

The Pennine Acute Hospitals NHS Trust

<Provider ID>

# 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)
	Wolstenholme		
	Ward J5		
	Tudor Court		
	Henesy House		
	Floyd Unit		

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

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

### **Overall rating for this core service:** Good

We rated this service as good because:

Staff were aware of the trust's safeguarding policies and procedures. Safeguarding training formed part of the trust's mandatory training programme and 100% of staff working in community inpatients had completed level two and three safeguarding adults training.

Admission procedures included appropriate risk assessments of key areas of health and personal care needs, including: tissue viability, nutrition screening, moving and handling, infection, continence and risk assessments for falls. We saw that the risk assessments were regularly reviewed according to the level of risk and appropriate action was taken in response to the risks identified.

There was effective teamwork and clearly visible leadership within the services. Staff were positive about the culture within the community inpatient services and the level of support they received from their managers. The management team understood the key risks and challenges to the service and how to resolve these.

The consultants at the Floyd Unit were part of Greater Manchester neurology rehabilitation network where there was MDT representation. This ensured consistency across Greater Manchester and allowed for benchmarking best practice.

Patients and their relatives spoke positively about the care and treatment provided. They told us they were

treated with dignity, empathy and compassion. Staff ensured patients or their relatives were involved in their care and supported them with their emotional and spiritual needs.

However, there were a number of areas where improvements could be made:

Cleaning staff were present on a daily basis, with a list of cleaning duties; however, they did not keep records to show what cleaning had taken place. This meant there was no way of establishing whether all cleaning duties were being regularly completed.

Staff could access information such as policies and procedures from the trust's intranet. However staff at Tudor Court and Wolstenholme did not have access to IT systems. This was due to server problems at Tudor Court following the transition from the local authority and staff not being issued with login details at Wolstenholme. Plans were in place to address this.

Within the records at each of the community inpatients units, there was no evidence of a formal mental capacity assessment completed by medical staff.

Incidents were reported using an electronic reporting system and staff were familiar with the policy around incident reporting. However, staff at Tudor Court and Wolstenholme were not able to report incidents on the electronic reporting system as they did not have access to the trust computer system. This was due to the transition over from local authority to the trust in September 2015. The trust was in the process of addressing this but there was no date of when this would be introduced. This was not identified as a risk on the departmental risk register.

# Summary of findings

## Background to the service

### Information about the service

The Pennine Acute Trust has five community inpatient units, including The Floyd Unit, Wolstenholme Unit, J5 (enhanced immediate care), Henesy House and Tudor Court. The inpatient units are part of the community services division.

The Floyd Unit is an 18 bedded adult neurological rehabilitation unit, based in Rochdale, which was arranged as 12 single rooms and three double rooms. J5 is a nine bedded adult based residential enhanced intermediate care unit located in North Manchester General Hospital. All rooms on J5 are single rooms, two of which had en-suite facilities.

Wolstenholme is a 24-bedded residential enhanced intermediate care unit, based in Rochdale Infirmary. It is made up of four bays of six beds. Henesy House is a 15-bedded residential intermediate care unit based in Manchester. Henesy House is jointly run with the local authority and subsequently there is a mixture of staff employed by either the local authority or the trust. All rooms at Henesy House are single rooms with en-suite facilities. Tudor Court is a 23-bedded residential intermediate care unit based in Heywood.

Tudor Court and Wolstenholme had recently been transferred to the trust from the local authority. The transition took place on 1 September 2015 which meant the units were still in the process of transferring over to trust policies and procedures. Tudor Court was due to go through a significant refurbishment in April 2016. This would take the unit up to a 24-bedded unit with en-suite facilities. Wolstenholme was due to move to a purpose built ward at the end of March 2016 and would subsequently be all single rooms, 15 of which would have en-suite facilities.

The community inpatient units provide a less acute environment, although medical care was provided by the sub-contracted GPs. These units were for patients aged 18 and over, either following an acute hospital stay, or to prevent an acute hospital stay, by focusing on rehabilitation and restoring functional abilities.

During our inspection, we talked with 34 staff, including medical staff, nursing staff, support worker, allied health professionals, clinical director, pharmacist and pharmacy assistants, unit managers, social worker, cleaners, social work assistant, clerical officer, student nurse, advanced practitioners, divisional care director, directorate manager and lead nurses. We inspected 16 medical/nursing records and spoke with 18 patients and relatives.

## Our inspection team

Our inspection team was led by:

**Chair: Paul Morrin**

**Head of Hospital Inspection: Ann Ford**, Care Quality Commission

The team included a CQC inspector and an assistant inspector.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection of The Pennine Acute Hospitals NHS Trust.

# Summary of findings

## How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we hold about the core service and asked other

organisations to share what they knew. We carried out an announced visit between 1 and 3 March 2016. During the visit we spoke with a range of staff who worked within the service, such as nurses, doctors, therapists. We observed two MDT meetings. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services.

## What people who use the provider say

All you do is press the button and staff are there to help, morning, noon and night.'

'I feel the staff have treated me with dignity and respect at all times.'

'Good food for Kosher diet, I can have whatever I want.'

## Areas for improvement

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

#### Action the hospital **SHOULD** take to improve:

- The trust should improve data collection for GP compliance with mandatory training.
- Prescription charts should be fully completed and where medication is omitted, this should be clearly identified within the records.
- Fridge temperature ranges should be correctly recorded and staff should be aware of the process to follow if they find the range out of the trust recommended range.

- Consider reviewing night and weekend cover on J5 for qualified staff, to prevent them going long to enable them to take a break.
- Mental capacity assessments should be completed and documented appropriately at each of the community inpatients facilities.
- The trust should review the nurse call bell system at the Floyd Unit.

# The Pennine Acute Hospitals NHS 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

The department was visibly clean and tidy. However, despite cleaning staff being present on a daily basis, with a list of cleaning duties, they did not keep records to show what cleaning had taken place. This meant there was no way of establishing whether all cleaning duties were being regularly completed. The trust monitored cleanliness and infection prevention and control on a monthly basis, providing reports to highlight any issues.

Incidents were reported using an electronic reporting system and staff were familiar with the policy around incident reporting. However, staff at Tudor Court and Wolstenholme were not reporting incidents on the electronic reporting system as they were unfamiliar with the trust computer system. This was due to the transition over from local authority to the trust in September 2015. This was not identified as a risk on the risk register. Plans were in place to address this but no implementation date had been identified at the time of the inspection.

Staff were aware of the safeguarding policies and procedures. Safeguarding training formed part of the trust's mandatory training programme and 100% of staff working in community inpatients had completed level two and three safeguarding adults training.

Records were up to date and contained information from the multi-disciplinary team, where appropriate. Records also contained appropriate referrals to other professionals. However, within all the records we reviewed, we found some entries that were not signed, dated or had entries that were not legible.

Mandatory training completion rates varied across the five community inpatients locations, with staff at the Floyd Unit and J5 achieving 100% in all areas. However, at Wolstenholme, mandatory training ranged from 67% (information governance) to 100%, compared to the trust target of 100%.

Admission procedures included appropriate risk assessments of key areas of health and personal care needs including; tissue viability, nutrition screening, moving and handling, infection, continence and risk

# Are services safe?

assessments for falls. We saw that the risk assessments were regularly reviewed according to the level of risk and appropriate action was taken in response to the risks identified.

## Detailed findings

### Safety performance

- All the community inpatients units, with the exception of Tudor Court, used the NHS Safety Thermometer to monitor safety information. There were no plans at the time of the inspection to introduce this at Tudor Court. This is a recognised tool used nationally by NHS organisations to measure risks including the frequency of falls, catheter acquired urinary tract infections and pressure ulcers.
- Data supplied by the trust showed that between December 2014 and November 2015, there were 131 falls, 10 pressure ulcers and no catheter acquired urinary tract infections (CAUTI).
- There had been four community acquired pressure ulcers at Wolstenholme since the unit opened in September 2015. Root cause analysis (RCA) investigations were either underway or completed for each of these. As a result of the pressure ulcers, a training programme had been developed for staff as it was identified that many of the staff had no previous experience of pressure ulcer prevention. At the time of our inspection, all staff had completed this training.
- Safety thermometer information was displayed on a patient information board on the Floyd unit.
- Data from December 2015 to February 2016 showed the units achieved between 84.21% (Wolstenholme) to 100% (at each unit) of harm free care.

### Incident reporting, learning and improvement

- Incidents were reported using a trust wide electronic incident reporting system. A policy was in place to support this which staff were familiar with.
- Between December 2014 and November 2015, there were 991 incidents reported across community services, of which 241 were reported for community inpatients services. Of these incidents 232 were reported as low or no harm. The highest reported incidents within community inpatients was falls, due to the nature of the services offered. There was an action plan in place to reduce the number of falls.

- There were no serious incidents reported on the Strategic Executive Information System (**STEIS**) between December 2014 and November 2015 for the service.
- Staff at Tudor Court and Wolstenholme were not reporting incidents on the electronic reporting system as they were unfamiliar with the trust computer system. This was due to the transition over from local authority to the trust.
- An example of where lessons had been learned from an incident was given at Henesy House. This involved a patient who was found outside the unit at night, where staff had not known the patient was missing. The patient had left through the fire exit. Hourly monitoring had been introduced through the night for all patients. Duty of Candour was used well in this instance.
- Senior staff were aware of their responsibilities relating to Duty of Candour legislation. The trust had a duty of candour process in place to ensure people had been appropriately informed of an incident and the actions that had been taken to prevent recurrence. 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' and provide reasonable support to that person.

### Safeguarding

- Safeguarding policies and procedures were in place and staff knew how to appropriately refer a safeguarding issue. The multidisciplinary team and ward staff had a good understanding of the need to protect patients and ensure vulnerable people were safeguarded. Staff also knew how to respond to concerns. There was a trust wide safeguarding team and staff knew how to access support and advice.
- Safeguarding training formed part of the trust's mandatory training programme. Data supplied by the trust showed that 100% of staff working in community inpatients had completed level two and three safeguarding adults training which was better than the trust target of 90%.
- Staff reported that they were supported to complete their mandatory training and felt they had enough time to complete it.
- Examples were given by staff of when safeguarding concerns had been appropriately acted upon.

# Are services safe?

## Medicines

- Medicines, including controlled drugs, were stored securely. The keys for the controlled drugs were kept separately for increased security.
- The controlled drugs were checked daily and a register was kept and fully completed. All controlled drugs checked during the inspection were in date and accurately recorded.
- Staff followed the trust medicines management policy which was available on the intranet. Staff were aware of this including the procedure for self-medication.
- Senior staff at the Floyd Unit raised concerns in terms of the electronic prescription system. These concerns included some medications only being available on the system in set doses so the clinician would have to prescribe some medications once than once to prescribe the correct dose. Additionally there was no prompt on the system for commonly prescribed medication, such as clexane (used to stop blood clots forming within the blood vessels). An incident had occurred where this medication had not been prescribed appropriately.
- A backup system was in the form of a paper copy of the electronic prescription was kept in the patients records in case the electronic prescription system was unavailable.
- At Wolstenholme the fridge temperature were checked on a daily basis; however there was no evidence of any action taken when the temperature fell out of the recommended temperature range of 2-8 degrees Celsius. At Henesy House, the current fridge temperatures were recorded and documented on local authority documents. The fridge ranges at Henesy House were not checked.
- A backup system was in the form of a paper copy of the electronic prescription was kept in the patients records in case the electronic prescription system was unavailable.
- As there were no qualified nursing staff at Tudor Court, support workers had been trained in medicines management to enable them to administer medication when necessary.
- On review of prescription charts at Wolstenholme, we identified seven missed medications on three prescription charts. There was no identification as to the reason these medications were omitted.
- All the areas we visited were well maintained, with controlled access and provided a suitable environment for treating patients.
- Staff told us they had the equipment they needed to do their jobs and any repairs were completed in a timely way. There was an equipment register which logged the age, model and serial numbers as required by legislation.
- Emergency resuscitation equipment was in place, where required, and records indicated that it had been checked daily, with a more detailed check carried out weekly as per the hospital policy. However there was no resuscitation or defibrillation equipment at Tudor Court, which was on the departmental risk register.
- There were systems in place to maintain and service equipment. Portable appliance testing had been carried out on electrical equipment regularly and electrical safety certificates were in date. However, at the Floyd Unit, we observed that the defibrillator and resuscitation equipment were out of date with portable appliance testing. When we raised this with senior staff, they arranged to have the equipment replacement which was completed within an hour.
- The Floyd Unit had an occupational therapy kitchen that was used for kitchen assessments prior to the patient being discharged and carers were invited to use this area, as required. In addition there was a physiotherapy room at the unit which was fully equipped to aid rehabilitation.
- At the Floyd Unit, there were some single use equipment that had passed the expiry date, including blood sample syringes (expired 08/2012) and aquacel (expired 06/2014).
- There were no 'clean' and 'dirty' utility rooms at the Floyd Unit, however this was within the plans for refurbishment.
- In Tudor Court, not all furniture within the dining room and lounge areas were wipe clean, which meant there was a risk of infection.
- Wolstenholme and ward J5 were both based in acute hospital settings. Staff described challenges in terms of being a community unit in a hospital setting. Wolstenholme very much looked and felt like an acute ward, and was difficult for patients and their relatives to understand the community nature of the ward. The environment would be more suitable at Wolstenholme once it is moved into the new build.

## Environment and equipment

# Are services safe?

## Quality of records

- Records were up to date and contained information from the multi-disciplinary team, where appropriate. Records also contained appropriate referrals to other professionals. However, within all the records we reviewed, we found some entries that were not signed, dated or had entries that were not legible.
- Nursing care plans included goals for rehabilitation, when appropriate, and reviews of progress towards meeting those goals. However, at Tudor Court, we reviewed four medical records and there were no evidence of care plans in any of these.

## Cleanliness, infection control and hygiene

- There was no cleaning schedule in operation at Tudor Court. We were told this was because of the transition from the local authority to the trust. Once we highlighted this with managers, we were told they would implement a cleaning schedule immediately. However there were no cleaning records at any of the units we inspected. This meant there was no way of establishing whether all cleaning duties were being regularly completed. However, the trust monitored cleanliness and infection prevention and control on a monthly basis, providing reports to highlight any issues.
- The trust had taken part in the Patient-Led Assessment of the Care Environment (PLACE) audits in 2015 for each of the community inpatient units. This had showed the trust had exceeded the national average scores for cleanliness.
- Tudor Court and the Floyd Unit had bookshelves which were well stocked with dated books. These books were not cleaned either routinely or after use.
- In Tudor Court, there was an unlocked laundry room, containing toilet cleaner and biological washing powder that would be accessible to patients. The unit manager identified that this issue would be resolved once the refurbishment had taken place.
- Infection prevention audits were completed at each of the community inpatients units. The audit completed across the units in November 2015 showed an overall compliance of 94%. Subsequent action plans were written.

## Mandatory training

- Mandatory training covered a range of topics including fire safety, risk management, dementia care, infection

prevention and control, incident reporting, hand hygiene, information governance, cardio-pulmonary resuscitation and equality and diversity training. Training was repeated three yearly or annually dependent upon the topic.

- Staff at Wolstenholme and Tudor Court identified they had difficulties accessing e-learning as they did not have access to the trust intranet system. However, trust data showed that staff at Tudor Court had achieved 100% for mandatory training, with the exception of moving and handling for administration and clerical staff which was at 83%. However this figure was due to only one member of staff out of six having not completed it.
- Staff on J5 and the Floyd Unit were achieving the trust target for mandatory training, achieving 100% in all areas.
- At Wolstenholme, mandatory training ranged from 67% (information governance) to 100%, compared to the trust target of 100%.

## Assessing and responding to patient risk

- Admission procedures included appropriate risk assessments of key areas of health and personal care needs including; tissue viability, nutrition screening, moving and handling, infection, continence and risk assessments for falls. We saw that the risk assessments were regularly reviewed according to the level of risk and appropriate action was taken in response to the risks identified.
- At the Floyd Unit, falls risk assessments were only completed if a patient had suffered a fall rather than to prevent a fall from happening.
- Patients were reviewed by trust GPs on each working day, at each unit when required. For out of hours review, Henesy House and Tudor Court used NHS emergency and urgent care services and ward J5 and Wolstenholme used on site medical support at the hospitals they were based in. The Floyd Unit had two consultants on site and a junior and middle grade doctor on call.
- The unit staff held a safety huddle at the beginning of every shift. Any patient that was at an increased risk would be discussed at the huddle and information was communicated through the huddle. Items discussed within this safety huddle included Deprivation of Liberty Safeguards (DoLS), feeding issues, pressure ulcers or risk of falls.

## Are services safe?

- The nurse call bell at the Floyd Unit was identified as a risk on the department risk register; this was because there was no central board to identify where the call bell was activated. This meant once a call bell was activated, staff had to look round the unit to locate which patient required assistance.

### Staffing levels and caseload

- The expected and actual staffing levels were displayed on notice boards and these were updated on a daily basis.
- The areas we inspected had sufficient numbers of trained nursing and support staff with an appropriate skill mix to ensure that patients received the right level of care.
- Nursing or support worker handovers were completed at the start of every shift at each of the units, which included a safety huddle.
- At the Floyd Unit there were two full time nursing vacancies due to two members of staff leaving the month prior to the inspection. These vacancies were out to advert. The service was using a regular agency nurse who had been given a short term contract. This ensured there was continuing of care for the patients. Additionally there was an acting unit manager due to the substantive manager leaving on a secondment in August 2015.
- Wolstenholme was a new team of staff that were recruited for the opening in September. There were two vacant qualified nurse posts but these vacancies had been filled and the candidates were due to commence in post the week after our inspection.

- There was an occupational therapist and physiotherapist vacancy on ward J5 which were out to advert at the time of our inspection. These posts were being covered by the current staff.
- On J5 there was only one qualified nurse on each night shift and weekends and no cover was provided for breaks. This meant qualified staff had to take their unpaid break on the unit and were frequently interrupted.
- There were two assistant practitioners in post on J5, who covered a seven day working pattern. Cover was provided by the therapy team.

### Managing anticipated risks

- The refurbishment due to take place at Tudor Court had been risk assessed for the risk to service users. There were plans in place to safeguard the service users at the time on the refurbishment, by increasing staff numbers on night shifts and completing the work by sections to limit the disruption to residents.

### Major incident awareness and training

- Staff we spoke with were not familiar with major incident planning and had not received any specific training. However staff at Henesy House were familiar with the business continuity plan and service impact assessment

# 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

The service provided care and treatment that followed national clinical guidelines and staff used care pathways effectively. This meant the majority of patients had a positive outcome following their care and treatment. Care pathways were in place, which were based on national guidance.

Patients received care and treatment by multidisciplinary staff that worked well as a team. Staff understood the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Patient records showed patients who required pain relief were treated in a way that met their needs and reduced discomfort. The patients and relatives we spoke with also told us their pain symptoms were effectively managed.

There was good evidence of a strong multi-disciplinary team (MDT) approach to care for patients on all of the units. We observed an integrated approach to care delivery which involved nursing staff, occupational therapists, physiotherapists, medical staff and pharmacy.

The consultants at the Floyd Unit were part of Greater Manchester neurology rehabilitation network where there was MDT representation. This ensured consistency across Greater Manchester and allowed for benchmarking best practice.

Staff could access information such as policies and procedures from the trust's intranet. However staff at Tudor Court and Wolstenholme were unfamiliar with Trust to IT systems and paper copies were in use. .

Within the records at each of the community inpatient units, there was no evidence of a formal mental capacity assessment completed by medical staff however it is recognised that not all patients would require an assessment of capacity.

## Detailed findings

### Evidence based care and treatment

- As Tudor Court and Wolstenholme had recently transitioned over to the trust from the local authority,

policies and procedures were not yet embedded in practice. Staff at Tudor Court and Wolstenholme were not unfamiliar with the trust computer system unit managers had printed out pertinent policies and held paper copies at the nurses' station.

- Care pathways were in place, including indwelling catheters, End of Life, falls and Methicillin-resistant Staphylococcus aureus (MRSA). These care pathways were based on National Institute for Health and Care Excellence (NICE) guidance.
- The units were following the NICE guidance (CG162): Stroke rehabilitation in adults and staff were familiar with this.
- There had been no review undertaken across community inpatient services for all policies to ensure they were following NICE guidance. Senior leaders described how an objective for them was to embed NICE guidance into practice.
- Intermediate Care Service commenced on 1 September 2015 and had concentrated on embedding the service for first 3 months. An audit program had been agreed by the Quality & Performance Group and had started the first audit in January 2016.

### Pain relief

- Patient records showed patients who required pain relief were treated in a way that met their needs and reduced discomfort. The patients and relatives we spoke with also told us their pain symptoms were effectively managed.
- Medication for pain relief was prescribed by either the doctor based on the unit, or the patient's GP.
- Staff observed and monitored the condition of all patients. Prescribed pain relief medication was administered appropriately, by nursing staff.
- Nurses at Wolstenholme confirmed anticipatory prescribing was put in place for patients who were assessed as being at the end of life.

### Nutrition and hydration

- Patients were served meals in a suitable atmosphere with several staff present which encouraged social interaction. They were screened for malnutrition and

## Are services effective?

the risk of malnutrition on admission to the units using a recognised assessment tool. We found that the Malnutrition Universal Screening Tool (MUST) scores had been completed regularly and referrals to a dietician made when required.

- Patients had choice of where to eat their meals. Patient's we spoke with said the food was good and they always had a choice.
- Menus were available in picture form at the Floyd Unit, to accommodate patients who experience difficulties with communication.
- The trust had taken part in the Patient-Led Assessment of the Care Environment (PLACE) audits in 2015 for each of the community inpatient units. This had showed the trust had exceeded the national average scores for food and hydration.

### Patient outcomes

- The consultants at the Floyd Unit were part of Greater Manchester neurology rehabilitation network where there was MDT representation. This ensured consistency across Greater Manchester and allowed for benchmarking best practice.
- Patients and their family were involved in their rehabilitation, goal setting and discharge planning at the time of their admission with the exception of ward J5, where patients were not informed of the expected length of stay or provision following discharge. Discharge dates were set and agreed as a goal; and individual needs and rates of recovery were considered at multidisciplinary meetings.
- Services had a governance toolkit which measured compliance against CQC key lines of enquiry. This spreadsheet was updated regularly and shared routinely with staff.
- The trust participated in audits such as the National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis and National UK Audit of Parkinson's Disease. There were subsequent action plans in place.

### Competent staff

- The nursing and allied health professional staff were positive about learning and development opportunities and told us they were supported well by their line management.
- The psychologist at the Floyd unit offered staff training in violence and aggression as, due to the nature of the

neurological condition of the patients, there was an increased incidence of challenging behaviour. This training had initially been instigated due to a safeguarding incident that had occurred on the unit.

- At the Floyd Unit, we were told the previous unit manager had completed all staff appraisals in January every year. However, it was proving difficult to complete all appraisals within one month; therefore the acting unit manager felt the appraisal rate wasn't at trust target, at the time of the inspection.
- Staff appraisal figures were provided by the trust for three out of the five inpatient facilities which showed that only one out of 36 staff had received an appraisal at Tudor Court, against a trust target of 90%. One member of staff out of a possible 18 had received an appraisal at Wolstenholme and eight staff members out of a possible 18 had received it on J5.
- Consultants at the Floyd Unit delivered regular staff training in areas including epilepsy, neurology, tracheostomy care and dysplasia. There were no qualified nursing staff at the Floyd Unit.
- Staff at Tudor Court and Wolstenholme were undertaking specific trust training due to the transition over to the trust from the local authority. This training included completing basic observations and phlebotomy.
- There was a NICE champion at Henesy House who shared relevant guidance with staff. Staff told us this worked effectively.

### Multi-disciplinary working and coordinated care pathways

- There was effective daily communication between multidisciplinary teams within all of the community inpatient facilities we inspected. Staff handover meetings took place during shift changes.
- There were weekly multidisciplinary team meetings that involved staff from the different specialties. Patient records showed that there was routine input from nursing and medical staff and allied health professionals. Additionally board rounds were held several times per week in each of the units.
- Staff told us they received good support from pharmacists, pharmacy technicians, social workers, psychologists and district nursing teams, where required.
- There was good evidence of a strong multi-disciplinary team (MDT) approach to care for patients on all of the



## Are services effective?

units. We observed an integrated approach to care delivery which involved nursing staff, occupational therapists, physiotherapists, medical staff and pharmacy. We spoke with a physiotherapist and an occupational therapist who promoted self-care. We saw assessments and recommendations from speech and language therapists, dieticians, podiatrists and therapy staff.

- Staff reported multi-disciplinary working was good.
- Full MDT meetings were held weekly at each of the units where social work input was discussed. Additionally board rounds, including all the MDT were held three times per week at the Floyd unit.
- Regular lead meetings were held on the Floyd unit, which included nursing, occupational therapy and physiotherapy. These meetings were set up following some challenges with communication. Additionally, previously professionals were all based in separate rooms, which didn't facilitate meaningful communication. Therefore as part of 'learning in action', professionals were all moved to be based in one big room, which has greatly improved communication.

### Referral, transfer, discharge and transition

- The length of stay in J5 was between seven (May 2015) and 47.8 days (January 2016), which was higher in some months than the commissioner target of 30 days for step down patients from acute services and 10 days for step up admissions from community.
- Staff at the Floyd Unit told us there had been a significant reduction in the length of stay over recent months; however the data supplied by the trust indicated that the length of stay at the unit was over the trust target of 21 days in each month between September 2015 and January 2016. The data did indicate there had been a reduction from 34.7 days in September 2015 to 26.8 days in January 2016.
- Patients were referred to the community inpatient facilities via a number of routes, including their general practitioner (GP) and a small waiting list managed by the trust.
- There was good communication with community services and patients and their relatives to facilitate discharge from hospital. Discharge planning and information was available to the community nurses and social services.

- Discharge planning commenced for patients on admission, which involved the MDT and a representative from Age UK who would identify any patients who were isolated in the community and would support patients with issues such as benefit forms and social accessibility. However, some patients told us they were not kept informed of their discharge planning.

### Access to information

- Notice boards were used to highlight where patients were located within the unit and to identify high risk patients such as patients with an infection or those identified as living with dementia. The notice boards also highlighted when pharmacist reviews had taken place.
- Staff could access information such as policies and procedures from the trust's intranet. However staff at Tudor Court had no IT access due to server problems after the unit transitioned over from the local authority. This issue had been raised at a senior level but had not been resolved at the time of the inspection. This meant that staff, including clerical staff could not send or receive any emails, could not report or incidents and could not access policies and procedures.

### Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- We found deprivation of liberties safeguards applications had been made and completed appropriately within the records we inspected, with the exception of one record at the Floyd Unit. Although the form was completed appropriately, it was not filed with the patient's live records but in the archived records. This was identified as a clerical error and was rectified once we alerted staff to the problem.
- Interviews with staff highlighted they understood patient consent and when it should be obtained. We observed staff clearly asking patients for their consent and explaining what they were going to do before carrying out any treatment or personal care.
- Within the records at each of the community inpatient units, there was no evidence of a formal mental capacity assessment completed by medical staff however it is recognised that not all patients would require an assessment of capacity..

# Are services caring?

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

## Summary

Patients and their relatives spoke positively about the care and treatment provided. They told us they were treated with dignity, empathy and compassion. Staff ensured patients or their relatives were involved in their care and supported them with their emotional and spiritual needs.

J5, Henesy House and Wolstenholme completed the NHS Friends and Family test which showed a high number of patients would recommend the facility.

A psychologist was based at the Floyd Unit to offer support to patients, where required.

## Detailed findings

### Compassionate care

- During the inspection, we saw that patients were treated with dignity, compassion and empathy. The patients we saw had their dignity maintained.
- We spoke with 18 patients who told us staff were kind and caring and they gave us positive feedback about ways in which staff showed them respect and ensured that patient dignity was maintained.
- From observations made, it was evident staff had healthy relationships with patients and those close to them. Staff were seen to respond to patients' needs in a timely way. At Tudor Court families were encouraged to stay overnight if their relative was at the end of their life.
- The trust had taken part in the Patient-Led Assessment of the Care Environment (PLACE) audits in 2015 for each of the community inpatients units. This showed the trust had exceeded the national average scores for privacy and dignity.

- The NHS friends and family test (FFT) showed that 93% of patients at Henesy House and 94% of patients at Wolstenholme would recommend the service. The NHS friends and family test asks patients how likely they are to recommend a hospital after treatment.

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

- One patient told us she had been moved between the units as her care had been stepped down but she had only been told an hour before she was moved. Her family had also not been notified of the plan to move her. When we spoke with the unit manager from J5, she informed us that patients were not told of their expected length of stay or any plans to move them to another unit. The reason given for this was that patients did not like to move and the unit felt this impaired recovery time.
- We were told, at Henesy House, patients and those close to them were involved in their own discharge, with the support of staff and identified what their goals were.

### Emotional support

- A psychologist was based at the Floyd unit to offer support to patients, where required.
- We observed staff taking time to talk and listen to patients and provide reassurance and comfort to them. Staff took time to understand the needs of the patients to enable them to best address their concerns.

# Are services responsive to people's needs?

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

## Summary

The service was responsive to people's needs both in the local area and to patients out of the area, if required. Nursing care was delivered in a person centred way. Staff showed awareness of people in vulnerable circumstances and gave examples of how to make care more accessible to them.

Complaints were dealt with primarily at local level and escalated to the trust's formal process, if appropriate. Information was available for people whose first language was not English and there was access to an interpreter, if required.

Although activities took place at each of the community inpatient's units, there was no structured activity programme in place at Tudor Court.

Patients admitted to the units had a prompt assessment by nursing and medical staff. If patients were admitted out of hours' there may be a delay in being seen by a doctor. During normal hours, GPs or consultants (Floyd Unit) admitted and clerked in patients and offered advice in a timely manner. However, out of hours' and at weekends there were some delays in patients being seen by a doctor.

## Detailed findings

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

- There was an outdoor area at the Floyd Unit and Tudor Court where patients could sit out and take part in activities, such as potting and planting.
- The Floyd Unit had an outpatients room where clinics were run three days per week. This ensured continuity of care as patients discharged from the unit were seen at these clinics, subsequently seeing the same staff and they were familiar with the environment.
- There was a self-contained rehabilitation flat at the Floyd Unit for patients to stay with their relatives prior to discharge. This was to ensure they had experience of independent living and a gradual discharge home. This flat did have use of the nurse call system but staff told us they didn't encourage the use of this as they wanted to promote independent living.

- Tudor Court and Wolstenholme had rooms they could use for relatives to stay over if their relative was at the end of life. These rooms had bed settees and bathroom facilities.

### Equality and diversity

- Staff were aware of how to access the trust translation service and told us translators were readily available, when required.
- Information leaflets could be ordered in different languages and staff were familiar with this.
- Henesy House was attached to a church and service users, where appropriate, were supported to attend church on Sundays.
- Service users at Henesy House of any faiths were encouraged to attend their relevant religious service, with the support of family members.
- Staff at Tudor Court were not achieving staff mandatory training for equality and diversity, in that 82% of staff had completed the training which was worse than the trust target of 90%.
- Policies were in place to ensure the equality and diversity of staff was respected.

### Meeting the needs of people in vulnerable circumstances

- On Wednesday evenings, at the Floyd Unit, volunteers supported staff to deliver an activities night. This included trips out including to a local takeaway or a video night with popcorn.
- There were activities at the Floyd Unit, including a pool table and games consoles to prevent patients getting bored.
- During our inspection we observed a Reiki session, at the Floyd Unit. Three support workers were trained in delivering these sessions for patients. Additionally wheelchair yoga was delivered weekly to the patients who were interested.
- We saw no evidence of an activity plan for patients to participate in to promote their independence and mental functioning at any of the units. However there was a day room in each unit, where patients could choose to socialise and staff told us group activities were organised such as reminiscence, quizzes and

# Are services responsive to people's needs?

crafts. There were books and games available but some patients told us they would like more stimulation. The day room at Wolstenholme was a dark, cluttered room with no windows. This was a temporary measure until the move into the new unit in March.

- The environment at Tudor Court was not dementia friendly with dark, wood clad corridors. As part of the plans for the refurbishment, a representative from the Alzheimer's society had been involved to ensure the unit would be dementia friendly.
- Hairdressers came to the units on a weekly basis and patients could choose to have their hair done. This did incur a small fee.
- Service users at Henesy House were offered to go to 'exercise and ride' (an exercise group in the community) on a weekly basis, if appropriate.
- Patients and their families were given choice over the location for end of life care and there was support available to staff and families from Macmillan nurses and a local hospice.
- Staff were able to provide overnight accommodation for relatives of patients at Tudor court. The rooms had two relatives' rooms that could accommodate up to four people. These rooms were equipped with televisions and en-suite bathrooms.
- Halal and Kosher food choices were readily available.

## Access to the right care at the right time

- Patients were assessed using the Intermediate Care Service Patient Screening Assessment Tool prior to admission to any of the community inpatient facilities to ensure they met the admission criteria.
- Medical staff told us there were delays in discharge for some patients due to delays in equipment and housing and care packages.
- There were nine patients being cared for in commissioned nursing home beds due to winter

contingency planning. Staff told us these patients received the same level of rehabilitation care as patients cared for in the units. The GPs and allied health professionals visited the patients, as required, between Monday and Friday to ensure their needs were being met.

- Patients admitted to the wards had a prompt assessment by nursing and medical staff. If patients were admitted out of hours' there may be a delay in being seen by a doctor. During normal hours, GPs or consultants (Floyd Unit) admitted and clerked in patients and offered advice in a timely manner. However, staff told us that out of hours' and at weekends there were some delays in patients being seen by a doctor.

## Learning from complaints and concerns

- Information about complaints was discussed during daily 'safety huddles' and monthly team meetings to raise staff awareness and aid future learning.
- As a result of a complaint, an outpatients room was developed at the Floyd unit to ensure patients received continuity of care.
- The unit manager at Tudor Court described a complaint they had received in relation to an inappropriate admission for a patient transferred from a neighbouring trust. It was identified that the patient required more nurse led care. This complaint led to a review of the admission criteria for the unit.
- A further example of learning from a complaint was given by the unit manager at Wolstenholme. This complaint involved a lack of communication with relatives in terms of personal care being to the patient. This complaint resulted in better communication and documentation about all care given. This had subsequently been audited.

# 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

Staff were familiar with the trust strategy and also the strategy of their individual unit. Staff were clear at Wolstenholme and the Floyd Unit that the units were undergoing renovation to make the facilities fit for purpose.

There was effective teamwork and clearly visible leadership within the services. Staff were positive about the culture within the community inpatient services and the level of support they received from their managers. The management team understood the key risks and challenges to the service and how to resolve these.

The unit managers and registered nurses were visible in the clinical areas and had a strong focus on the needs of the patients and the requirements on the staff team in order to deliver a good service.

## Detailed findings

### Service vision and strategy

- The trust vision was to become **'a leading provider of joined up healthcare that will support every person who needs our services, whether in or out of hospital to achieve their fullest health potential.'**

This was underpinned by a set of values that were based on being 'quality driven', 'responsible' and 'compassionate'.

- Staff were familiar with the trust strategy and also the strategy of their individual unit. Staff were clear at Wolstenholme and the Floyd Unit that the units were undergoing renovation to make the facilities fit for purpose.
- Staff at all the units were clear of the focus of the community inpatient facilities and decreasing length of stays.

### Governance, risk management and quality measurement

- Regular ward meetings were not held, at the time of the inspection, on the Floyd Unit due to staffing issues. These meetings had previously been held monthly. However the acting ward manager sent a monthly governance newsletter to all staff which covered areas

of governance, including incidents, complaints or concerns and any lessons learned. Additionally the acting ward manager attended one of the board rounds on a weekly basis and discussed any governance issues to staff attending these.

- Monthly staff meetings were held at Tudor Court and Wolstenholme where a variety of governance issues were discussed, including policies lessons learned from incidents and complaints and safeguarding concerns.
- Unit managers received face to face supervision with their line manager. Staff at the units did not receive one to one clinical supervision but did receive one to one meetings with the unit manager at Wolstenholme. This system was established due to the team being newly established and the challenges this had involved initially.
- On J5 we were told that all risk assessments completed were put on the departmental risk register, regardless of the risk score. This was identified as a lack of awareness of the governance process by a new manager.
- Performance monitoring spreadsheet in operation which demonstrated performance improvement for each of the units. These were peer assessments. Where a unit was showing as red or amber on the assessment an action plan was produced to improve performance in these areas.

### Leadership of this service

- The unit managers and registered nurses were visible in the clinical areas and had a strong focus on the needs of the patients and the requirements on the staff team in order to deliver a good service. Staff spoke positively about the management structures within their local teams and told us their line managers were approachable and supportive.
- There were new unit managers at each of the units, with the exception of Henesy House. Leaders were keen to listen to staff in relation to the changes that were being undertaken in each area.
- The staff we spoke with told us they understood the reporting structures clearly and that they received good management support.

# Are services well-led?

## Culture within this service

- Within each unit, we observed a good culture with good multidisciplinary working evident both within the team and the wider trust.
- We observed staff interacting positively with the visiting GP's and trust medical staff.
- The staff sickness rate between December 2015 and February 2016 varied across each team. The sickness rate for ward J5 ranged between 1.42% and 2.39% and for the Floyd Unit ranged between 0.50% and 1.65% which were both better than the trust target of 5% and similar to the England average. However sickness levels at Tudor Court ranged between 6.58% and 3.60% and at Wolstenholme it ranged between 2.96% and 15.56%, including four members of staff being on sick leave for stress related issues. Data for Henesy House was not provided by the trust.

## Public engagement

- Service users and their families had been consulted in relation to the refurbishment at Tudor Court. Meetings had been held with service users to look at the plans and their feedback was taken into account.

- Patients and their families had not been consulted in relation to the development of the new unit at Wolstenholme. Their only involvement had been in naming it.
- Monthly focus groups were held with patients on J5 and feedback received from this was used for future development and staff learning.

## Staff engagement

- Staff told us they received good support and regular communication from their managers. Staff routinely participated in team meetings. The trust also engaged with staff via newsletters and through other general information and correspondence that was displayed on notice boards.
- Staff were involved with the plans for refurbishment at the Floyd Unit and were excited about the changes.

## Innovation, improvement and sustainability

- Tudor Court was due to undergo renovation of the building to make it more suitable for the patients, including patients living with dementia. Additionally Wolstenholme was due to move into a purpose built unit giving better facilities for inpatients.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.