meetings were held for the community hospital, chaired by the senior member of

nursing staff. We reviewed the record of meetings from September 2015 to January 2016. A standard agenda was used and for example, included incidents. We saw that the minutes of the January 2016 meeting included a discussion as to how new additional staff that had been deployed would be best utilised. The minutes demonstrated that the focus on the patient was maintained.

- We found that staff received feedback from speciality and business governance meetings. The minutes of the clinical governance meeting for December 2015 were available for staff to review and included feedback from the trust and lessons learned.
- An audit schedule was displayed on the ward for a programme of monthly audit, which included the community hospital contribution to national audits. We found audits were completed according to the schedule and results of audit and trends were fed back to staff through staff meetings. Action taken was monitored. Audits were undertaken by the matron or other senior nursing staff. A review of the staff handover recording also confirmed that audits were documented.

Westbourne Green Community Hospital

- During our visit we identified an estates issue in the sluice area which was escalated through the procedure for risk escalation. When we revisited the hospital later during the inspection we found senior staff had escalated the issue and action had been taken to mitigate the risk.
- A member of medical staff told us that on some occasions nursing staff found the clinical governance meetings for the elderly care speciality were difficult to attend in practice as they were held in the acute hospital.

Leadership of this service

- Information from the annual NHS Staff Survey 2015 indicated that 26% of staff felt that there was good communication between senior managers and staff, as against 25% in the 2013 Survey. This was worse than average when compared with trusts nationally. The annual NHS Staff Survey does not distinguish the result for the community hospitals separately.
- Senior staff spoke highly of the directorate management and clinical lead for the service. They also spoke appreciatively of the "confirm and challenge" meetings held with the involvement of the chief nurse.

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- The Chief Executive and other executive staff had visited the community hospitals and staff were aware of this.
- A band eight matron reported to the divisional manager and provided oversight for the community hospitals, which they visited on an almost daily basis. The matron also met with the chief nurse on a weekly basis.
- Each community hospital had a band seven nursing sister in post as the most senior member of staff of site.

Westwood Park Community Hospital

- Staff spoke appreciatively of the divisional management team and said they felt well supported by senior managers, who had joined the service with a positive attitude.
- Senior staff felt they could influence change and other staff said they felt patients and staff were listened to, and managers responded and acted appropriately.

Westbourne Green Community Hospital

- We spoke with both qualified and unqualified nursing staff who spoke appreciatively of the Chief Executive, chief nurse and senior management staff. They said they felt supported by the nursing team. Staff said they felt there was strong local leadership.

Culture within this service

- The annual NHS Staff Survey 2014, indicated that staff motivation at work was better than average when compared with other trusts nationally. The annual NHS Staff Survey does not distinguish the result for the community hospitals separately.
- Ahead of our inspection the trust executive provided evidence of the steps they had taken since our 2014 inspection to improve the culture in the trust. Improving the culture by empowering each member of staff was recognised as a key driver for change.
- We found staff felt there was a positive culture in which they worked well together and were well supported. Senior staff who had recently joined the community inpatients service told us they felt the culture needed to change further so that the service was prepared to work differently in some areas.

Westwood Park Community Hospital

- Staff said they felt the community hospital had an open and honest culture with an enabling ethos within the team in which staff helped each other. They said it was a team committed to supporting the care and treatment of patients.
- We saw from our review of ward meeting minutes that positive comments were recorded about the culture of the service. Staff were very positive about working for the organisation.

Westbourne Green Community Hospital

- Staff said they felt there was a really positive culture and they enjoyed, and were proud, to work for this hospital. However, one member of medical staff told us they felt there was sometimes a blame culture.
- Staff told us they could speak with the ward sister and ward manager if they encountered any issues and the open door policy they had adopted helped.

Public engagement

- In the annual NHS Staff Survey 2014, the proportion of staff agreeing that feedback from patients was used to make informed decisions in their department was better than average when compared with other trusts nationally. The annual NHS Staff Survey does not distinguish the result for the community hospitals separately.
- The trust had in place a patient and public experience strategy for 2015 to 2018.
- The trust executive informed us of steps it had taken to develop public consultation. For example, the strategy review was supported by a consultation exercise which included a range of external stakeholder individuals and groups.
- We were informed of the dates of listening events which were held at the community hospital sites during 2015. The events included each of the community hospitals.
- An external review commissioned by the service which reported in December 2015 commented that although the response rates for the “Family and Friends” survey were low compared with other trusts, responses were consistently positive.

Westwood Park Community Hospital

- We were informed that the hospital analysed the results of local patient satisfaction surveys for each patient discharged, and we saw the results of these were displayed in the hospital. The hospital could

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demonstrate it had made changes as a result of feedback, for example, the purchase of chairs for visitors and the provision of door vision panels for patient bedrooms.

- We saw a significant number of thank you cards and other communications from patients and their relatives and carers which consistently had a very positive theme. For example, the hospital held a calendar of seasonal events to which patients' relatives and carers were invited, and had received positive feedback from attendees.

Westbourne Green Community Hospital

- We observed a box for posting comments in the reception area of the hospital. We reviewed the comments received from eight people which asserted they were likely to recommend the ward. However, four of the comments stated that more staff were needed.
- We saw that the results of the friends and family test were displayed on the ward notice board, which indicated a zero percentage of people would not recommend the hospital.

Staff engagement

- The annual NHS Staff Survey 2014, indicated that 70% of staff felt able to contribute towards improvements at work, which was an increase of 2.5% against the 2013 Survey results and represented the average for trusts nationally.
- The trust executive informed us of communication initiatives with staff which it had introduced since or 2014 inspection. This included a weekly newsletter from the Chief Executive, listening events with the Chief Executive, the "Hello my name is campaign", and the use of social media.
- Staff were involved in the trust consultation about the introduction of electronic records in 2016. The consultation had identified that some staff may require extra assistance with the computer system and we found extra support was planned
- We reviewed the 7 January 2016 edition of the weekly "Let's talk" newsletter which informed staff of a range of developments and initiatives in the trust and shared a specific email address for staff comments and feedback.
- For the community hospitals, we were informed that staff were consulted about recent arrangements for the closure and reopening of community hospital wards.

Westwood Park Community Hospital

- We found Westwood Park had systems in place for staff engagement and for gaining staff opinions. Staff engaged through the monthly ward meetings. Staff felt they were asked for their opinions.
- Senior executives undertook ward rounds and staff told us they appreciated being consulted through listening events with the Chief Executive and visits from other members of the trust board.
- Information about the rebranding exercise for the community hospitals was shared with staff and we found senior nursing staff from Westwood Park were involved in this development, which was managed locally.

Westbourne Green Community Hospital

- We observed there were copies of the "Let's talk" newsletter and other corporate information briefings available in the community hospital.

Innovation, improvement and sustainability

- The trust executive informed us that the improvement plan for the hospital was initiated internally, rather than being imposed by external regulators.
- An external review commissioned by the service which reported in December 2015 concluded that the efficiency of the community hospitals as judged by length of stay compared well with national averages. The length of stay in Bradford community hospitals was 23 days, compared with 28 days nationally. Other benchmarking statistics were given in the report which also supported this conclusion.
- Community inpatient services planned to hold an open day for the ward areas to explore extended roles and nurse led initiatives.
- The role of the healthcare assistants (band 3) was refocused on rehabilitation in order to support the needs of patients in the community hospitals. We found there were plans to extend the role further.

Westwood Park Community Hospital

- The community hospital was regarded as fair and a suitable place to develop staff. For example, we were informed that, for student nurses who may have failed to achieve their competencies, the university had requested that they were allocated to Westwood Park

Are services well-led?

for support and assessment. Also, we found that qualified staff with identified performance issues who worked in the acute hospital were transferred to Westwood Park, with positive results.

Westbourne Green Community Hospital

- We observed that staff used the recording of the handover conversation from their change of shift to inform them about the needs of patients.