Salford Royal NHS Foundation Trust

RM3

Community health inpatient services

Quality Report

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This report describes our judgement of the quality of care provided within this core service by Salford Royal 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 Salford Royal NHS Foundation Trust and these are brought together to inform our overall judgement of Salford Royal NHS Foundation Trust

Summary of findings

Ratings

Overall rating for community health inpatient services	Good
Are community health inpatient services safe?	Good
Are community health inpatient services effective?	Good
Are community health inpatient services caring?	Good
Are community health inpatient services responsive?	Good
Are community health inpatient services well-led?	Good

Summary of findings

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Summary of findings

Overall summary

We have rated the community adult inpatient service provided by Salford Royal NHS Foundation Trust as good. We found that there were appropriate arrangements in place to ensure the safety and wellbeing of patients. Governance systems were suitable robust to ensure that where incidents occurred, these were investigated, lessons were learnt and changes in practice were communicated to staff. Care and treatment was based on current guidance and best practice. There were arrangements in place to audit care to determine its overall effectiveness. Patients told us that they were treated with dignity and compassion and that they were involved in the planning of their care. Services were well-led; staff demonstrated and exuded a 'can-do' attitude which was based upon providing safe care to their patients.

Summary of findings

Background to the service

In-patient services in the community are provided within five units. The Maples sits within the Neurosciences and Renal division and is a complex continuing care unit. It provides continuing care and respite care for up to 18 patients with profound neurological impairment and "slow stream" rehabilitation for up to four patients.

The bedded intermediate care service sits within the Salford Health Care division and intermediate care beds are provided in four units.

There are 29 nursing beds at Heartly Green where nurses and therapy are provided by the Trust and hotel services and carers by a third party provider. There are 18 nursing beds at Swinton Hall and 18 nursing beds at Barton Brook and 28 residential beds at the Limes. Therapy, at these three units, is provided by the Trust but hotel services, nurses and carers are all provided by third party providers.

We visited the Maples and Heartly Green units and the therapy services provided at the Limes and Swinton Hall. We spoke with 15 patients, six relatives and 33 staff. We reviewed paper records and electronic records including six electronic patient records. We observed one home visit, one therapy session, staff interaction with patients and general activity in all areas.

Our inspection team

Our inspection team was led by:

Chair: Professor Sir Mike Richards, Chief Inspector of Hospitals, Care Quality Commission

Team Leader: Heidi Smoult, Deputy Chief Inspector of Hospitals, Care Quality Commission

The team included one CQC inspector, one specialist nurse and an expert by experience who was a both a carer and user of services. An occupational therapist joined the team for one inspection visit.

Why we carried out this inspection

We carried out this inspection to complement our comprehensive inspection of the services provided by Salford Royal Hospital.

Our methodology included an unannounced visit of acute services carried out on the evening of 27 January 2015 and a public listening event. At the public listening event we heard directly from approximately 60 people about their experiences of care.

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 13th and 15th January 2015. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services. We observed how people were being cared for and talked

Summary of findings

with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

Where we have visited services which predominantly provide primary medical services (General Practitioners) or adult social care, we have utilised our acute hospital or community health service inspection methodology. We have not assessed the full provision of services provided by general practitioners or by adult social care providers. We have considered the services provided by staff employed by Salford Royal NHS Foundation Trust only.

What people who use the provider say

We spoke with 15 patients during our visits. Feedback we received was generally positive. Comments received included:

- "They take good care of you – I think it couldn't be any better".
- "Communication from Salford Royal infirmary to Swinton Hall worked well and the staff were waiting for me".
- "Staff are all excellent caring people and come quickly if I need help".
- "I'm getting enough help and am involved in my plan to get back home".
- "I'm very happy with my therapy so far. They are friendly, caring and know what they are doing".
- ""Maples is very good and the staff well trained and generally cheerful and friendly".
- I like to sleep in in the morning and staff respect my wish and don't disturb me".
- "I always give my views and opinions and am happy with the response from all staff".
- "My therapist asks me questions and takes my views into consideration. We try approaches, they check I've achieved it, then we move onto the next goal".
- "Sometimes patients clash and staff help to avoid conflict".
- Doctors are punctual and I am satisfied all round".
- "Meals are alright and staff come straight away".

Less positive comments included:

- "Nurses are friendly and very nice but they don't sit down to chat as they are busy"
- "Noise is a problem at the Maples but staff would help if I wanted to move to a quieter spot".
- "I would like more time with the physiotherapist".

Good practice

We judged the following to represent areas of good practice:

- A strong emphasis on rehabilitation and the promotion of independence.
- "Safety huddles" which allowed efficient transfer of up t date information between staff about patients in their care.
- The use of "intentional rounding's" to ensure the timely and effective management of any change in a patient's condition
- The use of a nursing/community assessment and accreditation system to assess and reward units in respect of their provision of safe, clean and personal care.
- The use of "tests of change" to pilot changes in practice in one area before their introduction more widely if effective.
- The "link" nurse scheme to facilitate the transfer of best practice guidance to staff within their team

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The provider should ensure that patient records at Swinton Hall are appropriately secured and kept safe.
- The provider should review its current storage arrangements at Heartly Green to ensure equipment is stored appropriately and safely.
- The provider should review existing arrangements with regards to the supply of medicines at Heartly Green to ensure medicines are made available without unnecessary delay.
- The provider should ensure that all Control Drug log books are maintained in line with national requirements.
- The provider should ensure that all staff who are expected to lone work, use the necessary equipment to enable them to raise an alarm in the event of an emergency in which their personal safety may be compromised.

Salford Royal NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

The five questions we ask about core services and what we found

Good

Are community health inpatient services safe?

By safe, we mean that people are protected from abuse

There was a robust electronic system in place for reporting all incidents. All staff employed by Salford Royal NHS Foundation Trust were knowledgeable about the system and were confident in its use. In units where the intermediate care was provided by a third party provider not all staff had access to this system. All incidents witnessed by therapy staff employed by the Trust were electronically recorded on the Trust's system but other incidents which took place in these units were recorded separately. While this resulted in the Trust having little oversight of incidents which may have involved patients they were treating, the attendance of therapists at daily clinical handovers ensured they were appraised of any changes to the clinical condition of patients. Incidents were investigated appropriately, lessons learnt and changes in practice introduced where required. There were good processes for sharing information including learning from incidents to ensure that staff were fully informed.

Units we visited were clean and hygienic and equipment was routinely checked to ensure it was safe for use. There were effective arrangements in place to minimise the risk of infection to patients and staff.

Overall medicines were managed adequately but at Heartly Green we found issues, already recognised by the Trust, for which actions were already in hand.

Staff were aware of the safeguarding procedures and their responsibilities in relation to them.

Therapy staff we spoke with told us that they would use their mobile phone in an emergency and did not use personal alarms when working away from base.

Core risks were assessed and staff monitored patients' well being through frequent intentional rounding's and the use of the Salford Early Warning System to identify patients who might be at risk from deteriorating. "Safety huddles"

were a routine part of handover practice and allowed efficient transfer of information between shifts so that all staff were aware of the current risks relating to people in their care. These are an area of good practice.

Staffing arrangements at the Maples and within the therapy team ensured there were sufficient skilled staff to meet the needs of patients safely. Difficulty in filling vacant nursing posts at Heartly Green had impacted on their staffing levels and a review of their off duty rosters indicated that in recent weeks the allocation of nurses during the day had been below that agreed on many occasions. However current staffing levels had been acknowledged as an issue by senior managers, we saw there had been recent progress to address it and efforts continued to be made to recruit to the vacant posts. Use of bank staff and a pragmatic approach to the redeployment of staff was undertaken each shift to ensure that there were sufficient numbers of staff to meet the needs of the patients who used the service.

The organisation had major incident plans and business continuity plans in place and staff were aware of their responsibilities in the event of a major incident.

Incidents, reporting and learning

- There were no never events reported in the last year which were attributed to community in-patient services. Never events are serious, largely preventable patient safety incidents which should not occur if the available preventative measures have been carried out.
- The community in-patient service used an electronic incident reporting system called Datix. All nursing staff and therapists we spoke with were knowledgeable about this process of incident reporting and could tell us how and when to report incidents.
- Where intermediate care was provided by third party providers, incidents witnessed by therapy staff who were employed by the Salford Royal NHS Foundation Trust, were electronically recorded on the Salford Royal NHS Foundation Trust Datix system.
- Other incidents which took place in services hosted by third party providers were reported separately; this resulted in the trust having little or no oversight of incidents which may have involved patients they were treating. While this lack of a consistent approach to incident reporting could impact on patient safety, therapy staff attended clinical handovers each morning to ensure they were appraised of any changes to the clinical condition of patients.
- We reviewed the incidents reported by Heartly Green between July and December 2014. We found that 195 incidents had been reported of which four had been reviewed under the SIARC process. These were incidents which needed consideration but did not fit into their serious untoward incident criteria. These included one unwitnessed fall in October which resulted in catastrophic harm following the patient's transfer to the acute hospital. We reviewed the outcome of the investigation and the action plan and noted that progress had already been made towards its implementation.
- 141incidents were reported between October 2012 and October 2014 for the Maples. The top two incidents were "assault physical without capacity" and "falls". Of the incidents of physical assaults by patients with limited understanding, 78% were reported with no harm and 22% with minor harm. The frequency of these incidents was addressed through specialist training for all staff and a review of patients' management and their environment by the dementia team.
- Staff told us they received feedback about reported incidents during handovers and safety huddles. Safety huddles are a routine part of handover practice and allow efficient transfer of information between shifts; they are an area of good practice.
- Staff at the Maples told us that all reported incidents were also discussed at their regular team meetings. Staff meeting minutes confirmed this.
- Staff told us that learning from incidents took place. For example falls had been identified as a concern in Heartly Green and staff told us how learning from falls had led to the use of anti-slip red socks for those at risk together with demonstrations by therapists to care staff on moving and handling techniques. Falls had also been identified as a theme at the Maples and staff told us learning included ensuring patients had all they needed in easy reach and the use of "tagging" a patient at risk by close observation.
- Staff told us that inappropriate admissions to Heartly Green were recorded as incidents and analysed. We saw

learning from this and found that the analysis of incidents had led to admission criteria for intermediate care beds being clarified in October 2014 and introduced for a trial period after their approval at directorate level.

- We saw that a root cause analysis (RCA) was performed for serious incidents. We saw examples of these investigations. We noted that they were carried out by a lead investigator who had undertaken RCA training and were conducted following the basic steps set out by the National Patient Safety Agency in the Root Cause Analysis tool kit. We saw that RCA investigations were comprehensive and detailed and all contained an action plan. We followed up two RCA action plans for serious incidents at Heartly Green and found that the plans had been implemented and that staff were aware of the incidents and the associated learning. We noted that the action plans had led to additional training for all staff on the management of dementia and a modification in communication mechanisms between nursing staff and carers in order to ensure that any alterations in a patient's condition were reported to the responsible registered nurse in a timely manner.
- Managers told us they received regular reports of the incidents in their clinical area and were able to identify themes and develop action plans in order to address them. For example at the Maples we noted that after 5 related medicine incidents, drug trolleys were purchased for use by each of the 3 teams so as to reduce the risk of further similar medicine related incidents occurring.
- A nursing/community assessment and accreditation system formed part of the performance targets for community in-patient units. Units were assessed in respect of their provision of safe, clean and personal care and the outcome resulted in a colour score with opportunities for improvement through reassessment. We saw that a green rating had been achieved by Heartly Green and SCAPE (Safe Clean and Personal Every Time) status for the Maples. A green rating was deemed the optimal score with three consecutive green ratings resulting in SCAPE status.
- The units collected information on safety measures and we saw that the results were displayed at their entrance. Information included the number of days since a fall and the number of days since a pressure ulcer had been acquired on the unit. The board on the Maples indicated that it had been 56 days since the last fall and 500 days since a patient had developed a hospital acquired pressure ulcer.
- From the board at Heartly Green we saw that it had been one day since the last fall and 300 days since a pressure ulcer had been acquired by a patient receiving care there.

Cleanliness, infection control and hygiene

- We saw that community in-patient premises were visibly clean and hygienic. Patients we spoke with commented positively about the cleanliness of the environment, particularly those in the Maples.
- We saw records that cleaning standards were audited monthly and that scores showed a satisfactory level of performance. We noted that remedial actions were identified at the time of the audit and were followed through demonstrating that cleaning standards were consistently being monitored and corrective action was taken when elements of cleaning were found to be unsatisfactory.
- The majority of cleaning staff and nursing staff understood their responsibilities in relation to cleaning. In Heartly Green we did note from the records, a few examples of lack of clarity in these roles and responsibilities between the nursing staff who were employed by the Trust and the care and cleaning staff employed by a third party provider. However the ward manager told us that these would be discussed with the manager of the third party service as soon as possible in order to ensure patient safety and this was confirmed when we looked at the management meeting minutes. We were shown checklists completed by cleaning staff and nurses which showed when designated tasks were carried out and these were consistently completed. For example in the Maples we saw consistently completed toilet cleaning check lists and the ward daily cleaning list.
- Infection control training formed part of the mandatory training programme. We saw records that showed that there was a compliance rate of 100% for trust staff working in in-patient units in the community.
- There was easy access to personal protective clothing including aprons and gloves; we observed staff using

the equipment when required. All staff were bare below the elbow to enable thorough hand washing. Posters demonstrating good hand washing techniques were available by all communal sinks. We observed staff using good hand washing techniques and several patients commented on the staff's high standard of hand washing. Hand hygiene audits were carried out regularly and we noted that Heartly Green achieved 100% for hand hygiene in their last infection control audit in October 2014.

- Records showed that during 2014 Heartly Green reported no instances of methicillin resistant Staphylococcus aureus (MRSA), one instance of Clostridium difficile (C.diff). and one episode of Noro-virus infection.
- The Limes, where the intermediate care service was provided by a third party provider, reported one recent outbreak of Norovirus.
- At the Maples, their information board indicated that it was 500 days since they had reported a case of either MRSA or C.Diff.
- We noted that green status had been achieved by both Heartly Green (96%) and Maples (97%) at their last infection control audit in October 2014.
- We observed that single-use or single patient equipment was used appropriately. Equipment that was shared between patients was clearly labelled as having been decontaminated and ready for use.
- We saw there were appropriate systems and arrangements for the segregation and disposal of domestic and clinical waste. The last infection control audit awarded scores of 100% for 'Sharps handling and disposal'.

Maintenance of environment and equipment

- We saw that the community inpatient premises and grounds were generally well maintained. We were told that the Maples had undergone significant changes in its design over the past two years. We saw these included new kitchen and dining areas, refurbished quiet rooms and a conservatory. In addition stock rooms, sluice and laundry rooms, medical supply and medicine rooms had all been reorganised in order to improve efficiency and reduce the likelihood of errors.
- We saw that the availability of storage was a problem at Heartly Green. We noted that a porter chair and commodes were stored in a bathroom. Staff were aware of this as a safety risk and we saw the risk of limited storage for equipment had been identified on the risk register as a risk for slips, trips and falls since May 2013. We saw that oxygen cylinders were stored in the activities room in Heartly Green because of limited availability of storage. We saw minutes of management meetings where their storage requirements had been discussed. We also noted that the recent Infection control action plan had also highlighted this risk while acknowledging that in view of limited storage on the unit there was not a satisfactory solution.
- We saw there was a full range of emergency equipment readily available which was checked regularly.
- We saw records which showed that equipment was regularly checked and maintained.
- We found there were arrangements for checking mattresses to ensure that they remained fit for purpose and did not increase the risk of cross infection or pressure damage to patients. We saw check lists that showed mattresses were checked regularly and removed from use if found to be inadequate.
- Staff we spoke with were able to describe the processes for reporting any faulty equipment and most were confident that their request would be responded to quickly.

Medicines management

- Overall we found that there were adequate systems for the safe supply, storage, administration and disposal of patients' medicines although we found some issues which require improvement.
- All new nurses received training on medicine administration as part of their induction. In addition some nurses told us they undertook a supplementary transcribing course. Competency checks were carried out following the occurrence of a medicine error.
- Nurses could access hospital pharmacists for advice. In addition the Trust had a link nurse team for medicines and a designated link nurse from each unit was invited to attend monthly meetings for updates in practice which were then fed back to colleagues in their unit. A link nurse from the Maples attended regularly and told

us it was very useful. The ward manager at Heartly Green told us that current staffing levels meant they had been unable to send their own representative to these meetings.

- The Maples obtained supplies of medicines and pharmacy support from the hospital pharmacy. Stock was delivered on a weekly basis and checked on receipt by a pharmacist who also ordered replacement items. A pharmacy technician visited weekly to check stock.
- There were arrangements in place for obtaining medicines out of hours; requests were faxed to the hospital pharmacy and urgent supplies were sent via taxi. Nursing staff spoken with were clear on the process and said it was effective.
- Heartly Green obtained supplies of medicine and pharmacy support from a local pharmacy. Any medicines needed were obtained via an FP10 prescription through the General Practitioner. Stock was delivered on a weekly basis and checked weekly by the pharmacist. There had been no pharmacy technician in post to check stock for several months and, at the time of the inspection this role was being carried out by nursing staff.
- When urgent stock was required out of hours at Heartly Green requests could be made to the Out of Hours Centre who would organise for an emergency prescription and an on-call pharmacist then arranged delivery to the service via a taxi. Staff raised concerns about the timely and safe delivery of stock medicines, urgent medicines and discharge medicines and concerns about the amount of time required trying to resolve issues of shortage of medicines.
- We reviewed all medicine related incidents reported at Heartly Green between July and December 2014 and found 14 recorded as related to problems with supply. Of these incidents six were recorded as related to delay in delivery of requested medicines and eight to insufficient available stock. Three patients were reported as being without their treatment for two days or over a weekend.
- We noted that medicine delivery to Heartly Green was identified as a risk on the risk register in August 2014. An action plan had been developed to resolve the issues which included appointment of a pharmacy technician and the development of a service level agreement to change pharmacy. The manager told us and minutes we saw confirmed, that agreement had now been reached for the appointment of a pharmacy technician and the service level agreement to change pharmacy was nearing completion. This meant that although some patients at Heartly Green had experienced unacceptably long breaks from their treatment due to supply problems and the action plan had taken some time to be successfully implemented, the Trust was aware of the safety risks and was taking action to address them.
- Medicines were stored securely in locked cabinets or trolleys. The rooms where medicines were stored were tidy and their ambient temperatures were checked regularly. Medicines requiring refrigeration were stored in a locked fridge and we saw evidence that the temperature was checked daily and maintained within the recommended limits.
- We observed nurses administering medication and found they complied with 'Standards for medicine management' issued by the Nursing and Midwifery Council.
- We checked patients' medicines administration records and found they were clear and legible with no gaps and met legal requirements.
- Staff we spoke with appeared comfortable about reporting any medication errors as incidents and we saw examples of medicine related incident reports together with action plans. There were 5 medicine related incidents at the Maples during 2014. We examined the incident reports for Heartly Green for the period July 2014 –December 2014 and noted that of the 24 medicine related incidents 4 were related to errors in administration. There were no medication errors that caused serious harm reported. Staff explained that medication errors were managed by supervised administration and competency checks of the staff member concerned and suspension from medicine administration and retraining if required. Staff told us that as part of the trusts open approach patients were informed of any errors with their medication.
- We observed there were adequate arrangements for the disposal of unused or unwanted medicines and saw

these medicines were stored in special drug waste containers while awaiting collection. For example at Heartly Green they were collected every 2 weeks by a waste management company.

- Controlled drugs (CD) are medicines which are subject to additional controls as they are liable to be mis-used. We found that they were stored correctly in a separate locked cupboard and that stocks were checked regularly by both nursing staff and the pharmacist. We checked CD stock against the CD log at the Maples and although we noted that the count for morphine sulphate injections was correct the details of the dose were missing from the log sheet. We brought this matter to the attention of the manager who said it would be addressed immediately. Unwanted CDs were destroyed using de-naturing kits which we saw were available.
- Patients told us that staff were kind and patient when giving them medicines, gave them information about the medicines they had been prescribed and watched to make sure they had been taken correctly.
- We saw that a Controlled Drug Test of change had recently started at Heartly Green to test whether a change to a less busy time for administration of CD medicines would reduce the likelihood of errors. In addition we were told that 'Do not disturb' red aprons were available for staff in order to reduce the likelihood of a disturbance when giving medicines but we did not see any in use during our inspections. A staff member on one unit told us that although they were available they were not always effective at ensuring staff were not disturbed.

Safeguarding

- Staff received appropriate training in safeguarding adults and children as part of the mandatory training programme. Training rates for adult safeguarding ranged from 95-100%.
- Staff we spoke with demonstrated a good understanding about safeguarding adults and could describe the different forms of abuse and the action to be taken. We saw that up to date safeguarding policies agreed with the local authorities were readily available for staff to reference. Staff told us that they could also seek advice and guidance from the vulnerable adult team if necessary.
- We were given examples of safeguarding referrals and the sequence of events that followed to ensure that people were protected from abuse. Staff told us that learning from safeguarding incidents was cascaded to all staff through team meetings.This was confirmed on our review of minutes. Staff gave us an example of learning from a recent incident which did not involve staff employed by the Trust.
- Staff we spoke with were aware of the whistle blowing policy. They knew what action to take if they had concerns about the quality of care provided to patients and told us they would not hesitate to escalate their concerns if necessary. One staff member told us how the concerns they raised had been responded to very quickly and effectively in order to keep patients safe.
- We saw that safeguarding information was clearly displayed in the Maples but we did not see similar information displayed in Heartly Green. This meant that patients in that unit and their representatives may not have the information required to raise a safeguarding concern.

Records systems and management

- We found that on the whole records were stored securely in a way that protected patients' confidentiality but were accessible to staff when needed. A risk to confidentiality had been identified at Swinton Hall in the absence of a lock to the office door where patient information was stored. This had been included on the risk register and we were told it had been raised with the third party provider and action was awaited.
- There was an electronic patient records (EPR) system throughout the Trust including the Maples and Heartly Green units based in the community. This system enabled people to move between the acute hospital and these community units with accurate notes of their condition and treatment available at all times. However in the intermediate care units where services and all nursing and care staff were provided by a third party provider there was only limited access to EPR and some staff reported that some referrals from the hospital arrived with insufficient information.
- The only paper records available in the NHS provider units were the patient passport, fluid balance chart and the intentional rounding chart plus additional information for support staff's easy reference on moving

and handling, toileting and personal care. In addition handover information was provided to staff in a printed format as support staff did not have access to EPR. We noted that confidential waste bins were available for staff to dispose of the records after use. Staff were aware of their responsibilities in relation to information governance and rates for completion of the mandatory training in this area were 95% or above.

- We viewed patient records and overall, found them to be complete, accurate and fit for purpose. We had a minor concern in the Maples where we found ward round checks had not been initialled for two one hour periods on the five patient records viewed. The patients themselves appeared clean and comfortable but we brought this to the manager's attention who said it would be investigated and addressed immediately.
- We found that other records such as cleaning check lists and maintenance records were consistently completed and retained. Staff records were stored securely and were only available to those who needed to see them.

Lone and remote working

- We observed that community in-patient services were secure.
- All therapy staff had signed the lone worker policy.
- Therapy staff told us they all carried their work mobile phone with them in case of an emergency but those we spoke with did not use a personal alarm.
- Minutes from the senior team meeting in November 2014 showed that a discussion had taken place about the use of lone worker devices and the need to sign a disclaimer if staff chose not to use them.

Assessing and responding to patient risk

- Core risk assessments were carried out on admission. We saw that these included moving and handling, falls, tissue viability and malnutrition screening. The assessments identified the risks and the actions required to minimise them. We saw that these were regularly reviewed and noted that the specific actions identified were in place.
- Staff used the Salford National Early Warning System (NEWS) to identify patients who might be at risk of deteriorating. Routine physiological observations such as blood pressure, heart rate and temperature were recorded and an 'early warning' score calculated. We saw that where patients' early warning scores had escalated staff had taken the appropriate action to seek medical advice.
- Staff also undertook 'intentional' rounding's. These involved making hourly checks during the day and two hourly checks at night to ensure patients were safe and there had been no change in their condition.
- We noted that when a person's condition deteriorated the manager was able to request additional staff cover to provide one to one to one support. However staff at Heartly Green told us that although the correct process was followed when requesting additional staff, it was not always possible to obtain extra support when needed. For example they had booked three staff over the previous weekend to provide one to one support for a patient identified as at risk but only one had arrived for work. This meant that cover was provided from within the staff team for those shifts and the planned staffing levels were not achieved.
- During our visit to Heartly Green we were aware that a patient's condition deteriorated and was causing concern to staff. We observed that their care was appropriately managed and escalated and the patient was transferred to the acute hospital for further investigation. This showed that if patients' condition deteriorated staff took appropriate action.
- The regular handovers and 'safety huddles' ensured that all staff were aware of the risks relating to people on each unit at any given time and were alerted to any changes in their condition and the care required. Staff in those units where therapists attended a daily handover told us that they valued the increased opportunity to exchange information with them. Senior staff told us that their participation had had a beneficial effect on patient safety and the management of risk.
- Staff told us that unannounced "observation of care" visits by senior staff independent of the unit, were carried out to identify potential risks to patient safety and well-being. We viewed the findings of the one such visit to Heartly Green in March 2014 and the action plan and noted that most actions had been completed. However the actions in relation to pharmacy and use of drug trolleys to facilitate medicine rounds remained outstanding due to the proposed change of pharmacy

supplier and limited appropriate storage facilities. This meant that the safe administration of medicines during medicine rounds continued to take longer than was necessary.

Staffing levels and caseload

- Staff told us that staff levels were agreed following a review of staffing using the Association of UK University Hospitals (AUKUH) dependency tool. This is a tool used to calculate staffing related to patient dependency levels. We noted on the Heartly Green Falls Action plan 2013 that the staffing establishment of Heartly Green had been reviewed using the tool in July 2013 but this document was not made available to us during the inspection.
- The nurse to patient ratio at the Maples was first set at one nurse to eight patients (1:8 ratio) but in view of increasing needs and dependency it was increased to 1:7. The manager was supernumerary and there were three nurses including one band 6, and four care assistants during the day and two nurses and two unqualified staff at night for a maximum of 22 patients. We checked staffing rotas for a period of three weeks and found that these levels had been maintained or exceeded for much of the time and only occasionally fell below by one staff member. The manager told us agency staff were rarely used and any gaps in the rota would be filled by other members of the permanent staff team or bank staff who were familiar with the unit. We noted that sickness levels had fallen from 26% in December 2013 to 4.5% at present. Most patients we spoke with felt that there were enough staff on the unit to meet their needs without rushing.
- The senior manager for Heartly Green told us that the nurse patient ratio was 1:12. The lead nurse described the staffing structure for this 29 bedded unit as including the ward manager, who was supernumerary, three nurses during the day, one of whom acted as a co-ordinator, and two nurses at night. There were two staff during the day at weekends. Support staff were provided by and under the management of a third party provider. We viewed the off duty roster summaries for the periods between 30.6.2014 and 11.8.2014 and 1.12.2014 and 12.1.2015 and noted that qualified staffing cover at night and during the weekends was as agreed. However we noted that while most of the early and late shifts for the period from 30th June 2014 were staffed as agreed (77%), for those during the period from 1st December 2014 only 37% of shifts had the agreed allocation of nurses rostered during the day. During December for example we noted that 15 early shifts and 13 late shifts had two nurses allocated instead of three. The manager told us that they tried to fill gaps with other members of the team where possible or bank staff but they did use agency staff when required for both covering gaps or for providing one to one support for those patients in special need. For example we noted that in December, nine requests had been made for a flexible worker. Staff told us that shifts were not always adequately covered and both the manager and the co-coordinator were required to carry out routine nursing duties from time to time.
- Staff we spoke with felt that they were very busy and would benefit from an increase in the nursing complement. The manager told us that in view of the current staffing levels they had been unable to free nurses from their duties on the unit to be link nurses or to attend meetings for staff development. Most patients we spoke with commented that staff were busy and did not always respond to their request for attention immediately. Governance and Risk meeting minutes indicated that senior managers were aware of the staffing issues at Heartly Green and we noted in the January 2015 minutes that they continued to recruit to two vacant band 5 positions and had received an expression of interest for a nurse to undertake a secondment at band 6 to cover maternity leave. This meant that although rostered staffing levels were often lower than planned, steps were being taken to address them.
- Therapy services were provided 5 days per week to the intermediate care units. Therapy teams included band 5, 6 and 7 therapists as well as a rehabilitation technician. At the time of the inspection there were two physiotherapy vacancies in the intermediate care team and one rehabilitation technician was on long term sick. No cover had been provided for this post and staff told us that they had absorbed the work between them but attendance at development meetings had been reduced as a result. Most staff we spoke with felt there were sufficient therapists for 5 day working but therapy availability 7 days a week would be beneficial in order to help maintain patients' progress.

- Therapy at the Maples was provided by a physiotherapist and occupational therapist who each worked three sessions per week. Their primary role was to address the needs of patients undergoing slow stream rehabilitation but staff told us they could also request additional therapy support if required. Both staff and the neuro rehabilitation consultant felt that a further increase in therapy staff would be beneficial. Therapists said that a daily therapy assistant would be useful in order to help maintain patients' progress.

Managing anticipated risks

- Each unit had its own risk register and we noted that new risks for inclusion and the closure of risks which had been managed successfully were considered on a monthly basis at the Governance and risk meetings. For example we noted that oxygen storage at Heartly Green had been considered for approval as a new risk at their meeting in January 2015. We noted that this risk had also been included on the Directorate risk register for review in March 2015 after the planned action to address it had been taken.
- We saw that there was adequate emergency equipment including automated defibrillators, airway management equipment and oxygen readily available. We saw there were systems for checking equipment to ensure it remained ready for immediate use and we saw completed checklists which confirmed the process was effective.
- Staff received training in basic life support as part of their mandatory training. We saw records which showed the overall compliance rate was 100%.
- We saw that staff were encouraged to have flu jabs with sessions held on units in order to reduce influenza related sickness absence over the winter.
- Minutes of 'ebola' meetings were seen. We noted that updates on management had been cascaded to staff through governance meetings

Major incident awareness and training

- The organisation had business continuity plans in place for all in-patient units in the community. These included key personnel and tasks, communication line and list and useful telephone numbers. Staff were aware of these and knew how to access them. They knew their responsibilities in the event of a major incident.
- We saw records to show that staff had participated in emergency evacuation scenarios. This meant that staff were confident in the procedure to adopt in the event of an incident.

Good

Are community health inpatient 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.

Patients needs were assessed and care planned to meet the identified needs. Validated risk assessments were used to identify risks and inform the appropriate response. Treatment reflected current national guidance and where a change of practice was being considered a "test of change" was carried out in one unit before its introduction more widely if effective.

There were effective arrangements in place to assess and monitor pain and patients reported adequate pain relief. Patient's nutritional needs were assessed and they were supported to eat and drink according to their needs.

New technologies were used to improve patient care and therapists carried out telecare assessments and accessed telecare equipment from the local authority.

Community inpatient services collected National Safety Thermometer data which enabled them to track their performance over time. Length of stay and destination of discharge were also used as a measure of performance along with the outcome of local clinical audits.

Staff participated in the Trust's mandatory training programme and took part in additional training relevant to their roles. There was variation in clinical supervision across the service with some staff reporting regular one to one supervision while others only reported unrecorded informal conversations with managers on clinical matters. All staff received an annual appraisal of their performance but none we spoke with were aware of any regular competency assessments.

Patients had access to a full range of therapists, social workers and the mental health team. Occupational therapists and physiotherapists were based in the bedded intermediate care units and weekend working was under consideration. Therapists had regular sessions at the Maples to provide therapy for patients undergoing "slow stream" rehabilitation. There were weekly multi-disciplinary meetings to discuss ongoing care and treatment of patients which were attended by consultants and social workers. Six monthly multidisciplinary meetings were held at the Maples with relatives to review the progress of patients receiving continuing care. There was a strong commitment to multidisciplinary working and staff worked closely in cohesive teams including those based in services provided by a third party provider. The tensions within the workforce which had existed in Heartly Green in 2014 had been effectively addressed through the use of staff surveys, team building and a change in practice, with therapists increasing their support and supervision of care staff employed by the third party provider.

When patients were transferred from the acute hospital to the intermediate care units information was not always adequate particularly in relation to medication. This meant that all the information needed was not always shared in a timely way.

Detailed findings

Evidence based care and treatment

- Records we viewed showed that patients' needs were assessed on admission to the service and were reviewed weekly by the multidisciplinary teams. We saw that the care plans in place were designed to meet patients' needs.
- We saw that a range of standardised, validated risk assessments were used to identify patient risks and to inform the appropriate response. Risk assessments were updated weekly or earlier if necessary. Local risk assessment tools were also used to determine safe moving and handling and the risk of falls.
- We saw that relevant NICE guidance such as that related to falls, pressure ulcers and elderly care were all being broadly followed.
- We noted that the neuro-rehabilitation consultant for the Maples had been a member of the Royal College of Physicians working party to develop the National Clinical Guidelines for Prolonged Disorders of Consciousness (2013).
- We saw that changes of practice were first piloted as a 'test of change' within one unit and then introduced more widely if successful. For example following a trial of the effectiveness of the Therapy Outcome Measures (TOM) core scale in Heartly Green in 2014 all therapy

staff now use it on a regular basis to measure outcomes of therapy and progress towards discharge. Records we viewed confirmed its regular use in the intermediate care units we visited.

- Records of recent Emergency Medicine 3 directorate meeting minutes showed that a clinical audit strategy was being developed for the bedded intermediate care units. Staff told us that topics selected for clinical audit included falls and the effectiveness of the Early Warning System.
- We saw that the inpatient intermediate care service was undertaking an extensive range of clinical audits. These included the quality of carers documentation and audits on falls and moving and handling. We reviewed the reports and saw that there were recommendations and action taken as a result of the findings. For example the role of therapists in supervising carers when moving and handling patients was increased. Staff we spoke with were aware of the outcomes and the changes in practice introduced as a result.
- Staff at Heartly Green told us they were also involved in the CAUTI (catheter associated urinary tract infection) collaborative testing the evidence for removal of urinary catheters whenever possible to reduce the risk of urinary tract infection.
- We found there were systems in place for disseminating new guidance. From meeting minutes we saw that new guidance on best practice, for cascading to staff, was presented at the regular team leader meetings. Staff told us there were regular link meetings on a range of subjects including end of life, pressure ulcers and medicine management, which were attended by an identified link nurse from each unit. It was their responsibility to feedback all relevant information on their subject from the meetings and to keep their team up to date with best practice. We saw that new guidelines and changes in practice were regularly discussed at therapy meetings and were included in the Siren -Salford Royal's fortnightly staff E newsletter.

Pain relief

- Patients we spoke with told us they were provided with adequate pain relief. We looked at records which demonstrated that patients were given pain relief when it was required.
- We saw that the level of pain was assessed at every intentional rounding and the Abbey Pain scale was used when necessary. This is a scale to measure pain in people with dementia who are unable to verbalise.
- The use of pain medication was reviewed weekly at the multidisciplinary meeting and if necessary by the GP who visited the intermediate care units daily.
- Referrals to the pain clinic were made when required.

Nutrition and hydration

- All patients were assessed for the risk of malnutrition using the Malnutrition Universal Screening Tool (MUST) on admission and weekly thereafter. All records we examined included MUST risk assessments which had been completely accurately and as required.
- We noted that when people were identified as at risk the correct procedures were followed and a referral was made to the dietician and their advice was implemented.
- As part of the regular intentional rounding's food record charts and 24 hour fluid balance charts were completed. The records we examined showed that they had been well maintained and were up to date.
- We observed that staff encouraged people to drink adequate fluids throughout the day.
- Food at Heartly Green was provided from the kitchens of the third party provider. A full range of therapeutic diets and diets that met individual patients' religious or cultural needs were provided . Views from patients were mixed about the quality of the food. Some told us it was excellent while others said it was "awful" and "had no taste". Meals were pre-selected the day before but staff told us that alternatives could be obtained if necessary. Snacks were also available during the day and the manager told us that the quality of these had improved recently. Patients we spoke with confirmed this.
- We observed a meal service at Heartly Green and noted that three choices had been prepared. Patients were encouraged to eat in the dining area and those who were unable to feed themselves were helped by a support worker or a volunteer who attended the unit twice a week. We observed that there were sufficient staff available to help patients eat and encourage them where necessary. However we noticed that it took about

Good

Are community health inpatient services effective?

5 minutes for a staff member to respond to a patient's request for a drink. In addition one visitor told us that they were concerned that their relative was not given enough assistance and encouragement to eat at meal times.

- Meals at the Maples were ordered on a weekly basis from a pre-selected menu. They were provided in a food trolley from the kitchens of the third party provider on the same site. Patients were positive about the quality of the food provided and told us that drinks were always available. Five patients chose to eat in the dining room on the day of our visit and we saw that there were sufficient staff to provide one to one support with meals when required. Patients were positive about the support they received and we saw that staff were familiar with patients' food preferences and encouraging in the approach.
- A number of people were unable to eat or drink and were fed using a tube directly into their stomach. We saw that the nutritional regimes were clearly recorded, given as directed and signed for on the fluid balance charts.
- As part of the rehabilitation assessment process occupational therapists were able to carry out functional feeding assessments and to provide adaptive cutlery if required. Breakfast clubs in a number of the bedded intermediate care units had been set up where three or four patients prepared and ate breakfast together under the supervision of therapy staff as part of their rehabilitation plans.

Telemedicine

- We found that staff were aware of how new technologies could be used to improve patient care and safety. For example we saw that sensor mats and movement alarms were used in Heartly Green to help reduce falls.
- Therapists we spoke with were knowledgeable about new technologies, had received training to undertake assessments for telecare and had access to telecare equipment such as beds, chairs and door sensors from the local authority.

Patient outcomes and performance

- We noted that Heartly Green had participated in the 2013 National Intermediate Care Audit and was awaiting the outcome in relation to their own service.
- The community health service collected National Safety Thermometer data on a regular basis. This enabled them to establish a baseline against which they could track their performance. Staff told us that while this was very useful to compare their performance over time there was no information available to them about how their own patient outcomes compared with national averages.
- Information on performance was prominently displayed in the units for all to see. This included staffing levels and information on incidences of harm such as falls, the number of new pressure ulcers and the number of catheter associated urinary tract infections.
- The service used length of stay and destination at discharge as measures of performance. The target length of stay for the intermediate care units was 30 days and records we viewed showed that the average length of stay for all units was 28 days. We noted that the length of stay at Heartly Green had reduced from 42 days between April and June 2014 to 27 between October and December 2014. Data on discharge destination showed that between October and December 2014 most patients were discharged home (Limes 76%, Heartly Green 57%) but some required hospital readmission (Limes 13%, Heartly Green 23%).
- Examples of initiatives introduced to improve performance included trial without urinary catheter where possible to reduce infection rates, intentional rounding's to reduce the risk of acquiring a pressure ulcer and clearly defined admission criteria to reduce inappropriate admissions to intermediate care units.

Competent staff

- All staff in the community inpatient service took part in the organisation's mandatory training programme. Staff we spoke with confirmed they received mandatory training either on-line or face-to-face and were supported to attend. Training records showed an overall compliance of 97% for Heartly Green intermediate care unit and 99% for the Maples.
- Staff received Health and Safety training as part of the mandatory training programme. Both therapists and nursing staff were up to date with this requirement with a training compliance rate of 100%.

Good

Are community health inpatient services effective?

- A formal process was in place to alert staff to their need to complete training. This included a formal alert generated 90 days in advance.
- We found that staff participated in annual appraisal. The overall appraisal rate for Heartly Green was 95% and 100% for the Maples (excluding the one staff member on long term sick).
- Staff told us they could access further training as part of their personal development plans. For example one staff member told us they had recently completed band 5 development training including managerial skills, leadership and assertiveness training. We noted that training opportunities were included in the SIREN –the staff newsletter. Some staff told us that training events were cancelled "quite frequently" because of shortage of numbers. For example they told us that a course on cognitive behaviour had just been cancelled.
- We saw that 99% of therapists at Heartly Green and 100% at the Limes unit had completed mandatory training in September 2014 and their appraisal rates were both 100%.
- All staff undertook a comprehensive induction programme. A recently appointed staff member told us that it was effective for preparing them to do their job well. They had been supernumerary for two weeks, well supported by the manager and had been shadowed by a senior manager to ensure they were competent.
- Staff told us that they were not aware of any regular checks on their level of competency. We were told of examples where informal counselling and increased observation of clinical practice had been undertaken in response to specific events with progression to formal counselling after a month if necessary.
- We found some variation in clinical supervision across the service. Some staff reported regular 1:1 meetings with their managers whilst others said they had regular informal conversations with them about their clinical practice but these were not systematically recorded. This meant that ongoing performance and development of staff was not always well formalised and could result in patients receiving poor services.
- We saw there were systems to ensure that staff registered with the Nursing and Midwifery Council maintained active registration which enabled them to practice.
- Staff we spoke with were knowledgeable about patients' conditions and their care needs and demonstrated an awareness of current best practice. Patients we spoke with told us that staff were competent and caring.

Multi-disciplinary working and coordination of care pathways

- We found that patients had access to a full range of therapists, tissue viability nurses, medical staff, social workers, pharmacist and mental health services. Occupational therapists and physiotherapists were based in the bedded intermediate care units and undertook regular assessments and therapy, participated in handovers and multidisciplinary meetings and undertook home visits. They did not provide a service at weekends although we were told and saw evidence that this was under consideration. In addition to regular visits from consultants. medical support was provided to all community inpatient units from the Salford Care Homes practice. All bedded intermediate care units received daily visits during the week and the GP out of hours service at weekends. Staff at the Maples told us they received a GP visit once a week and had access to their on call service at other times.
- We observed that staff worked in cohesive teams and demonstrated a strong commitment to multi-disciplinary working. Staff at Heartly Green told us there had been tensions between the NHS and non NHS staff within the workforce during 2014. These were described on their risk register as "re-occurring issues with care staff re respect and how to communicate in a professional and respectful manner to patients and staff". Action taken included the use of staff surveys, team building sessions and change in working practice. All staff we spoke with told us that working relationships had much improved as a result and we noted that a further audit had just been completed on the effectiveness of the action taken.
- All community in-patient units held weekly multi-disciplinary meetings to discuss the ongoing care and treatment of patients. In the intermediate care units

discharges were discussed and planned from admission and discharge planning was an integral part of these meetings. We saw that these were well attended by all professionals involved in care provision including consultants and social workers.

- Six monthly review meetings were held at the Maples for all continuing care patients. These were attended by the consultant in neuro rehabilitation, therapists, nurses and the patient's relatives. From the minutes of two recent review meetings we saw that the patient's progress was reviewed, any changes in management discussed and relatives concerns were addressed.
- Handovers and "safety huddles" allowed efficient transfer of information between shifts and ensured everyone had up to date information. The handover at the start of the day was attended by therapists as well as nurses and care staff. This enabled therapists to be alerted to any changes as soon as possible and to offer additional support and advice on care and treatment to care staff when required. This meant that information needed to deliver effective care was available to the relevant staff in a timely way.
- When patients were transferred from the acute hospital, staff at the three intermediate care units we visited, told us that the information received was not always adequate –particularly in relation to medication. A visitor at Swinton Hall also expressed concern about the incomplete information provided by Salford Royal Infrmary at the time of their relative's transfer to the unit. We reviewed the incident reports submitted from Heartly Green between July and December 2014 and noted several such examples, although none since October. We were told that this problem had been discussed with the central single entry point and were shown the list of pre-admission information now required. Staff told us that while there had been some improvement recently they still experienced problems from time to time. This meant that all the information needed for patients' ongoing care was not always shared in a timely way.

Deprivation of Liberty safeguards

- Staff told us that training in the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards was included in the mandatory safeguarding training but update sessions had been carried out for staff on both the Maples and Heartly Green in December 2014. Therapists told us they had also attended recent update sessions.
- We saw the Trust's flowchart for Deprivation of Liberty Safeguards which provided staff with clear guidelines on the steps to be taken when considering the need to apply for a DoLS authorisation. Staff told us that they could always contact the safeguarding team for additional support and advice on DoLS if needed and one staff member told us of a recent instance when their support with a DoLS application had been very helpful.
- We saw a best interest meeting record form used by staff when recording best interest meetings. We noted that details of the decision to be made, the capacity of the patient to make that decision, the justification for the proposed care or treatment, the best interest decision and the action plan were recorded with the signature of the decision maker.
- All staff we spoke with were aware of their responsibilities in relation to the Mental Capacity Act 2005 and we saw evidence that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.
- We saw accurately recorded capacity assessments by therapists relating to decisions about treatment and discharge.
- Staff were able to describe how they would organise a best interest meeting if needed and gave us examples of such meetings being held and their outcomes. We saw from patient records that these meetings had been appropriately recorded.

Good

Are community health inpatient services caring?

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

Summary

Most patients were positive about the care provided to them and told us they were treated with kindness and compassion. We saw that staff were friendly in their approach and that treatment was provided in a respectful and dignified manner.

Most patients told us they were involved in decisions about their care and were kept up to date with their progress. We saw evidence of discussions with patients and their relatives in their records.

There was a large selection of leaflets available at the Maples to help people understand their condition and its treatment.

Wellbeing and distress were assessed and monitored regularly by therapists. Emotional support was provided by staff in their interactions with patients, volunteers who visited both the Maples and Heartly Green units regularly, contact with the mental health liason team and spiritual advisors.

The Maples held theme days to match the cultural and religious beliefs of their patients and these promoted socialisation and emotional well-being.

Self care was promoted to encourage independence throughout the intermediate care units and where ever possible in the Maples. Plans developed were person centred with clearly defined self-care goals and home visits were carried out to inform and aid discharge planning.

Detailed findings

Compassionate car

e

- On all the units we visited we observed that staff were caring, friendly and positive in their interactions with patients and their relatives. We observed a therapy session at Swinton Hall and saw that the treatment was provided in a compassionate, respectful and dignified manner.
- We saw that each patient in the NHS provider units had an information board in their rooms where their preferred name, named therapist or keyworker and goals were recorded.
- Most patients and their relatives were positive about their experiences. Comments included, “They take good care of you –it couldn’t be better”, “The staff are friendly, warm and compassionate”. “Staff are all excellent, caring people and come quickly if I need help” and “Staff are very caring, dedicated and professional”. However one visitor on Heartly Green reported “Heartly Green is very good but not enough attention and time is spent with my relative and they are left in their chair too long”.
- Comments about the care from therapists were all positive. These included “Occupational therapists are very good –they are there for you” and “I’m very happy with the therapy so far. They are friendly, caring and know what they are doing”.

Dignity and respect

- Overall we saw that patients were treated with dignity and respect. We saw staff used peoples’ preferred names. We saw that care was carried out in private and that conversations related to personal care were discreet. One patient told us “Staff always ask my partner to leave so I can change in private and keep my dignity”. Another said “I like to sleep in each morning and staff respect my wish and don’t disturb me”.
- While on Heartly Green we did observe a non NHS staff member, providing one to one assistance to a patient during their meal in an inappropriate manner, saying ‘open’ repeatedly before offering them a spoonful of food. However we saw that this was addressed by the nurse in charge as soon as it was spotted. As a result a more respectful approach was adopted in which the positive encouragement recommended enabled the patient to manage more independently. This meant that even though care staff at Heartly Green were not employed or managed by the NHS, nurses challenged and directed their practice when required in order to ensure patients were treated with dignity and respect.

Good

Are community health inpatient services caring?

- Diets that met the individual religious and cultural needs of patients were available at both Heartly Green and the Maples.
- We saw that the Maples held theme days to match the religious and cultural beliefs of their patients. We were shown photographic evidence of a Chinese event and an Indian event held during 2014 when staff embraced the attire specific to the culture of the individual patients and arranged culture specific music, food and dance.

Patient understanding and involvement

- Patients in the intermediate care units had named therapists who were involved in their treatment throughout their hospital admission. Those in the Maples had a key worker allocated to support them during each shift.
- We saw evidence of discussions with patients and their relatives about their treatment plans in their records. Most patients told us they were involved in discussions and decisions about their care and treatment. One person on Heartly Green said "They are great here and tell me what they are doing". Another told us "I've always got the nurses around to talk about my treatment and care". However one visitor on the unit reported that the family had not been involved in rehabilitation planning for their relative and had not seen the plan.
- Comments from patients and their relatives in Swinton Hall and the Limes included "We have been fully involved in care planning" and "I talk to the therapist about what I want to achieve and they take this on board".
- Patients who spoke with us at the Maples commented "Staff keep me informed of any issues" and "Doctors come and see me and always explain things to me".
- Records confirmed that six monthly reviews of the care of patients in receipt of continuing care at the Maples were held involving relatives and the multidisciplinary team.
- The intermediate care service introduced patient experience surveys in summer 2014 to measure patient satisfaction. Responses were monitored regularly and the records showed that the response rates for Heartly Green unit had increased over time. However we noted that response rates for the other bedded units remained low. From the patient experience action plan for Heartly Green we noted significant improvement in all responses over time. For example we noted that in December 2014 75% of patients who responded said they felt involved in decisions, care and treatment as compared to 29% in August 2014.
- On the Maples we saw a large selection of leaflets available on subjects including thrombosis and seizures to help people understand their condition. We also saw evidence that the unit was planning a nutrition and hydration day in April to inform their patients and relatives about the subject.
- Mental capacity assessments were carried out by therapists with patients for all decisions in relation to their treatment and discharge. All staff we spoke with were aware of the need to obtain consent before delivering care and we observed it was sought at every intervention and the patients' decision made was respected.

Emotional support

- We observed that staff were caring and responded compassionately when a patient was distressed.
- We noted that wellbeing and distress were assessed and monitored regularly by therapists and mental health liaison service referrals were made when required and responded to in a timely way.
- The handover notes we looked at indicated that emotional needs of patients were discussed together with strategies staff could use to support them if necessary.
- We were told that patients in Heartly Green were supported by volunteers from the listening service who visited the unit regularly. This was confirmed when we spoke with patients.
- Support for patients from regular volunteers was also provided at the Maples. In addition we saw that the Maples had a quiet room for visitors where they could stay overnight to be near their relatives if necessary.
- The Maples provided a respite care service where patients with complex neurological conditions could stay for up to two weeks at a time and up to eight weeks a year in order to give their families a break from caring.

Good

Are community health inpatient services caring?

- We saw that patients had access to spiritual advisors and the chaplaincy if they requested it.

Promotion of self-care

- Therapists within the intermediate care units provided very detailed assessments of patients' abilities to care for themselves. We saw that plans were person centred and included clearly defined self- care goals.
- Therapists working with patients in receipt of "slow stream" rehabilitation on the Maples also developed a detailed person centred rehabilitation plan for their patients. This was included in the recently developed slow stream rehab folder.which was also used as a two way communication tool to ensure all involved in care provision were kept up to date with any changes.
- We observed very caring practice and saw that self-care was promoted to improve patients' independence. Examples of therapy used included breakfast clubs, balance groups, teach back sessions, falls groups and home visits to inform and aid discharge planning.

Good

Are community health inpatient services responsive to people's needs?

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

Summary

There were systems in place to manage referrals and to ensure that the services were effectively used for the benefit of the local community. Admissions from the acute hospital were arranged through the central Single Entry Point. Admissions form the community to the Maples took place following a consultant assessment while those for the intermediate care units were arranged through the rapid response team. Clarified admission criteria to the intermediate care units, finalised in November 2014 were introduced to ensure that patients and service users were appropriate for safe. Management in the units and were Salford residents and registered with a Salford general practitioner.

Overall bed occupancy for the bedded intermediate care units was just above the maximum national recommendation but occupancy at Heartly Green was higher, ranging from 95% to 99% during 2014. All intermediate care units operated a waiting list system..

The continued demand for intermediate care beds had been recognised and action to address it had been taken with an application to Salford Integrated Care programme for investment to increase the provision..

There were facilities and resources available to meet the diverse needs of patients. Translation services were available and information in alternative languages could be requested on request. The Maples had been specially adapted, equipped and resourced over the past two years to provide "slow stream" rehabilitation and to meet the complex needs of patients with profound neurological impairments. While some measures had been introduced in Heartly Green to meet the needs of people with dementia the environment was not dementia friendly and organised activities were limited.

There was appropriate emphasis on discharge planning from the intermediate care units.

The complaints procedure was clear. All complaints were investigated and responded to, lessons were learnt and outcomes were fed back to staff.

Detailed findings

Service planning and delivery to meet the needs of different people

- Overall the bed occupancy for the bedded intermediate care units was 86% which was just above the national maximum recommendation of 85% for effective management of hospital services.
- Occupancy at Heartly Green was higher than average and the monthly rates during 2014 ranged between 95-99%. The overall average length of stay was 28 days when considering the bedded intermediate care service as a whole; Heartly Green length of stay was noted as being 35 days. However we noted that its length of stay had reduced over time with an average length of stay between October and December 2014 of 27 days. The bedded intermediate units operated a pathway with a target length of stay of 30 days.
- The bedded intermediate care units operated a waiting list for admission. We saw that there were 33 patients on the list as of 13th January 2015 although we noted that not all of these patients were recorded as medically fit for transfer. Four of these patients had been accepted for transfer the following day to occupy the four recorded empty beds that day.
- We saw applications for investment from the Salford Integrated Care Programme and meeting minutes which showed that the continuing demand for intermediate care needs had been recognised and action had been taken to address it.
- The Maples had facilities to provide continuing care and respite care for 18 patients and "slow stream" rehabilitation for four patients. We noted that some patients in receipt of continuing care had been there since it opened 14 years ago. Senior staff informed us that plans had been developed to increase bed availability for patients in receipt of "slow stream" rehabilitation to six. This could help reduce pressure on the acute rehabilitation service and provide more patients with a smooth transition to the community.

Access to care as close to home as possible

Good

Are community health inpatient services responsive to people's needs?

- Admission criteria for the bedded intermediate care units included the need for patients to be Salford residents and registered with a Salford general practitioner. This ensured that local people had access to care as close to home as possible.
- We found that patients were referred to appropriate local community services for on-going care post-discharge to ensure their needs continued to be met in their own homes and they achieved their full rehabilitation potential.

Meeting the needs of the individual

- The interpreting service had been used to good effect by the Maples in the past year to provide support three hours each day to a non-English speaking patient. No referrals to this service had been made from the bedded intermediate care units in the past year but staff were aware of how to access this service should it be needed.
- We found there were facilities and resources available to meet the diverse needs of patients. These included the provision of adaptive cutlery and mobility aids including hoists. Bariatric equipment could be obtained but we saw that admission to Heartly Green was limited to ambulant bariatric patients only to ensure their safe evacuation from the first floor in an emergency.
- We saw that the Maples had been specially adapted, equipped and resourced to provide "slow stream" neuro rehabilitation and to meet the complex needs of patients with profound neurological impairments. Staff had received specialist training for tracheostomy management so that people with complex tracheostomy needs could be cared for appropriately in a community facility. Social stimulation was provided through frequent social events and volunteer involvement.
- The service cared for few patients with learning disabilities but staff told us they could access specialist support if needed.
- We saw that some specific measures were in place in Heartly Green to meet the needs of people living with dementia, but observed that the environment was not dementia friendly as defined by best practice guidance produced by Sterling University. For example signage and way finding cues were not present. We saw that a butterfly identification scheme and coloured wrists bands were used to identify patients with memory problems. We saw that personal passports had been introduced and were being completed with the help of volunteers. We noted that memory boxes were available although staff on Heartly Green told us they were not in frequent use. Organised activity sessions were limited although staff told us that volunteers visited twice a week and patients were able to attend activity sessions arranged by the third party provider in their residential unit.
- Facilities for patients' visitors were satisfactory. Maples had a quiet room where relatives could stay overnight if required.
- We saw that patients and their relatives at the Maples had access to a dedicated sensory room or 'Snoozelum' where they could relax with special lighting, music and audiobooks.
- Several relatives commented on the limited parking for visitors at the Maples.

Access to the right care at the right time.

- We found there were systems in place to manage referrals and ensure that the services were effectively utilised for the benefit of the local population. On the day of the inspection there were 14 patients in the Maples; two were undergoing "slow stream" rehabilitation and 12 were receiving continuing care. None of the four respite beds were occupied. The manager told us that admissions from the acute hospital were arranged through the central Single Entry Point and those from the community followed assessment by their consultants. They told us there had been six admissions in the previous year.
- The pathway for admission to the intermediate care units was through the Single Entry Point for patients from the acute hospital and the Rapid Response team for those in the community. Clarified admission criteria were finalised in November 2014 and then introduced for a four week trial period after which their impact would be reviewed. Their purpose was to ensure patients and service users were appropriate for safe management within an Intermediate Care setting. Criteria included the need to require rehabilitation, recuperation and assessment and to be a Salford resident and be registered with a Salford GP. Additional criteria for referral from the community included the

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need to have been seen by a GP in the previous 24 hours and to have a diagnosis. We were told that an audit was planned to assess the impact of the new criteria but staff told us that since their introduction there had been a reduction in the number of inappropriate admissions.

- Staff told us that some people were admitted late at night, usually from the acute hospital. The reason for the late admissions was attributed mainly to issues outside the Trust's control but the late night transfers impacted on patient care. For example a visitor told us how his elderly relative with memory problems had been transferred to Heartly Green from the acute hospital at 11.30pm on Christmas Eve after spending much of the day there. Late arrivals were recognised as an issue of concern and we saw there was a process in place to monitor them in order that appropriate action could be planned.
- The average time from referral to commencement of service was 2.6 days.

Discharge, referral and transition arrangements

- We found that there was an appropriate emphasis on discharge planning and observed good practice in this area. Patient and relatives' views and the outcome of assessments by the multi-disciplinary team, including those following home assessments and access visits, were all taken into account. Patients, their families and outside agencies were involved in the discharge planning process. This meant patients were discharged safely and their needs continued to be met after they left hospital.
- Records showed that most people were discharged home (76% from Limes and 57% from Heartly Green between Oct-Dec 2014). In addition staff told us that few patients remained on the unit for more than 30 days when a charge was introduced for their stay. However there were some delayed transfers of care and staff told us that these were usually due to delays in local authority funding or lack of availability of care home places. These situations were outside the control of the trust but we found that staff worked to minimize any delays.

Complaints handling (for this service) and learning from feedback

- We found there were clear procedures for receiving, handling, investigating and responding to complaints.
- Staff were able to describe how they would deal with a complaint and told us that they would document it and then pass it to a more senior member of staff or the manager for action. They told us that they received feed back about the outcome of investigations.
- Units had Help phone numbers on their information boards for people to contact if necessary and most had clearly displayed information about the patient Advice Liaison Service (PALS). The Trust website also had information about PALS and how to complain.
- Most patients we spoke with told us they were happy with the service but if they had concerns they would speak to the manager in the first instance. One person we spoke with on Heartly Green told us about a verbal complaint they had made recently to the manager which had not yet been responded to. We raised this with the manager who told us that they had met with the person with another senior member of the multidisciplinary team to learn more about their concerns and had advised them that further investigation would be required before an explanation could be given. We checked the records and saw that the discussion had been documented.
- We looked at one of the three complaints received by the Maples in the last year and the response. We saw that it had been fully investigated in line with the policy and to the satisfaction of the complainant. We noted that as a result of the issues raised an increase in the frequency of routine therapy reviews was now being considered.
- We saw examples of local methods used to obtain patient feedback which included coffee aftenoons, patient experience surveys and suggestion boxes.

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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

The Trust core values were prominently displayed. Each service had a set of objectives which reflected the Trust's core values and a credible strategy with areas of focus for service development in order to deliver good quality care.

There were robust governance arrangements in place to monitor and evaluate quality, performance and risks. There were effective working relationships with third party providers and partners with good evidence of joint working.

Staff felt supported by their immediate managers to deliver good quality care. Some staff felt that board members were not sufficiently visible within the community inpatient service and that their contribution was not always fully recognised by the Trust.

Staff were overwhelmingly positive about their jobs, team working and about the quality of service provided for patients although those at Heartly Green expressed concern about the additional pressures as a result of the current staff shortages.

Excellence was rewarded by the Trust and staff at the Maples were proud of having been awarded SCAPE (Safe, Clean and Personal Every Time) status and Heartly Green was pleased to have achieved its second green score after assessment, in recognition that it was providing a safe clean and personal standard of care.

Innovation, learning and continuous improvement were encouraged in all community inpatient services.

Vision and strategy for this service

- The Trust's core values of patient and customer focus, continuous improvement, accountability and respect were prominently displayed and accessible.
- Staff we spoke with were aware of these values and of the need to provide safe, clean and personal care at all times.
- Each service had its own objectives which reflected the Trust's core values. We reviewed the objectives set for each service and the identified areas of focus for development within it. The areas of focus for the intermediate care service included the provision of a dementia friendly service, safe staffing and the establishment of robust performance monitoring.
- The areas of focus prioritised for the achievement of the Maples objectives included the assessment and management of skin integrity and the improved recognition and management of behaviours which challenge.

Governance, risk management and quality measurement

- The Maples was part of the neuroscience and renal division and we were told that it had robust local governance arrangements.
- The bedded intermediate care units were part of the intermediate care provision of the Division of Salford Healthcare and the Emergency Medicine 3 (EM3) directorate. Each bedded intermediate care unit had a monthly governance meeting which was attended by both staff and managers from the Trust and the third party provider. Minutes viewed of two recent meetings at each unit showed that matters discussed included service development, performance and patient engagement.
- Regular meetings were also held between managers and senior staff in the units where a third party provider was involved. We reviewed the Heartly Green Management meeting minutes for two meetings in October and November 2014. We saw that items discussed included training, staffing levels, maintenance issues and progress with the actions in place to improve working relationships between nurses and care staff. These meetings helped to maintain effective working relationships between the third party provider and the Trust.
- Heartly Green bedded intermediate care unit was part of the intermediate care team and its clinical governance was addressed at the monthly intermediate care clinical governance and risk meetings. Minutes of meetings held in November and December 2014 showed that standing

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agenda items included risks, incidents, complaints and audit updates although the minutes were not sufficiently detailed to know the depth of discussion. The ward manager and team leader also attended the six weekly intermediate care team leaders meeting. We noted from those minutes that agenda items included quality -with best practise and new guidance updates and governance with information to be shared with teams on the learning from incidents.

- The therapy services based at the third party provided intermediate care units at Barton Brook, Swinton Hall and the Limes were part of the intermediate therapy team. This team had its own similar clinical governance and risk meetings and team leader meetings. Each team had robust governance arrangements and we noted from the minutes some shared working across the teams to ensure effective communication and governance.
- Local risk registers were maintained and we saw that risks and their action plans were regularly reviewed and updated. We found many examples of quality measurement occurring and improvement plans being implemented and monitored. For example at Heartly Green we saw that the risk identified in October 2014 in relation to the poor quality of some documentation was addressed by additional training and weekly documentation audits.
- The directorate risk register for EM3 was also viewed and we noted that the level of risk was identified together with the actions required and the date for review. Risks we viewed included documented pathways and relationships with key partners, 7 day working, staff retention and satisfaction, and admission and intermediate care.

Leadership of this service

- Staff we spoke with told us that they felt supported by their immediate managers to do their jobs well and felt that their manager was visible and approachable.
- Senior nurses were also visible and those within the intermediate care services carried out regular "walkabouts" to develop peer review at a senior level.
- Staff knew the names of the board members and most were familiar with their roles but most could not recall seeing a board member on their unit.
- Some staff we spoke with felt board members were not visible enough and others felt overlooked by the Trust and felt that their contribution was not fully recognised. For example some therapists felt that the Trust only looked to Heartly Green unit for examples of good practice and did not recognise what was taking place in other intermediate care units. Staff at the Maples told us that they felt 'out on a limb'. They told us, for example that they had not been included in the original invitation to attend a specialist rehabilitation training course in April. In addition they told us that board members had not attended any of their social events.
- We saw that staff were alerted to all training opportunities including leadership training programmes and they told us they were supported to attend.. A staff member told us they had recently completed development training covering managerial skills, leadership and assertive training to improve their skills and make them more effective in their role.
- We saw examples of where appropriate action had been taken to address behaviour and performance that was inconsistent with the Trust's visions and values. We saw evidence from minutes of governance meetings, team leader meetings and team meetings that learning from these occurrences had been cascaded to all staff.

Culture within this service

- We found staff to be positive about their work although those at Heartly Green expressed concern about the additional pressures as a result of current staff shortages. Managers spoke positively of staff being flexible and willing to work extra hours to cover shifts which were short staffed. Several staff told us they were proud of their service, the quality of care delivered and the improvements they had introduced to improve patient experience and outcomes.
- Staff reported there was good team working at a local level. The third party providers we spoke with and their staff confirmed this and commented positively on the impact of increased involvement of the therapists in the daily handovers.
- From the January 2015 Clinical governance and risk minutes we noted that at Heartly Green there were no nursing staff off sick but three vacancies. We noted there was one person on long term sick and two vacancies

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within the therapies although interviews for one post had already been planned. At the Maples we saw that sickness had reduced from its peak at 24.9% in December 2013 to its current level of 4.5%.

- Staff told us they were encouraged to speak up if they had concerns and we were given examples of where this had been done and their concerns had been addressed effectively. They told us that openness and honesty was encouraged within the Trust.
- Maples staff were proud to have just had been awarded SCAPE (Safe, Clean and Personal Every Time) status. This was clear recognition of a high quality and high performing ward which put safety, cleanliness and personalisation for patients at the top of its priorities. The manager of Heartly Green told us they were pleased to have just been awarded their second green score after assessment with the CAAS (Community Assessment and Accreditation System). This was recognition from the Trust that they were providing a safe, clean and personal standard of care and could aim to achieve SCAPE status next time. This showed that the provision of high quality services was celebrated by the Trust and awards were valued.
- Overall we found a culture which was open and transparent and staff who were committed to delivering safe, high quality, person centred care as efficiently as possible.

Public and staff engagement

- We saw minutes which confirmed that regular team meetings took place which gave staff the opportunity to raise any concerns, share information and be kept updated with service developments.
- Governance meeting minutes we viewed indicated that a Berwick session had been planned at Heartly Green for August 2014 to discuss the Berwick report with staff and to consider their suggestions for quality improvement. However we noted that it had been cancelled due to unforeseen circumstances. A Berwick session took place on 10 December 2014 where a range of topics were discussed including processes to reduce patient harm, improving feedback, recommendations to assist staff with being empowered to suggest improvements and processes which would assist staff to feel more equipped to carry out their roles.
- We noted that staff surveys were undertaken and the responses reviewed by the Patient and Staff Engagement committee. August 2014 meeting minutes we viewed indicated that work pressures and communication issues within the community services had been flagged. We saw an action plan which had been developed for staff retention and satisfaction which included focus groups to improve communication.
- The Maples held monthly coffee afternoon meetings for patients, relatives and staff. The minutes we saw showed that concerns were raised and future plans discussed.
- Patient experience surveys had been introduced throughout the intermediate care units as a measure of patient satisfaction. We saw that the total number of surveys received as well as the responses were monitored and targets had been set to increase both the positive responses and the number returned in order to increase patient engagement and drive improvement.

Innovation, improvement and sustainability

- We viewed the original proposal drawn up in May 2012 to establish a whole system integrated care programme for older adults in Salford. Its aim was for organisations including Salford Royal, Salford Clinical Commissioning Group, Salford City Council and the Greater Manchester West Mental Health Foundation Trust to work together to deliver better health and social care outcomes, improve user and carer experience and reduce health and social care costs. Staff told us and we saw examples of successful joint working via the Integrated Care programme to create improvements in the care of older people in the city.
- The intermediate care team leaders meeting minutes of December 2014 indicated that plans were progressing for the integration of adult social care within the Acute and Community service and closer working with the Mental health service and should be implemented by 2015/2016.
- We saw applications made during 2014 for investment from the Salford Integrated Programme to support development within the Intermediate Care units. These

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included a request for funding to establish appropriate therapy staffing levels to deliver intensive therapy for service users and for additional intermediate care beds which had been opened to meet increased demand.

- We viewed the procurement exercise for Intermediate Care beds discussed at the Salford Health Care Divisional Board in February 2014. We saw from the minutes of a senior team meeting in November 2014 that new contracts had been awarded to third party providers and an increase in beds over time had been implemented.
- We saw that clarified Intermediate Care Admission criteria had recently been introduced in order to ensure that patients admitted from both the acute hospital and the community were safely managed in the intermediate care units.
- The Maples has undergone a major reorganisation over the past two years. This included improvements in its design, facilties, storage and equipment as well as increases in training opportunities and staffing levels and changes in clinical practice. At the same time we were told that their ability to manage patients with more complex needs had increased, there had been a significant reduction in staff sickness, more time available to deliver patient care and reduced frequency of referrals to the Accident and Emergency department for assessment. These quality improvements and productive changes have been formally recognised by the Trust and senior staff told us that plans have already been drawn up to increase the number of available slow stream rehabilitation beds.