

East Coast Community Healthcare C.I.C.

# Beccles Hospital

## Quality Report

St Marys Road

Beccles

Suffolk

NR34 9NQ

Tel: 01502 719800

Website: [gyw-pct.cs-enquiries@nhs.net](mailto:gyw-pct.cs-enquiries@nhs.net)

Date of inspection visit: 27 August 2015

Date of publication: 28/09/2015

This report describes our judgement of the quality of care at this hospital. 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.

### Overall summary

We undertook a responsive inspection on the 15 August 2014 in response to concerns that one or more of the essential standards of quality and safety were not being met, this was specifically in relation to the inpatient ward at the hospital. At this time the hospital was meeting the standard for care and welfare of people who use services but was not meeting the standard for assessing and monitoring the quality of service provision.

Improvements were required in relation to the leadership at ward level and the systems in place that allowed the service to monitor and assess the quality of the service

provided. We judged that there was a moderate impact on people using the service and issued a compliance action to the provider for actions and improvements to be undertaken.

We undertook a follow up inspection of the service on 27 August 2015 to ensure that these actions had been taken. We found that the provider had completed and implemented an action plan and improvements had been made. We judged that the provider was now meeting required standards.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services well-led?**

- Governance and quality assurance processes had been implemented and were monitored.
- Weekly staff led supervision sessions were embedded.
- Staff training and competence was in place and monitored.

# Beccles Hospital

## Detailed findings

### Services we looked at

East Coast Community Healthcare C.I.C is an independent healthcare provider that provides a range of community health services for adults. Community health services for adults are provided in four community hospitals and one GP surgery. Services provided include: diagnostic and screening procedures, personal care, treatment of disease, disorder or injury, surgical procedures and family planning. This was an announced inspection that focused on the inpatient ward at Beccles hospital.

# Detailed findings

## Contents

### Detailed findings from this inspection

	Page
Background to Beccles Hospital	3
Our inspection team	3
How we carried out this inspection	3
Facts and data about Beccles Hospital	3

## Background to Beccles Hospital

East Coast Community Healthcare C.I.C is an independent healthcare provider that provides a range of community health services for adults. Community health services for adults are provided in four community hospitals and one GP surgery. Services provided include: diagnostic and screening procedures, personal care, treatment of disease, disorder or injury, surgical procedures and family planning.

This was an announced inspection that focused on the inpatient ward at Beccles hospital. Beccles Hospital has the capacity for 21 beds for people needing rehabilitation, palliative care or who have complex discharge needs. It also provides a minor injuries unit which is open every day for 12 hours. In August 2015 the number of inpatient beds was reviewed and reduced in line with staffing provision. This inspection focused on the inpatient area only.

## Our inspection team

This inspection was carried out by two Inspection Managers.

## How we carried out this inspection

During the visit we observed the environment, spoke with six members of staff who worked within the service, including managers and nursing staff and also reviewed information provided to us by the provider.

## Facts and data about Beccles Hospital

East Coast Community Healthcare C.I.C is an independent healthcare provider that provides a range of community health services for adults. Community health services for adults are provided in four community hospitals and one GP surgery. Services provided include: diagnostic and screening procedures, personal care, treatment of disease, disorder or injury, surgical procedures and family planning.

This was an announced inspection that focused on the inpatient ward at Beccles hospital. Beccles Hospital has the capacity for 21 beds for people needing rehabilitation, palliative care or who have complex discharge needs. It also provides a minor injuries unit

## Detailed findings

which is open every day for 12 hours. In August 2015 the number of inpatient beds was reviewed and reduced in line with staffing provision. This inspection focused on the inpatient area only.

# Are services well-led?

## Our findings

### Summary

Our previous inspection on 15 August 2014 found that the hospital was not meeting the standard for assessing and monitoring the quality of service provision. Improvements were required in relation to the leadership at ward level and the systems in place that allowed the service to monitor and assess the quality of the service provided.

Governance and quality assurance processes were not effectively implemented on the inpatient ward.

Governance reports lacked key information and there was no audit system in place to monitor incidents and reduce risks to ensure patient safety. There was a lack of focus on monitoring the quality of service through quality metrics such as complaints, audit, incidents and patient feedback.

There was a lack of oversight and supervision of staff competence and no process of monitoring staff compliance with mandatory training. This meant that there was no assurance that staff were appropriately trained to meet the needs of the people using the service.

We reinspected on 27 August 2015 to follow up on the action plan that had been implemented by the provider to address the issues that had been found during our inspection on 15 August 2014. Improvements had been made in all areas and we judged the provider was now meeting required standards.

### Detailed findings

Our previous inspection of Beccles hospital took place on 15 August 2014 in response to concerns that one or more of the essential standards of quality and safety were not being met. The inspection resulted in the provider being found not compliant with meeting the standard for assessing and monitoring the quality of service provision.

Improvements were required in relation to the leadership at ward level and the systems in place that allowed the service to monitor and assess the quality of the service provided. There was no supervision monitoring system, or policy, in place to demonstrate that staff were receiving appropriate supervision and appraisal. There was no on-going monitoring of staff compliance with mandatory training to ensure that staff were appropriately trained to meet the needs of the people using the service. Monthly

governance reports lacked key information and did not include management of risks or audit outcomes. Incident themes were not identified to ensure that learning took place and improvement actions could be identified. The quality of the service was not monitored through recognised metrics such as complaints, audit, incidents and patient feedback. The only mechanism for patient feedback was the friends and family test which was not qualitative and therefore did not allow the service to identify areas where improvements to patient experience could be made.

### Governance, risk management and quality measurement

During this inspection carried out on 27 August 2015 there were improvements with the governance and quality assurance processes. A full action plan had been compiled following the last report and there was evidence that actions had been completed. We undertook a tour of the ward and clinical areas and spoke with six nursing staff, including two senior managers.

- There was a weekly supervision process in place known as Supervision on Saturday (SOS) which consisted of a 10 to 15 minute presentation to staff on a chosen subject. All staff participated, taking turns in presenting, and suggestions for topics were staff led. Example of topics covered included Parkinson's disease, acute and chronic pain, pelvic fracture and dysphagia which is difficulty in swallowing. At the time of our inspection one member of the team was preparing for the forthcoming session. Staff stated this was informative and welcomed by all of the staff.
- Sessions were allocated throughout the year and there was a supervision policy in place which included appendix documents for recording the supervision activity, a supervision record detailing the goals of the session, summary and action points and a reflection template. Information was kept from the sessions in a folder for staff future reference however out of four sessions reviewed none of the records had documents completed in relation to the goals of the session, summary and action points or a reflection template. Therefore we could not be assured that any action points that may have arisen during the session had been recorded or implemented. This was noted by the ward sister as an area for improvement.

# Are services well-led?

- Mandatory training was now managed locally. Individual responsibility for staff training remained in place however training was now recorded on a training matrix. The training matrix, which was colour coded, was displayed in the ward office to enable staff to view their status. Oversight was provided by senior nursing staff via a manager's dashboard that was updated monthly.
- There was a competency framework, with competency packages in place for staff, which also identified areas for future learning. This was monitored by the ward sister and discussed at appraisal, which was at 100% at the time of our inspection. This meant that staff were appropriately trained to meet the needs of the people using the service.
- Incident reporting was via an electronic system and staff were aware of the correct reporting procedures. There had been two serious incidents reported between February and May 2015, both were related to patient falls. Full incident reports and investigations were completed which included a description of the event, background factors, incidental findings, risk reductions and actions taken. Actions included reviewing the falls risk assessment, falls care plan and improvement of discharge planning. A summary of serious incidents and learnings were included in the monthly governance and ward meetings and the full report could be accessed by the ward sister.
- Monthly staff meetings were scheduled and in place with meeting minutes available in a folder which was easily located in the ward office. The minutes from staff meetings were brief but did include details of items discussed including quality measures, key performance indicators and complaints and concerns. This meant that there was a formal process for incident review and communication of learnings to reduce the risk of patient harm.
- Set agenda headings had been implemented as part of the monthly governance meetings. Minutes and reports now include sections on staffing, training & appraisals, training courses attended, examples of good practice and achievements, action plans and investigation outcomes, actions taken and identified aims and objectives. This meant that on-going monitoring occurred from month to month.
- Quality and performance indicators were reported as part of the monthly dashboard. There had been no incidents of pressure ulcers in last four months. There was an audit schedule in place for monthly, quarterly and annual audit to take place. These included topics such as infection control, safe handling of medicines, care plans and safety thermometer data. Hospital safety thermometer information was displayed on the ward and found to be up to date. The hospital had scored 94% cleanliness, 94% food, 82% privacy and dignity, 84% dementia assessment amongst others. Falls data summaries were reported monthly and there had been a reduction from 16 falls in quarter one (January to March 2015) to nine falls in quarter two 2015 (April to June 2015).
- Provider level, monthly clinical leadership meetings were in place, with representatives from each of the East Coast Community Healthcare C.I.C locations. These meetings include a review of quality governance and 4 harms data. Minutes from these meetings alongside metrics for the four community hospitals were available to staff to ensure results and trends were identified. There was a new data log in place for safeguarding, medical alerts and safety thermometer information to enable these to be easily checked and tracked. This demonstrated that monitoring was taking place and themes and patterns were identified.
- A full risk register was available on the electronic incident reporting system. At the time of inspection there were two active risks for the hospital. Active management of risk had not been consistent in the past. One of the risks related to call bells that had initially been identified and placed on the register on 3 April 2014. This had not been actioned or updated until 1 June 2015. Senior staff stated that the reason for delay had been the hiatus in management in the last year. An order for an upgrade to the call bell system had been placed at the time of our inspection and we were assured that risks were now considered and updated monthly alongside a monthly reminder to matrons to check the risk registers.
- The friends and family test remained in place to provide patient feedback on the service provided. In addition to this there was a patient information folder available and leaflets displayed informing patients how to raise a concern. Patient feedback letters and cards were anonymised and on display throughout the ward area and staff confirmed that complaints and patient feedback was discussed at the monthly team meetings. Results from the friends and family questionnaire had been 100% positive each month since March 2015 however response rates had been low. In order to

# Are services well-led?

encourage more patients to complete the questionnaires staff had started to give the questionnaire to patients before discharge. Response rates had increased as a result; from only two responses in March there had been an increase to ten responses in July 2015.

## **Staff engagement**

- At the time of our inspection there was an on-going review of community services. There was a consultation process underway with staff and an acknowledgement that there was a degree of uncertainty regarding future opportunities. Despite this difficult situation staff morale was good. All four of the ward nursing staff stated that

senior staff were approachable and supportive. Senior staff were actively engaging with the staff to keep them motivated and ensure information was provided as the situation progressed.

- One to one meetings with one of the senior matrons for the service were being undertaken with discussions featuring areas of interest for staff progression and additional training or support required to reskill in new areas. Shadow opportunities had been arranged for staff in other specialties such as district nursing and respiratory nursing. Two staff had these arranged to take place in September and were looking forward to the opportunity.