Renovo South Newton Limited

South Newton Hospital

Inspection report

Warminster Road
South Newton
Salisbury
SP2 0QD
Tel: 01722273265

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

Ratings

Overall rating for this location	Inspected but not rated

Summary of findings

Overall summary

We carried out this focused follow-up inspection on 26 October 2022.

We did not inspect all key questions as defined within our methodology but focused on those areas highlighted in the warning notice as requiring significant improvement following our comprehensive inspection in January 2022.

We inspected safe, effective, and well-led in relation to the issues in the warning notice.

As this was not a comprehensive inspection we did not rate the service, therefore our previous rating of inadequate remains.

The provider had achieved progress in addressing our concerns and we judged that the requirements on the warning notice had been met. We found:

• The service now met legal requirements relating to safe care and treatment, infection control, safeguarding and good governance.

• Patients and staff were no longer at increased risk of exposure to harm due to ineffective processes and procedures to assess the risk of preventing, detecting and controlling the spread of COVID-19. Leaders now regularly updated infection control procedures and regularly completed infection control audits.

• The service now had a named Controlled Drugs Accountable Officer (CDAO) as required by The Controlled Drugs (Supervision of Management and Use) Regulations 2013. They had systems and processes to safely administer and record the use of medicines.

• Leaders now recognised safeguarding concerns and responded effectively and ensured staff were trained to the appropriate level.

• The service now operated improved governance systems to improve the quality of services. Staff now kept improved records of patients' care and treatment. Records were now clear, up-to-date and easily available to all staff providing care.

• Incidents were now effectively investigated to reduce the risk of potential harm from similar or repeated incidents. Staff were now able to describe what lessons were learnt from the incidents they reported. They were now aware of any changes to practice to prevent incidents from happening again.

• Patients, those close to them and their representatives were now engaged with or involved in decision making to shape services and culture.

However:

Some policies were overdue for review.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care (Including older people's care)	Inspected but not rated	As this was not a comprehensive inspection we did not rate the service, therefore our previous rating of inadequate remains. See overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to South Newton Hospital

South Newton Hospital is operated by Renovo South Newton Limited. The hospital is an independent specialist service for the assessment, treatment and rehabilitation of adults with neurological conditions including acquired brain injury and progressive neurological disorders.

The service is 6 miles from Salisbury in Wiltshire and is commissioned to provide NHS-funded services for patients from across the South East and South West of England.

The service is registered to care for a maximum of 17 patients and is registered for the following regulated activity:

• Treatment of disease, disorder or injury.

The service had a registered manager in place.

We carried out a comprehensive inspection of the service in January 2022 and gave it an overall rating of inadequate. We issued a warning notice because:

- The service failed to monitor performance effectively.
- The service failed to have effective audit processes in place.
- Hospital board level scrutiny was not effective.
- Infection prevention and control policies had not been updated in line with national guidance
- Policies and procedures contained inaccurate or out-of-date information
- The service did not seek or act on feedback from service users and their families.

The service currently has the following conditions on its registration:

• The registered provider must not accommodate patients overnight anywhere within the location other than Wylye ward or Avon ward.

• In order to ensure patient safety, the registered provider must ensure there is an effective traffic management procedure in place within the location that supports the following:

■ Pedestrian only access to areas marked as 'Time Limited Vehicle Access' on the registered provider's South Newton Hospital Site Plan between 8am and 7.30pm except for vehicles with a staff escort.

At the time of this inspection the service had 2 patients on Wylye ward and 9 patients on Avon ward.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (Including older people's care)	Inspected but not rated	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected	Inspected but not rated

Inspected but not rated

Medical care (Including older people's care)

Safe	Inspected but not rated
Effective	Inspected but not rated
Responsive	Inspected but not rated
Well-led	Inspected but not rated

Are Medical care (Including older people's care) safe?

Inspected but not rated

Mandatory training

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

At our last inspection the information provided to us about staff mandatory training and annual appraisal rates did not match the information in the service's own quality assurance dashboard.

Managers now monitored mandatory training compliance and staff appraisals effectively. See "Governance" section of this report.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

At our last inspection staff did not always record actions taken when patients had a raised National Early Warning Score (NEWS), and the electronic record system did not include baseline observations for patients. The service did not have a consistent approach to falls management and staff did not always fully complete patients' admission records. Staff did not always complete risk assessments for patients thought to be at risk of self-harm or suicide.

Staff now used NEWS to identify deteriorating patients and escalated them appropriately. Staff completed risk assessments for each patient on admission and completed regular reviews which increased awareness of risks and their ability to deal with them. Staff completed risk assessments for patients thought to be at risk of self-harm or suicide. See "Governance" section of this report.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

At our last inspection staff were not always able to access up-to-date information using the service's electronic records system. Patient notes were not always complete and accurate, and the service did not audit the quality of patient records effectively.

Patient notes were now comprehensive, and all staff could access them easily. See "Governance" section of this report.

Inspected but not rated

Medical care (Including older people's care)

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

At our last inspection the service did not have a named Controlled Drugs Accountable Officer (CDAO) as required by The Controlled Drugs (Supervision of Management and Use) Regulations 2013. The service now had a CDAO.

Staff now stored and managed all medicines and prescribing documents safely.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

At our last inspection root causes of incidents had not been identified, recommendations had not been made to mitigate the risk of similar incidents occurring, and the service's policy contained incorrect information about learning from incidents.

Leaders' investigations of incidents were now comprehensive, and actions were implemented and monitored. See "Management of risk, issues and performance" section of this report.

Are Medical care (Including older people's care) effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

At our last inspection the hospital did not have effective processes to monitor compliance with national guidance.

The service now had a process to ensure compliance with National Institute for Clinical Excellence (NICE) guidelines and quality standards. This included a review of national guidance by the lead medical consultant to identify the relevance of any changes to the service. The lead medical consultant recorded the action required and gave a clear rationale if no action was required. Managers passed this information to staff at a variety of their regular meetings. Staff told us this was an effective way for them to receive information about new guidance. The service used a tracker to record the guidance, the actions required, and assurance that staff were informed.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Inspected but not rated

Medical care (Including older people's care)

At our last inspection we did not receive evidence to demonstrate the service formally submitted the required data to the UK Rehabilitation Outcomes Collaborative Data (UKROC) programme to benchmark patient outcomes. Leaders and staff did not always use the results of audits to improve patients' outcomes.

The service now participated in relevant national clinical audits and managers and staff used the results to improve patients' outcomes. See “Governance” section of this report.

Are Medical care (Including older people's care) responsive?

Inspected but not rated

Meeting people’s individual needs

The service was inclusive and took account of patients’ individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service now operated improved governance systems to oversee the quality of services. Staff now kept accurate records of patients’ care and treatment. Records were now clear, up-to-date and easily available to all staff providing care.

Each patient with a communication impairment or disorder had a communication care plan in place. People who required assisted means of communication are supported on an individual basis and where required advice is sought from the Speech and Language Therapist.

See “Governance” section of this report.

Are Medical care (Including older people's care) well-led?

Inspected but not rated

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

At our last inspection the leadership team did not have full oversight of all the issues relating to quality and safety in the service. They did not always prioritise them appropriately and take timely action to resolve them.

This had improved and there were now new frameworks, systems and governance processes to oversee quality and safety. Staff were positive about the leadership and told us that leaders were approachable and visible. Staff said they felt supported by both the registered manager and the Director of Nursing and Quality, and that the CEO had influenced and implemented areas of positive change.

We observed polite, professional interaction between staff and leaders. Staff told us there were good processes for communication and they were able to raise concerns, suggestions or feedback with any member of the leadership team.

Inspected but not rated

Medical care (Including older people's care)

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

At our last inspection leaders were not able to tell us how the service's vision, values and strategy were being developed. Leaders did not use a structured approach to update their strategy in collaboration with people who use services, and those who matter to them, or with other external partners.

The leadership team had now started work to collaboratively develop the service's mission, vision and values. Leaders had held engagement sessions with staff and patients and used feedback to develop the expected behaviours which would underpin the values of the organisation.

Governance

Leaders operated effective governance processes throughout the service and with partner organisations. Staff we spoke with were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

At our last inspection managers did not have an effective audit process and were using a quality assurance dashboard which provided only an overview of data. The service did not audit Malnutrition Universal Screening Tool (MUST) risk assessments. There were policies and procedures to govern and guide staff practice which contained inaccurate and incorrect information, or which had not been updated in line with government guidance or the service's own policy. These included the infection prevention and control policy, the medicines management policy, and the policy for the reporting and management of serious incidents and never events.

The arrangements for governance and performance had now improved. The governance and oversight was now clear, accountable and auditable.

The service had the following clinical governance meetings:

• South Newton Clinical Governance Meeting

• Renovo Group Clinical Governance Committee

• Medical Advisory Committee (MAC)

• All staff meetings every other week

The quality assurance dashboard was no longer used and had been replaced by a new governance framework. The framework showed how information flowed between patients, staff and leaders to ensure leadership and oversight and to implement change. This included accurate information about mandatory training and staff appraisals.

Leaders reviewed patient safety and clinical quality reports at monthly board meetings, including patients with raised NEWS scores and patients assessed as being at risk. Leaders had now rectified problems with the service's electronic records system to ensure that patient records were accurate and up-to-date. The report provided a briefing for the

hospital executive board on key quality related topics. The report described the quality of clinical practice, the actions that had been taken to improve measures of patient safety and any emerging issues. The patient safety and quality report provided the board with information and data insight into clinical performance over the previous month, and longer-term trends, with narrative on the actions being taken to improve quality and safety.

We reviewed the October 2022 patent safety and clinical quality report which showed that MUST risk assessments were included in ongoing monitoring of patient care and treatment. This had also been incorporated within a patient admission audit. Managers completed regular audits to oversee and maintain quality. The report for October showed 27 clinical audits had been completed and there was a requirement to report further on audits with lower than 95% compliance. We saw that monthly environmental cleaning audits had been completed and used to improve infection prevention and control. For example, in September 34 out of 35 tasks had been completed, and corrective action had been taken regarding the uncompleted task.

However, managers had not yet completed a review of the service's policy documents. The safeguarding adults policy and medicines management policy were both awaiting review.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

At our last inspection leaders did not always rate the severity of risks accurately or review the risk register regularly. They did not always identify and escalate relevant risks and issues and did not implement effective actions to reduce their impact.

The board and other levels of governance in the organisation now functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective. Staff were clear about their roles and accountabilities.

Managers had processes to manage performance and to identify, understand, monitor and address current risks.

Leaders had reviewed the risk register and understood the key risks to quality and safety. We saw the risk register contained 7 risks which aligned to information provided to us verbally during the inspection. Risk had been rated and categorised into type and source, with detailed information about the control measures in place and what was required to manage and mitigate the risk. Alongside this was commentary on actions taken and evidence of oversight and relevant steps. Leaders reviewed operational and patient risks on a monthly basis and had plans to ensure risk was managed and mitigated effectively.

Leaders had a governance framework which included improved processes for reporting risks, incidents and performance to the board and scrutiny by the Renovo Group Clinical Governance Committee. This ensured oversight of themes and trends and identified areas of learning and action planning. The clinical governance group had an action log to track and review progress.

Managers had improved the incident reporting process. All new staff received induction training on incident reporting and details were included in the service's governance handbook. A monthly incident and reporting training session was held for all staff.

Inspected but not rated

Medical care (Including older people's care)

Performance issues were escalated to the appropriate committees and the board through clear structures and processes. Clinical and internal audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns.

Leaders now investigated incidents effectively to reduce the risk of potential harm from similar or repeated incidents. Staff were now able to describe what lessons were learnt from the incidents they reported. Leaders cascaded learning from incidents to staff in various ways including team meetings, newsletters and regular governance messages.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Since our last inspection leaders had improved how the service engaged with patients and involved them in decision making to improve the quality and safety of the service. See “Vision and strategy” section of this report.