# The Priory Highbank Centre

## Quality Report

Walmersley House
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

| | |
|---|---|
| Overall rating for this location | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive? | Good |
| Are services well-led? | Good |

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Overall summary

The Priory Highbank Centre is operated by The Priory Group and provides specialist neurological rehabilitation for adults and children and mental health services for adults. The hospital has a total of 34 beds comprising of 24 rehabilitation beds for patients of all ages with brain injury or a neuro-disability and a 10 bedded slow stream rehabilitation unit for patients with a diagnosis of mental disorder.

The Priory Highbank Centre was last inspected by CQC on 17 February 2014, where they met the essential standards they were inspected against.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 to 7 December 2016, along with an unannounced visit to the hospital on 19 December 2016.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

This report will demonstrate the findings of the neurological rehabilitation services provided to children and adults at the hospital. Mental health services at the hospital were inspected on the same dates and the findings can be found in a separate report.

**Services we rate**

We rated this service as good overall.

We found areas of good practice in rehabilitation services provided to children and adults:

- There were adequate numbers of suitably qualified, skilled and experienced staff (doctors, nurses, health care assistants and therapists).
- There were systems in place to keep people safe and safeguarded from harm. The service had procedures to investigate and learn from incidents.
- The environment was visibly clean, procedures were in place to prevent the spread of infection and equipment was well maintained and appropriate for the service.
- There were systems in place to ensure the safe storage, use and administration of medicines.
- Mandatory training completion was high and the majority of staff had received monthly clinical supervision and an appraisal within the last year.
- Patients received care in accordance with national guidelines and patient outcomes and progress were regularly evaluated and reviewed.
- The service made adjustments to meet the needs of patients. Patients had access to a wide range of person centered activities at the hospital and off site, including attending school, trips to the theatre or cinema.
- While the service received very few complaints, it had a complaints process in place which all staff were aware of. Complaints were shared with staff to identify learning.
- Patient and relative feedback about receiving care or treatment at the service was mainly positive.
- A family liaison officer and a consultant psychologist were available to support relatives and patients if required.
- There was good local leadership in children and adults' services.
- Staff felt supported and confident in the management of the service. Staff worked well together and there was a positive culture. We observed positive staff engagement and this was supported by what staff told us.
- The service had a clear vision and strategy, which were understood by staff.
- The service had appropriate governance structures in place and systems to identify manage and mitigate risks.

There were no breaches of regulations. However, there were areas where the provider should make some improvements, to help the service improve. These were:

# Summary of findings

- The provider should take appropriate actions to ensure staff are able identify and escalate any changes to a patient's medical condition in a consistent and timely manner, such as through the use of an early warning score system (EWS) tool.
- The provider should take appropriate actions to improve communication with patients' relatives or carers, so they are better informed and fully understand the treatment and services provided.
- The provider should take appropriate actions to ensure there is regular medical staff oversight at the hospital, such as through a formal medical advisory committee (MAC).
- The provider should take appropriate actions to comply with same-sex accommodation guidelines.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Long term conditions** | Good | Long-term condition services was the main activity at the hospital and comprised of two distinct services for patients with long-term neuro-disability conditions, these were children and adults.<br>We rated this service as good because it was safe, effective, caring, responsive and well-led.<br>• Staffing levels were satisfactory and were monitored to ensure there was sufficient staff available at all times.<br>• Staff were actively encouraged to report safety concerns and incidents. There was a system in place to record incidents and investigations took place which identified learning that was shared across the hospital.<br>• Compliance with mandatory training was good and staff had regular appraisals and clinical supervision.<br>• All areas we looked at were visibly clean and tidy and there was good infection prevention guidance available and followed by staff.<br>• Medicines were managed effectively and care was delivered in accordance to national guidelines. Regular audits were undertaken and patients outcomes were measured.<br>• Patients hydration and dietary needs were monitored.<br>• Care and treatment was given to patients in a person-centred and sensitive way and patients and their families were involved in their care; their preferences and needs were considered.<br>• Staff morale was good and staff felt well supported by their line manager but also senior managers. |

# Summary of findings

## Contents

Good

# The Priory Highbank Centre

**Services we looked at**
Long Term Conditions

# Summary of this inspection

## Background to The Priory Highbank Centre

The Priory Highbank Centre is operated by The Priory Group. The hospital is a private hospital in Bury, Lancashire. The hospital accepts patient referrals from around the country and can be NHS or 'other 'funded.

The registered manager at the hospital is Helen Powell who has been in post since 4 March 2004.

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## Our inspection team

The team that inspected the long-term conditions service comprised a CQC lead inspector, two CQC inspectors, a specialist advisor (physiotherapist), a specialist advisor (medical consultant) and a specialist advisor with expertise in safeguarding and child protection. The inspection team was overseen by an inspection manager.

## Information about The Priory Highbank Centre

**Information about the long-term condition services**

The Priory Highbank Centre is a 24 bedded private hospital located in Bury, Greater Manchester and provides specialist services for patients of all ages with brain injuries or a neuro-disability. The hospital provides two distinct services for patients with long-term neuro-disability conditions.

The Walmersley Unit is a 19 bedded ward for patients aged 16 years or over. The ward is split over two floors, upper and lower. It is a consultant led unit that facilitates rehabilitation for a range of patients, from low awareness to the more independent. Specialist areas include the management of patients who require Sensory Modality Assessment and Rehabilitation Technique (SMART) assessment and who have complex respiratory needs, including tracheostomy and mechanical ventilation management. All patients are under the care of a consultant in rehabilitation medicine.

Lynne House is a complex care and slow stream rehabilitation ward, with five inpatient beds. It provides support for children and their families with acquired brain injury and complex neurological impairment for children from birth to age 17 years. Services provided include care and management of children with tracheostomies and / or ventilator dependent children under the supervision of a consultant in long term ventilation. Care is also provided for children with a range of disabilities, such as cerebral palsy and epilepsy.

We visited The Priory Highbank Centre as part of our announced inspection during 6 and 7 December 2016. We also carried out an unannounced visit on 19 December 2016. As part of the inspection, we visited the Upper Walmersley unit (adults ward) and Lynne House (children ward). We did not inspect the Lower Walmersley unit (adults ward) as this area had been closed throughout 2016, because the additional capacity was not required.

We spoke with 19 staff including; the ward managers, registered nurses, health care assistants, a pharmacist, the specialty doctor, the consultant in rehabilitation medicine, the consultant in long term ventilation, occupational therapists, physiotherapists, speech and language therapists, the director of clinical services and the hospital director.

We spoke with one patient and four relatives. We also received 12 'tell us about your care' comment cards, which patients and their relatives had completed prior to our inspection. During our inspection, we reviewed 10 sets of patient records.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

Good

**Are long-term conditions services safe?**

We rated safe as good, because:

- Patient safety was monitored and staff reported incidents using an electronic incident reporting system. Learning from incidents was shared with staff through routine meetings and weekly newsletters.
- There were four serious patient safety incidents reported between July 2015 and June 2016. These were investigated and remedial actions were implemented to improve patient care.
- Patients received care in visibly clean and appropriately maintained premises. Suitable equipment was available to support patients.
- There were no cases of meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia, meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia or Clostridium difficile (C. diff) reported in relation to the services between July 2015 and June 2016.
- Medicines were stored safely and given to patients in a timely manner. Patient records were completed appropriately.
- The majority of staff had completed their mandatory training. The staffing levels and skill mix was sufficient to meet patients' needs. Staff understood how to identify and report safeguarding concerns.
- Staff had access to a major incident contingency plan that listed key risks that could affect the provision of services. Instructions for staff to follow in the event of a fire or medical emergency were in place.

However, we also found the following issues that the service provider needs to improve:

- Staff did not currently use a recognised tool to identify any changes to a patient's medical condition and relied on an individual's clinical judgement to escalate concerns. However, the services planned to implement an early warning score system (EWS) during January 2017 to improve this.

### Are services effective?

Good

**Are long-term conditions services effective?**

# Summary of this inspection

We rated effective as good, because:

- Patients received care in accordance with national guidelines such as the British Society of Rehabilitation Medicine (BSRM) guidelines and the 'National Service Framework for Long Term Conditions' and the BSRM guidelines for 'Prolonged Disorders of Consciousness'.
- Staff used an integrated care pathway that was based on national guidelines. This consisted of a set of 18 standards that enabled staff to monitor a patient's progress throughout their stay at the hospital.
- The UK specialist Rehabilitation Outcomes Collaborative UKROC is a national database for collating information about patients admitted to a specialist rehabilitation unit in England.
- Patients were evaluated using a number nationally recognised outcome measures and the services submitted data to the national Rehabilitation Outcomes Collaborative (UKROC). Patient progress was routinely reviewed and data was collated to monitor and improve individual patient outcomes.
- Care and treatment was provided by suitably trained, competent staff that worked well as part of a multidisciplinary team. The majority of staff (99.4%) had completed their appraisals. There were no consultants with any outstanding queries relating to their practising privileges, appraisals or revalidations.
- Patients' nutrition and hydration needs were assessed and their pain symptoms were managed effectively.
- Staff were aware of how to seek consent from patients prior to delivering care and treatment and understood what actions to take if a patient lacked the capacity to make their own decisions.

## Are services caring?

Good

**Are long-term conditions services caring?**

We rated caring as good, because:

- We spoke with one patient and the relatives of another four patients. We also received comments from an additional 12 patients and relatives. They all spoke positively about the care they received. They told us they were treated with kindness, dignity and compassion and their privacy was respected.

# Summary of this inspection

- The annual satisfaction survey from April 2016 showed feedback from eight patients and relatives was positive, with the services achieving an overall score of 100% for 'understanding patient's needs' and 'quality of patient care received'.
- Patients and their relatives were kept fully involved in their care and the staff supported them with their emotional and spiritual needs. A family liaison officer and a consultant psychologist were also available to offer support and advice to patients and their relatives.

However, we also found the following issues that the service provider needs to improve:

- We received negative comments from the relatives of three patients in relation to the availability of therapies services. The hospital director confirmed they routinely engaged with patients' relatives, so they could be better informed and have realistic expectations about the treatment and services provided.

## Are services responsive?

Good

**Are long-term conditions services responsive?**

We rated responsive as good, because:

- Services were planned and delivered to meet the needs of patients. Patients were assessed prior to admission to the services. This allowed staff to plan for their care and have the appropriate staffing and equipment in place for when the patient was admitted.
- There were 28 patients referred to the services for admission between July 2015 to June 2016. There was sufficient bed capacity to allow patients to be admitted, transferred or discharged in a planned and organised manner.
- There were systems in place to support vulnerable patients. Patient records included person-centred care plans that took into account individual patient preferences. Staff engaged with patients by arranging activities and events to stimulate patients and aid their rehabilitation.
- Complaints about the services were resolved in a timely manner and information about complaints was shared with staff to aid learning.

However, we also found the following issues that the service provider needs to improve:

# Summary of this inspection

- The services were not always able to fully comply with same-sex accommodation guidelines, because of the specialist care provided and complex health needs of patients. Staff minimised the privacy and dignity risks to patients, by carrying out individual patient risk assessments.

## Are services well-led?

Good

**Are long-term conditions services well-led?**

We rated well-led as good because:

- The hospital's vision and values had been cascaded across the services and staff had a clear understanding of what these involved.
- There was a clear governance structure in place with committees, such as medicines management, clinical governance, health and safety, safeguarding and quality monitoring feeding into the site management team.
- Key risks to the services were recorded and managed through the use of a risk register. Audit findings and quality and performance were routinely monitored in order to improve the services.
- There was effective teamwork and clearly visible leadership within the services. Staff were positive about the culture within services and the level of support they received from their managers. There was routine public and staff engagement.

However, we also found the following issues that the service provider needs to improve:

- The hospital did not have a formal medical advisory committee (MAC) in place. However, a MAC meeting was scheduled to take place during January 2017, with plans to conduct further routine MAC meetings after this initial meeting

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Long term conditions | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Good

# Long term conditions

| | |
|---|---|
| Safe | Good |
| Effective | Good |
| Caring | Good |
| Responsive | Good |
| Well-led | Good |

## Are long term conditions safe?

Good

We rated safe as good.

**Incidents**

- There were no 'never events' reported by the long-term conditions services between July 2015 and June 2016. 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.
- There were four serious patient safety incidents reported in relation to the services between July 2015 and June 2016. This included two patient deaths, a health and safety incident relating to a member of staff and an incident relating to the theft of provider property.
- We saw evidence that these incidents were investigated and remedial actions were implemented to improve patient care.
- There was a policy in place which outlined the process for reporting a patient death within the organisation and to external organisations, such as the Care Quality Commission.
- Each patient death was investigated by a multidisciplinary team to determine the root cause and to identify any remedial actions. The two patient deaths reported by the services had been investigated and concluded that there had been no adverse events and that appropriate care and treatment had been provided prior to the death of these patients.
- We saw evidence to show a reflective practice review was carried out following the patient deaths and staff used this to discuss and share their learning in order to improve the services.
- A mortality review was undertaken at least annually to review for trends and to look for improvements to the services. Patient deaths were also reviewed through the corporate provider's 'improving physical health and reducing the mortality gap' meetings.
- Staff were aware of the process for reporting any identified risks to patients, staff and visitors. All incidents, accidents and near misses were logged using an electronic incident reporting system.
- The hospital's internal target for staff to report identified incidents within two days was achieved between May and October 2016.
- Incidents were reviewed and investigated by staff with the appropriate level of seniority, such as the ward managers or the director of clinical services.
- Staff told us they received verbal feedback about incidents reported and that this was used to improve practice and the service to patients. Incidents and complaints were discussed during monthly staff meetings so shared learning could take place. Learning from incidents was also shared through hospital-wide alerts and weekly newsletters.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff across all disciplines were aware of their responsibilities regarding duty of candour legislation. The serious incident reports we looked at, showed that duty of candour principles had been applied.

Good

# Long term conditions

### Clinical Quality Dashboard

- The hospital reported that there were no pressure ulcers, five patient falls and three catheter urinary tract infections reported between July 2015 and June 2016 relating to the long-term conditions services.
- There had been no cases of healthcare-acquired venous thromboembolism (VTE) reported by the services during this period.
- The number of reported safety incidents was low, indicating a positive safety culture within the services.
- The hospital director and director of clinical services were responsible for analysing the data for trends and to look for improvements to the service.

### Cleanliness, infection control and hygiene

- There were no cases of meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia, meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia or Clostridium difficile (C. diff) reported in relation to the services between July 2015 and June 2016.
- The wards and clinical areas we inspected were clean and safe. Staff were aware of current infection prevention and control guidelines.
- Cleaning schedules were in place and there were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps.
- All patients underwent MRSA screening. Patients identified with an infection could be isolated in their rooms. We saw that appropriate signage was used to protect staff and visitors.
- There were enough hand wash sinks and hand gels. We observed staff following hand hygiene and 'arms bare below the elbow' guidance. Visitors were encouraged to wash their hands.
- Staff were observed wearing personal protective equipment (PPE), such as gloves and aprons, while delivering care.
- Hand hygiene audits were carried out across the wards to monitor staff compliance with hand hygiene, PPE and ‘arms bare below the elbow’ guidelines. Recent audit results over the past few months showed good levels of hand hygiene compliance by staff. Where hand hygiene issues were identified, this was discussed with individual staff members to improve compliance.
- Infection control audits were carried out at least annually to check the cleanliness of the general environment and equipment. Audit results for July 2016 showed the services were compliant in most areas, but there were some issues raised such as the general cleanliness of the environment in clinical and non-clinical areas.
- There was an action plan to address the findings from the audit. This showed that remedial actions had been taken to address the findings from the audit to minimise the risk of spread of infection. For example, actions had been taken to clean high surface areas and lounge areas across the service and cleaning schedules had been updated to include items such as extractor fans and cushions.

### Environment and equipment

- The wards and clinical areas we inspected were well maintained, free from clutter and provided a suitable environment for treating patients.
- Equipment was appropriately checked and cleaned regularly and the equipment we saw had service stickers displayed and these were within date. Single-use, sterile instruments were stored appropriately and were within their expiry dates.
- There was a planned maintenance schedule in place that listed when equipment was due for servicing. There was an agreement in place for equipment to be serviced by external contractors. Staff told us that all items of equipment were readily available and any faulty equipment was either repaired or replaced promptly.
- There was sufficient storage space across the ward areas and equipment was appropriately stored in a tidy and organised manner.
- The hospital director oversaw the process to ensure alerts relating to patient safety, medicines and medical devices were cascaded to staff and responded to in a timely manner.
- Emergency resuscitation equipment was available and checked on a daily basis by staff.

### Medicines

- Medicines, including controlled drugs, were securely stored. The director of clinical services was the designated controlled drugs accountable officer for the hospital.
- Staff carried out weekly checks on controlled drugs and medication stocks, to ensure that medicines were reconciled correctly.
- We found that medicines were ordered, stored and discarded safely and appropriately.
- We saw that medicines that required storage at temperatures between 0ºC and 8ºC were stored in medicine fridges. Fridge temperatures were monitored daily and maintained at the recommended temperatures. Staff were aware of the actions to take if fridge temperatures exceeded the recommended temperature ranges.
- We looked at eight sets of medication records. Patients were given their medicines in a timely way as prescribed and records were completed appropriately.
- We also saw that where patients had received oxygen treatment, the use of oxygen had been prescribed and documented correctly on their medication charts.
- There was an arrangement in place with an external pharmacy provider to supply medicines and for a pharmacist to carry out a weekly visit to each ward.
- As part of the visit, the pharmacist reviewed all medical prescriptions, including antimicrobial prescriptions, to identify and minimise the incidence of prescribing errors.
- The medication audit report for October 2016 showed there had been no medication errors in the children's ward and a medication error rate of 0.3% in the adult ward. There were nine medication incidents reported during 2016 across the two wards and none of these had resulted in any patient harm. This showed that overall compliance with the hospital's medication policies by staff was good.
- A medicines management meeting took place every three months to review incidents and medicines management processes at the hospital.

**Records**

- The hospital used paper based patient records and these were securely stored in each area we inspected.
- We looked at the records for 10 patients. These were structured, legible, complete and up to date.
- Patient records showed that risks to patients' health and well-being had been identified, such as poor nutrition, moving and handling, risk of falls and the risk of developing pressure ulcers. Each patient also had an additional individual risk assessment that documented risks specific to the patient, such as mobility or privacy and dignity risks.
- Care plans were in place to minimise the identified risks to patients. The care plans we saw were person-centred, detailed and completed to a good standard.
- Patient records showed daily observations and nursing, therapist and medical assessments were well recorded. The observation times were dependent on the level of care needed by the patient.

**Safeguarding**

- Staff received mandatory training in the safeguarding of vulnerable adults and children.
- Records up to December 2016 showed that 99.6% of staff had completed level 3 adults and children safeguarding training.
- Staff were aware of how to identify abuse and report safeguarding concerns. Information on how to report adults and children safeguarding concerns was displayed in the areas we inspected.
- Records showed there were three safeguarding incidents reported by the hospital between October and November 2016. These did not directly relate to care and treatment provided at the hospital and related to concerns about the care provided by other healthcare providers, such as the ambulance service. These issues were reported to the local authority safeguarding team and the relevant healthcare providers for investigation.
- The hospital director was the named safeguarding lead for the hospital and was supported by a team of designated adults and children safeguarding officers. Staff were aware of how to access advice and support in relation to safeguarding issues.
- A 'designated safeguarding officers' meeting took place on a monthly basis to review individual safeguarding incidents and to look for trends and lessons learned.
- There were two patients residing at the hospital that were identified as looked-after children (LAC). Records showed the initial health assessments and individual health action plans had been completed for both these patients.
- The Department of Health statutory guidance "Promoting the health and well-being of looked-after children" stated that a review of health assessments

must occur once every six months for children under the age of five years and at least once every twelve months for children and young people from five to 18 years of age.
- Patient showed all the relevant health assessment reviews had been completed and both patients' individual health needs were appropriately met.

**Mandatory training**

- Staff received mandatory training in key areas, such as fire safety, emergency procedures awareness, equality and diversity, mental capacity act, medication management, managing violence and aggression, resuscitation, moving and handling, infection control and safeguarding of vulnerable adults and children.
- Mandatory training was delivered on a rolling programme and monitored on a monthly basis. The training was delivered either face-to-face or via e-learning.
- Records up to December 2016 showed mandatory training for staff groups across the neuro-disability services ranged between 96% and 99%. This meant most staff had completed their mandatory training and the hospital's internal target of 92% compliance had been achieved.

**Assessing and responding to patient risk**

- Staff were aware of how to escalate key risks that could affect patient safety, such as staffing and capacity issues and there was daily involvement by ward managers and senior managers to address these risks.
- The records we looked at showed that staff carried out pre-admission assessments prior to patients being admitted. This allowed staff to identify patients at risk of harm and put measures in place to address these risks.
- We saw that individual care plans were put in place to allow patients receive the right level of care. Staff carried out daily monitoring and observations so any changes to a patient's medical condition could be promptly identified.
- There was a plan to implement the use of an early warning score system (EWS) during January 2017.
- Staff had clear instructions to follow if a patient's health deteriorated. Staff were able to contact the specialty doctor during routine working hours and the out-of-hours general practitioner (GP) service during out-of-hours and on weekends.
- There were eight instances where the out-of-hours GP service was used between July 2015 and June 2016.
- In the case of an emergency, there was an agreement in place with a local NHS acute trust to allow the transfer of the patient to nearby hospitals.
- If a decision was made to transfer the patient, the staff were responsible for preparing the patient for transfer and an ambulance would be called to transfer the patient.
- Patients being transferred were accompanied by a member of staff and a patient transfer sheet (detailing medical history and medications) was available to accompany the patient when transferred.
- There were five cases of unplanned transfer of a patient other hospitals between July 2015 and June 2016. In each case, the patients were transferred in accordance with the hospital's procedures for transferring patients.
- The 'Management of the Respiratory System in Neurologically Impaired Patients'policy informed staff on how to provide care for patients that had a tracheostomy tube in place, including emergency treatment.
- Each patient had a bedside tracheostomy box containing items such as spare tubes, self-inflating bags and portable suction equipment. The tracheostomy box accompanied the patient when in transit and these were checked on a daily basis by staff.
- Each ward also had an emergency grab bag containing tracheostomy equipment and these were checked on a daily basis by staff.

**Nursing staffing**

- The wards had a sufficient number of trained nursing and support staff with an appropriate skill mix, so that patients were safe and received the right level of care.
- The expected and actual staffing levels were displayed on notice boards in each area we inspected and these were updated on a daily basis.
- Staffing levels were reviewed by the hospital director at least annually and were based on nationally recognised guidelines, such as from the British Society of Rehabilitation Medicine (BSRM).
- The ward managers used an acuity tool (staffing ladder) to identify the number of nurses and support staff needed for the safe care of patients.

Good

# Long term conditions

- Staffing levels were based on patient needs and were increased where patients requiring additional support were identified. We saw that patients with increased dependency levels were provided with 1:1 support.
- The children's ward had dedicated paediatric trained nurses. There was at least one nurse and four rehab care assistants on duty during each shift.
- There were no vacancies in the children's ward. There were two whole time equivalent (w.t.e.) nurse vacancies and 7.9 w.t.e. rehab care assistant vacancies in the adults' ward. This included five w.t.e. care assistant positions that were needed as a result of a new patient admission in January 2017.
- The hospital director confirmed that recruitment was ongoing and interviews for the care assistant positions had been scheduled during December 2016.
- Staffing cover for vacancies and leave or sickness was maintained through the use of bank and agency staff.
- The adults' ward manager told us they routinely used agency nurses on the night shift due to vacancies. The ward manager confirmed that agency nurses were used to support the existing nursing staff on a shift and were not left unaccompanied.
- Records between September and November 2016 showed there was also the occasional use of agency care assistant staff where additional 1:1 patient support was needed. The hospital director told us that agency staff usage was below the hospital's target of 10% or less of contracted hours within the previous four weeks.
- Nursing staff handovers occurred two times a day and included discussions around patient needs, medication and their present condition.
- The ward staff were supported by a therapy team, which consisted of two whole time equivalent (w.t.e.) occupational therapists, 1.6 w.t.e. speech and language therapists (SLT), 3.12 w.t.e. physiotherapists. There were no vacancies within the therapy team at the time of our inspection.

**Medical staffing**

- The wards had sufficient medical cover over a 24-hour period, including cover outside of normal working hours and at weekends.
- The adult service was covered by a consultant in neuro rehabilitation. The consultant was present at the hospital for one day each week. The children's service was covered by a consultant in long term ventilation and was present at the hospital one day each month.
- The consultants carried out ward rounds, patient reviews and participated in multi-disciplinary meetings during their visits to the hospital. Both consultants could be contacted by staff at any time when not on site.
- Medical cover on the wards was provided by a specialty doctor from 9am to 5pm during weekdays.
- The hospital had an arrangement in place with an out-of-hours GP service to provide any medical cover during out-of-hours and on weekends.

**Emergency awareness and training**

- There was a documented major incident contingency plan in place and this listed key risks that could affect the provision of care and treatment. Ward staff were aware of how to access this information when needed.
- There were clear instructions for staff to follow in the event of a fire or other major incident. Staff also had guidelines in place for dealing with medical emergencies, such as a patient going into cardiac arrest.
- Records showed 93% of eligible staff had completed basic life support (with defibrillator) training and 76% of staff had completed intermediate life support (ILS) training. The specialty doctor had completed adult and paediatric advanced life support (ALS) training.
- Records showed 100% of the children's nurses had completed paediatric intermediate life support training.
- There was a scheduled programme in place to conduct routine simulation exercises to prepare staff for emergency events, such as fire drills, chemical spillages, medical emergencies and natural disasters.

## Are long term conditions effective?
(for example, treatment is effective)

Good

We rated effective as good.

**Evidence-based care and treatment**

- Patients received care in accordance with national guidelines, such as the British Society of Rehabilitation Medicine (BSRM) guidelines, 'National Service Framework for Long Term Conditions, the BSRM

Prolonged Disorders of Consciousness' guidelines, National Service Framework for Children, Young People and Maternity Services' and the BSRM Care Home Specialist guidelines.

- The services developed an integrated care pathway (ICP) based on national guidelines. The ICP consisted of a set of 18 standards, including preadmission, admission, assessment, goal setting including outcome measures, implementation of therapy and review of the goal setting process.
- The ICP enabled staff to monitor both process and clinical progression of a patient throughout their stay at the hospital. The pathway was audited on an annual basis and reviewed and updated based on the findings from the audit.
- Policies and procedures reflected current guidelines and staff told us they were easily accessible in electronic and paper format.

**Pain relief**

- Staff carried out daily observations to monitor pain symptoms in patients at regular intervals.
- The patients' relatives we spoke with told us did not have any concerns about the patients' pain management and that pain symptoms were well managed by the staff.
- The patient records we looked at showed that patients received the required pain relief medication in a timely manner and in a way that met the patients' needs and reduced discomfort.

**Nutrition and hydration**

- Patient records showed that each patient had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration.
- Where patients were identified as at risk of poor nutrition and hydration, there were fluid and food charts in place. These were reviewed and updated by the staff following each meal to monitor patient's food and fluid intake.
- A dietitian was present on the wards two days each week and each patient was routinely assessed by the dietitian. We saw evidence of regular dietitian involvement and assessment in the patient records we looked at.
- The majority of patients were on percutaneous endoscopic gastrostomy (PEG) feeding tubes, because they were unable to eat or drink normally due to their medical condition.
- Staff on the adults' ward were encouraging and supporting four patients to eat independently as part of their rehabilitation. Two of these patients were able to assist themselves and one patient required assistance with their meals.

**Patient outcomes**

- Patients admitted to the services were evaluated using a number nationally recognised outcome measures, such as the UK Functional Assessment Measure and the Northwick Park dependency scale and care needs assessment tools.
- The UK Functional Assessment Measure (commonly abbreviated as UK FIM+FAM) is designed for measuring disability in patients with brain injuries. The Northwick Park nursing dependency tool provides an assessment of patient care needs and takes into account activities of daily living, safety awareness, behavioural management and communication.
- The services routinely submitted data to the Rehabilitation Outcomes Collaborative (UKROC). The UKROC is a national database for collating information about patients admitted to a specialist rehabilitation unit in England.
- There were two clinical specialists trained to use the Sensory Modality Assessment and Rehabilitation Technique (SMART) assessment tool. This is used for the assessment and rehabilitation of people with prolonged disorders of consciousness following severe brain injury.
- SMART assessments had been completed for patients. Patient records showed staff used the SMART tool to carry out behavioural and sensory assessments and person-centred plans and goals were put in place to improve patient outcomes.
- The records showed the SMART goals were reviewed as part of a multidisciplinary team and patients' relatives or carers were also involved with the process.
- The data submitted to the UKROC was not published or rated, because the provider was an independent health provider. This meant it was not always possible for the services to obtain nationally comparable outcomes data. However, this data was used by staff within the service to assess and monitor each patient's progress over time.

- Patient records showed that patient assessments and case conferences were carried out at least every three months to review whether patients' rehabilitation needs had improved, stayed the same or deteriorated. Where patient needs had changed, staff updated the care plans, so that individual patient needs and rehabilitation goals could be achieved.
- The records we looked at showed that on-going plans of care and the use of the SMART assessment tools meant patients experienced positive outcomes of care.

**Competent staff**

- Newly appointed staff underwent an induction for up to four weeks and their competency was assessed prior to working unsupervised. Agency staff also had inductions before starting work.
- Staff told us they received monthly supervision and annual appraisals. The hospital reported that 99.4% of staff had completed their annual appraisals and the hospital's target of 95% appraisal completion had been achieved.
- The majority of staff (92%) had received monthly supervision with their line manager, but this was slightly below the hospital's target of 95%.
- The consultant in neuro rehabilitation (adult services) worked at the hospital under practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient care in the hospital). Practicing priveleges were routinely reviewed by the hospital's senior management team.
- The consultant for the children's services and the specialty doctor had an employment contract in place with the hospital. They confirmed that appraisal records, General Medical Council (GMC) revalidation, indemnity certificates and Disclosure and Barring Service (DBS) checks were carried out and these were reviewed on an annual basis.
- The hospital reported there were no outstanding queries relating to practising privileges, GMC revalidation or medical staff appraisals.
- The nursing staff received competency based training in the use of non-invasive ventilation equipment by specialist teams from two local NHS hospitals.
- The healthcare (rehab) assistants received additional competency based training in areas, such as administering buccal midazolam, tracheostomy tube changes and use of ventilation equipment.
- Training records showed staff had completed competency assessments and these were reviewed an updated on an annual basis.
- The nursing and medical staff we spoke with were positive about on-the-job learning and development opportunities and told us they were supported well by their line management.

**Multidisciplinary working**

- There was effective daily communication between multidisciplinary teams within the wards. Staff handovers took place during shift changes and daily planning meetings took place to ensure all staff had up-to-date information about risks and concerns.
- There were routine team meetings that involved staff from the different specialties. A weekly multidisciplinary meeting involving medical, nursing and therapies staff took place to review and discuss each patient's needs.
- Patient records showed there was routine input from nursing and medical staff and allied health professionals.
- Patient reviews were conducted at least every three months and included representatives from external organisations such as the clinical commissioning group (CCG's), local authority, social services and other health professional involved in a patient's care.

**Access to information**

- Staff used paper based patient records and these were stored securely in the ward areas. The patient records we looked at contained detailed patient information from admission through to discharge. This meant that staff could access all the information needed about the patient at any time.
- Staff could access information, such as policies and procedures, in paper format and from the hospital's intranet. Staff told us they could access up-to-date national best practice guidelines and prescribing formularies when needed.
- We saw that information, such as audit results, performance information and internal correspondence were displayed in the ward areas. Ward staff also used visual boards to identify patients with specific needs on the wards.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

Good

# Long term conditions

- Staff understood how to obtain informed verbal and written consent from patients before providing care or treatment. Patient records showed that consent had been obtained from patients or their representatives and that planned care was delivered with their agreement.
- Staff understood the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- Patient records showed the specialty doctor carried out mental capacity assessments to determine whether patients were able to make an informed decision about their treatment. Staff were also able to contact the consultant in rehabilitation medicine for advice and support with mental capacity decisions when needed.
- Where patients lacked the capacity to make their own decisions, staff told us they sought consent from an appropriate person (advocate, carer or relative) that could legally make decisions on the patient's behalf. When this was not possible, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals. We saw evidence of this in the patient records we looked at.
- There were a number of policies in place to provide staff with guidance around seeking consent from patients under 18 years old and staff had a good understanding of these.
- Staff understood how to apply the Gillick competency (used to decide whether a child is mature enough to make decisions) to balance children's rights and wishes with the responsibility to keep children safe from harm.
- We looked at two patient records where a DoLS application had been made and the records for this had been completed correctly.
- There was a team of designated safeguarding officers that were available to provide support and guidance for staff when conducting best interest meetings and DoLS applications.

## Are long term conditions caring?

Good

We rated caring as good.

**Compassionate care**

- We saw that patients were treated with dignity, compassion and empathy. Staff provided care in a kind and respectful manner. The patients we saw were well positioned and their dignity was maintained.
- We saw that patient's personal care needs were being met. There was a friendly and relaxed atmosphere in both wards.
- We saw there was positive engagement between staff and patients. When interacting with patients, we observed staff speaking in a calm and friendly manner and did not rush the patients.
- On the children's ward, we observed the rehab care assistants participating in activities with patients. The patients seemed relaxed, happy and positively engaged. There was a person-centred approach and activities were based on the patient's preferences and their rehabilitation targets.
- We spoke with one patient and the relatives of another four patients. We also received feedback from 12 patients and relatives through comments cards received during the inspection.
- Patients and their relatives told us the nursing and healthcare staff were kind and caring and gave us positive feedback about ways in which staff showed them respect and ensured that patient dignity was maintained.
- The comments received included "care is very good", "healthcare assistant and nurse care is excellent", and "very good care given to the patients by the healthcare assistants. They are very patient centred. Always willing to help, nothing is ever too much to ask."
- Staff sought feedback from patients and their relatives or carers, by asking them to complete an annual satisfaction survey. The survey covered key areas such as communication, staffing, patient's needs, catering and accommodation. The feedback was used to look for improvements to the services.
- The most recent survey from April 2016 was based on eight responses across the long-term conditions services. The survey showed feedback from patients and relatives was positive, with the services achieving an overall score of 100% for 'understanding patient's needs' and 'quality of patient care received'.

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

Good

# Long term conditions

- Staff respected patients' rights to make choices about their care. We observed staff speaking with patients clearly in a way they could understand.
- Staff were respectful and delivered care or treatment in a calm and patient manner. One relative commented that "they always treat our son with dignity and respect and include him in coversations rather than talking 'about him' as though he weren't there".
- Patients' relatives spoke positively about the information they received and told us they were kept informed about the patient's treatment.
- Most patients did not have the capacity to be involved in the planning of their care. Patient records showed that patients' relatives were routinely involved in the care planning and decision making. Patients' relatives attended the patient case reviews that took place every three months.
- We received negative comments from the relatives of three patients in relation to the therapies services. The comments received included "therapists can be unreliable and provide very little care" and "lack of physiotherapy / occupational therapy and input from speech and language is well below the standard expected".
- We saw evidence that these relatives had been been given the oppurtunity to discuss their concerns with ward-based staff and the senior management team.
- The hospital director told us that some of the relatives' feedback around the rehabilitation and therapies services was due to a lack of understanding about the treatments provided.
- The hospital director confirmed they routinely engaged with patients' relatives, so they could be better informed and have realistic expectations about the treatment and services provided.

**Emotional support**

- The staff we spoke with understood the importance of providing patients with emotional support. We observed staff providing reassurance and comfort to patients.
- Patients were not always able to communicate clearly due to their medical condition. However staff routinely monitored their behaviour and emotional state, so they could be appropriately supported.
- Patients and their relatives told us they were supported with their emotional needs and were able to voice any concerns or anxieties. One relative commented that the "we have always been able to raise any concerns or worries with all staff and we have been reassured by the responses".
- Staff were able to provide patients and their relatives with information about chaplaincy services and bereavement or counselling services.
- A family liaison officer and a consultant psychologist were available to offer support and advice to relatives if they had any concerns or required emotional support.
- Staff were also able to provide information about external services and charities that offered advice and support for patients with neuro-disabilities and brain injuries.

## Are long term conditions responsive to people's needs?

(for example, to feedback?)

Good

We rated responsive as good.

**Service planning and delivery to meet the needs of local people**

- The hospital provided specialist services for children and adults with acquired brain injuries or neuro-degenerative conditions, such as motor neurone disease. Support was also provided for patients with complex respiratory needs, including tracheostomy and mechanical ventilation management.
- There was an arrangement in place with specialist ventilation teams from two NHS acute trusts to provide support for patients receiving non-invasive ventilation. The specialist teams provided advise and training for staff and provided input into routine patient reviews.
- Patients underwent a nursing and therapist assessment prior to admission to the services in order to determine if they could meet the patient's needs. This allowed staff to plan for their care and have the appropriate staffing and equipment in place for when the patient was admitted.

Good

# Long term conditions

- Upon admission, further patient assessments were carried out, with input from the patient or their relatives. Staff prepared individual care plans and patient rehabilitation goals and objectives following these assessments.
- The ward managers were aware of how to escalate key risks that could affect patient safety, such as staffing and patient flow issues. There was daily involvement by the director of clinical services to address and manage these risks.
- The specialist nature of the services provided and the complexity of patients meant the wards were not always able to fully comply with same-sex accommodation guidelines.
- Patients received care in individual rooms and also had individual risk assessments in place to identify and minimise the privacy and dignity risks to themselves and others, where same-sex accommodation requirements were not being met.

**Access and flow**

- The hospital took patient referrals across the North West and nationally. All the patients admitted to the services at the time of the inspection were funded by clinical commissioning groups (CCG's) or received local authority funding.
- There were 28 patients referred to the services for admission between July 2015 to June 2016.
- Prior to admission, patients underwent an initial assessment within 48 hours of receipt of referral and an initial assessment report was submitted to the commissioner within 48 hours of assessment. The decision to admit was made after patients were assessed as suitable for admission and funding had been agreed.
- There were two patients scheduled for admission to the adults ward from January 2017 onwards. The ward manager told us they were currently in the process of sourcing specialist equipment and recruiting additional staff in order to meet these patients' needs.
- Following admission, patients were registered with local GP and dental services. Patients were also registered with a local NHS trust for services such as audiology or orthotics if required.
- We did not identify any concerns relating to the admission, transfer or discharge of patients from the wards. The patients and relatives we spoke with did not have any concerns in relation to their admission or discharge arrangements.
- Patients were admitted to the services for short-term or long-term care with a minimum stay of three months. The average length of stay between July 2015 to June 2016 was 423 days on the adults' ward and 932 days on the children's ward.
- Patient case reviews took place at least every three months and patients with improved medical and rehabilitation outcomes were assessed to determine if they could be transferred or discharged from the services.
- Patients were normally discharged to the community under the care of social care providers or transferred to other long-term rehabilitation services.
- We identified a patient on the adults ward that had been assessed as suitable for discharge at the time of our inspection. The patient was currently awaiting placement and specialist equipment to be in place before they could be discharged from the service.
- There was sufficient bed capacity in the adults' and children's wards to provide safe care and treatment. The children's ward (Lynne House) had capacity for up to five patients and there were three patients admitted to the ward at the time of our inspection.
- Where patients were transferred or discharged to another service, staff provided a transfer record with key information, such as medical history, medication and care needs summary to accompany the patient.
- The children's ward accommodated patients up to the age of 17. The adults' ward admitted patients over 16 years of age.
- The adults' ward had a total of inpatient 19 beds and was split into two areas. The Upper Walmersley area had capacity for 15 beds and there were 13 patients admitted at the time of our inspection.
- The Lower Walmersley area had capacity for four patients. This area was not in use at the time of our inspection. The area had been closed throughout 2016 because the additional capacity was not required.
- The hospital was awaiting a decision from the commissioner to determine whether a patient on the

children's ward could be transferred to another service. A risk assessment had been completed to identify and mitigate the risks of allowing the patient to remain on the children's ward.

**Meeting people's individual needs**

- Information leaflets about the services were readily available in all the areas we visited. Staff told us they could provide leaflets in different languages or other formats, such as easy-read format if requested.
- Staff could access a language interpreter if needed.
- Staff received mandatory training in equality and diversity. Staff took into account a patient's cultural, religious and ethic needs. For example, Christmas-themed activities were taking place at the time of our inspection.
- We also saw examples where staff were able to provide individualised meals and religious support, based on the patient's background.
- There was access to a multi-faith prayer room off the ward area if patients, staff and visitors wanted to access space for private prayer.
- Patient records included person-centred care plans that took into account individual patient preferences. Specific care plans were in place to provide guidance for staff in all aspects of patient care. This included personal care and hygiene, medication, mobility, nutrition and hydration, communication and equipment requirements.
- Staff could access appropriate equipment, such as specialist commodes, beds or chairs to support the moving and handling of bariatric patients (patients with obesity) admitted to the wards.
- We saw a wide range of person-centred activities such as music, DVD's, board and activity games were available to stimulate patients and aid their rehabilitation. Staff also engaged with patients by arranging activities and events (such as external trips to the theatre, concerts or cinema).
- Two patients under 16 years of age routinely attended school and each patient was accompanied by a member of staff at all times.
- The children's ward had sensory equipment in the main seating area and a secure outside garden area for patient use. The bedrooms were individually decorated with posters, personal photos and bedding decorations based on the patient's preferences.
- Patients' relatives had access to a flat within the hospital if they required overnight accommodation.
- Staff gave an example where the family members of a patient wanted to open their Christmas presents together with the patient and staff utilised the flat to fulfil this request.
- Staff could contact the consultant neuro-psychologist or the specialty doctor for advice and support for dealing with patients that lacked the capacity to make their own decisions.
- Staff could also contact the specialty doctor or consultant psychologist for support and advice when treating patients with mental health conditions.

**Learning from complaints and concerns**

- Information leaflets describing how to raise complaints about the service were visibly displayed in the areas we inspected.
- Patients and relatives told us they had been given information on how to raise a complaint. Staff understood the process for receiving and handling complaints.
- The complaints policy stated that complaints would be acknowledged within two working days and investigated and responded to within 20 working days for routine complaints.
- Where the complaint investigation had not been completed within 20 working days, staff were required to notify the complainant explaining the reasons for the delay.
- Where patients were not satisfied with the response to their complaint, they were given information on how to escalate their concerns with the corporate provider or with external organisations such as the Parliamentary and Health Service Ombudsman (for NHS-funded patients) or the Independent Sector Complaints Adjudication Service (ISCAS) for privately-funded patients.
- The services received five complaints between January and December 2016, all of which related to the adult neuro-disabiity services.
- Four of these complaints had been resolved and responded to within the hospital's 20-day target. The remaning complaint was recently received and was still being investigated by staff.
- Information about complaints was discussed during routine team meetings to raise staff awareness and aid future learning.

Good

# Long term conditions

## Are long term conditions well-led?

Good

We rated well-led as good.

### Vision and strategy for this this core service

- The hospital's vision was 'to be a mainstream provider of high quality specialist neuro-rehabilitation and complex mental health service and to be totally committed to providing safe and effective care''.
- The hospital's aim was 'to become a centre of excellence, where clinical effectiveness, best practice and service user involvement are at the centre of the care delivered'.
- This was underpinned by a set of five values and behaviours that were based on 'putting people first', 'being a family', 'acting with integrity', 'being positive' and 'striving for excellence'.
- The strategy for the long-term conditions services had been incorporated into the hospital's strategic plan 2016. This listed specific objectives, including 'to provide safe and effective care', 'to have a steady, well trained, competent work force', 'to have policies, procedures and systems in place' and 'to achieve and exceed financial targets'.
- The hospital director and senior management team were in the process of developing the strategic plan for the forthcoming year.
- The vision, values and objectives had been cascaded to staff across the services and staff had a good understanding of these.

### Governance, risk management and quality measurement

- There were monthly clinical governance committee meetings, monthly departmental meetings and weekly operational management team meetings taking place across the services.
- There was a clear governance structure in place, with committees for medicines management, health and safety, safeguarding and quality monitoring.
- There was a set agenda for these meetings with standing items, including the review of incidents, key risks and monitoring of performance. Identified performance shortfalls were addressed by action planning and regular review.
- The hospital did not have a formal medical advisory committee (MAC) in place. Medical oversight was historically managed through the corporate provider. The hospital director confirmed a MAC meeting took place at the hospital in January 2017, with a plan to conduct routine MAC meetings after the initial meeting.
- The meeting minutes for the MAC meeting in January 2017 showed the meeting was chaired by the medical director (MD) and attended by the hospital's medical team and site management team. The meeting covered key topics such as doctor's working arrangements and new appointments / working arrangements.
- Risks were documented and escalated by the services appropriately. The hospital risk register listed risks relating to the long term conditions services and showed that key risks had been identified and assessed. Key risks were reviewed during weekly operational management team meetings.
- There were routine staff meetings in the ward areas to discuss day-to-day issues and to share information on complaints, incidents and audit results.
- Routine audit and monitoring of key processes took place across the services to monitor performance against objectives (for example, patient safety, staffing and training).
- Information relating to this was cascaded to the staff ward through a weekly performance bulletin newsletter.

### Leadership and culture of service

- The overall lead for the services was the hospital director, who was also the registered manager with the Care Quality Commission.
- The hospital director was supported by the medical director, the director of clinical services and the support services manager.
- The director of clinical services had overall responsibility for the therapist teams and the ward based nursing and support staff.The support services manager was responsible for maintenance, catering and housekeeping staff.
- The medical director (MD) also worked as a consultant on the Robinson Unit and visited the hospital one day a week. The hospital director told us that the MD did not

attend any meetings including the senior management team (SMT), as this was allocated on a day when the neurological consultant attended, however, the MD would meet weekly with the hospital director and information would be shared informally.

- We discussed the role of the MD with the hospital director, who put immediate actions in place to increase the involvement of the MD within the hospital's management systems.
- This included the increase of allocated time for the MD to visIt the hospital from one day to two days per week to enable the MD to attend SMT and medical advisory committee (MAC) meetings.
- The hospital director confirmed the MD had attended the most recent weekly SMT meeting. We also saw evidence that the MD chaired the MAC meeting in January 2017.
- The children's and adult's wards both had a ward manager in place to oversee the day to day management of services. There was also a lead consultant in place in both wards.
- Staff sickness rates ranged between 3.2% and 4.4% during August 2016 to October 2016 and this was within the hospital's target of less than 4.5% sickness during this period.
- The average staff turnover rate between May and October 2016 ranged between 16% and 25% and was within the hospital's target (below 25%). The rehab assistants accounted for the majority of staff turnover and a continuous recruitment programme was in place to sustain safe staffing levels.
- All the ward based nursing, support and therapist staff we spoke with were highly motivated and positive about their work. They told us they understood the reporting structures clearly and described the managers as approachable, visible and who provided good support.
- There was a confidential reporting (whistle blowing) policy in place and the staff we spoke with were aware of what steps to take if they wanted to raise concerns.

**Public and staff engagement**

- Patients were not always able to participate in engagement processes due to their health condition. However, staff sought feed back through patient/relative focus groups that took place every six months and represented both the adult and children's wards. During these focus groups the patients and relatives in attendance shared with the senior management team their views, concerns and suggestions and how things can be changed to support the site progressing.
- Examples of improvements made following feed back through the focus groups included the creation of a relative's room and a photograph staff list, so patients and their relatives could easily identify staff on the wards.
- Staff told us they received good support and regular communication from their line managers. Staff routinely participated in team meetings across the areas we inspected.
- The senior management team and the corporate provider also engaged with staff via routine staff meetings, weekly newsletters and "you said, we did" initiatives.
- Staff across the services participated in an annual engagement survey and ad hoc listening events. The engagement survey from February 2016 showed staff feedback was positive with an overall engagement score of 66%. Learning from the survey was discussed at monthly staff engagement meetings.
- The senior management team also carried out scheduled quality walk rounds across the services and routinely sought feedback from staff, patients and their relatives or carers.
- Staff spoke positively about the level of engagement they received from the hospital director and the senior management team.

**Innovation, improvement and sustainability**

- The hospital collaborated with the Independent Neurorehabilitation Providers Alliance (INPA) to agree appropriate patient outcome measures to be used.
- The integrated care pathway (ICP) incorporated the 'Prolonged Disorders of Consciousness' (PDOC) national clinical guidelines 2013 and staff had received training following the publication of the PDOC guidelines. The hospital reported that they held a training day to educate other organisations on the new PDOC guidelines.
- The hospital achieved the 'investors in people' gold award in October 2015.
- There were plans to increase the number of staff that were trained and accredited to conduct Sensory Modality Assessment and Rehabilitation Technique (SMART) assessments.

Good

# Long term conditions

- All the staff we spoke with were confident about the future sustainability of the services. They felt they were a skilled and committed multidisciplinary team that provided a good standard of care and treatment.
- The ward managers and hospital director told us the key risk to the services were around staff recruitment and retention and providing support for families. However, they understood how to adress these risks through engagement and on-going resource planning and recruitment activities.

# Outstanding practice and areas for improvement

## Outstanding practice

We did not identify any particular areas of outstanding practice during the inspection.

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should take appropriate actions to ensure staff are able identify and escalate any changes to a patient's medical condition in a consistent and timely manner, such as through the use of an early warning score system (EWS) tool.
- The provider should take appropriate actions to improve communication with patients' relatives or carers, so they are better informed and fully understand the treatment and services provided.
- The provider should take appropriate actions to ensure there is regular medical staff oversight at the hospital, such as through a formal medical advisory committee (MAC).
- The provider should take appropriate actions to comply with same-sex accommodation guidelines.