Anglian Community Enterprise Community Interest Company (ACE CIC)

1-165291700

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)
1-289608590	Clacton Hospital	unit	CO15 1LH
1-289609440	Harwich Hospital	unit	CO12 4EX

This report describes our judgement of the quality of care provided within this core service by Anglian Community Enterprise Community Interest Company. 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 Anglian Community Enterprise Community Interest Company and these are brought together to inform our overall judgement of Anglian Community Enterprise Community Interest Company

Summary of findings

Ratings

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

Summary of findings

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Summary of findings

Overall summary

We rated community health inpatient services overall as requires improvement because:

- There was a general shortage of permanent nursing staff, which led to a high number of nursing shifts being filled by agency staff, particularly on night shifts on Kate Grant ward.
- There was evidence of poor leadership found on Kate Grant ward, which included delays in responding to a complaint, lack of knowledge regarding key performance indicators and staff feeling undervalued and under pressure.
- Staff had poor understanding of mental capacity and deprivation of liberty assessments most notably on Trinity ward.
- We found out of date electrical equipment and consumable items on St Osyth Priory ward and out of date medication on Trinity ward.
- Senior ward staff had limited understanding of assessing and managing risk and no local ownership of risk.
- Staff and patients had concerns regarding the competency of agency staff although it was acknowledged that many of the agency staff worked regular shifts on the wards.
- Staff told us that they frequently worked beyond their scheduled hours to complete work that they did not have time to finish whilst on duty. Staff also said that they felt the senior management did not listen to their concerns.
- Numbers of complaints were low. However, most complaints for the inpatient wards were regarding Kate Grant ward. A senior staff member on Kate Grant ward expressed concerns about dealing with complaints in a timely manner due to their workload. We saw evidence of one complaint that was not dealt with in a timely way during our inspection.
- Access to speech and language therapy service was delayed due to understaffing and patient visits could take up to five working days following a referral.

However;

- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment and condition.
- We saw evidence of learning from a complaint and a change that had been made as a result.
- There were good examples of multidisciplinary working between the nurses and technical instructors (TIs) on all three wards.

Summary of findings

Background to the service

Anglian Community Enterprise provides inpatient care for patients who require rehabilitation following a stroke or orthopaedic intervention, patients discharged from the local acute hospital needing therapy assessments and discharge planning, rapid assessment for declining health or occasionally, for end of life care.

There are three wards at two community hospitals, Kate Grant Ward and St Osyth Priory Ward at Clacton Hospital and Trinity Ward at Fryatt Hospital in Harwich. The wards are nurse led with medical advice provided once daily by GPs on a rota basis.

The Kate Grant Rehabilitation Unit has 22 beds and is provided to meet the needs of patients recovering from stroke, orthopaedic surgery and related mobility conditions.

The 15 bed Rapid Assessment Service (RAS) based on St Osyth Priory Ward has recently been reconfigured to provide assessment and diagnostics by advanced nurse practitioners (ANPs), following a professional referral, for those patients not requiring acute hospital admission.

Trinity ward has 21 beds for the provision of rehabilitation and occasionally some end of life care.

Patients requiring admission to community hospital beds are referred by the assessment team based in the accident and emergency department of the local acute hospital (for the RAS), their GP, community matron, hospice or, acute hospital consultant.

Our inspection team visited the three community wards and spoke to 21 patients and relatives, and 29 staff members including nurses, managers, technical instructors, a speech and language therapist, a dietician, a physiotherapist and a ward clerk. We reviewed 14 patient records and 20 medication records, staff rotas, organisational policies and minutes of meetings.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The provider should maintain staffing levels in line with recommendations in their staffing report and Royal College of Nursing guidance.
- The provider should ensure that knowledge of Mental capacity and Deprivation of Liberty is embedded in learning.

Anglian Community Enterprise Community Interest Company (ACE CIC)

Community health inpatient services

Detailed findings from this inspection

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated community health inpatient services as requires improvement for safe because:

- There were concerns regarding nursing staffing on our initial inspection, specifically the staffing of Kate Grant ward at night with one qualified and two unqualified nursing staff. On our unannounced inspection, this had been resolved. However, there was a heavy reliance on agency staff to fill nursing shifts.
- There was a 'managing a deteriorating patient' policy however staff gave differing responses when asked how they would manage this situation with answers ranging from; calling the nurse practitioner for advice, ringing 111, a GP or the local hospital for advice or calling for an ambulance.
- There were five electrical items on St Osyth Priory ward that were out of date for electrical testing, and five consumable items that were out of date (one was dated January 2015) in the treatment room on St Osyth Priory ward.
- There were five items of out of date medication on Trinity ward and a controlled medication that had been signed as destroyed was found still in the controlled medication cupboard.
- On Trinity ward, the sluice room was accessible to patients. The cupboards inside had no locks and contained cleaning substances, which could present a danger to patients with

However;

- Staff followed the bare below the elbows policy and we saw them washing their hands or using alcohol gel before and after patient contact.
- The wards and equipment were visibly clean and equipment carried the dated 'I am Clean' labels.
- Staff had good understanding of the duty of candour and safeguarding.
- There was evidence of some learning from incidents.

Requires improvement

Are services safe?

Safety performance

- Anglian Community Enterprise (ACE) submitted data to the NHS inpatient Safety Thermometer, which is an improvement tool for measuring, monitoring and analysing patient harm and 'harm free' care. It involves a monthly snapshot audit, which includes information on pressure ulcers, falls, urinary tract infections (UTI), catheters and venous thromboembolism (VTE). We reviewed data submitted between October 2015 and October 2016 and found data submission to be consistent each month with percentages above 95%. This meant that the organisation's inpatient wards were delivering harm free care.
- The organisation published the safety thermometer results in the monthly 'Quality Matters' newsletter. The October newsletter reported the latest figure of 98.6 % of patients received harm free care as measured by the safety thermometer

Incident reporting, learning and improvement

- There were no never events reported in the inpatient wards during the period November 2015 to November 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- The organisation had systems to report and record safety incidents, near misses and allegation of abuse.
- Staff were aware of the importance of incident reporting, they understood their responsibilities to raise and escalate concerns, record and report safety incidents, and near misses. Learning from incidents and improvements was demonstrated.
- There were 261 incidents recorded for St Osyth Priory, Kate Grant and Trinity wards for the period January to October 2016. Slips, trips and falls accounted for the greatest proportion of 99 incidents with pressure ulcers accounting for 58. The highest reporting was from Trinity ward with 42 slips trips and falls and 30 pressure ulcers. There were no other significant trends.
- There were three serious incidents requiring investigation (SIs) reported from Clacton Hospital and two reported from Harwich Hospital during November 2015 to November 2016. An SI is an incident leading to a serious level of harm, unexpected and/or likely to attract public and media interest and may involve a large number of patients, poor clinical or managerial judgment, a serious service failure or an unexpected death of a patient in the care of the organisation. Two of the incidents related to the death of patients, one to a serious drug error and two related to falls, which resulted in broken bones.
- An SI is always subject to a root cause analysis (RCA). Staff responsible for completing the investigations received specific RCA training to enable them to investigate incidents.
- We reviewed the RCA of three incidents including the events leading to the unexpected deaths, and found them detailed, with identification of specific contributing factors, relating to each incident. Lack of escalation of National Early Warning Scores (NEWS), was implicated in two of the incidents.
- The organisation had 'Learning from Experience Action Plans' (LEAPs), which were completed for each event. The LEAPs identified specific learning outcomes and made formal recommendations for improvement such as reviewing the NEWS assessment training and staff recognition of sepsis.
- Staff were able to describe the LEAPs and learning outcomes of the serious incidents affecting their areas.
- Staff on Kate Grant ward told us about a video they had been shown following one incident, in which a relative expressed how the sudden loss of their loved one had affected the family. Staff were very moved by this and felt it made a great impression on them and helped their understanding and learning.
- The ward manager or person reviewing an incident provided feedback directly to the reporting person and at team meetings. Staff also said learning from incidents was disseminated to teams via newsletters and e-mails.
- The organisation also used a news email sent from the Management Executive Committee called 'Cascade7', which contained important information to be shared with all staff within seven days.
- The organisation had recently (October 2016) upgraded the electronic incident reporting system and staff were still becoming familiar with it. Five members of staff said it was easy to use and they were confident in recording incidents and were encouraged to report the same day. Staff described the range of events and incidents that they would report.

Requires improvement

Are services safe?

- The 'Quality Matters' newsletter from November 2016 highlighted incident 'reporting issues' and that 'many incidents were not being investigated and closed by managers'. There was simple guidance included in the newsletter.
- We saw evidence of learning from recent medicine incidents. Staff reported incidents using the online system which were then investigated by the appropriate manger. Any learning and action points were then shared in the monthly newsletter or emails sent to individual team leaders. The organisation was in the process of creating a new training package to ensure learning was widespread.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents'andprovide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff understood the duty of candour and were aware of the principles of openness and transparency and the requirement to provide an apology to the patient and/or relatives/carers.
- Four members of staff provided examples of when duty of candour would apply such as the formation of pressure ulcers although they did not have knowledge of specific cases.
- Staff carried duty of candour cards as aid memoirs to use in practice.
- The duty of candour was included in staff mandatory training and embedded in the Incident and serious incident reporting, investigation and management policy, version 08 November 2015
- We saw a copy of a letter sent to a patient following a complaint, which demonstrated duty of candour.

Safeguarding

- There were no safeguarding concerns raised for the inpatient wards between September 2015 to September 2016.
- Safeguarding processes were in place to safeguard both adults and children from abuse.
- The organisation had a safeguarding strategy with the strapline 'safeguarding as everyone's business is a philosophy that ACE aims to embed across all of its services; from 'board to ward' level'.
- Staff were aware of their responsibilities to report safeguarding concerns and adhered to safeguarding policies and procedures.
- There were safeguarding posters visible on noticeboards with names and contact numbers of the safeguarding lead and a flow chart, which demonstrated the process for staff to follow in the event of a safeguarding concern.
- Staff gave examples of situations where they would raise safeguarding concerns and described scenarios where they had discussed safeguarding concerns in handovers and had contacted the safeguarding lead for advice and referral.
- The community hospital staff were trained to safeguarding level two and information provided by the organisation showed that in June 2016 the percentage was 98% completion against an organisation target of 95%.

Medicines

- The organisation has submitted data to the NHS medication safety thermometer since inception in 2014. The medication thermometer is a data collection site focussing on medication reconciliation, allergy status, medication omission and identifying harm from high risk medicines.
- Medicines were obtained from the local acute NHS hospital pharmacy as well as using patient own medicines.
- Pharmacists and technicians from the local NHS hospital attended in line with a service level agreement and provided a limited service to the inpatient wards including clinical input, reviewing prescription charts, stock management and arranging discharge medicines.
- The wards had access to the out-of-hours pharmacist service at the NHS hospital for advice and emergency supplies. However, some staff told us that they tried not to use the service out of hours due to the cost involved.
- We saw evidence of delays in making medicines available to people who were admitted at the weekend.
- Nurses told us that they valued the service provided by the pharmacy team.
- We reviewed 20 medication and administration records and saw that they were clearly written and included

allergy information. Medicines reconciliation information was included to ensure safe and appropriate prescribing. This included taking a detailed medicine history as well as checking that any prescribed medicines were correct.

- The service adopted Patient Group Directions (PGD) to allow nurses to administer medicines in line with legislation. PGDs are 'written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment'. Copies of some of these PGDs on the wards we looked at were out of date. When we checked online, we saw that some of these PGDs had been reviewed, but staff were not working to the in date versions so may not have been following current best practice.
- The medicines we checked were securely stored in locked cupboards and fridges. A qualified member of staff kept the keys to the medicine cupboards and fridges at all times.
- However, we found five items of medication on Trinity ward that were out of date with expiry dates going back to May 2016, and an item that was due to expire on 11 December 2016, but not marked to show that it was going to be imminently out of date.
- Controlled medications were securely stored, locked behind two doors, and staff correctly completed the controlled medication register when medications were administered.
- However, on Trinity ward, we found a controlled medication in the cupboard that staff had already signed to say had been destroyed. We informed the senior ward staff who confirmed they would investigate.
- Staff consistently recorded temperatures for the fridges where medicines were stored, and included high and low ranges. Staff recorded the appropriate actions taken when the temperatures were out of the acceptable range on Trinity and Kate Grant wards. However, the St Osyth Priory ward fridge temperature log showed maximum temperatures of 13.2 degrees centigrade every day, which was higher than recommended for medication storage. The fridge did not contain any medication that would be affected. We fed this back to the senior nurse.
- The ambient temperature in the treatment room where medications were stored on Trinity ward was known to be higher than the recommended 25 degrees centigrade, and was on the corporate risk register with regular updates on actions to remedy. The issue had been discussed at various meetings over the previous 6 months. At the time of inspection, consideration was being given to moving the medicine storage cupboard to an alternative cooler clinical area.
- Independent nurse prescribers were supported by twice yearly prescribing updates and access to quarterly prescribing data. A recent forum had focussed on antibiotics to encourage prescribing in line with local antimicrobial guidelines.
- All clinical staff were required to complete training in medicine administration and had to repeat this every two years.
- There was a system for receiving, distributing and acting on medicines safety alerts. We saw examples of how the organisation shared alerts. We were told by the organisation that the alerts were available on their intranet.

Environment and equipment

- Trinity ward and St Osyth Priory ward appeared newly refurbished, modern and spacious. The day room on Trinity ward was decorated with a mural and there were puzzles, books, memory cards as well as a television and DVD recorder. There were patients and relatives using the dayroom on both the scheduled and unannounced inspections.
- Kate Grant ward was an older styled ward and the dayroom, although large and bright, was tired with damaged paintwork on the walls. There were books and puzzles stored on shelves but the room was only used by patients when a therapy session was scheduled. We saw staff using the dayroom for their meal breaks.
- We reviewed resuscitation equipment trolleys on each ward and saw that staff checked and signed daily to confirm that these were clean, portable oxygen was available, the defibrillator was charged and suction equipment was working. The trolleys were locked with a breakable tag and staff checked the content's expiry dates monthly.
- We reviewed the records of the daily and monthly checks for the three inpatient wards dating back to September and found them to be consistently signed (with only two exceptions), with indications when items required renewing and actions taken. There were laminated pictures of each drawer in the trolley to indicate where items should be located.

Requires improvement

Are services safe?

- We checked a range of equipment (46 items) for electrical testing, maintenance and calibration, and consumable items such as dressings, syringes, and needles stored on all the wards. Five electrical items on St Osyth Priory ward were out of date for electrical testing, and there were five sub cutaneous insertion lines that were out of date (one was dated January 2015) in the treatment room on St Osyth Priory ward. This was brought to the attention of the ward manager who immediately removed the out of date products and contacted the electrical engineers for equipment testing.
- On Trinity ward, the sluice room was unlocked and accessible to patients. The cupboards had no locks and contained cleaning substances. This was brought to the attention of the ward manager who said she would contact the building owners to request a lock be installed. This had not yet been completed when we returned on the unannounced visit 10 days later.

Quality of records

- Staff completed patient records on the electronic care record system, which provided a record of the assessments, care and treatment provided for patients, consent, as well as contact details and end of life care plans. We observed staff updating care records in a timely manner following provision of care.
- The electronic system contained patient screening tools, therapy outcome measures, falls histories, and risk assessments such as, the Malnutrition Universal Screening Tool (MUST), Braden score for predicting pressure ulcers, care plans and wound assessments.
- Staff told us that not all the agency staff employed by the organisation had access to the electronic system and would complete paper records that were then scanned and uploaded to the electronic system by the ward clerk or night staff. Staff told us this would sometimes take over 24 hours, which meant that patient records were not always up to date.
- We reviewed eight electronic patient records and found that staff had recorded accurate information and all records had a timed and dated electronic signature. We also reviewed nine patient medical care records and saw that they were completed signed and dated although the signatures were not legible in four records.
- It was noted in the record keeping audit of December 2016 that the community hospitals had their own monthly record keeping audit and therefore did not contribute to the organisation audit. A monthly audit was scheduled to commence in October 2016 however ward staff were unclear whether they had submitted any record audit data

Cleanliness, infection control and hygiene

- All inpatients were screened on admission for MRSA infection. There had been no reported inpatient cases of MRSA or Clostridium Difficile infections for the period April to November 2016.
- The wards were visibly clean, and there were morning, afternoon and evening cleaning schedules on all wards. The contracted cleaning staff signed the 'completed schedule' form kept in folders on the wards, and these were countersigned by clinical staff. We saw the schedules for the previous three months and they were signed and countersigned three times daily.
- We observed equipment had green 'I am clean' labels visible with recent dates of cleaning.
- Staff followed the bare below the elbows policy and we saw them washing their hands or using alcohol gel before and after patient contact. This was in line with National Institute for Health and Care Excellence (NICE) Quality Standard 61, which states that healthcare workers should decontaminate their hands immediately before and after every episode of direct contact care.
- We saw the handwashing audit information supplied by Trinity ward for the period August to November 2016 and it was completed consistently and showed evidence of challenge by the observer when staff did not follow hand hygiene protocol.
- Staff performed a range of peer review 'essential steps' audits for hand hygiene, sharps management, personal protective equipment and non-touch technique monthly. These were observational audits and monitored hand hygiene during various clinical activities that staff performed. Staff recorded observations as 'compliant', 'non-compliant' or 'not applicable' and the overall compliance was documented. An audit score of 85% and over indicated a good standard of compliance, between 76%-84% was satisfactory and 75% and below was poor. Any score below 85% indicated a need for improvement to meet the minimum required standards.
- The IPC team noted that there was an anomaly in that a 'not applicable' score returned a 100% rating. Following this the IPC team undertook hand hygiene audits in a number of areas including Kate Grant and St Osyth

Priory wards. The results showed Kate Grant ward scored 88% and St Osyth Priory 81%. They identified areas for improvement and provided information to the IPC team to address and improve training and monitor techniques and standards of hand hygiene used by staff. The outcome of this audit programme was discussed and presented to the Clinical Commissioning Group (CCG) in order to agree a new process of clinical audits going forward. No further outcome was available at the time of inspection.

- Essential steps audit information provided by the organisation showed that entries were missing for enteral feeding and central venous care for the months August to November 2016. There was at least one patient on the ward at the time of inspection with a feeding tube in situ. The rest of the entries showed 100% compliance. After our inspection, the organisation provided data to show that missing entries reflected occasions when there had been no opportunity to assess compliance because there were no patients on the ward with enteral feeds or intravenous therapy.

Mandatory training

- Mandatory training covered a range of subjects such as back care awareness, child protection level one and two, equality and diversity, fire safety, health and safety, information governance, safeguarding adults level one and two, basic life support, infection control, professionalism and accountability, and the Mental Capacity Act 2005.
- Training was delivered face to face, by e-learning, or workbooks, which were marked by the ward manager. Staff told us they received an e-mail when training was due and there was no problem accessing training sessions or getting the time off to do mandatory training.
- The organisation compliance target for mandatory training was 95%. The data provided showed compliance for the community hospital staff to be 90.3% in July 2016.
- We found in two of the wards that ward managers held local records which showed that compliance was much improved, however local records were not held on Kate Grant ward.
- Ward managers received a report of outstanding mandatory training every three months and confirmed that would follow up on those who had not completed training.

Assessing and responding to patient risk

- Staff completed a handover at change of shift. They used printed handover sheets, which included information on each patient's mobility status, allergies, and management plan. This meant that staff had up to date information on each patient's clinical condition.
- Staff updated patient's Malnutrition Universal Screening Tool (MUST), a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese, Bradens score (assessment tool for predicting pressure sore risk) and falls assessments regularly when staff accessed their care records.
- Staff assessed patients at least three times per day using the National Early Warning Score (NEWS) assessments. Junior staff relayed a patient's scores that were out of normal range to the qualified nurse who escalated their NEWS assessments accordingly. At the time of inspection there were no patients who required escalation of NEWS.
- Staff contacted the nurse practitioner on duty, called 111 or contacted the local acute hospital for advice regarding deteriorating patients.
- The staff we spoke with confirmed that they were more aware of how to interpret and escalate the NEWS scores for patients with signs of sepsis and deteriorating patients following learning from serious incidents.
- The organisation used 'high-low' beds in order to decrease the risk of falls for at risk patients.
- However, despite a recently updated Managing a deteriorating patient policy (V2 dated November 2016), staff gave differing responses when asked how they would manage this situation with answers ranging from; calling the nurse practitioner for advice, ringing 111, a GP or the local hospital for advice or calling for an ambulance.

Staffing levels and caseload

- The organisation had a high overall staff turnover of 19.7% in the period August 2015 to July 2016. Between May to July 2016 there were 8.4 whole time equivalent (WTE) registered nurse positions and 3.1 nursing assistant vacancies across the three inpatient wards.
- We reviewed duty rotas for all the inpatient wards and saw that night duty on Kate Grant ward was staffed with one qualified nurse and two band two nurses for up to 22 patients. This meant that in an emergency, the staff would have to rely on one of the qualified nurses from

Requires improvement

Are services safe?

St Osyth Priory ward being able to assist. This was not in line with The Royal College of Nursing (RCN) recommendations of no less than one qualified nurse to eight patients. We raised this with senior staff at the time of inspection, and on our unannounced inspection, we saw the planned duty rotas and there were two qualified nurses scheduled on night duty.

- There was a high number of agency and bank staff used to fill vacant shifts. For example; from 1 September to 30 November 2016, agency, or bank staff filled 365 qualified nurse shifts, and 586 band two (nursing assistant) shifts. The highest agency use was on Kate Grant ward. Qualified agency staff were employed to cover 45 night shifts during the same period. During September 2016, eight out of 11 nights (19-29 September) were staffed with qualified and unqualified agency nurses, meaning there were no ACE employed ward staff on duty..
- Nurse staffing was organised according to the number of patients on the ward and the level of dependency of those patients. The electronic patient record system calculated the patient dependency on a daily basis. Level one dependency patients required minimal nursing care, level two needed low levels of care, level three needed moderate care and level four needed high levels of care. The dependency level of each patient was reviewed at least once daily, and the Keith Hurst model was used to decide how many staff were required for safe care.
- Staff on Kate Grant ward confirmed that they often felt they were understaffed and that they struggled to provide the nursing care to the standards they knew patients deserved as they did not have the time.
- Senior staff had completed a review of the nursing skill mix using the revised Keith Hurst model planning tool in November 2016. It identified an additional five WTE registered nurses and 3.5 nursing assistant staff were needed. The Board had agreed this, and discussions were being held with managers regarding the skill mix that would be recruited to.

Managing anticipated risks

- Trinity ward had a bay with four contingency beds, which were opened to accommodate winter pressures or emergencies. These were funded by the clinical commissioning group and there was agreement for additional funding for staff which was usually provided by their regular agency. The organisation also had provision to accept patients outside their normal exclusion criteria during this time.

Major incident awareness and training

- One of the ward managers we spoke to confirmed that she had received major incident training but could not recall when, and said it had only been once within the last 10 years. Junior staff were aware of a major incident plan.

Requires improvement

Are services effective?

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

Summary

We rated community health inpatient services as requires improvement for effective because:

- There was limited understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2009 and poor implementation on Trinity ward despite four members of staff confirming that they had recently received training. This had been addressed on our unannounced visit.
- The organisation was not consistently meeting their key performance indicators, for example, reduced length of stay on wards.
- There were policies and guidance in the palliative care resource folder that were out of date.
- There was limited clinical nursing supervision on Kate Grant ward.
- Access to speech and language therapy service was delayed due to a staff vacancy and patient visits could take up to five working days following a referral.

However;

- There were good examples of multidisciplinary working between the nurses and technical instructors (TIs) on all three wards.

Evidence based care and treatment

- Staff told us about evidence based practice that was based on national guidance, such as the National Institute for Health and Care Excellence (NICE) guidelines for the prevention and treatment of pressure ulcers 2005, Nutritional support in adults 2006, and the National Clinical Guidelines for Stroke (2016) from the Royal College of Physicians.
- We saw evidence of the organisation's review of recently released NICE guidance in the July 2016 Management Executive Committee (MEC) report, which included a RAG (red, amber, green rating) of implementation.
- A NICE update for all staff was included in the Quality Matters monthly newsletter.
- Trinity ward often cared for patients who were approaching the end of life. The Gold Standards Framework (GSF) was used (a tool to identify patients' needs, for example pain relief). Staff could also access specialist advice from the local hospice. The doctor providing clinical supervision to the ward was also a hospice doctor. There were individual care records which included a mental capacity act section and a recognising dying assessment.
- Policies with reference to national guidance and best practice were available for staff to refer to on the organisation's intranet. We reviewed several policies which were version controlled and in date.
- Staff continued patient rehabilitation pathways started in acute care, for example stroke rehabilitation and adjusted them to suit patient need. We saw evidence of this in patient pathways with the updated plans in the patient electronic record.
- Therapists monitored and reviewed goals with patients, in line with best practice.
- Staff told us that they received updates on any changes to policy via the Cascade7 newsletter, this was emailed to staff and was available on the staff intranet. This was available as a paper copy although we did not see these routinely available on the wards, which meant that regular agency staff would not be aware of recent changes.
- However, we saw two pieces of guidance in a folder on Trinity ward that were out of date for their review. These were mouth care guidance and preferred priorities for care. These should have been reviewed in September 2016.
- On Kate grant ward the Anaphylaxis policy ACE 540 in the folder on the resuscitation trolley had a review date of July 2016 (out of date) indicating staff might not use the most up-to-date guidelines in an emergency.

Pain relief

- Patients we spoke to said they were regularly asked if they were in pain and offered pain relief.
- Therapy staff told us that they suggested taking pain relief prior to physiotherapy to ensure patients were able to complete their therapy sessions in comfort.
- We reviewed medication charts for patients and saw that anticipatory medications were prescribed for end of life patients.

Are services effective?

- Palliative care patients on Trinity ward that we spoke with, said their pain had been well controlled.

Nutrition and hydration

- Staff used the Malnutrition Universal Screening Tool (MUST). This is a screening tool to identify adults who are malnourished, at risk of malnutrition, or obese.
- Patients were complimentary about the food saying it was "good" and "plenty of it".
- A dietician visited the wards once a week and was available for advice at other times for patients with specialist dietary needs such as those who required supplements, or thickened fluids and those with a percutaneous endoscopic gastrostomy (PEG). A PEG is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, to provide a means of feeding when oral intake is not adequate. This procedure is often performed, because of dysphagia (difficulty swallowing), which is not uncommon after a stroke.
- Staff discussed patient's dietary needs and any support required in the multidisciplinary ward handovers.
- There was no dedicated speech and language therapist (SLT) for inpatients to review and progress patients in terms of recovery of their swallow/progression onto more solid foods following a stroke. Staff had to refer to the community speech and language therapist who came in upon referral or once weekly on an ad-hoc basis. Senior staff had taken some action to mitigate this by training two nurses in the management of dysphagia (swallowing problems) and involving the community SLT in case reviews. However, we were not assured that patients had access to regular speech and language therapy as recommended by NICE guideline CG162.

Technology and telemedicine

- Staff used electronic alarmed seating pads for patients who were frequent fallers. We observed the alarms sounding when patients attempted to stand unaided and staff responding quickly when alarms sounded on Trinity ward.

Patient outcomes

- The organisation had five Commissioning for Quality and Innovation (CQUINs). This is a payment framework to encourage care providers to improve how care is delivered and to achieve overall improvement in healthcare. The CQUINs had specific targets to achieve within a timeframe (quarterly). The targets were; the introduction of health and wellbeing initiatives, timely identification and treatment of sepsis, antimicrobial resistance and antimicrobial stewardship, smoking cessation and adding life to years. The inpatient ward's data for quarter two (July, August, September) showed that all wards met the required targets apart from providing an empirical review of antibiotic consumption per 1,000 admissions. No figures were available and staff were not aware of antibiotic reviews for CQUIN measurements.
- Sentinel Stroke National Audit (SSNAP) audit data submitted between April and July 2016 showed the proportion of days in which therapy was received was higher than the national average at 55 minutes for occupational therapy (48 minutes national average), Physiotherapy 50 minutes (42 minutes national average) and Speech and Language 38 minutes (20 minutes national average).

- Staff we spoke with on Kate Grant ward were aware of the National Clinical Guideline for Stroke 2016 (developed by the Royal College of Physicians Intercollegiate Stroke Working Party) guidance that recommended 45 minutes of therapy for stroke patients daily.
- Some therapy activities were delivered in the dayrooms on each ward. We saw whiteboards with the activities for the week on Trinity ward. On Kate Grant ward the therapists had a whiteboard in their office which had patient abilities and suitable activities and times.
- However, patients told us that therapy sessions were often changed or cancelled at short notice due to staffing issues.
- Five patients told us that they were disappointed with the progress they were making and felt it was due to lack of enough therapy.
- The organisation had a number of inpatient key performance indicators (KPIs) for; mixed sex accommodation breaches, discharge summaries, assessment within two hours of admission, numbers of acute admissions avoided (target five), provision of 45 minutes of therapy daily for stroke patients and length of stay (LOS) on all three wards. The LOS differed due to the different criteria for each ward.
- We reviewed the KPI data for April to October 2016. The LOS and avoidance of acute admission KPIs had not been met during the reporting period. We saw the

November 2016 Contract Quality and Performance Monitoring Meeting report, which detailed the contributing factors for not achieving the September targets. These were due to a number of factors such as; delays in care package, provision of beds at home and medical status. There were plans in place to address this with improved liaison and communication with patient families, identifying equipment needs earlier and working with outside agencies to provide respite care. The recent changes in the Rapid Access service based on St Osyth Priory ward (October 2016) were being monitored for a six month period to assess efficacy.

- Senior leaders told us that the LoS KPI was affected by the needs of the local health economy. For example, leaders had agreed to admit patients waiting for care to the community hospital wards in order to reduce demand on the local acute hospital. This meant that length of stay was increased.

Competent staff

- Managers were confident about how they would manage poor performance but those we spoke to had not been required to do this.
- The wards used an orientation/induction checklist for agency and bank staff, which included national early warning score (NEWS) escalation, manual handling procedures, infection control, fire safety, medicine safety and location of resuscitation equipment. Staff were required to sign one part within 30 minutes of arrival and the remainder within two hours. We saw checklists that had been reviewed and signed by the staff member providing the orientation.
- Agency and bank staff were required to repeat the orientation checklist if they had not worked on the ward for two weeks which ensured that all staff had current knowledge of the location and environment
- Two patients expressed concerns regarding the competency of agency staff and felt that care was compromised when agency staff were on duty as they did not know where things were or how to do certain tasks.
- Staff received the appropriate training for their roles and there were opportunities for development identified at their yearly appraisals.
- We saw evidence of local learning sessions called the 'Friday forum' provided for all staff. Topics were varied and staff had the opportunity to choose a topic for future sessions.
- Two junior members of staff felt that they were not able to access further training to develop. However, we saw information in the Quality Matters newsletter there were opportunities for staff to apply for apprenticeships, which led to NVQ or diploma qualifications. In the Trinity ward minutes there was a reference congratulating a junior staff member on securing a place on a training course.
- On Kate Grant ward, there were two nurses with dysphasia training for recognising when a patient had swallowing difficulties.
- Each ward had link nurses, for example in tissue viability, diabetes, dementia or falls. The link nurse role involved them being a subject expert, external link, responsible for the cascade of information to colleagues, and training, which enabled the sharing of best practice. We saw evidence of link nurses performing competency assessments and talks to share recent updates.
- The organisation's target appraisal rate was 70%. Data showed that appraisal rates from 31July 2016 were; Trinity ward 96%, St Osyth Priory ward 83.3% and Kate Grant ward 56.5%. We reviewed the Kate Grant ward appraisal schedule and found that 18 out of 30 staff had received appraisals within the last two months, four staff were away on long term sick or on leave, two were new starters, two were without dates and the remaining four had appraisals booked within two weeks. We were assured that appraisals would meet the organisation target by the end of December 2016.
- On Kate Grant ward we found a lack of oversight of nurses in relation to what competencies and training staff received or required. This meant that we were not assured that staff had received appropriate training for their role for example, when we asked the manager about staff competence about intravenous therapy, they were unable to provide information about what level staff were trained to.
- The therapy staff reported good clinical supervision and support from the therapy lead and one TI discussed the presentation they were going to deliver at a regular two monthly clinical supervision meeting for all the therapy staff.

Requires improvement

Are services effective?

Multi-disciplinary working and coordinated care pathways

- GPs employed in the organisation's primary care practices reviewed patients with medical needs on a daily basis (Monday to Saturday) on all three inpatient wards. Staff kept GP message books on the wards to ensure patient's needs were addressed.
- A Stroke consultant from the local acute hospital visited once a week for stroke patients that needed reviewing.
- Staff handed over at each shift change. We observed an afternoon handover meeting and saw that it was attended by nursing and therapy staff. The handover was thorough and included important information, for example diagnosis, social history, recent changes to care plans, dementia assessments and discharge arrangements.
- There were good examples of multidisciplinary working between the nurses and technical instructors (TIs) on all three wards.
- Staff worked closely with other disciplines such as speech and language therapists and dieticians to plan and deliver appropriate care.

Referral, transfer, discharge and transition

- The St Osyth Priory ward was a 'step up' ward for admission from the community for patients who required a higher level of care than could be provided in the community but not enough to warrant admission to the local acute hospital.
- Trinity and Kate Grant were 'step down' wards for patients who were transferred from the acute sector but not quite well enough to go home, required a period of rehabilitation or were awaiting a care package.
- Patients were referred to the inpatient units through the 'Community Gateway' single point of access switchboard. Referrals were made by the local acute hospital, GPs, community matrons.
- Three ACE nurses based at the local acute hospital accident and emergency centre triaged patients arriving by ambulance who were suitable for admission to St Osyth Priory ward.
- Patients who required transfer to other healthcare providers due to deterioration in their condition were transported to the local acute hospital by ambulance. There were no formalised protocols in place for the transfer of patients from the community hospitals to the local acute hospital, however staff told us the informal arrangements in place worked well.
- Staff considered discharge arrangements on admission and we saw evidence in patients' notes of planning early in their stay, such as discussion with patients and relatives and referral for occupational therapy.
- However, staff told us that patient's discharge was often delayed, due to the need to the wait for funding for care packages and equipment delivery at patient's homes. Staff told us this meant that patients often waited up to three weeks from an agreed discharge taking place.

Access to information

- Patient information and care planning was stored on the organisation's electronic system.
- Agency staff who did not have access to the electronic system wrote on paper care records, which were then scanned and uploaded to the electronic system by the ward clerk.
- Hospital notes were stored in locked cabinets or next to the nurses' station within sight of staff.
- The electronic patient records were available to the Anglian Community Enterprise staff, some regular agency staff with the appropriate training and some of the local GP surgeries also used the same system.
- Written care records were scanned and uploaded within 24 hours which could lead to a delay in information being available on the electronic system
- Patients transferring from the acute hospital would be transferred with a discharge letter, but notes could be requested if required and usually arrived the following day.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- There was limited understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding 2009 on Trinity ward. Staff on Kate Grant and St Osyth Priory wards were more knowledgeable and displayed understanding of MCA assessments.
- The Trinity ward entrance/exit doors were locked after evening visiting until nine am in the morning and again when patients were wandering. However staff did not consider if patients lacked capacity and there was no MCA assessment if a patient tried to leave the ward or Deprivation of Liberty Safeguarding application.

Requires improvement

Are services effective?

- Staff on all wards completed the organisations own dementia assessment tool for patients on admission, however on Trinity ward there was no evidence of an MCA assessment being completed despite notes suggesting a patient had fluctuating confusion.
- We observed one patient who was requesting to leave the ward where staff had not considered completing an MCA assessment or Deprivation of Liberty Safeguarding application. We escalated this to a senior member of staff on the ward who tried accessing the appropriate documentation on the electronic patient record system. They were unable to do this and subsequently contacted the safeguarding lead for advice and assistance.
- Safety rails were in use for three patients without MCA assessments. Staff said this was because the patients had fluctuating confusion, however there was no evidence provided that this was for the best interests of the patients.
- We attended the ward again on the unannounced inspection and found that staff had received training between our first inspection and unannounced inspection. Staff were able to describe when MCA assessments and Deprivation of Liberty Safeguarding applications were appropriate.
- We reviewed two sets of patient notes on the unannounced visit and saw there was a patient with both a Deprivation of Liberty Safeguarding application in place as well as an MCA assessment. Both were correctly completed.
- We also observed evidence of MCA assessment for a patient with cotsides in situ. We were reassured that staff were able to access the appropriate forms electronically and had support from the safeguarding lead to assess and complete the documentation.
- Staff understood the reasoning for asking consent and sought verbal consent before performing any care interventions. For example when assisting with hygiene needs and performing observations for monitoring such as blood pressure and temperature checks.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were present in three palliative care patient notes on Trinity ward. All were signed and dated by a GP and the 'indefinite decision' box ticked. Two were completed correctly with a record of the discussion with patient and relative, the third had a tick in the 'discussion with patient' but there was no details of the discussion or with relatives, carers or other members of the healthcare team. This was fed back to the ward manager.

Good

Are services caring?

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

Summary

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

- The majority of patients spoken with during inspection provided positive feedback about their care and treatment.
- Friends and Family Test results between October 2015 and October 2016 demonstrated that an average of 97.7% of community inpatients would recommend the service.
- Staff displayed an encouraging, sensitive and supportive attitude towards patients.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment and condition.
- Staff told us that patients often felt anxious or had concerns following discharge and they therefore undertook follow up telephone calls shortly after discharge to check on patients' welfare and provide reassurance.

However;

- Three out of six patients spoken to on Kate Grant ward raised concerns about the length of time they were waiting for staff to respond when they used their call bell.
- Five out of the seven relatives spoken to during the inspection felt that staff had provided them with either conflicting or insufficient information about aspects of the patients' care and treatment.

Compassionate care

- Friends and Family Test results between October 2015 and October 2016 demonstrated that an average of 97.7% of community inpatients would recommend the service. This was above the national average for community health services during the same period (95.1%).
- Between July and September 2016, 95% of patients who completed the inpatient discharge survey answered yes to the question 'While in this Hospital do you feel that that your needs were acknowledged, understood and, where appropriate, acted upon?' This had dropped from 98% between April and June 2016.
- Staff displayed an encouraging, sensitive and supportive attitude towards patients. For example, a member of staff was heard to say "take your time, don't rush" and "you're doing really well" as they assisted a patient to walk.
- Staff took the time to interact with patients in a respectful and considerate manner. For example, staff introduced themselves to patients, asked how they were feeling and took the time to engage in conversation.
- Staff maintained patients' privacy and dignity with curtains during physical or intimate care and by knocking before entering patient rooms.
- Clacton Hospital scored 84.3% and Fryatt Hospital (Harwich) scored 87.7% for privacy, dignity and wellbeing in the 2016 Patient Led Assessment of the Care Environment (PLACE) audit. These scores were above (better than) the national average of 84.2%.
- Patient listening exercises were held on the community inpatient wards between July and September 2016. The feedback provided by the 10 patients that took part was consistently positive about the compassionate care provided by staff. For example, patients thought that staff were 'superb, caring and very observant, in particular noting the changes in mood of patients and adjusting care accordingly'.
- We saw examples of compliments received from patients and relatives displayed on the wards. These included "the staff are so friendly and helpful" and "best hospital I've been in", "very good staff".
- Staff provided a number of examples where they had gone the extra mile for patients. For example, by delivering supplies and medication to patients' addresses after discharge.
- The majority of patients spoken with during inspection provided positive feedback about their care and treatment. Staff were described as kind, caring and courteous. For example, one patient said, "its care beyond care here". Another patient said that staff were "so kind, so considerate, they really are. This is the best hospital I've ever been in".
- However, three out of six patients spoken with on Kate Grant ward raised concerns about the length of time they were waiting for staff to respond when they used their call bell. Two of these patients said that there had

been an occasion where they had been unable to hold their bladder or bowels whilst waiting for staff to help them to the toilet. One patient said that they had felt humiliated as a result of this.

Understanding and involvement of patients and those close to them

- The majority of patients told us that they felt involved in their care and treatment. For example, one patient said that they did not wish to have an operation that had been recommended by doctors and that this decision had been respected. The majority of patients also told us that staff had explained their care and treatment in a way that they could understand and that they had the opportunity to ask questions where necessary.
- However, three out of six patients spoken with on Kate Grant ward felt that staff had not kept them sufficiently informed about aspects of their care and treatment.
- However, staff were observed explaining the care or treatment that they were about to provide to patients.
- Five out of the seven relatives spoken with during the inspection felt that staff had provided them with either conflicting or insufficient information about aspects of the patients' care and treatment.
- Staff asked patients for their preferences whilst providing care. For example, whether they would prefer to have a bath or a shower, or whether they wished to remain in the day room or to be assisted to return to their bed.
- Activity groups took place on a regular basis on the wards. These provided patients with an additional opportunity to ask staff questions and gain a greater understanding about their care and treatment.
- Between July and September 2016, 89% of patients who completed the inpatient discharge survey answered yes to the question 'While in this hospital have you been involved in discussions regarding your health and care needs?'. This had dropped from 94% between April and June 2016.

Emotional support

- Volunteers were regularly available on the wards to sit with patients, particularly those who received fewer visitors, and engage in conversation. They also accompanied patients to the regularly scheduled group activities.
- A chaplaincy service was available to provide bedside religious support to patients. Chaplaincy staff attended the hospitals one day a week but could also be contacted by staff on patient request.
- Representatives from a dementia support organisation attended the wards on a regular basis to provide support and advice to patients and those close to them.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment and condition. For example, where staff identified that counselling would be appropriate for patients who had suffered a stroke, this could be made available through links with the Specialist Stroke Services. This service also provided support to those close to patients and arranged activities such as exercise groups.
- Staff told us that patients often felt anxious or had concerns following discharge and they therefore undertook follow up telephone calls shortly after discharge to check on patients' welfare and provide reassurance.
- The regularly scheduled activity groups were primarily focused on physical exercises but also included mental stimulation in the form of quizzes and memory joggers, which encouraged reminiscence amongst the group. The groups gave patients the opportunity to interact with one another and establish friendships. Patients were observed providing emotional support to one another when any worries or concerns were raised during group discussions.
- Staff gave examples of where they had gone the extra mile to ensure that patients could have contact with those close to them. For example, on Trinity ward staff had arranged for a bed to be put in the same room as a palliative patient so that her daughter, who had recently been discharged from hospital, could be at her side during her last days.
- Staff gave examples of how some link practitioners provided support, advice and education to patients and those close to them. For example, one of the dementia link practitioners used a 'memory box' when interacting with patients who were living with dementia and the diabetes link practitioner provided diabetes education.
- Between July and September 2016, 85% of patients who completed the inpatient discharge survey answered yes to the question 'Do you know where to get the support

Good

Are services caring?

and advice to stay well and healthy and feel able to manage your own health and wellbeing when you leave this hospital?' This had dropped from 93% in April to June 2016.

Requires improvement

Are services responsive to people's needs?

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

Summary

We rated community health inpatient services as requires improvement for responsive because:

- Patients requiring admission to Trinity ward from the community were not accepted if they did not have a pre written prescription as there was no dedicated prescriber on the ward. This meant that if a community matron was not available to prescribe, patients from the community could not be admitted. Staff confirmed that this often led to patients being refused admission especially at the weekends.
- The rehabilitation focus on Kate Grant was not embedded, for example; patients being encouraged to be up for breakfast and taking meals in the dayroom.
- Staff monitored the average length of stay for patients as this formed part of the organisation's key performance indicators. At the time of inspection the average length of stay target for each ward was not being met
- Complaints were low however, the most complaints for the inpatient wards were regarding Kate Grant ward. We were not assured that complaints were always dealt with in a timely manner by senior staff.

However;

- Services such as the rapid assessment service were planned with patient needs in mind.
- We saw evidence of learning from a complaint and a change that had been made as a result.
- Trinity ward was working towards being a 'dementia friendly' ward.

Planning and delivering services which meet people's needs

- There were clear admission criteria for the three inpatient areas. The 15 bed St Osyth Priory (RAS) ward was for 'step up' short stay admissions from the community or from the emergency department of the acute hospital with the aim of preventing admission to the acute hospital. The 'step up' beds were for patients who were not well enough to stay at home but did not need an acute medical admission. The 22 bed Kate Grant ward had 10 beds for stroke rehabilitation with the remainder for general or orthopaedic rehabilitation following a fractured bone or orthopaedic surgery. Trinity ward's 21 beds were mainly used for 'step down' medical admission or transfer from the acute hospital with rehabilitation needs, palliative care and some dementia care. The step down beds were for patients who had been in acute care and no longer required the medical supervision but were not quite ready to go home.
- Kate Grant ward was for the rehabilitation of patients following a stroke or orthopaedic intervention. On our first inspection we saw that 10 out of 16 patients present were still in bed for breakfast 8.30am and staff did not offer the opportunity to sit out. One patient left the ward in pyjamas to attend another hospital. At lunchtime patients ate beside their beds rather than in the large dayroom. Staff told us that many patients preferred to eat beside their beds, and that the dayroom did not have any bathroom facilities nearby.
- When we returned on the unannounced inspection we saw that all patients were up and the majority were dressed. Staff confirmed that patients were encouraged to go to the dayroom for lunch and supper although many found it difficult to manage breakfast there.
- Staff told us that communication aids and advocates were used on the wards where necessary.

Equality and diversity

- Equality and diversity training was included in the organisation mandatory training. The breakdown of figures for inpatient staff training were unavailable but the organisation's overall compliance rate for equality and diversity training was 96%, which was above the target of 95%.
- Translation services were available and seven of the staff we spoke with were aware how to access interpreter services and were able to give examples of when they might be required. Staff confirmed they would not use family members to translate.

Requires improvement

Are services responsive to people's needs?

Meeting the needs of people in vulnerable circumstances

- Patients living with dementia were mainly cared for on Trinity ward and each four bedded bay was a different colour to assist patients in remembering which room they were in.
- There was a bright mural in the Trinity ward dayroom and dementia friendly activities such as 'memory cards' which we saw being used with one patient.
- Staff received dementia training and there were dementia champions on Trinity and St Osyth Priory wards.
- We saw dementia leaflet racks on Trinity ward and staff confirmed that someone from a dementia support organisation visited regularly.
- Speech and language boards were available in the dayroom of Kate Grant ward to assist patients with communication difficulties.
- We did not see any 'This is me' documentation being used. 'This is me' is a tool that contains individual information about a patient with dementia such as their likes and dislikes to assist with their care.

Access to the right care at the right time

- Patients were seen and admitted in a timely manner to St Osyth Priory (or the RAS) and Kate Grant wards.
- Trinity ward often cared for patients who were approaching the end of life, although the organisation did not have a specific end of life service, it did have access to the advice of specialist palliative care nurses from the local hospice. The Gold Standards Framework (GSF) was also used. This is a framework for identifying patients with end of life care needs, irrespective of diagnosis and identifies a patient's preferred place of death. There was evidence in patients' notes of these discussions.
- Patients requiring admission to Trinity ward from the community were not accepted if they did not have a pre written prescription as there was no dedicated prescriber on the ward. This meant that if a community matron was not available to prescribe, patients from the community could not be admitted.We observed this in practice with a request for admission of a palliative care patient from home and the difficulty in arranging for the patient's prescriptions to be written in time for administration. Staff confirmed that this often led to patients being refused admission especially at the weekends. There was a local plan to train additional nurse prescribers however there were no organisational plans to address this.
- The Rapid Assessment Service (RAS) based on St Osyth Priory ward had recently been revised (October 2016) with a new Statement of Purpose (SOP) V2 dated November 2016. The SOP introduced changes such as; senior nurses located in the emergency department of the local acute hospital to triage appropriate patients to the RAS, and the aim of preventing patients presenting at the local emergency departments by the rapid support of the integrated locality based community teams. At the time of inspection this was still under a six month review to assess efficacy.
- The average length of stay for patients was monitored as part of the organisation's key performance indicators (KPIs). Between February 2016 to July 2016 there were 96 delayed discharges on St Osyth Priory ward, 42 on Kate Grant ward and 57 on Trinity ward. There was evidence of oversight of this in the regular Contract Quality and Performance (CQPM) meeting minutes of November 2016 and in Board meeting minutes (25 July 2016). There were reasons given for the delayed discharge such as patients reablement and acute transfers in periods of pressure. There were plans in place to address this with improved liaison and communication with patient families, identifying equipment needs earlier and working with outside agencies to provide respite care. The organisation had agreed with the local commissioning group to accept or to hold patients outside their contractual agreement and this had also impacted on their numbers.
- The organisation supplied information to show that there were no readmissions within 30 days for February to July 2016.
- At the time of inspection there was a vacancy for an inpatient speech and language therapist (SaLT) and the community SaLT visited upon referral and on a weekly basis, community workload permitting.

Learning from complaints and concerns

- The organisation displayed information on ward notice boards regarding how to make a complaint and leaflets were available at reception desks.
- Complaints and learning from complaints was a standard item on team meeting agendas and quality and board meeting agendas.

Requires improvement

Are services responsive to people's needs?

- The inpatients wards received nine complaints between August 2015 and July 2016. Eight complaints were regarding Kate Grant ward and one complaint was about Trinity ward. One complaint about Kate Grant ward was upheld.
- We saw evidence of learning from the upheld complaint regarding discharge, referral to a clinic, discharge arrangements and the supply of consumables for discharge. The outcome was that a discharge 'tick list' had been developed to ensure all referrals, ordering and communication had been done.
- The ward managers confirmed that they had received root cause analysis training to investigate complaints in their area.
- Complaints were overseen by the complaints manager and discussed at board meetings.

Requires improvement

Are services well-led?

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

Summary

We rated community health inpatient services as requires improvement for well led because:

- There was poor leadership on Kate Grant ward.
- There were no local risk registers on the inpatient wards, which meant that there was no local ownership of risks.
- Staff on Kate Grant ward felt undervalued by senior executive management and were generally dispirited.
- Staff told us that they frequently worked beyond their scheduled hours to complete work that they did not have time to finish whilst on duty. Staff also said that they generally felt that the senior management did not listen to their concerns.
- Ward managers had limited knowledge of key performance indicators affecting their area.

However;

- Senior staff members took immediate action when issues regarding staff were raised.
- There was effective oversight of governance issues with regular review and reporting.
- Important issues were routinely cascaded from the senior executive team to junior staff by a variety of means.
- The managers on St Osyth Priory and Trinity wards had good oversight of their clinical area and governance needs

Leadership of this service

- Inpatient areas were managed by a ward manager, who reported to an integrated care manager (ICM). The service was overseen by the assistant director of operations for 'Care Closer to Home' services, who reported to the director of operations and quality.
- The ward staff were complimentary about the ward managers saying they felt that they were supportive and could raise concerns.
- However, we were concerned regarding the leadership on Kate Grant ward. For example we found delays in complaints awaiting investigation, ward meeting minutes not produced following a ward meeting from October 2016, limited knowledge about CQUINS and KPIs affecting their area and a lack of oversight of mandatory training.
- The therapy teams were led by a band seven physiotherapist and a band seven occupational therapist. We found the therapy leader to be organised and visible, working three days at Clacton Hospital and two days at Harwich Hospital. They had identified areas for improvement and introduced bi-monthly teaching sessions for the technical instructors and taken on the role as the falls lead for the organisation.

Service vision and strategy

- The nurses and therapists working on the wards were not generally knowledgeable about the organisation's vision, commercial and social mission.
- Seven of the staff we spoke with did know components of the organisational values of '1Team, Action Orientated, Community Focused and Excellence in all we do'.

Governance, risk management and quality measurement

- We viewed the comprehensive ward meeting minutes from Trinity ward meeting on 28 November 2016 and saw that they contained information from the senior management team (SMT) and mortality meetings.
- The SMT also held monthly meetings where governance issues were discussed and minutes contained standard items such as communications, serious incidents and learning, infection control, quality, performance and service development and innovation.
- The organisation had a number of committees which met monthly and quarterly and fed reports into the governance and board meetings. These included performance, quality, finance and risk reports. We saw the minutes for these which addressed key issues such as complaints, friends and family and patients audits, staffing, training, incidents, safeguarding, CQUINs and the risk register.
- Safe staffing was discussed with reference to the high dependency of patients on Kate Grant ward at the board

meeting in July 2016. However there was no action plan to address staffing issues and there was no reference to the on gong staffing issues presented in the October or November 2016 board minutes, nor the director of nursing report in November 2016.

- Community Matrons were being asked to assist staffing the Rapid Assessment Service. The issue had been escalated with the CCG, but we were not fully assured that there was oversight of the clinical impact of lack of suitably trained staff.
- Policies, guidelines and standard operating procedures (SOPs) were stored electronically on the organisation's intranet and available to all staff with access. There was a procedure for writing, maintaining and reviewing the policies, SOPs and guidelines. The November issue of the 'Quality Matters' newsletter had a reminder of the purpose, importance and how to keep documents up to date and accessible.
- We saw a mortality report (from 1 October to 5 November 2016) which reviewed six cases with no concerns raised.
- Ward staff, both senior and junior, took on quality measurement responsibilities and we saw examples of this with a junior member of staff keeping records of the hand hygiene audit they performed monthly.
- The organisation monitored all local risks on a corporate risk register. The risks were rated between low and very high. The July 2016 register contained 14 risks and included information about risks, updates on management and effectiveness. This showed that risks to the service were identified, reviewed and recorded, and plans were made to resolve risk. The board meeting minutes showed that the risk register was regularly discussed.
- Ward managers highlighted risks to senior management and could access the corporate risk register.
- The ward managers had no knowledge of local risk registers or ownership of identified risks. On Trinity ward we saw a 'risk folder' with the RCAs of serious incidents and risks pertaining to the ward. These were; high ambient temperature in the clinical room where medications were stored, wet floors which could lead to falls and the lunch trolley being very hot which could lead to burns. There were actions identified to reduce the risks.
- We saw evidence of a local risk register started in August 2016 by the assistant director of operations but this was not shared with the ward managers. The register included the temperature of the room where medicines were stored on Trinity ward, and staffing on Kate Grant ward. The risks were updated and used a red, amber, green rating to denote level of risk. The register contained actions to mitigate these risks, with timelines and updates on actions.
- The organisation performed a number of regular monthly, quarterly and yearly audits. We reviewed the results of a selection of these and found them to be thorough. There was evidence of audit data review and action taken as a result such as the infection prevention and control audit appearing to give improbable results. However, a record keeping audit that should have been performed October to November 2016 had not been completed in December 2016 on Kate Grant ward. The previous audit in 2013 had identified areas for improvement in documenting allergies, next of kin, ethnicity and consent to share information. However, there was no clear process for how audit data was used to improve performance or quality.
- Where prescriptions were used, we saw a robust procedure for ensuring the forms were kept safe and tracked through the organisation in line with national guidance.
- The provider completed medicines audit to help improve practice. For example, we saw that one audit completed quarterly around antibiotic prescribing was used to help implement an antibiotic formulary.

Culture within this service

- All of the staff we observed and spoke with, demonstrated a culture of providing high quality patient care, and were committed to providing the best care possible. This was apparent despite the staff on Kate Grant ward who felt undervalued and handicapped by the changes in leadership and lack of regular staff.
- Staff described a supportive culture within their immediate teams and we saw evidence of this in the Trinity ward meeting minutes.
- Seven members of ward staff told us that they frequently worked beyond their scheduled hours to complete work tasks for example updating the electronic patient record system. Staff also said that they generally felt that the senior management did not listen to their concerns.
- One senior staff member reported that they often took work home with them, as they did not have time to finish during their normal hours.

Requires improvement

Are services well-led?

- Some staff reported that they often had to complete study in their own time, which impacted on their home life.

Public engagement

- The Quality Matters newsletter shared complimentary feedback from patients and relatives and the November issue mentioned positive feedback for all the inpatient wards.
- The director of nursing quality report dated 12 December 2016 reported 29 pieces of feedback received in October 2016 across the community hospital inpatient wards with only one person being extremely unlikely to recommend the service. This was in Kate Grant ward and no reason was given for the poor feedback. The split of feedback was as follows: St Osyth Priory ward 100% feedback from 16 responders, Kate Grant ward 86% positive from six responders and Trinity ward 100% from eight responders.
- Trinity ward had a board on the ward with patient feedback. This included comments such as; 'knowing we could visit at any time when I work shifts was a huge relief.', 'you have shown me respect and kindness". "Your professionalism and care is outstanding.'
- They also had a 'you said, we did' poster which stated you said: 'find it difficult to sleep with the night lights and buzzers going.', we did: 'sleep aid packs consisting of eye masks and ear plugs have been trialled and are available for patients to use.'

Staff engagement

- As a staff owned social enterprise, the staff membership was relatively low at around 50%. Of the staff we spoke to, six were shareholders and these were staff in senior positions suggesting that the junior staff did not feel they were invested in the enterprise.
- The organisation recently (25 November 2016) re-launched the 'Friday Forum' events on the last Friday of each month. These were learning and sharing opportunities open to all staff and covered a wide range of topics. Staff were encouraged to attend in the 'Quality Matters' newsletter and there was opportunity to be involved in choosing topics for presentation. We saw the schedule for November 2016 to November 2017. Three members of staff we spoke to knew about the forum but had not attended any sessions.
- Senior staff told us that they had a good communication channels with the senior executive team and attended regular governance and quality meetings.
- Staff on the wards said the senior managers were visible and approachable.
- Information from the various governance and quality meetings was cascaded to staff through local team meetings the' Quality Matters' and 'Cascade 7' newsletters.

Innovation, improvement and sustainability

- ACE was shortlisted for the Social Enterprise of the Year category in the UK Social Enterprise Awards 2016