

Provide Community Interest Company

1-168055209

# 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)
1-283687220	Braintree Community Ward		
1-223332623	Halstead Community Ward		
1-223517978	St Peter's Community Ward		

This report describes our judgement of the quality of care provided within this core service by Provide Community Interest Company. 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 Provide Community Interest Company and these are brought together to inform our overall judgement of Provide Community Interest Company

# Summary of findings

## Ratings

Overall rating for the service		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive?		Good	●
Are services well-led?		Good	●

# Summary of findings

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# Summary of findings

## Overall summary

### Overall rating for this core service

We rated community health inpatient services as good because:

- There was a good culture of incident reporting. There was evidence lessons were learnt from incidents in order to improve patient safety, and safety performance was monitored monthly.
- Staff had received appropriate safeguarding training and was aware of their responsibility to safeguard patients from abuse. Patients consent was sought before care was given, and staff applied the Mental Capacity Act and deprivation of Liberty Safeguards appropriately. Staff had taken actions to improve the care and treatment provided for patients living with dementia
- Equipment, including resuscitation equipment, was readily available. There was a system in place for the repair, servicing and maintenance of medical equipment.
- Patients' care records were complete, up to date and stored securely. Risk assessments were carried out for patients and steps taken to reduce risks.
- The organisation was addressing the vacancies within the nursing establishment and had taken action to reduce the risk.
- Effective multidisciplinary working supported coordinated care delivery, which was evidence based and reflected national guidance.
- Patients' pain was well managed. Patients had their nutrition and hydration needs assessed and met, however protected mealtimes were not implemented fully.
- There was programme for audit and patient outcomes were measured. Generally, these outcomes were positive.
- Staff education and professional development was supported and staff undertook regular clinical supervision.
- All patients we spoke with were overwhelmingly positive about the care and treatment they had experienced. Patients told us that staff were kind and friendly, responded quickly to their needs and that nothing was too much trouble for the staff.
- Patients were treated with dignity and interactions we observed between patients and staff were consistently respectful and compassionate, with staff taking time to support, listen and reassure.
- The organisation sought regular feedback from patients through the patient experience survey and this feedback was positive.
- Patients had timely access to minor operations and podiatric surgery.
- Services were designed to provide rehabilitation, admission avoidance and end of life care with clear pathways and processes in place for the admission and discharge of patients.
- The service had few complaints, with staff being encouraged to resolve complaints and concerns locally.
- There was a clear strategy and vision for the service and staff were familiar with the organisation's values.
- There were effective governance arrangements in place to monitor quality, performance and patient safety.
- Leadership was effective and staff we spoke with said their line managers, who were visible and approachable, supported them.

However:

- Formal apology letters had not been sent, in line with the duty of candour regulation, to patients and families when things had gone wrong with their care and treatment.
- Patients' observations and national early warning scores (NEWS) were not always recorded appropriately and the correct escalation was not always followed in line with the organisation policy, this did not put patients at significant risk as they were deemed fit. The service was taking steps to address this and local audits showed signs of improvement.
- Hand washbasins in the patients' rooms at St Peter's Ward were not compliant with regulations set out in the Health Building Note (HBN) 00-09 Infection Control in the Built Environment.

# Summary of findings

## Background to the service

### Information about the service

Provide Community Interest Company (CIC) provides community inpatient services for the population of Mid Essex. The majority of patients are admitted from neighbouring acute hospitals with a smaller number of patients admitted from their own homes via their GPs.

Inpatient services are provided at three community hospital locations, Braintree Community Hospital, Halstead Community Hospital and St Peter's Community Hospital.

At Braintree Community Hospital, there are 24 inpatient beds on Courtauld Ward. These are used for rehabilitation or admission avoidance preventing patients from being admitted to the local acute hospital, and end of life care. In addition, there are two-day case beds. A minor operations service was carried out four days a week, which undertakes a range of minor surgical procedures under local anaesthetic, such as removal of superficial skin lesions. There is a podiatric surgery service offered two afternoons a week. This is run in association with the local acute trust who provide the pre and post-operative nursing care and the operating theatre.

At Halstead Community Hospital, the ward has 20 inpatient beds, which are used for rehabilitation, admission avoidance, and end of life care and more recently for the rehabilitation of patients who are unable to weight bear (stand).

At St Peter's Community Hospital, the ward usually has 26 inpatient beds. Fourteen of which are used for rehabilitation, admission avoidance and end of life care and 12 for specialist stroke rehabilitation. However, at the time of inspection four rehabilitation beds were closed due to reduced numbers of nursing staff.

The wards are nurse led with input from rehabilitation specialists including physiotherapists, occupational therapists (OTs). GPs and visiting consultant specialists provide medical care.

During our inspection, we visited all three inpatient wards as well as the minor operations and podiatric surgery services. At the time of our inspection there were no minor operations planned for that day. We spoke with 29 patients, two relatives and 38 staff. These included service leads, nurses, health care assistants, occupational therapists, physiotherapists, administrative and housekeeping staff. We also spoke with five non-trust staff. We observed interactions between patients, relatives and staff. We considered the environment and looked at 11 patient records.

## Our inspection team

Our inspection team was led by: Carolyn Jenkinson, Head of Hospital Inspection, Care Quality Commission

**Team Leader:** Simon Brown, Interim inspection manager, Care Quality Commission

The team included CQC inspectors, inspection managers, an inspection planner and a variety of specialists

including: paediatrics and child health professionals, specialist nurses, community matron, safeguarding lead, director of nursing, physiotherapist and a strategic lead for equality and diversity.

The team also included three experts called Experts by Experience. These were people who had experience as patients or users of some of the types of services provided by the organisation.

# Summary of findings

## Why we carried out this inspection

We inspected this core service as part of our comprehensive independent community health services inspection programme.

## How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

Before visiting, we reviewed a range of information we hold about the core service and asked other

organisations to share what they knew. We carried out an announced visit on 12-15 December 2016. Prior to the inspection, we held focus groups with a range of staff who worked within the service, such as nurses, therapists and administration staff. During the inspection, we talked with staff and people who use services. We observed how people were being cared for, talked with carers and/or family members and reviewed care or treatment records of people who use services.

## What people who use the provider say

- All patients we spoke with were overwhelmingly positive about the care and treatment they had experienced.
- Patients told us staff were kind and friendly, responded quickly to their needs and that nothing was too much trouble for the staff. They said staff showed consideration at all times, and took time to provide care so patients did not feel rushed.
- Patients were treated with dignity and interactions we observed between patients and staff were consistently respectful and compassionate, with staff taking time to support, listen and reassure.
- Staff kept patients, and those close to them, fully informed about their care and treatment.
- Feedback from the organisation's patient experience survey was positive.
- The Friends and Family Test (FFT) asks patients how likely they are to recommend the services in the event that a friend or a member of their family needed similar care or treatment. From 1 January 2015 to 31 December 2015, 719 patients completed the survey; on average 96.3% of these would recommend the in-patients wards.

## Good practice

- The organisation was participating in the NHS England Improvement programme called the Emergency Care Improvement Programme (ECIP), in order to review order to maximise the flow of patients through the community inpatient hospitals to ensure patients were received timely and safe care in the appropriate place.
- At Courtauld Ward, we observed staff arranging for a packed lunch, bread and milk to be sent home with a patient who was being discharged that day.
- The ward matron at St Peter's Ward had developed 'The Big 4'. This was tool used to provide a focus for staff and prioritised the education and training that was needed.

# Summary of findings

## Areas for improvement

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

### Action the provider should take to improve

- The provider should ensure that all staff undertake mandatory infection control training,
- The provider should ensure staff at Courtauld Ward receive Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training.
- The provider should ensure all staff on St Peter's Ward have an annual appraisal.
- The provider should ensure hand wash basins in the patients' rooms at St Peter's Ward are compliant with regulations set out in the Health Building Note (HBN) 00-09 Infection Control in the Built Environment.
- The provider should continue to take actions to ensure that apology letters are sent to patients and families when things go wrong with their care and treatment in line with the duty of candour regulation.
- The provider should continue to take action to ensure that staff record patients' observations and national early warning scores (NEWS) appropriately and the correct escalation is followed.



# Provide Community Interest Company Community health inpatient services

## Detailed findings from this inspection

Good 

## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

We rated safe as good, because:

- There was a good culture of incident reporting and evidence that lessons were learnt from incidents in order to improve patient safety.
- Safety performance, such as falls and pressure ulcers, was monitored monthly.
- Staff had received appropriate safeguarding training and were aware of their responsibility to safeguard patients from abuse.
- Equipment, including resuscitation equipment, was readily available. There was a system in place for the repair, servicing and maintenance of medical equipment.
- Patients' care records were complete, up to date and stored securely.
- Clinical risk assessments, such as risk assessments for falls, were carried out for patients and steps taken to reduce risks.
- The organisation was addressing the vacancies within the nursing establishment and had taken action to reduce the risk.

However:

- Formal apology letters had not always been sent, in line with the duty of candour regulation, to patients and families when things had gone wrong with their care and treatment.
- Patients' observations and national early warning scores (NEWS) were not always recorded appropriately and the correct escalation was not always followed in line with the organisation policy, this did not put patients at significant risk as they were deemed fit. The service was taking steps to address this and local audits showed signs of improvement.
- Hand wash basins in the patients' rooms at St Peter's Ward were not compliant with regulations set out in the Health Building Note (HBN) 00-09 Infection Control in the Built Environment.

### Detailed findings

#### Safety performance

- The community inpatients services participated in the NHS safety thermometer programme which is a national improvement tool for measuring, monitoring and

## Are services safe?

analysing patient harms and 'harm free care'. Data is collected on a specific day each month to indicate performance in four key safety areas, which are new pressure ulcers, catheter associated urinary tract infections, venous thromboembolism (or formation of blood clots in the vein) and falls. We reviewed the NHS safety thermometer programme results for the three inpatient wards and saw wards did not constantly input information. From June 2016 to November 2016, Courtauld Ward submitted data for four of the six months, and on average 83% of patients received harm free care. Halstead Ward submitted data for four of the six months; on average 97% of patients received harm free care. St Peter's Ward submitted data for three of the six months, and on average 92% of patients received harm free care.

- The service consistently monitored the total number of falls and pressure ulcers every month for each ward and reported this information to the organisation's quality and safety board bimonthly.
- Between April 2015 to March 2016, there were no avoidable pressure ulcers acquired within the inpatient wards. There were, however, 75 falls across the three inpatient wards. Two of these resulted in moderate or severe harm. Actions had been put in place to reduce the number of falls.
- We reviewed data presented to the organisation's quality and safety board for August and September 2016, and saw there were no avoidable pressure ulcers acquired. For the same period, there were 26 falls across the three inpatient wards, 11 resulting in no harm and 15 in minor harm.

### Incident reporting, learning and improvement

- There were no never events reported between 2 October 2015 and 26 August 2016. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Staff reported incidents through an electronic reporting system. Without exception, all staff we spoke with understood their responsibilities to raise concerns and report incidents and near misses. Staff said they were encouraged to report incidents, and said they received feedback. Staff we spoke with could give us examples of recent incidents they had reported.

- The organisation reported 16 serious incidents (SIs) between 2 October 2015 and 26 August 2016. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Of the 16 SIs, three occurred at Braintree Community Hospital and two occurred at St Peter's Community Hospital. Two of these incidents related to staff failing to respond to a patient's deteriorating condition. Since August 2016, a further SI was reported; this was an outbreak of *Clostridium difficile* (*C. difficile*). *C. difficile* is a bacterium that can infect a person's bowels. It is commonly associated with people who have had courses of antibiotics but can also be easily transmitted to other people.
- Staff completed comprehensive root cause analysis (RCA) investigations on all SIs, to help determine the cause and help prevent reoccurrence. We reviewed the RCA from four SIs and saw the service had completed the process in line with the National Patient Safety Agency (NPSA) guidance and appropriate action plans had been developed, which had been reviewed and updated. There was evidence, such as minutes from ward meetings, that demonstrated learning from the SIs had been shared with all staff. Staff we spoke with could describe the actions that had been taken to prevent reoccurrence of incidences from both their own and the other community hospitals.
- All SIs were discussed at the organisation's serious incident review group and reported to the organisation's quality and safety board.

### Duty of Candour

- 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 and apologise to patients (or other relevant persons) if there have been mistakes in their care that have led to moderate or significant harm.
- Although staff had not received any formal training in duty of candour, they had knowledge and understanding of the need to be open and honest with patients and their relatives.
- Senior leaders were aware of need to send formal apology letters to patient and families and acknowledged this was an area they needed to improve on. We reviewed four SIs reports and found no apology

## Are services safe?

letter had been sent out to the patient or their families; however, we saw a documented account of a verbal apology that had been given to one patient and their family.

### Safeguarding

- The organisation had a safeguarding policy in place and safeguarding training was mandatory for all staff.
- Staff received level one and level two safeguarding of vulnerable adults training as part of their mandatory training. As of December 2016, all staff on the community inpatient wards had completed level one training. All staff on Courtauld Ward and St Peter's Ward and 96% of staff at Halstead Ward had completed level two training.
- Staff also undertook domestic violence training. Compliance rates with this training ranged from 96-100%.
- Staff had a good understanding of safeguarding and could describe the actions they would take if they suspected a patient required safeguarding.
- The organisation had a safeguarding team, members of which were visible on the ward. Staff confirmed they provided advice and support when needed. A member of the safeguarding team often attended the weekly multidisciplinary team meetings on each of the inpatient wards where staff discussed the care and treatment of all patients.

### Medicines

- Pharmacy provision was provided by the local acute trust. The inpatient wards had weekly visits from pharmacy staff who reviewed all patients' medicine charts. All medicines, including controlled drugs (CDs) were kept securely. CDs are medicines that need extra secure storage and recording
- Staff were required to perform daily checks of CDs. Staff consistently completed these at Courtauld Ward and Halstead Ward. However, at St Peter's checking was less consistent. From 1 October to 14 December 2016, there were 21 days when staff had not recorded CD checks.
- On all three wards, staff recorded patient's own supply of CDs in a separate book so that these were not confused with the wards supply of CD medicines. CD order books were all stored appropriately in the CD cupboard in line with the local policy as these items are considered as controlled stationery. This prevented them from being used inappropriately/abused.

- Courtauld Ward kept a supply of FP10 prescription pads, which are prescriptions pads that a doctor would write a prescription for medicines. These were used on the rare occasion that a doctor prescribed a medicine out of the normal opening hours of the acute trust pharmacy. Using the FP10, meant staff could obtain the medicine from a local chemist. The organisation's policy stated it is good practice to record the serial numbers of all prescriptions used, however, this had not been done. We escalated this to a senior nurse and saw by the end of our inspection this had been rectified.
- Staff were required to check daily the temperatures of medicine fridges to ensure medicines requiring storage between two and eight degrees centigrade were stored appropriately. The temperatures of all medicine fridges were in acceptable ranges and we saw evidence of daily checking at Courtauld Ward and Halstead Ward. However, at St Peter's checking was less consistent. From 1 October to 14 December 2016, there were nine days when staff had not recorded fridge temperatures.
- We reviewed four medicine charts and saw these were legible, staff had completed the charts appropriately, allergies were noted and all medicines had been given as prescribed.
- Allergies were identified on the patient medication record and patients who had allergies wore a red wristband to alert staff.
- We observed staff administering medicines in line with national guidance, which included checking the identity of patients before administration.
- There was a policy in place to allow patients to administer their own medicines. This is important because patients should be encouraged to be as independent as possible and where appropriate manage their own medicines on rehabilitation wards. Of the four medicine charts we reviewed, we saw one patient was administering their own medicines in line with this policy, and this had been documented appropriately.

### Environment and equipment

- All of the wards had restricted access using a pass system. Visitors wishing to visit the wards used a buzzer system and staff would have to let people in. This meant there was a controlled access in and out of the wards, which kept patients safe.

## Are services safe?

- Gymnasiums were available to support the patients' rehabilitation and occupational therapist (OT) kitchens were available for OTs to assess and support patients with kitchen skills. All wards had a day room, which patients could use to eat meals and socialise.
- Clinical and domestic waste was correctly segregated and waste bins met national guidance.
- Resuscitation equipment was standardised throughout the three wards and was readily available for staff to use in the event of an emergency. Staff checked this equipment daily, to ensure it was always ready for use. However, at Halstead Ward we saw the emergency oxygen cylinder had expired. We escalated this to a senior nurse and staff replaced this immediately.
- Equipment, such as hoists, was available for staff to use for safe moving and handling of patients, as well as equipment to support patients with standing and walking practice.
- Equipment was available such as pressure reducing mattress and cushions to use for those patients at risk of pressure ulcers. All wards had access to sensor equipment, which was used appropriately to detect movement in patients who were at high risk of falls.
- There was a system for the repair, servicing and maintenance of medical equipment. We checked 32 different pieces of medical equipment and found them to be in date with routine servicing and evidence that electrical testing had been performed, if required. However, we saw two hoists where written information on the service sticker had faded and one set of patient weighing scales that required calibration.

### Quality of records

- Patients' records were paper-based records and were stored securely in trolleys. Patients' clinical risk assessments and care plans were located at the end of the bed along with observation charts and food and fluid charts.
- We reviewed 11 sets of records and found them to be accurate, complete, up to date and legible.
- We saw evidence of thorough clinical risk assessments, which included for example, nutrition assessments, falls risk assessments, moving and handling assessments and pressure ulcer risk assessments. These were completed in a timely manner following the patients admission Therapy assessments had been completed and goals set appropriately.

- Staff used a printed nursing care plan booklet for each patient, which they annotated appropriately to reflect the individual needs of the patient.
- The organisation undertook a yearly audit of records, and shared this information with us. However, this information was not detailed enough to provide results for the individual wards.

### Cleanliness, infection control and hygiene

- The organisation had an infection prevention and control (IPC) policy and isolation policy in order to reduce the risk of infections to patients.
- Staff were bare below the elbows which is good practice and enables appropriate hand washing. We saw staff clean their hands and use hand gel prior to and after care was given, use gloves and aprons appropriately and clean reusable equipment.
- Side rooms were available on all three inpatient wards and staff used these for known or suspected infectious patients. We saw two infectious patient being cared for appropriately in this way during our inspection.
- There had been no MRSA bacteraemias since April 2015. MRSA is a type of bacterial infection and is resistant to many antibiotics.
- Since April 2015, there had been one outbreak of C. difficile. This outbreak occurred on St Peter's Ward whilst it was relocated at a different hospital to allow for refurbishment work to be undertaken at St Peter's Ward. Following this incident, a comprehensive root cause analysis (RCA) was carried out to determine the cause and help prevent reoccurrence. We saw a robust action plan had been developed and implemented as a result and staff across the three inpatient hospital wards were able to describe the actions that had been taken as a result.
- There were link nurses for IPC. These were ward-based nurses who meet regularly with the IPC team to receive more in-depth knowledge and information and then acted as a resource for the ward staff. We spoke with one IPC link nurse who confirmed they attended monthly meetings with the IPC team and undertook regular IPC audits such as handwashing audits on the ward.
- The organisation monitored IPC practices, for example compliance with hand hygiene, on the infection prevention dashboard. Information from the dashboard was reported at the organisation infection prevention

## Are services safe?

committee each month. We reviewed this information from June to November 2016 for Halstead Ward and saw there was 100% hand hygiene and 100% of patients received MRSA screening.

- All staff were required to complete mandatory IPC training. All staff had received this on Courtauld Ward. All non-clinical staff and 86% of clinical staff had completed this at Halstead Ward. On St Peter's Ward 88% of clinical staff and 50% of non clinical staff had completed this training.
- All areas were visibly clean and tidy.
- Hand washbasins in the patients' rooms at St Peter's Ward were not compliant with regulations set out in the Health Building Note (HBN) 00-09 Infection Control in the Built Environment. The basins were small, had overflow outlets and separate taps that needed to be operated by hand.

### Mandatory training

- Mandatory training consisted of topics such as basic fire safety, moving and handling, IPC, conflict resolution, health and safety and information governance.
- The organisation's target of compliance for mandatory training was 95%. For Courtauld Ward, the average compliance across all mandatory topics was 96%. At Halstead Ward, it was 93% and at St Peter's Ward, it was 95%.
- All staff had received training in basic life support.

### Assessing and responding to patient risk

- All patients had observations completed at least once per day. Staff completed the national early warning score (NEWS) assessment to identify if a patient's condition was changing or deteriorating. The NEWS system supported staff to recognise and respond to deterioration and to take appropriate action. The NEWS and related escalation procedures were clearly printed on the observation chart.
- The organisation used a sepsis early recognition tool (SERT) to identify those patients who were at risk of sepsis. This was also printed on the observation chart, so staff could easily refer to this as needed.
- We reviewed the observation charts of six patients, and saw three had been completed accurately. For the remaining three patients, staff should have performed observations six hourly, however they had been

recorded less frequently. This was not in line with organisation policy, however we did not see that this had put the patients at significant risk of avoidable harm.

- The organisation audited compliance with the NEWS every three months. We reviewed these results for July and October 2016, and saw patients' observations and national early warning scores (NEWS) were not always recorded appropriately and the correct escalation was not always followed. However, the service was taking steps to address this and local audits were showing signs of improvement.
- Senior nurses were aware that further education and training was required to ensure that nurses responded correctly to escalation procedures. There was a clinical facilitator, whose focus was to increase awareness of and compliance with performing observations, calculating NEWS and following escalation procedures.
- The ward matron from St Peter's Ward had a 'Big 4', which were four priorities that staff needed to focus on to make improvements. One of the Big 4 was improving compliance with performing observations, calculating NEWS and following escalation procedures.
- Staff routinely performed clinical risk assessment to determine the patient's level of risk. Risk assessments included, for example, pressure ulcers, falls and venous thromboembolism (VTE) which is a formation of blood clots in the veins.
- Staff monitored, every month, the number of patients who received risk assessments. We reviewed this information for all three inpatient wards and saw from April to December 2016, an average of 99% of patients received a falls, a VTE and a pressure ulcer risk assessment.
- If staff identified patients at risk, they implemented care to reduce that risk. For example, if patients were at risk of falls, they were cared for in a room that was near to the nurse's station so that staff could monitor them more closely. Movement sensors would be used appropriately to alert staff if patients were about to stand or move unattended. Staff told us low beds were also available and if patients were very high risk of falling, they would consider one-to-one nursing.
- Therapy staff assessed all patients within 24 hours of admission to the wards. Staff wrote patient's mobility requirements on boards behind the patient's bed and could refer to this easily to enable safe mobilisation, and reduced the risk of patient falls.



## Are services safe?

- Staff recorded any alerts or risks on the electronic handover sheet, which was printed off and used by all members of the multidisciplinary team.
- We saw evidence of completion of intentional care rounds records. These demonstrated staff had made regular checks on patients to ensure they were comfortable, had a drink or required the bathroom.
- Whilst at St Peter's Ward, the emergency buzzer sounded and we saw staff respond quickly and calmly.
- Within minor operations service, staff followed the nationally recognised five steps to safer surgery checklist. Staff used a document based on the World Health Organisation (WHO) safety procedures to ensure each stage of the patient treatment within minor operations was managed safely. We reviewed the checklists of two patients who had attended the previous day and saw staff had competed both appropriately.
- In order to reduce the risk at St Peter's four rehabilitation beds had been closed. At the time of inspection, the number of RN vacancies had reduced to six WTE. The ward matron reviewed staffing, skill mix and patient dependency daily and allocated staff accordingly to ensure safety.
- Staffing levels were monitored every month and reported to the board bimonthly. We reviewed reports that were presented at meetings in May and July 2016 and saw staffing numbers; vacancies, sickness and agency usage had been reviewed and discussed, along with the impact on patient care. For April and May 2016, an average of 96% of shifts at Halstead Ward and 95% at St Peter's Ward were staffed correctly. At Courtauld Ward, in April 2016, 96% of shifts were staffed correctly; however, this fell to 77% in May 2016. This was due to the increased number of nurses required to provide one-one care for patients.
- Medical cover for the three hospitals was provided by the GPs for local surgeries. At Courtauld and Halstead wards, the GP visited the ward twice a day and reviewed all patients once a week during a ward round. At St Peter's Ward, the GP attended once a day. In addition, a specialist elderly care consultant, employed by the local trust, attended Halstead and Courtauld Wards one afternoon and visited St Peter's twice a week. At St Peter's a specialist stroke consultant attended twice a week, once to participate in the multi-disciplinary team (MDT) meeting where all stroke patients were discussed and once to undertake a ward round, to review all stroke patients. Weekend medical cover was provided by an out of hour's service.
- Physiotherapists and occupational therapists were available from Monday to Friday. Staff told us from February 2016, a volunteer therapist would be available over the weekend. These volunteers had been trained by the therapy team and could sit with and encourage patients to perform their chair based exercises.

### Staffing levels and caseload

- As of 30 July 2016, the provider told us there were 17.4 whole time equivalent (WTE) registered nurse (RN) vacancies across the three-inpatient hospitals. The majority (13.4WTE) of these were at St Peter's Ward.
- Shifts were planned so there was a minimum of two RNs each shift. On Courtauld Ward, there were three RN for 26 patients. At Halstead Ward, there were three RNs for 20 patients. At St Peter's Ward, there were two RN for 20 patients, however due to the structure of the ward, one RN would care for eight rehabilitation patients and one RN would care for 12 stroke patients.
- All wards displayed their actual and planned staffing numbers at the entrance to the wards. All wards met the planned staffing numbers during our inspection.
- RN vacancies were on the organisation's risk register and leaders were taking steps to address shortfalls. Staff could move from one hospital to another to provide cover and shortfalls in staffing covered by agency nurses. Senior leaders told us they were actively recruiting RN staff. Health care assistants (HCA) were supported to complete a foundation degree, which would allow them to apply for RN training. The organisation had recently worked with the local NHS trust to provide a rotational post for RNs, so they could gain experience of acute NHS and community nursing, however these had not been recruited at the time of our inspection.

### Managing anticipated risks

- Most staff (97%) had received fire training, although two staff mentioned they would like more specific training based in their own wards.
- Staff told us they had regular meetings with the senior team to discuss winter management plans.
- Staff could give examples of actions to be taken if there was a power cut, for example, or if an infection outbreak occurred.

## Are services safe?

- Staff were encouraged to have flu vaccines to keep them well throughout winter and to reduce the risk of staff sickness.

# 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:

- Staff provided care that was evidence based and reflected national guidance.
- Patients' pain was well managed.
- Patients had their nutrition and hydration needs assessed and met, however protected mealtimes were not implemented fully.
- There was a programme for audit and patient outcomes were measured. Generally, these outcomes were positive.
- Staff education and professional development was supported and they had taken part in regular clinical supervision.
- Effective multidisciplinary working supported coordinated care delivery.
- Clear processes were in place for the admission and discharge of patients.
- Patients' consent was sought before care was given and staff applied the Mental Capacity Act and Deprivation of Liberty Safeguards appropriately.

However,

- Less than half of the staff on St Peter's Ward had received an appraisal, but this as being addressed by the newly appointed matron.
- Not all staff at Courtauld Ward had received Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training

## Detailed findings

### Evidence based care and treatment

- Staff completed comprehensive risk assessments on all patients and all patients had a pre-printed care plan booklet, which staff annotated to ensure the plan reflected the patient's individual needs.
- The care staff provided was evidence based and reflected national guidance. For example, risk

assessments and care implemented for patients who were at risk of falls and pressure ulcers were in line with National Institute for Health and Care Excellence (NICE) guidelines.

- Care provided to stroke patients reflected the Royal College of Physicians (2016) National Clinical Guideline for Stroke, and the NICE Clinical Guideline CG162.
- In minor operations, staff used the World Health Organisation (WHO) safe surgery checklist. This is recognised as best practice and aims to reduce the risk to patients who are having surgery.

### Pain relief

- Without exception, all patients we spoke with told us staff asked if they were comfortable and if they had any pain. They told us staff offered pain-relieving medicines regularly and did all they could to control their pain.
- We observed registered nurses (RN) during medicine rounds consistently asking patients if they required any pain relieving medicines.
- We observe the pain control of one particular patient being discussed at the multi-disciplinary team (MDT) meeting. This patient had been experiencing particular problems so the MDT agreed to refer this patient to a specialist pain clinic for further advice and support.
- We observed staff seeking further advice from medical staff, for one patient who was still experiencing pain despite having their prescribed pain relieving medicines.

### Nutrition and hydration

- All patients were assessed for their risk of malnutrition using a nationally recognised tool and had their dietary needs documented.
- For those patients who required specialist input, dietitians and speech and language therapist were available.
- Meals at Courtauld Ward were cooked on site and provided by the local trust. Staff from the local trust, also served the meals to patients. At Halstead and Braintree frozen food was reheated in specialist ovens in the ward area and then served to patients. Provide staff delivered this service.



# Are services effective?

- All wards had protected mealtimes, which allowed patients to eat their meals without unnecessary interruption and for staff to focus on assisting those patients unable to eat independently.
- However, we observed a lunchtime meal on Courtauld Ward and saw patients were interrupted by staff who were giving out medicines. No ward staff were involved with the meal service, although the food service staff from the local trust did confirm if a patient required help, ward staff would provide this. This was supported by the results of the organisation's patient experience survey for January to December 2015, which showed of the 169 patients on Courtauld Ward who needed assistance to eat, 98% of them said they received it. Although there was a dining room at Courtauld Ward, all patients remained at their bedsides to eat their meals.
- We observed the lunchtime meal at Halstead Ward. Patients were encouraged to use the dining room and sat in small groups around tables, which provided a social environment for eating. Staff ensured patients had access to condiments, offered second helpings and provided help to cut up food if needed. However, we saw staff interrupting patients to give medicines.
- In the ward kitchens there were wipe boards, which staff used to communicate individual patient's requirements. We saw recorded, for example, those patients who required a special diet or if patients required a red tray. Red trays were used to help staff identify which patients need extra attention when eating.
- All of the patients we spoke with were complimentary about the choice, amounts and quality of food that they were offered.
- We observed staff arranging for a packed lunch, bread and milk to be sent home with a patient who was being discharged that day.
- Patient information leaflets were available across all three wards, which advised patients the importance of preventing dehydration. At St Peter's Ward, patients who had suffered a stroke were encouraged to sit in the day room during the day to assist rehabilitation. There was a variety of juices and water available here and we saw staff encouraging patients to have drinks.

## Technology and telemedicine

- We saw plans for therapy staff within the stroke service to introduce electronic hand held devices. These would be used to allow patients to use programmes to support therapy and to assist staff achieving more treatments.

## Patient outcomes

- The organisation had a clear audit programme, which was monitored by the audit committee.
- We reviewed the audit programme for 2016/17, which was under development, but saw proposed audits, for example, audit of deteriorating patients and compliance with the duty of candour regulation.
- Physiotherapy staff measured patient outcomes using the elderly mobility score (EMS). We reviewed these scores for Courtauld Ward for October 2016 and saw EMS scores had been completed for 85% of the patients. All 85% of patients had an improved score by the time of their discharge. At Halstead Ward, we reviewed the EMS for 12 patients in November 2016 and saw scores had improved for 10 and had stayed the same for two.
- Within the stroke service, staff used the Berg Balance Scale and the Barthel Index, which are nationally recognised tools to measure patient outcome and demonstrate improvements.
- The stroke service contributed to the Sentinel Stroke National Audit Programme (SSNAP). This audit measures the quality of care stroke patients receive throughout the whole care pathway. However, leaders within the stroke service felt there were errors in the way the acute hospital were inputting the data, which then in turn reflected poor results. Senior leaders within the stroke team were meeting with staff from the acute trust in order to address this. The stroke service therefore monitored outcomes at a local level as well. The results from April to July 2016 showed that out of 81 patients, 30 patients had improved and 51 had stayed the same.

## Competent staff

- The organisation's target for appraisals was 95%. Rates for staff at Courtauld and Halstead wards were 100%. At St Peter's Ward, appraisal rates were 40%, however the ward matron was working to address this. Staff said appraisals were meaningful and we reviewed one appraisal document, which had been fully completed.
- All staff had clinical supervision four times a year; staff told us they had protected time to attend these sessions. Information from the organisation showed 98% of all Provide staff had completed some clinical supervision, with 81% of these staff having access clinical supervision four or more times in the past year.

## Are services effective?

- The organisation had provided support for registered nursing staff on revalidation with the nursing and midwifery council. Revalidation is the process all nurses complete to renew their nursing registrations and continue practising.
- A new role of clinical facilitator had been introduced to the inpatient wards; this was a senior nurse who provided education and training in the clinical area. Staff we spoke with said the clinical facilitator was visible and able to support training.
- Staff told us they were supported to seek out additional training to develop professionally. They gave examples of dementia training and tissue viability training they had recently completed.
- Healthcare assistants (HCA) completed the care certificate and had their competence assessed before performing clinical tasks. The care certificate is government requirement to ensure HCA have the fundamental skills in order to provide safe and compassionate care.
- As a results of an investigation into a serious incident (SI) staff were now required to undergo acute life-threatening events--recognition and treatment (ALERT) training. This course supported staff in recognising patient deterioration and act appropriately in treating the acutely unwell patient. On average 77% of staff across the inpatients, wards had completed this.
- Patients were referred to the inpatient wards from the local acute trust through the community assessment service (CAS). There was a clear standard operating procedure (SOP) which identified the process for the referral and transfer of patients from the acute hospital for rehabilitation.
- Staff from the CAS assessed the patient in the acute ward and if suitable, the aim was to transfer the patient within 48 hours of referral. Patients were admitted to the community ward between 9am and 8pm. We did not have any concerns with the provider meeting this 48 hour target.
- Referrals were accepted from out of area hospitals, as long as the patient was registered with a GP in the Mid Essex area.
- If the patient's condition changed and required care and treatment that could not be provided by the inpatient wards, staff would transfer patients to the acute hospital. Staff we spoke with were familiar with this process and said they would be able to keep the patient's bed available for 48 hours if they thought it was likely for the patient to return in this time.
- Estimated discharge dates were identified early during the patient's admission and this was recorded on electronic handover sheets, which was printed off and used by all members of the MDT.
- There was a discharge coordinator who worked closely with the MDT to ensure the patient was ready for discharge, and liaise with members of the community team to make sure that all aspects of the care package were in place prior to leaving the ward.
- The organisation monitored, each month, the number of patient discharges that were delayed. From November 2015 to October 2016, on average 30% of patient had their discharge delayed. Staff we spoke with said delays often occurred due to external factors such as waits for social care.
- If required, therapy staff would perform a home visit prior to discharge with patients in order to assess the patient in their own home and identify if the patient would benefit from any adaptations or equipment to support them.
- We saw therapy staff supporting the community staff caring for a patient following their discharge from the community hospital.

### Multi-disciplinary working and coordinated care pathways

- We observed effective multidisciplinary team (MDT) working throughout the whole inpatient service. The staff we spoke with had a good understanding of each other's roles, valued, and respected the contribution each other made.
- In all three wards, MDT team meetings occurred weekly and were attended by doctors, nurses, occupational therapists, physiotherapist, psychologists, social workers and the discharge planner. We observed the MDT meeting at Courtauld Ward and saw effective MDT working.
- The inpatient wards had access to additional members of the MDT, which included for example, speech and language therapists, dietitians, heart failure nurses and safeguarding specialists.

### Referral, transfer, discharge and transition

## Are services effective?

- On discharge, staff sent a discharge letter either electronically or by secure fax to the patient's GP and to community services if required. Staff also gave a copy of the discharge letter to the patient.

### Access to information

- The inpatient wards used paper-based records. Patient records were kept securely in a central area of the ward, accessible to staff. Nursing care plans, clinical risk assessment and observations were kept at the bottom of patient beds. This meant staff had information to hand in order to provide care.
- Patients who were transferred to Courtauld and St. Peter's Wards, from the acute trust, were accompanied by their records. A copy of the patient records was sent to patients who were transferred to Halstead Ward. This meant patient information was shared appropriately and in a timely manner.
- Staff had access to electronic systems that the acute trust used so could access relevant information such as blood test results and view x-rays.

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

- All staff on Halstead and St Peter's wards had received Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. On Courtauld Ward, 67% of staff had received this training.
- The organisation had a policy, which identified the roles and responsibilities of staff in order to safeguard patients from un-necessary or inappropriate deprivation of their liberty. Staff we spoke they were aware of this and the process for applying for DoLS. From speaking with staff, it was clear applications for DoLS were made on an individual patient basis.
- Staff had a good level of knowledge about the MCA and could give examples of when then had needed to complete mental capacity assessment for patients. We reviewed the records of one patient who lacked capacity and saw mental capacity assessments and best interest decisions recorded appropriately for aspects of care such as administration of medication and personal care.
- The organisation had a safeguarding team; members of which were visible on the ward. Staff confirmed they were able to provide help and support when needed and would often attend the weekly MDT meetings. The safeguarding team reviewed all MCA assessments and DoLS applications.
- We saw evidence of staff obtaining verbal consent before care was delivered. For example, we observed a staff member asking for the patient's consent to complete a blood pressure observation.
- Therapists recorded in the patient's record that consent for treatment had been obtained prior to each session.
- We reviewed two consent forms for patient who had undergone surgery in minor operations and saw these had been completed appropriately.

# Are services caring?

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

## Summary

We rated caring as good, because:

- All patients we spoke with were overwhelmingly positive about the care and treatment they had experienced.
- Patients told us that staff were kind and friendly, responded quickly to their needs and that nothing was too much trouble for the staff.
- Patients were treated with dignity and interactions we observed between patients and staff were consistently respectful and compassionate, with staff taking time to support, listen and reassure.
- Staff kept patients, and those close to them, fully informed about their care and treatment.
- Feedback from the organisation's patient experience survey was positive.

## Detailed findings

### Compassionate care

- During our inspection, we spoke with 29 patients and two relatives about their experience within the service. All patients reported positive experiences about their care and told us how happy they were with the way staff treated them. Comments made by patients included the words such as magnificent, brilliant, helpful and friendly.
- We also received feedback from 44 patients who had completed 'tell us about your care' comment cards. All were positive about the care they had received in the inpatients wards, many reporting staff were caring and compassionate.
- The organisation asked patients to complete a patient experience survey prior to their discharge from the wards. At the end of each year, the organisation collated this information in to a report; we reviewed this report for 2015. The patient experience survey included the Friends and Family Test (FFT) question, which asks patients how likely they are to recommend the services in the event that a friend or a member of their family needed similar care or treatment. From 1 January 2015 to 31 December 2015, 719 patients completed the survey; on average 96.3% of these would recommend the in-patients' wards.

- Patients told us staff maintained their privacy and dignity at all times when they were providing care. During our inspection, we observed staff maintaining patient's privacy and dignity whilst providing care by closing the curtains around their beds and closing doors to bathrooms. The patient experience survey from 1 January 2015 to 31 December 2015, showed on average 99% of patients felt they had been given enough privacy when being treated or examined. However, the Patient-Led Assessments of the Care Environment (PLACE) results from 2016 showed the inpatient wards achieved an average of 76.5% for their privacy and dignity assessment, which was below the national average of 84.2%.
- Staff treated patients with respect. This was supported by results of patient experience survey from 1 January 2015 to 31 December 2015, which showed on average 99% of patients said they were treated with respect and dignity.
- Patients continuously told us the staff were very quick to respond to their needs including if they were in pain or needed general assistance. Patients told us and we observed staff answering the call bells promptly.
- Patients told us that staff were kind, showed consideration at all times, and took time to provide care so patients were not rushed. We observed staff approaching patients in a calm and reassuring manner. Results from the patient experience survey from 1 January 2015 to 31 December 2015, showed on average 97% of patients felt they were treated sensitively with kindness and consideration.
- Many patients said they felt part of a family on the wards or they felt they were in a five star hotel. Many patients, we spoke with, said nothing was too much trouble for staff and staff could not do enough for them.
- Staff respected patients' social needs. Within stroke services at St Peter's Ward, patients were encouraged to socialise with other patients during their time on the ward. For example, patients were encouraged to complete activities such as puzzles in the day room together. At Halstead Ward, we observed patients eating their meals in the day room, sitting together in small groups around tables, which provided a social environment for eating.

## Are services caring?

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

- Patients told us they are kept fully informed about their care and treatment, and said that if they had not understood fully what was going on they were happy to ask staff questions. Staff used clear and simple language to explain the care to make sure patients understood what was going to happen.
- We saw nurses and therapy staff taking time to clarify patients' understanding of their care and treatment.
- We observed staff going through the menus with patients for the next day, explaining fully what was available and helping patients to make choices.
- Therapy staff also explained exercises to the patients' relatives so they could help to encourage the patient to undertake these when they were visiting.
- We saw one example of a therapist, who arranged for the patient to attend the gymnasium when the patient's family was able to attend as well, as the patient performed their exercises better if a family member was present.
- Rehabilitation and discharge plans were discussed with families and recorded in the patient records.
- Staff took extra time to speak to patients who had communication difficulties, for example, those patients who had had a stroke. We saw one therapist spend a long time with one patient who was unable to express themselves clearly, in order to ensure they were able to voice their concerns about going home.

- We observed staff providing family members with an update of their relatives' condition. Staff were respectful and supportive, checked relatives had understood what had been said and gave time to answer any questions they may have had.

### Emotional support

- Staff consistently helped patients and those close to them to cope emotionally with their care and treatment.
- Staff supported patients to manage their own health and care and where possible, to maintain independence. We saw examples of therapy staff taking time to support a patient to practice doing up buttons for a patient who was becoming emotionally distressed by this task. Another patient was supported to practice making telephone calls.
- Staff recognised the emotional impact conditions such as strokes had on patients and a psychologist was available to provide psychological care. Staff also signposted patients and their relatives to appropriate organisations following discharge where further support could be accessed if required, for example the Stroke Association.
- We observed staff providing emotional support and reassurance to patients who were upset or distressed by sitting with them and talking to them calmly and reassuringly. We saw one patient who was crying and stated they just wanted a cuddle, so the nurses gave her one. One patient we spoke with explained how staff would leave the light on above their bed at night because it made them feel more secure.

# 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:

- Patients had timely access to minor operations and podiatric surgery.
- Services were designed to provide rehabilitation, admission avoidance and end of life care with clear pathways being available.
- The organisation was participating in the NHS England Improvement programme called the Emergency Care Improvement Programme (ECIP), in order to review order to maximise the flow of patients through the community inpatient hospitals to ensure patients were received timely and safe care in the appropriate place.
- The service had few complaints, with staff being encouraged to resolve complaints and concerns locally.
- Staff had taken actions to improve the care and treatment provided for patients living with dementia.

## Detailed findings

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

- The organisation worked with the local clinical commissioning groups (CCGs) to plan and deliver services across Mid Essex.
- There were clear referral criteria to the pathways provided by the inpatient wards. There was a 12 day admission avoidance pathway for those patients with a short-term medical need, who could be cared for in a community hospital rather than in the local acute trust. The 28-day rehabilitation pathway provided a multidisciplinary (MDT) rehabilitation programme for those patients who had had treatment in the acute trust but needed further rehabilitation in order to return home. The stroke pathway provided MDT rehabilitation for up to six weeks for patients who had a stroke.
- More recently, the organisation had introduced a non-weight bearing pathway at Halstead Ward. This was available for up to six weeks for patient who were unable to weight bear, and provided a structure to the rehabilitation of non-weight bearing patients.

- If staff felt patients would benefit from further rehabilitation in excess of 28 days, they could apply for separate approval from the CCG on an individual case-by-case basis.

### Equality and diversity

- Equality and diversity training was part of the mandatory training programme. Across the three inpatient wards, an average of 99% of staff had received this training.
- Staff had access to a translation service and we saw information containing contact details displayed in staff area. This meant staff could communicate effectively with all patients.
- Staff from black and minority ethnic groups we spoke with told us they were respected.
- Patients had choice of food and drink, which supported them to make choices in line with their religious and cultural needs.
- However, the environment at St Peter's Ward (which was leased from the NHS trust) was not fully wheelchair user friendly. In the bathrooms, soap dispensers and paper towels were not accessible for wheelchair users.

### Meeting the needs of people in vulnerable circumstances

- Across the three inpatient wards, all staff had received training in dementia awareness and on average 96% of staff had undergone further dementia training.
- The Patient-Led Assessments of the Care Environment (PLACE) 2016 audit, looked at how the environment was designed to meet the requirements of a patient living with dementia. On average, the three inpatient wards achieved 78%, which better than the national average of 75%.
- Staff on wards had taken steps to improve the environment so it was more suitable for patients living with dementia. Activities boxes were available for patient living with dementia, which included distraction therapy.
- St Peter's Ward had clear pictorial signage on bathrooms and toilets to aid patients living with dementia or who had cognitive impairments.



# Are services responsive to people's needs?

- Blue crockery was available for patients living with dementia to use. Blue crockery provides contrast between the food and the plate which encourages patients to eat more. There was open visiting for families of patients who were living with dementia and staff supported families to be involved with mealtime care if they wanted.
- Menus were available in pictorial format, to help those patients with cognitive impairment, make meal choices.
- Staff had access to audio listening devices, which were small amplifiers used to support communication with patients with hearing problems.
- Red raised toilet seats were used. As well as raising the height of the toilet to help people get on and off more easily, the red colour allowed people with visual impairment or memory problems to recognise it easily.
- Equipment was available to support the care of bariatric (obese) patients, for example, bariatric wheelchairs armchairs and hoists were available.
- Therapy staff signposted patients on discharge to other support services in the community, such as volunteer and charity organisations. At St Peter's Ward, there were information, advice and support co-ordinators (IASC) from the Stroke Association who provided practical support, such as help with benefits and driving, following discharge.

## Access to the right care at the right time

- The organisation monitored the time taken from referral for patients to have an initial assessment by podiatric surgery. The average time was 51 days, which was significantly better than the national target of 126 days.
- The time taken from referral for patients to have an initial assessment for minor operations, varied from 29 to 54 days depending on the type of operation required. For all operations, this was significantly better than the national target of 126 days.
- The organisation worked in conjunction with the local acute trust. Provide staff were based in the local acute accident and emergency (A&E) department, and worked alongside the acute trust's discharge team and social care teams to prevent unnecessary admissions to the

A&E department. This meant if appropriate, patients would be sent to the frailty unit of the acute trust or straight in to the community hospital beds, rather than to an acute hospital ward.

- Early Supported Discharge (ESD) was available for those patients who had strokes. This meant patients were discharged to their own home, and continued to receive specialist stroke rehabilitation in their own home and not spend unnecessary time in hospital.
- The organisation was participating in the NHS England Improvement programme called the Emergency Care Improvement Programme (ECIP). This programme's aim was to provide practical help and support to urgent and emergency care services. However, the organisation was participating, in order to maximise the flow of patients through the community inpatient hospitals to ensure patients received timely and safe care in the appropriate place. The programme required staff to review each patient's day and identify if it was a 'red' or 'green' day. A red day was when a patient was waiting for an intervention to progress their care, or if they had received care that could have been provided more appropriately elsewhere. Red days delayed the patients' progress and caused patients longer length of stay.

## Learning from complaints and concerns

- From 1 June 2016 to 30 November 2016, inpatient services received nine complaints. Five of these related to the inpatients wards, three to the minor operations service and one to the podiatry surgery service.
- Staff told us they would always try to address complaints informally in the first instance, discussing problems early with patients and their relatives, before they escalated into a full formal complaint.
- Staff discussed complaints and any potential learning at team meetings.
- Patients we spoke with said if they had any concerns they would be happy to discuss with the ward matron. We spoke to two patients told us they had complained to the ward matron and told us their issues had been resolved quickly and to their satisfaction
- Posters were displayed and leaflets were available which provided information to patient on how to complain.

# 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:

- Leadership was effective and staff we spoke with said they were supported by their line managers, who were visible and approachable.
- There was a clear strategy and vision for the service and staff were familiar with the organisation's values.
- There were effective governance arrangements in place to monitor quality, performance and patient safety.
- The organisation sought regular feedback from patients through the patient experience survey.

## Detailed findings

### Service vision and strategy

- Provide Community Interest Company (CIC) vision was to provide a range of outstanding services that care, nurture and empower individuals and communities to live better lives. This was supported by their values of care, innovation and compassion with fun.
- Provide CIC had a clinical strategy for 2016/19 and an operational strategy for 2016/17, to support this vision. Leaders of the service could speak about how they were contributing to these strategies.
- Staff were aware of the vision and could explain, for example, the vision of increasing patient empowerment and the steps needed to meet this.

### Governance, risk management and quality measurement

- There was a clear governance framework. The organisation had a quality and safety committee (QSC) which was a sub-committee of the Board who ensured systems and process were in place to monitor and manage risk and provide quality assurance. We reviewed minutes from these meetings and saw performance such as the number of pressure ulcers and the number of falls were discussed alongside incidents and audits.
- There were clear lines of accountability and staff were aware of processes for cascading information from ward

to board. Ward matrons met monthly with service leads to discuss risk and concerns. From speaking with staff, it was clear that key information regarding incidents and lessons learnt was shared with them.

- There was a process in place for managing risks. Staff identified risks and these were placed on the organisation's risk register. Risks were reported and reviewed by the Board every month. We reviewed the risk management report from July 2016 and saw recruitment pressures in appointing to nursing posts at the community hospitals had been identified.
- Once they had been identified, staff took steps to reduce risks. For example at St Peter's Ward, the provider reduced the number of beds due to the number of nursing vacancies.
- The organisation highlighted St Peter's Ward as one of their 'worry wards'. We spoke to the ward matron at St Peter's Ward, who was relatively new in post, they were aware of the risks on the ward and could talk about the actions they were taking to address these, for example, in order to prioritise the actions needed, the ward matron had created a 'Big 4'.
- The organisation had a programme for clinical audit, which was used to monitor quality of care given.

### Leadership of this service

- Both the chief executive and the executive clinical operations directorate were well known, approachable and respected by staff.
- Local team leadership was effective. Without exception, staff we spoke with said their line managers supported them and local leaders were visible and approachable. Many of the ward based staff reported ward matrons were 'hands on', which they appreciated.

### Culture within this service

- There appeared to be a high level of morale across the service and staff spoke positively about the organisation, whose focus was providing high quality patient care.
- Staff were supportive of each other within and across teams. We saw evidence of effective teamwork, with staff helping each other out.



## Are services well-led?

- Staff said they were proud to work for their team, feeling that all members went out of their ways to help patients. Staff we spoke with told us that caring for patients was the best part of their job.
- Staff reported a positive culture, they felt valued, listened to and able to speak up if they had concerns.
- The newly appointed matron at St Peters Hospital was focused on priorities to improve the ward area.

### Public engagement

- The organisation sought feedback from patients about the service by asking patients to complete a patient experience survey prior to their discharge from the wards. This included the Friends and Family Test (FFT) question, which asks patients how likely they are to recommend the services in the event that a friend or a member of their family needed similar care or treatment. The patient experience survey also asked questions around the cleanliness of the wards and aspects of care such as pain control.
- We saw examples of public engagement events by the stroke services. These included speaking at a public event at a local GP's surgery to raise awareness of stroke and the care available at St Peter's Ward. Staff ran stroke awareness events in the local market area, where they performed people's blood pressure and gave advice to seek further medical attention if needed.
- Following feedback from patients, the stroke service planned to start a secondary prevention clinic from January 2017. We saw evidence of these plans, which aimed to provide patients information regarding a healthy lifestyle to reduce the likelihood of having another stroke.

### Staff engagement

- The organisation was owned by its employees and every employee was given the opportunity to become an owner of the company for just £1. As an owner they had a say in the future direction of the company
- The organisation used an annual staff survey to gain feedback from the staff. Results from the 2015 annual

staff survey showed improvements from the previous year, in 22 of the 25 questions asked. The results showed 71% of staff would recommend it as a place to work; this compared to an average of 55% for NHS community trusts.

- We saw teams held regular team meetings and we reviewed the minutes of these. This meant there were opportunities for staff to meet formally to discuss issues relevant to the running and development of their service. On Courtauld Ward, the ward matron displayed the agenda on a notice board and invited staff to add items they wanted to discuss.
- All staff we spoke with felt they had a voice and felt they were listened to.
- Provide CIC recognised outstanding achievement of its staff at their annual award ceremony. In April 2016, the Halstead Ward team won the gold care and compassion award and a member of staff at Braintree Hospital won the infection and prevention link practitioner award.

### Innovation, improvement and sustainability

- The organisation was participating in the NHS England Improvement programme called the Emergency Care Improvement Programme (ECIP), in order to review order to maximise the flow of patients through the community inpatient hospitals to ensure patients were receiving timely and safe care in the appropriate place.
- We saw evidence that staff were encouraged to seek feedback from patients and develop services as a result. For example, following feedback from patients the stroke service was planning to develop a secondary prevention clinic.
- Therapy staff visited care homes to provide education and training on postural management in the community to care home staff. By providing detailed advice, therapists were able to educate care home staff to ensure standards around correct positioning were maintained, this in turn reduced the risk of pressure damaged reduced and improved the patient experience.