

Airedale NHS Foundation Trust

RCF

# 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)
RCFX1	Harden Ward, Castleberg Hospital, Raines Road, Giggleswick, Near Skipton, North Yorkshire, BD24 0BN		

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

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

Where applicable, we have reported on each core service provided by Airedale NHS Foundation Trust and these are brought together to inform our overall judgement of Airedale NHS Foundation 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 the service as good overall.

Staff understood and fulfilled their responsibilities to raise concerns, report incidents and near misses. They were involved in taking action to prevent further occurrences. Patient risks were assessed, monitored and managed on a day-to-day basis. The assessments were person-centred and reviewed regularly and staff responded appropriately to changes in risks.

Staffing levels were consistently at the planned level and where patients had been risk assessed as needing additional support this was provided. Safeguarding vulnerable adults and children were given sufficient priority and all staff had completed the relevant training.

Patients had comprehensive assessments of their needs completed, which included consideration of clinical needs, mental health, physical health and wellbeing, and nutrition and hydration needs. Expected outcomes were agreed with the patient, reviewed and updated.

Staff were competent and were supported to acquire and develop further skills to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training was put in place to meet these. Staff were supported to deliver effective care and treatment and undertake clinical supervision to enhance their role.

Multi-disciplinary team working was effective and well coordinated and staff worked collaboratively to meet the range and complexity of patient's needs.

Staff were caring, they respected patients' privacy and dignity. Patients felt supported and involved in their care to make informed decisions. They were encouraged to manage their own health and care when they could and to maintain independence. Staff were proud of the care they delivered to patients on their ward and enjoyed working there.

The services were planned and delivered in a way that met the needs of the local community. People knew how to raise concerns and complaints and these were responded to and improvements made.

Governance in the service was effective. Risks were identified and appropriately raised onto the risk register. The leadership, governance and culture of the service promoted the delivery of person centred care. Candour, transparency and challenges to practice were managed and addressed.

The hospital was an old historic building not owned by the trust. A number of risks relating to the building had been identified and escalated to landlords for action. The risks were on the trust's risk register for monitoring purposes.

- Limited pharmacy cover and support was in place on the ward. There were no dedicated activities for patients to encourage their personal wellbeing and rehabilitation.

# Summary of findings

## Background to the service

Airedale NHS Foundation Trust had one community inpatient ward. This was Harden Ward at Castleberg Hospital. The 10-bedded unit providing nursing and therapy for patients aged 18 years or over who required assessment and active rehabilitation, pre-rehabilitation care, symptom control and end of life care. The ward consisted of two main bays which were split into male and female areas; there was also a smaller bay which consisted of two bed areas. There was also an unused bay consisting of five bed spaces which were used if the demand of the ward was required. The hospital was 21.1 miles away from Airedale General Hospital.

Patients needed to be medically stable for admission to Harden ward. Patients could be stepped up from the community setting when safety at home could not be maintained and after a period of intensive rehabilitation it could enable them to return home. Patients with an ongoing health or rehabilitation need could be stepped down from acute medical and surgical care settings. Patients could also be admitted from community and acute settings for palliative and end of life care.

The ward accepted referrals for patients registered with an Airedale, Wharfedale and Craven GP Practice or Bentham Medical Centre. Craven and Cumbria serves a

large rural geographical area, covering an ageing population. The health of people in these areas was generally better than the England average and the population of older people was expected to increase.

Medical cover from a consultant in elderly medicine and local GPs supported the core nursing team. The Craven Collaborative Care Team (CCCT) provided community therapy in-reach services daily onto the ward alongside community Advanced Nurse Practitioners (ANP) and followed patients up on discharge, where needed. Specialist nursing services, such as infection prevention and control, tissue viability and condition specific specialist nurses also provided individual patient care and advice, when required. The team were piloting a link social worker arrangement to provide better continuity and improve patient flow.

During our visit, the inspection team spoke with three patients, one relative and eight members of staff. We observed care being delivered, patient handover and looked at two care records.

We observed one medication round and reviewed two medication administration records.

There were eight patients on the ward at the time of the inspection.

## Our inspection team

Our inspection team was led by:

Chair: Jan Filochowski

Team Leader: Julie Walton, Care Quality Commission

The team included a CQC inspector and nurse specialist.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection programme.

## 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?

# Summary of findings

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

Before visiting, we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We analysed both trust-wide and service specific information provided by

the organisation and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led. We carried out an announced visit on 14 to 18 March 2016. During the visit we talked with staff and 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

Patients and their relatives and carers spoke very positively about the service they received and the support available from staff.

The results of the most recent monthly NHS Friends and Family test for the service showed that for 90 responders, 80% of these were likely to recommend the service as a place to receive care.

## Areas for improvement

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

- The trust should introduce dedicated activities for patients to encourage their personal wellbeing and rehabilitation.

Airedale NHS Foundation Trust

# Community health inpatient services

**Detailed findings from this inspection**

**Good** 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

We rated safe as good because:

- Staff understood and fulfilled their responsibilities to raise concerns, report incidents and near misses. Staff were involved in taking action to prevent further occurrence.
- Staffing levels were consistently at the planned level. Where patients had been risk assessed as needing additional support this was provided.
- Safeguarding vulnerable adults and children were given sufficient priority and all staff had completed the relevant training.
- Patient risk was assessed, monitored and managed on a day-to-day basis. Staff recognised and responded appropriately to changes in risks. Risk assessments were person-centred, proportionate and reviewed regularly.

However, we also found:

- Some mandatory training such as infection prevention and control and manual handling had remained below the trust target for the majority of the year from April 2015 to March 2016.
- The hospital was an old historic building not owned by the trust. A number of risks relating to the building had been identified and escalated to landlords for action. The risks were on the trust's risk register for monitoring purposes.
  - Limited pharmacy cover and support was in place on the ward.

### Detailed findings

#### Safety performance

- We looked at safety thermometer data for the ward between February 2015 and February 2016. The NHS Safety Thermometer is a national improvement tool for local measuring, monitoring and analysing patient harms and "harm free" care. This focuses on four



# Are services safe?

avoidable harms: pressure ulcers (PUs), falls, urinary tract infections in patients with a catheter (CUTI) and blood clots or venous thromboembolism (VTE). The England average for harm free care is 95%.

- On average, Harden ward surveyed nine patients each month. From February 2015 to February 2016 there was one new PU in May 2015 and one new VTE in February 2015 and July 2015. This resulted in all three months to be 86% free of new harms, which is below the England average. The rest of the months were 100% free of new harms, which is above the England average.

## Incident reporting, learning and improvement

- There had been no never events. These are serious, largely preventable patient safety incidents that should not occur if available preventative measures are implemented.
- There was one serious incident in January 2016 where a patient had fallen and subsequently died. The trust had commenced an investigation into the incident.
- The service reported 140 incidents between February 2015 and January 2016. Within these 122 identified no harm, 16 identified low harm and two moderate harm.
- One occasion was raised through a root cause analysis report where staff incorrectly graded a pressure ulcer which could have affected the harm attached to the incident.
- Staff of different grades we spoke with identified that they were encouraged to complete adverse event forms.
- The adverse event forms were completed online and ward manager and sister stated that they provided feedback. This was confirmed by staff.
- Five of the incidents that were submitted in January 2016 were falls. Two falls were witnessed and three falls were unwitnessed. Incident forms were comprehensive and staff were aware of the protocols to follow. Patient falls were discussed at senior manager meetings and the ward manager was to look at reasons for the increase in falls. We reviewed ward meeting minutes and saw that patient falls were discussed.
- Staff received feedback and lessons learnt from incidents that had occurred on the ward at monthly ward meetings. Staff on the ward at the time of inspection were aware and were able to discuss an ongoing incident.

## Duty of Candour

- The Duty of Candour is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to moderate or significant harm.
- We reviewed an incident where duty of candour applied. A letter had been sent and telephone contact had been made by the ward manager.
- Senior staff on duty demonstrated an understanding of the Duty of Candour requirements and specific incidents were discussed at team meetings.
- Staff showed a limited amount of understanding of Duty of Candour at ward level. They were aware of the principles of open and honest care.

## Safeguarding

- Staff showed an understanding of safeguarding and explained the process they would follow to raise any concerns.
- One incident was discussed at a team meeting where a staff member did not raise a safeguarding concern for four hours. The team discussed the incident and lessons learnt, there was no significant harm to the patient.
- Information provided by the trust showed that both safeguarding adults and children training was at 100% for the ward.

## Medicines

- We observed a medication round and reviewed two medication charts.
- We saw the correct process for administration of medicines was followed. Each medication name and expiry date was checked prior to administration. In the minutes of the ward meeting from November 2015, it was documented for staff to check all wrist bands as it had been highlighted that a patient's name band was illegible at the time of administering medication. We saw that patient identity was checked with each patient and the nurse waited until the medication had been taken.
- Controlled medication administration was undertaken with both a registered nurse and health care assistant. The health care assistant had undertaken further training for this role and was aware what the medication was required for.
- We checked the controlled medication stock on the ward. All medications were stored appropriately; the record book was correct and contained no anomalies.

## Are services safe?

- We looked at the medication storage fridge and observed temperatures were appropriately checked.
- Oxygen cylinders were stored in a key coded room and staff were aware of the access code.
- There had been six medication errors between June 2015 and February 2016. These were displayed within the ward area as part of the productive ward. There was a drug error pathway in place. The ward manager stated that when a drug error was identified a lesson learnt approach was taken.
- The ward stocked most common medications and staff reordered any stock twice a week.
- A pharmacist did not routinely visit the ward. The ward manager had raised this as a risk. The ward did not receive pharmacy cover therefore completing medicines reconciliation for new patients, reviewing newly prescribed items, supporting the nursing teams with medicine management related matters and advising the staff on prescribed medication was not in place.
- There had been one serious incident relating to medicines within the last nine months.
- Patients' medication came with the patient on transfer from the acute setting or on admission from home. Medication was sent securely by taxi from Airedale General Hospital to the ward if the transportation deadline had been missed.
- It had been highlighted on the trust risk register that the ward boiler had been in place for several years and parts of the boiler were no longer available to purchase.
- In February 2016, the ward boiler had malfunctioned and electric heaters were used within the ward bays to keep patients warm. No more than two could be used in the bays and staff were reminded to ensure that these were safely positioned. The incident was recorded on the health and safety risk register.
- The estates team visited the site regularly to maintain the property and check the risks that remained on the risk register.
- Transportation from Airedale General Hospital visited twice a day delivering medication, equipment and supplies.
- The inpatient unit had an unused bay where spare beds, hoists, air mattresses and cupboards were required in an emergency. The bay could be used as an extra bay when capacity was needed.
- Physiotherapy and occupational therapy equipment was available to support the rehabilitation of patients.
- Resuscitation equipment was available on the ward and a check list completed each day with one omission in January 2016.
- There were five syringe drivers on the ward that were used by both the ward and community nursing teams. A book system was used appropriately to identify which syringe driver was used. Four syringe drivers had been previously calibrated appropriately. One syringe driver stated 'do not use after 10/2015'. We raised this at the time of inspection and was assured that the machine would be sent for calibration.

### Environment and equipment

- The building was owned by NHS Properties and several repairs were required to the old building.
- The health and safety risk register identified roof repairs were required at Castleberg hospital as there had been water leaks into clinical area and offices.
- There were recurrent blocked drains at Castleberg hospital which caused flooding on the ward and overflow of sewerage into linen room.
- The patio and courtyard area were not accessible at the time of our inspection as the area was considered unsafe. The outside surface area was uneven and required the removal of the flower beds, resurfacing of the area and ground maintenance. During the inspection, work was taking place to rectify the risks. The area was designated as a fire escape route and was identified as a risk on the health and safety risk register. Money had been donated from a local fundraising event which had requested the money be used to purchase garden furniture, raised planters and wind chimes.

### Quality of records

- We reviewed the records for two patients on the ward and found the correct assessment tools were completed.
- We found care plans were structured and reflected the patient's individual needs and assessments were documented and up to date.
- The ward manager stated that a records audit was completed every six months.
- Medical notes were securely locked away in the nursing office.

## Are services safe?

- Since January 2016 care records have been integrated to reduce duplication and improve patient continuity. All members of the multi-disciplinary team wrote in the same set of paper notes. On inspection this was observed.

### Cleanliness, infection control and hygiene

- The environment was visibly clean and tidy including bed spaces and communal areas. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons.
- A healthcare acquired infection assessment audit tool was completed every month. Any required actions were highlighted in an Infection Prevention Action Log. The results of the audit were kept on the ward. We observed the action logs on inspection.
- The sluice, toilets and bathing areas were clean and equipment was stored correctly.
- A daily commode checklist was completed everyday on all commodes on the ward.
- We observed staff adhering to the trust policies of hand hygiene and being bare below the elbows.
- A non-touch technique was observed when staff were dispensing medication.
- The ward has had one episode of colonised *Clostridium difficile* in December 2015.
- A hand hygiene audit was undertaken in November 2015; compliance was 100% for all staff groups. The trust completed a three month comparison which showed in October 2015 compliance was also 100%; however no audit was completed on Harden ward in September 2015.
- Infection Prevention and Control training could be completed on site where more staff could easily attend. Information provided by the trust identified that Infection Control level 2 training was consistently below the trust target of 80% between April 2015 and December 2015. The lowest month was November 2015 at 42.1% but this increased to 88.9% in January 2016.
- Staff were informed that new environmental hygiene rules had been implemented for the staff kitchen and fridge

### Mandatory training

- The trust target for completion of mandatory training compliance was 80%.
- The training figures for April 2015 to March 2016 provided by the trust showed that on Harden ward

overall compliance was constantly above the trust target. Some individual training compliance fell below the trust target, for example manual handling – people update compliance rate was 63.2% in September and was under trust target in nine of the 12 months. Fire safety was under the trust target for four months, the lowest month was 45% in July 2015. Equality and diversity was under the trust target for two months at 78.95%.

- Blood transfusion, conflict resolution, dementia awareness, information governance, mental capacity act, safeguarding adults and children, quality and safety training were consistently above the trust target each month of 80% between April 2015 and March 2016.
- Training was regularly discussed at team meetings. We reviewed ward meeting minutes and saw that training was discussed.
- The ward received training data from the trust every month. The ward manager addressed staff on a one to one basis if they were behind on their mandatory training.

### Assessing and responding to patient risk

- We observed a nursing handover where eight patients were discussed and also a patient that was to be transferred to the ward. We saw that specific risks to patients were identified and actions plans to mitigate these were agreed.
- All staff had access to an electronic handover sheet that had patient information populated. The computer record was updated by a registered nurse every shift or when any changes to the patients care were required. We saw the computer record was updated during the handover period. The electronic handover sheet was concise and contained all appropriate information to provide patients with safe care.
- At the time of inspection one patient had a deprivation of liberty safeguards authorisation (DoLs) in place. As a result the staff were completing the relevant risk assessments to minimise the risk of absconding.
- Risk assessments in use included pressure areas, falls, moving and handling and these were completed.
- The National Early Warning Score (NEWS) which is a recognised tool to identify a deteriorating patient was used across the trust. Observations on patients were individually assessed due to clinical need. We observed that the NEWS was completed when a patient deteriorated or had fallen.

## Are services safe?

- An investigation had highlighted that nursing staff had assessed pressure ulcers incorrectly and documenting the wrong classification of skin damage. This was highlighted to staff at the ward meeting and individual discussions took place.
- A root cause analysis had identified that risk assessments in relation to pressure ulcer care were not completed. This was highlighted to all staff and discussed in ward meetings.
- Staff were aware that if patient became acutely ill, there were procedures in place to transfer to an acute hospital.
- Staff told us that intentional rounding was completed two hourly. We observed documentation had been completed. Patients told us that staff responded to call bells promptly.
- The ward had access to chair and bed alarms and low beds to use when patients at risk required these.

### Staffing levels and caseload

- Harden ward's establishment consisted of one ward manager, one band 6 sister (0.8WTE), six registered nurses (5.6 WTE) and 11 healthcare support workers (7.96 WTE).
- Information submitted by the trust showed there were no nursing vacancies on Harden ward.
- The ward manager had been utilised to support the additional capacity winter ward at Airedale General Hospital. At the time of our inspection they were on Harden ward one day a week.
- On each day shift, there was one registered nurse and two healthcare support workers on duty. At night time there was one registered nurse and one healthcare support worker on duty.
- A rehabilitation complexity tool was used on the ward that looked at every patient's individual needs. The tool looked at four domains – basic care and support needs, skilled nursing needs, therapy needs and medical needs. A figure was identified from adding up the four domains and collated for all the patients on the ward. The complexity was completed every night and identified if the ward could accept new referrals dependant on the overall total complexity score. This was used for all patients including patients at the end of life. We found the ward displayed information about the number of staff on duty. We saw on the day of inspection that the planned number of staff were on duty.

- We looked at staff rotas for a four week period from 15 February 2016 to 13 March 2016. Bank staff were requested and acquired when there were gaps and planned levels were achieved.
- Sickness absence rates during this period for February 2016 and March 2016 were 3.3% and 3.5%.
- Registered nurse sickness levels were low. Information provided by the trust identified during the period of April 2015 and March 2016, no registered nurses hours were lost due to sickness in seven of these months. The highest rate was in June 2015 at 5.8%.
- No administrative or clerical staff were sick between April 2015 and March 2016.
- On inspection the staff told us they were happy to complete extra shifts when required.
- A staff member was due to retire and the post had been advertised and recruited to prior to the staff member leaving.
- Extra staff were requested to provide one to one support for patients when a DoLs authorisation was in place. Staff were rotated to provide one to one care on a two hourly basis.
- Therapy services complemented the ward team and provided an in-reach service from the Craven Collaborative care Team (CCCT).
- There were no medical staff based on site.
- Medical cover was provided from a consultant in elderly medicine and local GPs.

### Managing anticipated risks

- Staff were aware of business continuity plans. A red file was used for business continuity that was updated periodically. The ward manager stated this had not been used from January 2015 to January 2016.
- In the event of a registered nurse not attending work on night duty a contingency plan with the out of hours district nurses is in place. However they had not had to implement this plan.
- The main door was locked at night with a night bell to use. Staff locked the ward at night and there were no security staff or cameras on site. Staff commented that they felt safe and were aware of who to contact with any concerns.
- We asked senior staff how potential risks were taken into account when planning services, for example seasonal fluctuations in demand and the impact on adverse weather. Staff identified who they needed to escalate concerns to and policies were in place.

## Are services safe?

- The ward focus was on the rehabilitation of patients and also end of life care. The ward manager identified that they were not expected to provide acute services in response to bed shortages at Airedale General Hospital.
- The ward had physical space to utilise more beds when required, however the staffing levels needed to be increased to accommodate any extra patients. Over the winter period of 2014 the patient capacity did increase to 15 to meet the additional demand.

### **Major incident awareness and training?**

- Staff could explain the escalation process in the event of a major incident.

# 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 effective as good because:

- Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Expected outcomes were agreed with the patient and reviewed and updated.
- Staff were competent and have acquired further skills to carry out their roles effectively and in line with best practice. They were supported to maintain and further develop their professional skills and experience. Staff were supported to deliver effective care and treatment and undertake clinical supervision to enhance their role.
- The learning needs of staff were identified and training is put in place to meet these.
- Multi-disciplinary team working was effective and well coordinated. Staff worked collaboratively to meet the range and complexity of patient's needs.

## Detailed findings

### Evidence based care and treatment

- The ward followed the relevant National Institute for Health and Care Excellence (NICE) guidance.
- Policies based on NICE guidelines were accessible to staff on the trust intranet.
- Staff informed us they were aware of best practice guidelines and they would access the most up to date policy online.
- Staff were asked to sign and confirm that they had read and understood policies and standard operating procedures (SOPs).

### Pain relief

- Nursing staff used and documented an evidence based pain score to assess patient's needs.
- We observed nursing staff respond to the patient's need for pain relief.
- We observed a nursing handover where patient's pain relief was discussed.

### Nutrition and hydration

- Nutritional assessments were completed on the patient records that we observed. The malnutrition universal screening tool (MUST) used on the ward is a five step screening tool to identify adults who are malnourished.
- A MUST audit report has been undertaken by the trust however Harden ward were not included within the audit.
- We observed one meal time and saw that patients were encouraged to sit in the dining area for their meals. Drinks were provided at meal times and between meals; we observed that drinks were placed within patients' reach.
- Patients who were unable or did not want to sit in the dining area were provided with a meal at their bedside.
- A notice board with information regarding nutrition was on display within the dining room.
- A blackboard was used and the chef updated the board with the food choices available.
- The food was provided by a catering company and cooked on site. The menus offered a range of meals and patients were assisted with their choices.
- Patients who had food allergies wore a red wrist band. It was highlighted within one team meeting that nursing staff informed the kitchen staff of a patient's food allergy however it was not raised for two days. The patient did not sustain any harm.

### Technology and telemedicine

- Telemedicine was available within one of the treatment rooms on Harden ward.
- Staff on the ward stated they can use the telemedicine link with tissue viability to review patient care.
- Community nurses also accessed the telemedicine link on the ward for tissue viability and to review patient's care.

### Patient outcomes

- The team had planned to introduce the Barthel score as a measure of patient outcomes.
- The ward participated in local audits such as mental capacity assessment and best interests decisions in



# Are services effective?

response to an incident. The audit comprised of inspecting 14 sets of notes in February 2016. The results showed that all the relevant documentation was completed and documented appropriately.

- The ward had previously participated in the National Audit for Intermediate care in 2013/14 and 2014/15. A decision had been made to undertake the NHS benchmarking of community hospitals instead in 2015/16 with plans to repeat this in 2016/17.
- Harden ward also participated in the National audit of dementia organisational checklist community pilot.
- The ward routinely undertook audit activity such as the safety thermometer and infection control audits. However, they were not always included in trust wide audits such as the MUST audit.

## Competent staff

- We found that staff received an appraisal annually. Information submitted by the trust identified that appraisal rates were above the trust's target of 85% for the period April 2015 to December 2015. However, the figures provided included all the community services which also included community nursing.
- We spoke with a healthcare assistant who had completed further training. They confirmed that they were well supported with training and development and had received an appraisal.
- Training to support competencies was evident. We found healthcare assistants had completed further training to support their role such as phlebotomy and patient observations. This training was available to bank staff.
- The trust supported healthcare assistants to complete the care certificate. The healthcare assistants have been awarded and accredited the care certificate on their previous experience and observed practice.
- The ward manager highlighted that new staff completed an induction period which allowed them to be supernumerary and not included in the safe staffing requirements.
- We found that staff completed clinical supervision although this was sporadic and no set pattern to the frequency.
- One staff member informed us that they had been supported to become a dementia champion and felt empowered by this role to help patients.

## Multi-disciplinary working and coordinated care pathways

- The ward had a weekly multi-disciplinary team meeting and was attended by medical, nursing, therapy, advance nurse practitioners and social care staff.
- The local GP visited weekly or more frequently as required.
- The advanced nurse practitioner attended the weekly ward meeting and when required.
- Out of hours GP cover was available for medical support and NHS 111 for advice outside of normal working hours.
- Nursing handovers were stored within the computer system so that each staff member could refer to up to date information during the shift. This included ongoing care and discharge planning.
- Staff told us there were good working relationships within the multi-disciplinary team.
- Physiotherapy and occupational therapy in-reached to the ward on a daily basis seven days a week. The normal hours of availability covered from 10am – 2pm. This commenced in January 2016 and the staff were reviewing the effectiveness of the change.
- The ward could also access the community mental health nurse who works within the CCCT for support and advice.

## Referral, transfer, discharge and transition

- Patients could be referred to the service from various sources. Referrals were received from the intermediate care hub based at Airedale General Hospital. We spoke with staff at the hub that were aware of the referral criteria. The nurse advisor within the intermediate care hub spoke with Harden ward daily regarding bed capacity and was aware of the patient rehabilitation complexity tool used.
- Patients had to be medically fit for admission onto the ward. If there was any deterioration in a patient's condition the staff would request the GP to visit.
- Ward staff stated the number of inappropriate referrals had reduced since the introduction of intermediate care hub.
- The daily nursing handover discussed estimated discharge dates. We observed a discussion about a patient due to be transferred to the ward prior to admission.

## Are services effective?

- Staff at a ward meeting were reminded to forward plan regarding discharges. One example given was a planned discharge for the next day however the patient's controlled drugs had not been ordered.

### Access to information

- All staff had access to an email account. The ward had recently received some computers for the staff to access. Staff commented at a ward meeting that more computers were required for the ward.
- The majority of records were paper based and accessible and the nursing observations were kept at the patient's bedside. Community staff completed the patient's electronic record therefore the ward staff and community staff were unable to see the patient's record for continuity.
- However, the ward has recently had Wi-Fi added to the building to enable the ward staff to use the electronic record. The ward were moving towards using electronic patient records.
- Staff we spoke to were aware how to access policies.
- We observed that information for staff and patients displayed on a notice board on the ward was up to date.

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

- Deprivation of liberty safeguards (DoLs) provides a legal framework to ensure that patients are only deprived of their liberty when there is no other way to care for them or safely provide treatment and to ensure that patient's human rights are protected.
- We found that registered nurses understood when DoLs needed to be applied and were able to describe the process they followed.
- One patient on the ward at the time of inspection had a DoLs authorisation in place. The application had been completed at the time of our inspection. The documentation for the DoLs authorisation was of a good standard. On checking the trust database for DoLs at the time of inspection the patient was listed.
- A previous incident highlighted that one patient did not have their mental capacity assessed prior to discharge. As a result the patient's discharge plan identified that mental capacity should be assessed prior to leaving the ward. We observed a review that checked patient's notes and this identified that all patient's mental capacity was reviewed prior to discharge.
- We observed that staff obtained consent before performing observations.
- An audit identified that 100% of patient's prior to discharge had an assessment of their mental capacity reassessed.



# Are services caring?

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

## Summary

We rated caring as good because:

- The care observed on the ward showed that patients were treated with dignity, respect and kindness during interactions with staff.
- Staff were proud of the care they delivered to patients on their ward and enjoyed working there.
- Patients felt supported and involved in their care to make informed decisions. They were encouraged to manage their own health and care when they could and to maintain independence.

## Detailed findings

### Compassionate care

- We looked at the NHS Friends and Family Test (FFT) data for community inpatients from June 2015 to February 2016. On average there were ten responses per month. In response to the question 'how likely are you to recommend our ward to friends or family if they needed similar care or treatment?' positive responses were received ranging between 80% and 100%. In July 2015, 10% identified a negative response by indicating the response at unlikely or highly unlikely category'.
- The results of the FFT for January 2016 were displayed on the ward's notice board.
- Patients were given FFT questionnaire on discharge.
- We observed patients being treated with privacy and dignity.
- The ward had links with local and voluntary agencies that provide clothes and daily papers. They also gave toiletries at Christmas time.

- Some staff members washed and style patient's hair.
- We spoke with two patients who commented that they were happy with the care they were receiving.
- Call alarms were placed within reach of patients.

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

- We spoke with two patients who had both been involved in their care planning and were aware of their discharge plans.
- We observed staff communicating with patients so that they could understand their care and condition.
- A butterfly system was used for patients living with dementia. The butterfly scheme was a national programme which helps hospital staff to care for and improve the health and wellbeing for patients with dementia. This supported staff to communicate with patients so they could understand their care and treatment.

### Emotional support

- Staff told us that they served meals in the dining area to support social interaction and prevent isolation. The staff identified that this choice was individual and they would support patients who chose to eat at their bedside.
- Animal assisted therapy (AAT) is a type of therapy that involves animals as a form of treatment. The goal of AAT is to improve a patient's social, emotional or cognitive functioning. During our inspection we were told that a therapy dog visited the ward every two weeks.

# 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 responsive as good because:

- Services were planned and delivered in a way that met the needs of the local community.
- The needs of different people were taken into account when planning and delivering services.
- People knew how to raise concerns. Complaints and concerns were responded to and improvements made.

However, we also found:

- There were no dedicated activities for patients to encourage their personal wellbeing and rehabilitation.

## Detailed findings

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

- There was clear admission criteria and a referral pathway of which staff on the ward and within the intermediate care hub were aware and implemented.
- The service engaged with the commissioners and a service specification was in place which required to be reviewed on 31 March 2016. Commissioners visited the ward in January 2015.
- The ward co-ordinated and integrated with other services supporting and delivering care.
- The ward integrated with local and voluntary services that provided clothing and other items for patients.
- The ward worked closely with the local community and staff from the ward attended local events.
- Harden Ward and the intermediate care hub had daily contact to discuss admission and discharge needs.
- There were no dedicated activities for patients to encourage their personal wellbeing and rehabilitation. This had been recognised and two volunteers were due to start to promote activities for patients.

### Equality and diversity

- We found that the ward had arrangements in place to meet the religious and cultural needs of patients. Local religious leaders would visit as needed.
- Prayer mats had recently been purchased and were available.

- If relatives struggled with transport to visit patients at Castleberg hospital, staff liaised with the voluntary sector to arrange alternative arrangements.

### Meeting the needs of people in vulnerable circumstances

- A butterfly system is used for patients living with dementia. On inspection an open butterfly system was used for a patient whilst a diagnosis was confirmed.
- One staff member on the ward identified they were a dementia champion and felt passionate about the role. This included encouraging others to learn more about dementia.
- An electronic flagging system alerted matrons and the deputy director of nursing via an email identifying when and where a patient with learning disabilities was admitted.
- There was a flow chart which provided nursing guidance for the management of a patient with a learning disability. This was accessible to staff on the trust's intranet.

### Access to the right care at the right time

- There were 134 admissions on Harden Ward between April 2015 and January 2016 with an average length of stay of 18.5 days. The number of patients discharged between April 2015 and January 2016 was 143.
- The ward manager explained that patients stayed as long as required, if the patient was progressing with rehabilitation. One example was given where a patient was admitted from a nursing home, stayed for a longer period of time and was discharged safely to the patient's own home where they preferred to live.
- Patients may be required to wait prior to admission, dependant on how many patients were on the ward and the daily complexity level.
- Staff commented that some discharges were delayed due to essential equipment had not been put in place prior to discharge.

### Learning from complaints and concerns

- Information submitted by the trust showed the service received four formal complaints between March 2015 and March 2016.

## Are services responsive to people's needs?

- The learning from complaints and concerns was an agenda item on the monthly ward meeting minutes.
- A complaint had been upheld by the Parliamentary and Health Service Ombudsman. As a result an action plan was in place and progress of the plan was observed.
- Staff demonstrated learning from complaints and explained the support available to them in the trust when they were required to attend meetings.
- One complaint was submitted during the inspection and the trust and ward were following the complaint procedure policy.

# 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 well-led as good because:

- The leadership of the ward was good and understood the challenges and took action to address them.
- The leadership, governance and culture of the service promoted the delivery of person centred care.
- An open and honest culture was adopted where managers engaged with staff and the public.
- Risks were identified and appropriately raised onto the risk register and staff were aware of the risks.

## Detailed findings

### Service vision and strategy

- Most staff were aware of the 'right care' strategy and the name of the chief executive. The strategy was on display on the ward.
- Staff followed the trust strategy and were aware of the purpose of the ward.
- Staff were more familiar with the organisational structure of community services.
- Senior managers felt integrated with acute colleagues within the trust and the managers attended joint meetings.

### Governance, risk management and quality measurement

- A risk register was in place for the ward and staff regularly received updates regarding the risks. The risk register identified the problem and the actions taken to reduce the risks.
- The ward manager along with other community managers attended monthly community service business meetings chaired by the head of community services. Minutes of the meetings included performance and contracting, quality account dashboard, finance update, key messages and communication.
- The ward had a monthly team meeting where information from the community service business meeting was cascaded down. The meetings were held

at a time that both staff from the morning and afternoon shifts could attend. Staff not on duty were expected to read the minutes and the ward manager requested all staff to sign to ensure they had been read.

- The ward manager also attended a monthly nursing and midwifery leadership group meeting where clinical items were discussed and agreed. Individual actions were created and target dates set.
- A clinical management meeting was held every two months on the ward where medical consultant, GP, nursing staff and allied health professionals attended. Within the meeting standard agenda items were listed such as clinical incidents, adverse events, complaints and compliments.
- Root cause analysis (RCA) reports were completed for patients who acquired pressure ulcers assessed as a category three or four. One RCA was reviewed and was appropriately documented, key issues identified and actions taken.
- Staff attended policy group meetings to ensure the needs of Harden ward were reflected within the policies. An example given was regarding the falls pathway where it was highlighted that the policy needed to reflect the needs of Harden ward as after a fall patients would not see a doctor on the ward immediately.

### Leadership of this service

- The ward manager led the team on the ward in partnership with the sister and reported to the head of community services.
- The head of community services felt supported by the trust.
- Senior managers visited the ward in March 2016.
- The senior managers felt proud of the staff and felt the staff had responded well to new ways of working. They commented staff had been resilient and committed to patients and each other.
- The ward manager and ward sister conveyed an open and honest culture and felt that the staff would feel happy to approach them. This was confirmed by staff at all levels of grades who were comfortable with the management.

## Are services well-led?

- Staff could not remember senior management above the head of community services attending the ward.
- The ward manager had undertaken a leading an empowered organisation programme and was looking at other leadership courses for staff to complete.

### Culture within this service

- Staff reported an open, honest and learning culture on the ward and felt able to raise issues with managers, if required. One staff member discussed how they had been supported through an incident where they were required to complete a written statement.
- All members of staff we spoke with were proud to work in the trust and felt part of the team they were in.
- The ward received a highly commended patient care award at the annual trust award ceremony in 2016.
- Staff worked well as a team and shared an understanding for each others' roles.
- Many of the staff had worked on Harden ward for several years as they enjoyed the ward.

### Public engagement

- Two volunteers had been appointed and once the induction was complete their role would be to support patients with activities such as reading, memory boxes, nail care, games and jigsaws.

- The local community donated a sum of money from a fundraising event to the ward to be spent on the refurbished patio area. The ward manager responded with acknowledgements in the local newspaper.
- Staff attended public events in the local community.
- The ward participated in the NHS Friends and Family Test.

### Staff engagement

- On inspection we saw systems in place for staff engagement and for gaining staff opinions. Staff felt they could express their opinions and contributed in team meetings and felt listened to.
- Staff received a newsletter circulated from the trust.
- An education topical board was evident on the ward where staff could bring ideas and change the topic.

### Innovation, improvement and sustainability

- Electronic prescribing medication administration (EPMA) was to be implemented on Harden ward in April 2016. However the system required adaptation for the ward as some medications need two registered nurses to record administration. The current establishment on Harden ward would not make this possible to permit this.