Sheffield Teaching Hospitals NHS Foundation Trust

RHQ

# Community health inpatient services

**Quality Report**

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# Summary of findings

## Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/ unit/team) | Postcode of service (ward/ unit/ team) |
|---|---|---|---|
| RHQY1 | Beech Hill | Shrewsbury ward and Norfolk ward | S2 3QE |

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

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

**Overall rating for this core service. Good**

We rated Beech Hill as good overall, however we rated the unit as requires improvement for safe. The unit used an electronic reporting system for incidents and near misses. All staff we spoke with knew how to use the system. We found that medicines were securely stored on the unit. All areas of the unit looked visibly clean, well maintained and infection prevention and control measures were embedded on the unit. Staff took a proactive approach to safeguarding. We saw effective handovers and shift changes; however, we had some concerns about staffing levels. Rosters for night duties indicated that there was one registered nurse and one care support worker on each ward, with a second care support worker who worked between the two wards. Rosters also showed that the minimum planned staffing levels were not always met. The wards were on separate floors. Senior staff we spoke with told us that increased numbers of patients were being referred back to the acute hospitals because they were not medically fit. Staff were not using a recognised early warning tool to recognise a deteriorating patient. This was because there was an expectation on the unit that patients were medically fit. Therefore staff used their observations and clinical judgement. We also found that resuscitation equipment was not always checked in line with the trust's policy and it was not always possible to identify if equipment was clean.

We rated effective as good because people's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Patients were receiving adequate pain relief, nutrition and hydration. There was participation in relevant local and national audits, including clinical audits and other monitoring activities such as reviews of services, benchmarking, peer review and service accreditation to improve services for patients. There was a centrally hosted clinical computer system, which allowed all members of the MDT to access and share records. Staff received a comprehensive trust induction programme and timely appraisals. Staff were also supported with professional development. Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that patients were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. Deprivation of Liberty was recognised and acted on in a timely and appropriate manner.

We rated caring as outstanding. We found that feedback we received from patients was consistently positive about the way nursing and therapy staff treated them. Patients told us that staff went the extra mile. Staff and patients confirmed that the unit had a flexible approach to care. We saw that the staff were highly motivated and inspired to offer care that was kind, promoted people's dignity, and involved them in planning their care. Patients said that staff were lovely, could not do enough for them, attended to every wish and were caring, compassionate, sensitive and supportive. Relationships between patients, those close to them and staff were strong, caring and supportive. Patients and their families' personal, cultural, social and religious needs were seen as a priority by all staff. Activities such as singing, arts and crafts were arranged to prevent social isolation and boredom. Patients said that they felt 'safe and secure'.

We rated responsive as good. We found that the services were planned and delivered in a way that meets the needs of the local population. The needs of different people were taken into account when planning and delivering services. Staff told us that they respect the equality and diversity of their patients. Patients and families we spoke with confirmed this. The facilities and premises were appropriate for the services being delivered. We spoke with the matron and found that there was an openness and transparency in how complaints were dealt with. Complaints and concerns were taken seriously, responded to in a timely way and listened to. Improvements were made to the quality of care as a result of complaints and concerns.

We rated well led as good because the trust had a clear statement of vision and values, driven by quality and safety, which was recognised and integrated within the unit. Staff we spoke to were aware of and based their care around the trusts PROUD values. There was good interaction between the board and the unit. Senior staff shared details of the board and governance meetings with staff on the unit. Senior staff were visible,

# Summary of findings

approachable and supportive to staff and patients. Leaders were actively engaged with staff, people who used services and their representatives and stakeholders. Therapy staff told us that they were proud of how the team worked together to achieve targets and 'go the extra mile'. There was a strong focus on continuous learning and improvement at all staff levels. Staff shared innovations and improvement work that they were involved with.

# Summary of findings

## Background to the service

Beech Hill was a community rehabilitation facility based in Norfolk Park, Sheffield. The unit provided 24 hour nursing care for patients who were unable to manage at home, usually because of an orthopaedic condition or following a stroke.

In addition to the care provided by nursing staff, a consultant geriatrician and a stroke consultant provided medical care. General Practitioners (GPs) provided the day-to-day care on days when the consultants were not present at the unit. Speech and language therapists, physiotherapists, occupational therapists and dieticians also supported patients in the unit. A pharmacist was based at the unit. The unit was also covered by two whole time equivalent mental health nurses.

The unit could accommodate up to thirty-one adults in their own room, all of which had an en-suite shower, toilet and washbasin. There were two wards at the unit; Shrewsbury Ward, which had fifteen beds, where staff cared for patients who had experienced orthopaedic problems and Norfolk ward, which had sixteen beds, where staff cared for patients who had suffered a stroke.

During our inspection, we spoke to sixteen members staff of all grades including domestics, catering staff, care support workers, registered nurses, therapists, ward sisters, the matron and senior operational staff. We also spoke with the bed coordinator. We visited both wards and spoke with nine patients. We looked at eight medication charts and five electronic care records.

## Our inspection team

Our inspection team was led by:

Chair: Professor Stephen Powis, Medical Director

Head of Hospital Inspections: Amanda Stanford, Head of Inspection

The team included CQC inspectors and a variety of specialists: including consultants, specialist nurses, student nurses, community nurses, therapists, medical directors, nurse directors and experts by experience.

## Why we carried out this inspection

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

## How we carried out this inspection

To get to the heart of patients' experiences 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 the announced inspection, we reviewed a range of information that we held and asked other

organisations to share what they knew about the hospitals. These included the clinical commissioning

group (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), royal colleges and the local Healthwatch.

We held a listening event on 1 December 2015 at St Mary's Church and Conference Centre and attended focus groups in Sheffield for people with learning disabilities

# Summary of findings

and older people to hear people's views about care and treatment received at the hospital and in community services. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection. The team would like to thank all those who attended the listening events.

Focus groups and drop-in sessions were held with a range of staff in the hospital, including nurses and midwives, junior doctors, consultants, allied health professionals, including physiotherapists and occupational therapists. We also spoke with staff individually as requested. We talked with patients, families and staff from all the ward areas. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' personal care and treatment records.

We carried out an announced inspection on 7 to 11 December 2015 and an unannounced inspection at the trust on 23 December 2015.

## What people who use the provider say

- The trust's frequent feedback inpatient results for April 2014 to March 2015 showed that patients were always being treated with respect and dignity 97% of time on Shrewsbury Ward and 90% of the time on Norfolk ward. Patients rating overall care as excellent/ very good was 97% for Shrewsbury ward and 90% for Norfolk ward.
- Friends and Family data for the unit for October and November 2015 showed in October 92% of responses were positive and in November 100% were positive. For June, July, August and September 2015, positive responses were 95%, 98%, 100% and 95% respectively.

## Good practice

- Feedback we received from patients was consistently positive about the way nursing and therapy staff treated them. Patients told us that staff go the extra mile. Staff and patients confirmed that the unit had a flexible approach to care.
- Patients were supported emotionally. Activities such as singing, arts and crafts were arranged to prevent social isolation and boredom. Patients said that they felt 'safe and secure' on the unit.

## Areas for improvement

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

**Action the provider MUST take to improve**

- The provider must ensure that all medication charts and controlled drug checks are completed in line with policy.

**Action the provider SHOULD take to improve**

- The provider should ensure that resuscitation equipment is checked in line with trust policy.
- The provider should review the need for an early warning tool to recognise a deteriorating patient
- The provider should ensure staffing levels are appropriate to patient dependency.
- The provider should check that all equipment is labelled after it has been cleaned.

Sheffield Teaching Hospitals NHS Foundation Trust

# Community health inpatient services

**Detailed findings from this inspection**

Requires improvement

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

We rated safe as requires improvement because:

- We looked at eight medication charts. Seven of these had gaps in the administration record which indicated that medications had been omitted.
- Staff were not using a recognised early warning tool to recognise a deteriorating patient but were relying on observations and clinical judgement. This was because there was an expectation on the unit that patients were medically fit. Therefore staff used their observations and clinical judgement. Senior staff we spoke with told us that increased numbers of patients were being referred back to the acute hospitals because they were not medically fit.
- We had some concerns about staffing levels. Rosters, we reviewed, showed that, on 11 days, the minimum planned staffing levels were not met. Rosters for night duties indicated that there was only one registered nurse and one care support worker on each ward, with a second care support worker who worked between the two wards. The wards were on two floors.
- It was not always possible to identify if equipment was clean.

However we also found:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff took a proactive approach to safeguarding.
- All areas of the unit looked visibly clean and well maintained.
- Medicines were securely stored on the unit.
- We saw effective staff handovers and shift changes
- Resuscitation equipment was kept in treatment rooms which were secured with keypad locks.
- We found that people were protected from avoidable harm and abuse.

### Detailed findings

### Safety performance

- We looked at the safety thermometer data for the unit for the period August 2014 to September 2015. The NHS Safety Thermometer is an audit tool that allows organisations to measure and report patient harm in

four key areas (pressure ulcers, urine infection in patients with catheters (CAUTI), falls and venous thromboembolism (VTE)) and the proportion of patients who are "harm free". The England average for harm free care is 95%.

- We found that Norfolk ward surveyed, on average fifteen patients each month. During this period, there was one reported new pressure ulcer in August 2015 and a fall with harm in November 2014. In addition to this, there were two new CAUTI's reported in October 2014 and November 2014.
- On Shrewsbury ward, during the same reporting period, there was an average of fourteen patients surveyed each month. We found that four new pressure ulcers had been reported; one in November 2014, and one in February, March and August 2015. Shrewsbury ward did not report any falls with harm or CAUTI's in the safety thermometer during the reporting period.
- The unit had seven months, between September 2014 and August 2015 which were 100% harm free; however, in the other six months harm free care was worse than the England average at between 70.2% and 93.3%.
- We saw minutes of the units Clinical Governance Meetings that showed that safety thermometer data was shared with staff on the unit.

### Incident reporting, learning and improvement

- This core service had no reported never events. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- The unit reported three incidents which were graded severe and three moderate incidents between August 2014 and July 2015. The three severe incidents were falls, which had resulted in a fracture.
- The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. This trust reported lower numbers of incidents per 100 admissions than the national average. However information provided by the trust showed that Beech Hill, reported 170 incidents, which was a higher number of incidents than any other individual trust location.
- Beech Hill used a recognised electronic reporting system. All nursing and therapy staff we spoke with told us that they used the system. Some staff told us that they would also verbally inform the nurse in charge of any incidents that they were reporting.
- We saw that incidents were discussed at the units Clinical Governance Meetings.
- In the event of the unit, having a serious untoward incident the matron told us that she would hold an extraordinary meeting to ensure that staff receive feedback about lessons learned and changes to practice that have resulted from the incident. The matron gave an example of when of these meetings had taken place which then resulted in the falls risk work that had been completed by the unit. We saw that the lessons learned as a result of the trend analysis of falls had changed practice on the unit and that these changes had been communicated to staff through meetings.
- However, we saw evidence that despite changes to working practices being put in place as a result of falls trend analysis a patient suffered a fracture following a third fall on the unit. The root cause analysis documentation suggests that this patient had not had any intentional rounding completed for over six hours. This patient fell at time when only one RN would be rostered on duty.
- In November 2014, the Duty of Candour statutory requirement was introduced and applied to all NHS Trusts. The regulation sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The incident reporting system used by the unit had a Duty of Candour prompt field, which staff had to complete when reporting incidents. It was also possible to attach a copy of any letters written to patients or their families in relation to Duty of Candour.
- The matron and other senior staff we spoke to were aware of the Duty of Candour. The matron told us that all staff at all levels were aware and gave an example of when the Duty of Candour had been used.

Requires improvement

# Are services safe?

### Safeguarding

- The executive lead for safeguarding both adults and children was the trust chief nurse. The deputy chief nurse had operational responsibility for safeguarding. There was also a lead nurse for safeguarding adults. A named doctor post for safeguarding was being recruited to along with further posts in the adult safeguarding team.
- Nursing staff we spoke to said that they could access relevant safeguarding policies on the trust intranet and that they would seek advice from the matron.
- A therapist gave an example of when they had raised a safeguarding alert which demonstrated they were aware of the process and told us that a 'hotline' was available for advice.
- We saw that details of safeguarding issues that had occurred on the unit were discussed in the units clinical governance meetings.
- We saw that 95% of staff on the unit had completed adult level 2 safeguarding training.

### Medicines

- There was a head of pharmacy based at the unit. They supported both wards, were available Monday to Friday if staff had any concerns relating to patients medications.
- Pharmacy staff completed medicines reconciliation twice a week.
- We reviewed eight medication administration records on Norfolk ward and found that seven of the charts had gaps in the administration which would indicate that medications were omitted. One of the charts had thirteen gaps highlighted. We spoke to the ward sister about this at the time of our inspection and she advised that she would look into this issue.
- Staff told us that patients admitted to the unit brought a two-week supply of all medications. If additional medications were needed, these were prescribed by GP's who covered the unit and supplied by a local pharmacy.
- There was a community and an acute medicines management policy. Staff told us that they followed the community policy.
- Staff told us that they checked controlled drugs in line with policy. We saw that this was completed weekly on Shrewsbury ward but on Norfolk ward there was only one check completed on 6 December 2015. The register had entries documented for November and December 2015. The ward sister on Norfolk ward said that there was no routine daily or weekly check. We raised this as a concern and advised that the sister should ensure that checks are completed in line with trust policy.
- Most medications were the patient's own or labelled as patients own by the external pharmacy so that staff could be use them as discharge medications.
- We saw a box of temazepam (a sleeping tablet) which had been labelled for a patient by the external pharmacy. The instructions on the box were 'one to be taken each morning'. We discussed this with the ward sister who agreed that this could have resulted in the patient taken a sleeping tablet at the wrong time of day if these tablets had been used as part of the patients discharge medications. The sister said that she would raise this incident.
- We saw other items inappropriately stored in the controlled drug cupboard including a screwdriver and a box of keys.
- The unit did not hold stock medication items. Staff said that because of this, if a patient's medications changed there might be a delay in obtaining the medication. This had been recognised and new processes had been introduced to minimise the time taken from ordering to delivery.
- We looked at the medication fridge and the daily fridge and room temperature recordings. These were complete for every day except one day in October and twenty-eight days in November. Seven out of eight days of December checks were complete. Recording of fridge temperature is important to ensure the integrity of medicines is maintained.
- We spoke with a patient who told us that, when they had raised a concern about their medication being stopped, staff arranged for a pharmacist to speak with them to explain the benefits of the new medication that they had been prescribed and how this outweighed the benefits of the medication, which had been withdrawn.
- We observed staff administering medications to patients and found that this was in line with best practice.
- We saw minutes of a unit governance meeting where issues relating to medicines management were discussed.

Requires improvement

# Are services safe?

### Environment and equipment

- The unit accommodated up to thirty-one adult patients in their own room, with en-suite shower, toilet and washbasin. Rooms were on either Shrewsbury Ward that cared for patients who have experienced orthopaedic problems or Norfolk ward that cared for patients who had suffered a stroke. Norfolk ward was on the ground floor and had sixteen stroke rehabilitation beds. Shrewsbury ward was on the first floor and had fifteen general rehabilitation beds.
- The unit was a listed building, which maintained many original features. All areas looked well maintained. The Matron told us that she worked closely with the buildings managers and they completed a joint review and produced a report and action plan if required. We saw evidence of this.
- We found that a check of resuscitation equipment was completed on twenty-six of the thirty-one days in October. In November, it had been checked on twenty days and it had been checked on five of the eight possible days in December. This meant that the equipment checks were only completed between 62.5% and 84% of the time.
- The resuscitation equipment on both wards was stored in the treatment room, which had a keypad lock. We spoke to staff about this and all staff knew how to access the trolley.
- We saw bariatric equipment available on the unit.
- All mattresses in use were suitable for a patient with category two pressure damage. Staff told us that they would order specialist mattresses for patients at high risk of developing pressure damage. We saw evidence that mattresses were audited and replaced as necessary.
- We looked at the domestic appliances in the ward kitchens and found that these were tested, and in date for electrical safety on Norfolk ward.
- We saw minutes of the clinical governance meetings that showed that any issues relating to equipment including portable appliance testing and servicing were discussed.
- The trust provided us with documentation logs which showed that all electrical equipment and medical devices were serviced and maintained in line with manufacturers recommendations.
- The 15 Steps Challenge is a series of toolkits which are part of the resources available for the Productive Care work stream. They have been co-produced with patients, service users, carers, relatives, volunteers, staff, governors and senior leaders, to help look at care in a variety of settings through the eyes of patients and service users, to help capture what good quality care looks, sounds and feels like.
- We saw two of these that had been completed at Beech Hill. These included action plans and learning that had resulted from the audits.

### Quality of records

- A centrally hosted clinical computer system, which is being deployed as one of the accredited systems in the government's programme of modernising IT in the NHS, was used for care records in the unit.
- We saw that a records audit had been completed by the trust. This showed that thirty-one of thirty-three measures were 100% complete. Only one measure was below the required compliance, this was in relation to the use of abbreviations. The audit identified that only 23% of notes identified any abbreviation in full when it was used for the first time used.
- We reviewed the records for five patients. We completed three comprehensive reviews and checked the key assessments for the remaining two records.
- We saw risk assessments were complete in all records including falls, pressure area care and malnutrition. We saw care plans in place when risks were identified.
- Family involvement was clearly documented in the records reviewed.
- All records showed evidence of the goals and actions identified at the weekly multidisciplinary meeting.
- Medical records were transferred from the acute setting to the unit when the patient was admitted. These were stored in a room with a keypad lock however; during our inspection, we saw that this door was left open. This meant that the records were not held securely and there was a risk in relation to information governance and patient confidentiality.
- The electronic record was also accessible to General Practitioners as well as other community teams including therapists, community clinic staff and other nursing teams in the trust used this system and were able to share records.
- Staff were able to access an electronic system to review patients results including blood and microbiology tests and x-rays

Requires improvement

# Are services safe?

- Staff told us that they could access an IT system to check patient's previous mental health history.

### Cleanliness, infection prevention control (IPC) and hygiene

- During our inspection, we found the unit to be visibly clean and well maintained. Staff explained that they when patients were discharged the rooms were cleaned and decontaminated. Green stickers were placed on the room door to show that the room was clean. We saw this during our inspection.
- The matron told us that all patients were routinely isolated for forty-eight hours following admission. She said that there had been no infection outbreaks on the ward for more than eighteen months and she felt that this process was a contributory factor.
- The unit reported no cases of Methicillin-resistant Staphylococcus Aureus (MRSA) or Clostridium difficile (C.difficile) in 2014 or 2015.
- Patients we spoke with confirmed everything in the unit was clean and that staff always used appropriate gloves and aprons (PPE).
- We saw all staff wore PPE when serving food. This was available on the corridors of each ward along with hand sanitiser dispensers
- Some equipment was not in line with infection control best practice. For example, we saw fabric covered chairs and carpeted floors in storerooms and communal areas in the unit.
- The dirty utility rooms on both wards were cluttered and equipment had to be moved in order to gain access to hand washing facilities.
- The matron performed monthly spot checks and created an action plan. We saw evidence of one of these completed on 9 November 2015. We also saw an infection control team action plan, which was reviewed in March, May and August 2015. We saw minutes of team meetings where the monthly spot checks and IPC issues were highlighted and shared with staff.
- We looked at an equipment store room on Norfolk ward. This room had a sign on the door which said clean equipment only. It contained multiple items of equipment including hoist slings, hoists, wheelchairs, stand aids, seat cushions, spare wheelchair parts, bed rails, commodes and cot sides. The room was very cluttered therefore it was not possible to check when some equipment had been cleaned. We looked at 15 seat cushions and only six of these were labelled as clean. Three of six sets of bed rails did not have stickers attached. One stand aid did not have a sticker, however a further stand aid and two hoists were labelled as clean. In addition to the clinical equipment in this room, there was also a bag of soiled clothing. We asked the ward sister about this whilst on site and she explained that the staff were waiting for the clothing to be collected. We highlighted that this was being stored in a clean area.
- We saw legionella faucet flushing logs on the wards. These were completed on twenty-nine days in October and November and every day in December on Norfolk ward.
- IPC including legionella was discussed and minuted at the units clinical governance meetings. We saw evidence of these meeting minutes.

### Mandatory training

- The trust target for completion of mandatory training compliance 90%. Data showed 81.2% of staff in this service were up to date with training at the time of our inspection. Staff who had completed training varied between 20% for conflict resolution and 100% for infection prevention and control training.
- Conflict resolution training provides staff with a range of measures to assist in making the NHS a safer place to work. Only 20% of staff in this service were up to date with this training. This could mean that staff are unable to recognise and respond to rising risks of conflict.
- The trust identified three different moving and handling courses for staff. These are Level 1 (3 yearly), level 2a (3 yearly) and level 2b (1 yearly).We found 61.5% of staff in this service had completed level 2b. This means that nearly 40% of staff might not be up to date with this training.
- Three therapists we spoke with told us that they were up to date with mandatory training.

### Assessing and responding to patient risk

- The matron highlighted safety alerts to staff. We saw some of these alerts displayed appropriately. For example, we saw an alert relating to a hoist displayed in the storeroom where the hoists were kept.
- Patient safety alerts are crucial to rapidly alert the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death.

- We saw minutes of a unit governance meeting which also shared details and actions needed in relation to safety alerts.
- Staff told us that intentional rounding was completed two hourly. Patients told us that staff responded to buzzers promptly.
- The unit did not use a nationally recognised tool, such as the National Early Warning Score tool (NEWS) to enable staff to recognise and respond to a deteriorating patient. Staff told us that the Sheffield Early Warning Score (SHEWS) was an acute focused tool and not appropriate for the unit, because there was an expectation on the unit that patients were medically fit. However, this was being adapted for use in community settings. Staff we spoke with told us that they used observation and clinical judgement. The matron also confirmed this.
- Patients had their baseline observations recorded twice a week. This meant that if a patient was deteriorating staff may not be able to identify and escalate within an appropriate timeframe.
- Risk assessments including pressure area, falls, moving and handling and malnutrition were completed for all patients.
- We saw white boards at each patient bedside, which identified the mobility status of the patient. This means that all staff could immediately see what assistance each patient needed.
- Staff told us about work that the unit had done to assist in the management of patients who were at risk of falls. This included risk assessments, identifying trends and increasing the frequency of intentional rounding for patients at risk. Staff also said that one to one care could also be arranged. However we reviewed one root cause analysis which indicated that a patient who had fallen twice on the unit, had a third fall and sustained a fracture. At the time of this fall it would appear that the patient had not had any intentional rounding completed for more than six hours. This patient fell at a time when only one registered nurse was rostered on duty on Norfolk ward with three care support workers.
- We attended a nursing handover on each ward. Both wards used ‘Patient status at a Glance’ (PSAG) boards which displayed information about each patient. The therapist used a second rehabilitation board. All staff used an electronic handover sheet that had patient details pre populated. The handover took place in the ward office and all staff coming on duty attended. The door was closed for confidentiality. During the handover, there were five interruptions and one person left the handover to answer a patient call bell that had been sounding for several minutes. It was a concise handover including patient safety concerns. The matron also attended the handover. We found that the handovers on both wards were effective in terms of communication and patient safety.

### Staffing levels and caseload

- Each ward had a band 6 sister, band 5 registered nurses (RN) and band 2 and 3 clinical support workers (CSW) as well as therapists and housekeeping staff.
- There were no medical staff based on site.
- The matron oversaw both wards and each ward had a band 6 sister who was supervisory most of the time.
- We looked at planned staffing for the two wards and found that only one registered nurse was planned twelve shifts each week on Shrewsbury ward and for fourteen shifts on Norfolk ward. Staff worked morning, afternoon and night duties.
- The matron told us that an acuity tool was used which was based on the Safer Nursing Care Tool (SNCT). The National Institute for Health and Care Excellence (NICE) endorse this tool.
- We saw planned and actual staffing levels on display on both wards. On the day of our inspection, we saw that the actual number of registered nurses (one) on Shrewsbury ward was less than the planned (two).
- Some staff we spoke with, told us that they had concerns when there was only one RN on duty.
- We looked at the rosters for both wards for the period 2 to 29 November 2015. We found that on 11 occasions, when including the ward sisters and staff highlighted as being supernumerary, the planned numbers of RN's was not met.
- We spoke with senior staff in relation to the staffing levels. We were told that the unit was staffed as an intermediate care facility.
- We saw evidence in the unit’s clinical governance meeting dated October 2015 that data had commenced to determine the impact of higher dependency patients on staff levels.
- Shrewsbury ward had a full time physiotherapist, occupational therapist and a therapy assistant.

Requires improvement

# Are services safe?

- Norfolk ward had two full time occupational therapists and two part time physiotherapists as well as a therapy assistant. There were also CSW's trained in rehabilitation competencies on this ward.
- We looked at the planned and actual therapy staffing levels for the six-month period June 2015 to November 2015 and found that the planned levels of therapists, for the unit, were achieved 100% of the time.
- The 2014 staff survey indicated that only 50% of staff felt that there were enough staff available for them to do their job properly.
- A local general practitioner (GP) practice oversaw patients care during their in-patient period at Beech Hill. A full ward round took place each week on Shrewsbury ward. The GP practice also provided cover during working hours.
- A doctor's service and emergency care practitioners were available out of hours.
- A consultant geriatrician from the trust did a ward round and multidisciplinary team meeting twice a week on Shrewsbury ward.

### Managing anticipated risks

- Staff locked the unit at night; there were no security staff on site but staff said that if they had any concerns the policy was to contact the police.
- Staff we spoke with told us they were aware of the business continuity plans for the service.
- Senior staff we spoke with told us that during adverse winter weather staff had slept over at the hospital. Staff attended their closest base if they were unable to reach their own unit. However, the matron told us that some staff had walked miles in poor weather conditions to help maintain the service.
- Winter pressure beds were available in nursing and care homes in the area to relieve bed pressures.

### Major incident awareness and training

- Staff on the unit attended 'table top major incident training' at the acute trust and local scenario training took place each quarter. Senior staff told us they were part of a major incident group that was a joint collaboration of trust and local authority staff. This group had held an event just prior to our inspection that was attended by staff from community and acute
- Staff had experience of a real time incident when flooding had occurred and patients evacuated to care homes in the area. Staff working in the unit had then worked at the care home where the patients were placed.
- The unit had major incident action cards and 'grab bags' containing emergency equipment were kept on both wards.
- Staff were aware of the escalation process in the event of an incident and the details for the senior manager on call were available on each ward.

Good

# Are services effective?

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


### Summary

We rated effective as good because:

- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Patients were receiving adequate pain relief, nutrition and hydration.
- There was participation in relevant local and national audits, including clinical audits and other monitoring activities such as reviews of services, benchmarking, peer review and service accreditation to improve services for patients.
- There was a centrally hosted clinical computer system, which allowed all members of the MDT to access and share records.
- There was a comprehensive trust induction programme and staff received timely appraisals and were supported with professional development.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that patients were supported to make decisions and, where appropriate, their mental capacity is assessed and recorded. Deprivation of Liberty was recognised and acted on in a timely and appropriate manner.


### Detailed findings

### Evidence based care and treatment

- Trust policies and procedures reflected national best practice guidance e.g. The National Institute for Health and Care Excellence (NICE)
- Nursing and therapy staff we spoke with were aware of best practice guidance and they told us that policies were easily accessible via the hospital's intranet.
- The unit had orthopaedic and stroke care pathways in place which were in line with best practice.

### Pain relief

- Patients told us that staff provided pain relief quickly when they needed it. We saw evidence of this whilst observing medication administration.
- A pain assessment tool was not in use but patients were asked to score their pain on a scale of one to ten and this was evaluated in the patient's care record.
- A pain care plan was available electronically and we saw these used appropriately in the patient's electronic record.

### Nutrition and hydration

- We saw evidence of an audited relating to nutrition and hydration and changes to practice that had occurred because of this.
- The food provided in the unit was cook chill. Frozen texture modified diets were available for those patients requiring these diets.
- One patient told us that the food was very good and that they had a jug of water, which 'they keep filled'.
- Patients told us that they were offered hot drinks at bedtime.
- A dietician supported the unit and was able to advise on special diets. Staff told us that they were able to provide a fortified diet if patients needed one. We saw a poster displayed called 'Managing Malnutrition' that was a guide for staff about food fortification.
- Nutritional champions were in place on the wards. We also saw information and saw that snacks were available for patients at any time between meals.
- We were told that nutritional needs for religious purposes were supported e.g. Ramadan.

### Patient outcomes

- The unit took part in national audits including the National Audit of Intermediate Care (NAIC).
- The aims of the audit is to assess progress against the NAIC Quality Standards established in the first two years of the audit, to assess performance at the national and local level against the key performance indicators and outcomes measures included in the audit, to review and continue to develop the patient reported experience measures (PREM) introduced in 2013, to develop standardised outcomes measures for home based intermediate care services, building on those developed

Good

# Are services effective?

for bed based intermediate care services in 2013, to continue to share good practice in intermediate care services and to inform future policy development within the Department of Health and NHS England.

- The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. Staff in the unit told us that they contributed to trust SSNAP data.
- We saw evidence of the recommendations and action plan produced by the trust in response to the SSNAP audit.
- Therapy staff we spoke with told us that they contributed to the National Intermediate Care Audit and that they used the Elderly Mobility Scale (EMS) and the Barthel Scale as outcome measures. EMS evaluates an individual's mobility problems through seven functional activities. The Barthel scale or Barthel ADL index is an ordinal scale used to measure performance in activities of daily living.
- We saw evidence of the trusts hydration and nutrition assurance toolkit (HANAT). This was an audit tool used by the trust. We saw that this referred to NICE guidance as well as the royal college of nursing, the British dietetic association and essence of care benchmarking. . We saw results of an audit undertaken on the unit and the resulting changes to practice. For example
  - The unit did not have menus for snacks so these were introduced.
  - There were no written meal choices. These are now displayed on a blackboard
  - Hot drinks were not served during all mealtimes but have now been introduced
  - Hand wipes were not provided therefore these were introduced
  - Food and fluid intake charts not used for patient at high risk of malnutrition but these are now used.

### Competent staff

- Staff told us that there was an induction programme for all staff. We saw a comprehensive induction checklist in use. Newly qualified staff undertook a preceptorship programme, as did any staff who were returning to practice. We spoke with a return to practice RN who told us that she felt well supported. We also spoke with a physiotherapist who was a new member of staff and they told us that they had completed the trust induction programme before taking up their clinical role.
- A CSW told us that they had a two-week induction programme before starting work on the ward. This included clinical skills training such as taking blood pressures and temperatures and moving and handling including the use of hoists and other equipment.
- The trust provided details of appraisals for the unit. This showed that all staff had an up to date appraisal at the time of our inspection. The 2014 staff survey indicated that 96% of staff felt valued following their appraisal.
- Five RN's we spoke with told us that they had an up to date appraisal. They said that the trusts values were the basis for appraisals. These staff also spoke to us about their link nurse roles that included diabetes, pressure area care, infection prevention and control, wound care, falls, nutrition and continence.
- Band 3 CSW's on the unit were completing competencies in communication and record keeping. They were also completing rehabilitation competencies for their professional development and to enable rehabilitation to continue at weekend when the therapists were not on duty.
- All staff attended dementia awareness training as part of their core mandatory training. In addition to this, some staff had completed a university dementia training module.
- The trust provided details of postgraduate qualifications for staff on the unit. This showed nursing staff that had completed dementia, diabetes, orthopaedic and stroke courses. Therapy staff also had postgraduate development including the advanced Bobath course, core stability training (MSc module), evidence based stroke management (MSc Module), rehabilitation, health and wellbeing for the older person and dementia, rehabilitation and enablement.
- The matron was a non-medical prescriber and had also completed an infection prevention and control post graduate qualification

### Multi-disciplinary working and coordinated care pathways

- Norfolk ward was part of the trusts stroke care pathway. Patients were transferred to the unit for ongoing rehabilitation once they had completed their acute phase care and treatment.
- Multi-disciplinary team (MDT) meetings took place each week on both wards. . We saw evidence of the outcomes of these meetings documented in patients care records.

Good

# Are services effective?

- Therapy, nursing and medical staff as well as a pharmacist and the matron attended a weekly MDT. A clinical psychologist, optometrists, podiatrists, dentists and registered mental health nurses also attended as and when required. A dedicated social worker worked as part of the team.
- A speech and language team was available to support the patients who had suffered a stroke.
- We saw details about a Stroke MDT Educational Day. This event was a forum used to present and share audit results and learning. Attendees included therapists, nursing and medical staff from the hospitals and community services. This was also used as an opportunity for the hospital team to learn from the community and vice versa.

### Referral, transfer, discharge and transition

- The service only accepted step down referrals. Acute services throughout the area including Barnsley, Rotherham and Chesterfield as well as from Sheffield Teaching Units referred patients to the unit. Barnsley, Rotherham and Chesterfield were able to refer patients to the unit who were Sheffield residents.
- We saw a comprehensive electronic referral form that was sent by the transferring ward to the beds coordinator. This member of staff had nursing background and was able to review referral to ensure that the patients were appropriate for rehabilitation. The beds coordinator used IT systems to manage bed occupancy and waiting lists.
- This referral included an up to date set of risk assessments, patient's status in relation to activities of daily living and any social details that were relevant to their admission.
- A discharge meeting was also held each week. We attended this meeting during our inspection. The operational manager, bed coordinator, matron, ward sisters and modern matron for intermediate care attended this meeting. A discussion about each patients discharge planning and current status took place at the meeting. Information was shared and all members of the team were made aware of any issues regarding each patients discharge and actions were agreed to aid discharge.
- Staff we spoke with told us that expected date of discharge (EDD) was set at the MDT. These were set according to each patient's ability.
- We were told that delayed discharges were usually due to non-clinical reasons.
- All patients had an electronic discharge summary sent to their general practitioner.

### Access to information

- A comprehensive electronic referral form that was sent by the transferring ward to the bed coordinator prior to admission to the unit.
- Medical records were transferred from the acute setting to the unit when the patient was admitted.
- Nursing and therapy staff could access patient's records via the electronic records system.
- Staff we spoke with were able to access trust policies and information via the trust intranet.

### Consent, Mental Capacity act (MCA) and Deprivation of Liberty Safeguards (DoLs)

- The trust employed a mental capacity act facilitator.
- Staff completed training in consent, MCA and DoLs. We saw information provided by the trust which showed that 95% of staff from the unit had completed this training. The matron told us that staff completed cognitive assessments on the unit and staff would seek advice from the safeguarding team if they were unsure about a DoLs.
- A staff nurse, occupational therapist and the ward sister had MCA and best interest training. When patients lack capacity, best interest meetings were held with social services.
- In one patient's care record we saw evidence of the mental health liaison team being involved and a capacity assessment being completed prior to a best interest meeting being arranged with the patient's family.
- Five nursing and therapy staff we spoke with were aware of DoLs and were able to give examples of referrals.
- Patients consent to share information was documented on the referral form used for patients being admitted to the unit.
- We saw staff obtaining consent before providing any care or treatments. Three patients we spoke with told us that staff never do anything without asking first.

Outstanding

# Are services caring?

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


**Summary**

We rated caring as outstanding because:

- Feedback we received from patients was consistently positive about the way nursing and therapy staff treated them. Patients told us that staff go the extra mile. Staff and patients confirmed that the unit had a flexible approach to care. For example, one patient told us that she did not like to get out of bed too early on a morning and this was accommodated by the staff.
- Staff are highly motivated and inspired to offer care that is kind, promotes people's dignity, and involves them in planning their care. Patients said that staff are lovely and 'can't do enough for me'. Another said ' they attend to every wish, they are caring, compassionate, sensitive and supportive'
- Relationships between patients, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders. One patient told us that 'staff listen and talk to her family' who think the unit is very good. Visiting times were flexible because staff recognised that patients relatives were often frail and elderly themselves and therefore may need to visit during daylight hours or when family could bring them to the unit
- Patients and their families' personal, cultural, social and religious needs were seen as a priority by all staff including supporting a patient's wife with her need to pray.
- Patients were supported emotionally. Activities such as singing, arts and crafts were arranged to prevent social isolation and boredom. Patients said that they felt 'safe and secure' on the unit.


## Detailed findings

### Compassionate care

- The trust provided us with details of its own frequent feedback inpatient results. The data provided covered the period April 2014 to March 2015. Overall, this showed that patients were always being treated with respect and dignity 97% of time on Shrewsbury Ward and 90% of the time on Norfolk ward. Patients rating overall care as excellent/ very good was 97% for Shrewsbury ward and 90% for Norfolk ward.
- We looked at Friends and Family data for the unit for the period June 2015 to November 2015. Response rates varied between 45% and 70.6%. In October 92% of responses were positive and in November 100% were positive. For June, July, August and September 2015, positive responses were 95%, 98%, 100% and 95% respectively.
- A patient said that staff treated them with dignity and respect. One patient said 'it is a wonderful place' and 'the nurses are excellent'. Two patients told us that staff are lovely and 'can't do enough for me'. Another patient told us that day and night staff treat them with dignity saying ' they attend to every wish, they are caring, compassionate, sensitive and supportive'
- A patient told us that staff always supported them with their hygiene needs.
- Another patient told us that staff work very hard but they never complain.
- Staff and patients confirmed that the unit had a flexible approach to care. For example, one patient told us that she did not like to get out of bed too early on a morning, but this was accommodated by the staff.
- Patients and staff told us that they had 'activities' such as singing and making crafts. A member of staff told us they would like to see more activities provided. They said 'we must ensure that patients aren't lonely'.
- The majority of interactions we observed between staff and patients were positive; we observed one potential negative interaction which the sister addressed when we raised this.

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

- One patient told us that 'staff listen and talk to my family'. They said that their family thought the unit was very good. Patients and those close to them were involved in their care planning and invited to MDT meetings.
- Two patients we spoke to did not know about their care plan, however a third patient was aware of theirs including goals and next steps in their rehabilitation. This patient told us that they felt it was important that families were involved with care planning.

Outstanding

# Are services caring?

- Another patient told us that they were able to make their own choices.
- We spoke with an agency worker who told us that they had worked at the unit for a number of years. This member of staff told us that she explained all routines to patients and that they treated all patients as they would want their own family to be treated.
- We observed staff communicated well with patients. We did notice staff using terms of endearment such as 'petal' and 'darling' when addressing patients; whilst this did not appear to be offensive to patients, it may not have been the patients preference.
- A patient told us that the unit was very receptive to their spiritual needs.

**Emotional support**

- Patients we spoke with told us that they felt safe and secure because there was always someone around and they did not feel lonely.
- One patient said that staff encouraged them to do what they could for themselves, but always stayed close by so that they did not come to any harm.
- Staff told us that they served meals in the dining room to prevent social isolation. We spoke to patients who enjoyed this and also patients who had said that their preference was to stay in their rooms. They told us that staff respected their personal preferences.
- Staff told us that a psychologist attends the unit three days per week, patients requiring the service are detailed on the electronic records system.
- We were also told that patients suffering bereavements are offered Cruse Bereavement Care. We also saw a leaflet for bereaved relatives. This included details of the availability of bereavement advisors and details of the processes that bereaved relatives need to follow after a death.

Good

# Are services responsive to people's needs?

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

### Summary

We rated responsive as good because:

- Services were planned and delivered in a way that meets the needs of the local population.
- The needs of different people were taken into account when planning and delivering services. One member of staff told us that they respect the equality and diversity of patients and their families.
- The facilities and premises were appropriate for the services being delivered.
- We spoke with the matron and found that there was an openness and transparency in how complaints were dealt with. Complaints and concerns were taken seriously, responded to in a timely way and listened to. Improvements were made to the quality of care as a result of complaints and concerns.

### Detailed findings

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

- The unit was a step down service. This meant that patients were transferred to the unit following an acute episode of care within one of the trusts acute hospitals.
- The unit provided community rehabilitation and twenty-four hour nursing care for a short period for individuals who were unable to manage at home because of an orthopaedic condition or following a stroke.
- The matron told us that work was ongoing with the local clinical commissioning group (CCG) in relation to the Better Care Fund. Retendering and provision of intermediate care beds, stroke services, community nursing and social care could be involved in any future reconfigurations of community services. The unit planned to develop strategies, which would meet the CCG's proposals for community services.
- We saw white boards at each patient bedside, which identified the mobility status of the patient. This means that all staff could immediately see what assistance each patient needed. One patient told us that they were involved with the content of the board.

### Equality and diversity

- Staff told us they respected the equality and diversity of patients and their families. They gave an example of a Muslim patient's wife who wanted to pray and how they assisted her with this.
- Information about translation services was available. In addition to this, staff told us that some staff spoke other languages. The matron told us that often, younger members of families would offer to translate but that due to patient confidentiality they use the trust process, which was available in person or by telephone.

### Meeting the needs of people in vulnerable circumstances

- Staff told us that they had cared for patients with learning difficulties and described how they had liaised with the patient's community worker and used 'This is me', a booklet where individual likes and dislikes can be recorded.
- A member of staff told us that all staff complete dementia awareness training. The wards also had both nursing and therapy dementia champions.
- The unit did not routinely care for end of life patients, but staff told us that occasionally a patient would deteriorate and they would provide this care. We were told that an MDT would be held with the family to ensure that the patient was in the preferred place of care and a care plan for end of life would be used. Staff did not refer to a trust end of life document.
- Visiting times on the unit were 2pm – 4pm and 6:30 – 8pm. However, all staff we asked said that visiting times were flexible because staff recognised that patients relatives were often frail and elderly themselves and therefore may need to visit during daylight hours or when family could bring them to the unit. Staff said that they include patients when decisions about the unit are made and used visiting times as an example.
- The unit did not have overnight accommodation facilities for relatives. Staff told us that because all of the rooms were individual they would offer to provide a reclining chair for any relatives who wished to stay overnight and gave an example of a patient who was confused and would not settle at night without a member of family present.

Good

# Are services responsive to people's needs?

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

- The NAIC summary report (2014) identified that the average length of stay in intermediate care facilities in England was 30.4 days. The average length of stay on the unit between January 2015 and December 2015 was 40.6 days on Norfolk Ward and 35.5 days on Shrewsbury ward.
- The Intermediate Care team presented at the National Audit of Intermediate Care (NAIC) conference in November 2015 to share learning and demonstrate how the audit has impacted on care provided in Sheffield.
- We saw details of the trusts comparison in relation to the above audit for 2013 and 2014. The evidence showed that the trusts intermediate care services achieved full compliance in the ten main standards set by the audit however, actions to improve the patient reported experience measures (PREMs) were identified and an action plan had been created. The trust provided us with an updated action plan that showed that work had been undertaken to address and complete all of the identified actions.
- We spoke with the bed coordinator who explained the process for admission including the referral criteria. The coordinator explained that there might be a short waiting list at times, which might delay a patient's transfer. The coordinator explained that this would usually only be a delay of 48 hours.
- A member of staff we spoke with explained that admissions are triaged to ensure that the unit admits patients who are appropriate for rehabilitation. However, some patients were admitted who are not able to be rehabilitated. This was one of the quality indicators in the NAIC audit. Staff said that they were monitoring this and reporting these incidents. We also saw a 'concern form', which was completed for all admissions.
- Details provided by the trust indicated that between December 2014 and December 2015, forty five patients were transferred back to an acute setting from the unit of these, twenty-nine (64%) were transferred due to becoming medically unwell including suffering a stroke, myocardial infarction or pneumonia. Four patients were transferred due to senility or confusion, five patients had fractures and the remaining seven were for other reasons.
- Concerns were highlighted at the bed management meeting in an attempt to reduce the numbers of inappropriate admissions.
- Therapist told us that an increase in staffing would enable them to provide a seven-day service.

### Learning from complaints and concerns

- We were told by the matron that there had been three complaints in the last six months and eight in 2014.The matron said that she would investigate any complaint, verbal or written and if necessary speak to staff involved, create an action plan and hold an extraordinary meeting. We saw minutes of a unit governance meeting, which evidenced that complaints were discussed.
- We saw evidence that complaints, the outcomes and shared learning were discussed at the unit team meetings.
- The trust had a patient partnership for written formal complaints. We saw details about the service on display in unit.
- One patient told us that they would ask a family member to raise a concern if they had any, but 'they would never have to here'. Another told us that they would raise any concerns with PALS but that 'they wouldn't expect that there are many complaints here'.
- Another patient told us that she had raised a concern about the room that she was in and staff had responded to this providing a different room as soon as they were able to.
- The ward sister told us that Norfolk ward had not had any written complaints.
- A member of staff told us that they had training in 'whistleblowing' and understood the process.

Good

# Are services well-led?

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

### Summary

We rated well led as good because:

- The trust had a clear statement of vision and values, driven by quality and safety, which was recognised and integrated within the unit.
- Staff we spoke to were aware of and based their care around the trusts values. Senior staff were able to provide evidence about how they had effectively dealt with a staff competence and behaviour issues.
- There was good interaction between the board and the unit. Senior staff shared details of the board and governance meetings with staff on the unit.
- Senior staff were visible, approachable and supportive to staff and patients. Staff in the service told us that senior staff for the trust, including the chief nurse, nurse director and deputy nurse director all visited the unit and that some senior staff have worked clinical shifts at the unit.
- Leaders were actively engaged with staff, people who used services and their representatives and stakeholders. Patients we spoke with knew who the senior staff for the service were and told us that they had explained about their care and about what would happen when they got home. Therapy staff told us that they were proud of how the team worked together to achieve targets and 'go the extra mile'.
- There was a strong focus on continuous learning and improvement at all staff levels. Staff shared innovations and improvement work that they were involved in.

### Detailed findings

### Service vision and strategy

- The trust strategy had five key aims:
  - To deliver the best clinical outcomes
  - To provide patient centred services
  - To employ caring and cared for staff
  - To spend public money wisely and
  - To deliver excellence research, education and innovation.
- The matron and the operational manager told us that the units' vision and strategy was to achieve the trusts aims.
- The matron told us that work was ongoing with the local clinical commissioning group (CCG) in relation to the Better Care Fund. Retendering and provision of intermediate care beds, stroke services, community nursing and social care could be involved in any future reconfigurations of community services. The unit planned to develop strategies, which would meet the CCG's proposals for community services.
- All staff were aware of and could describe the trusts PROUD values. We saw the values displayed on each of the wards.

### Governance, risk management and quality measurement

- The governance systems in place had identified an issue with patients falling on the unit. Trend analysis work had taken place and actions put in place to address this. This included identifying high-risk patients, one to one nursing, the use of sensor equipment when assessed as appropriate and increased intentional rounding for higher risk patients. We saw evidence of an action plan which was created following the trend analysis. This identified actions to be taken when patients were identified as high risk. We saw that the actions had been completed and new flow charts and procedures put in place for staff to follow. This information was shared with all staff through team meetings.
- We saw copies of the unit risk register displayed in the unit and a professional leads action plan for September 2015, which included recommendations and actions relating to identified risks. This had been reviewed to show how risks had been mitigated to reduce the risk to staff and patients.
- Senior staff told us that they attended the governance meetings every three months and shared the information with staff at the team meetings held in the unit.
- We also saw minutes of a unit governance meeting attended by senior staff and sisters from each ward. During this meeting, a comprehensive review of all governance issues relating to both wards was discussed

and minuted. This included the unit risk register, operational risks, complaints, incidents, safety thermometer, information governance and the audit programme

## Leadership of this service

- Staff in the service told us that senior staff for the trust, including the chief nurse, nurse director and deputy nurse director all visit the unit and that some senior staff have worked clinical shifts at the unit.
- The matron was visible on the wards. She told us that she was proud of the service provided in the unit and that staff treat all patients as individuals.
- We spoke with the matron who told us that ward meetings were held each month. Feedback about the safety thermometer and any trust related issues were discussed at these meetings.
- We were also told that RN's attended a band 5 meeting.
- Patients we spoke with knew who the senior staff for the service were and told us that they had explained about their care and about what would happen when they got home.
- The matron told us that on one occasion, the trust board meeting was held at the unit and that other senior staff sometimes base themselves at the unit for a day each week.
- .Senior staff were able to provide evidence about how they had effectively dealt with a staff competence and behaviour issues. Staff on the unit were due to attend the Nursing and Midwifery Council for the hearing of a former staff member. Senior staff told us about the support mechanisms for staff that had been put in place including a debriefing and team-building day.

We saw that appropriate action was taken if staff were failing to meet the standards required on the unit.

## Culture within this service

- Therapy staff told us that they were proud of how the team worked together to achieve targets and 'go the extra mile. They also said that the whole unit was lovely. Staff supported each other stating 'Not just the therapists all of the MDT'. One therapist told us that her motto was to ensure everything was as safe as possible and to treat all patients as if they were her 'Mum, Gran or Aunty'.
- Staff told us that all grades of staff from every team were encouraged to attend the weekly MDT. Staff told us that the meeting was very open, that everyone is encouraged to contribute, and that all opinions are respected and valued.

## Public engagement

- The NHS Friends and Family Test was introduced in 2013. This initiative was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.
- Notice boards within the unit contained information for patients and those close to them including details about carers support groups and Friends and Family test (FFT) information.
- The trust provided us with details of its own frequent feedback inpatient results.

## Staff engagement

- Staff we spoke with told us about the trust's PROUD values.
- Staff we spoke to told us that they felt listened to and that they could contribute to the ward meeting agendas.
- We saw a newsletter for Intermediate Care staff written by the operational manager this included answers to frequently asked questions and information for the teams including winter pressure plans and recruitment updates.

## Innovation, improvement and sustainability

- Staff told us that that the Service Improvement Team helps support innovation.
- Nursing and therapy staff told us about the introduction of electronic tablets which are used by occupational therapists when completing home visits. Photographs are used to support any actions needed within patient's home prior to their discharge.
- The matron told us that art therapy volunteers work on the unit providing activities for patients and that staff are working on a memory project and are using dignity dolls to support cognitively impaired patients.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>How the regulation was not being met: People who use services and others were not provided with the proper and safe use of medication.<br>Regulation 12 (2) (g) |