

Southern Health NHS Foundation Trust

RW1

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)
RW194	Alton Hospital		
RW1FY	Romsey Hospital	<Placeholder text>	<Placeholder text>
RW158	Gosport War Memorial Hospital	<Placeholder text>	<Placeholder text>
RW170	Petersfield Hospital	<Placeholder text>	<Placeholder text>
RW178	Fordingbridge Hospital	<Placeholder text>	<Placeholder text>
RW1YM	Lymington Hospital	<Placeholder text>	<Placeholder text>

This report describes our judgement of the quality of care provided within this core service by Southern Health NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Southern Health NHS Foundation Trust and these are brought together to inform our overall judgement of Southern Health NHS Foundation Trust.

Summary of findings

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Summary of findings

Overall summary

We have not rated the community in-patient services provided by Southern Health NHS Foundation Trust.

Overall, we found:

- Staff provided care and treatment that took account of nationally recognised evidence based guidelines and standards. Staff managed patients' pain effectively, and patients' varied dietary and nutritional needs were met.
- There was a strong emphasis on multidisciplinary working across all inpatient wards. Patients were involved in making decisions about their care and treatment. Admission criteria supported patients to be admitted to the ward that met their individual needs. There was evidence the trust used learning from complaints to improve the quality of care.
- Arrangements were in place for safeguarding patients and staff were confident in raising any concerns to protect patients.
- Staff monitored risks to patients, and arrangements were in place to access medical advice and support when needed.
- In the endoscopy unit clinicians reviewed all referrals to ensure the patients' suitability for the procedures to be undertaken. The unit had received joint advisory group (JAG) accreditation.
- In the endoscopy unit, there was a single sex list to ensure patients privacy and dignity were protected.

However we found:

In Gosport War Memorial Hospital in particular:

- Staffing in some areas was not in place to meet the assessed needs of the patients on Sultan Ward.
- That medicines were not always stored or administered in line with manufacturers guidelines
- Staff did not follow effective infection control procedures in particular when dealing with and disposing of infected materials.
- Not all equipment was checked to ensure they were safe for use.
- The governance process for identifying risks was not consistently applied and may impact on care.
- Staff knowledge relating to mental capacity assessment was variable and may impact on care delivery and best interest of patients.

Throughout the service:

- Staff were not compliant with mandatory training targets such as basic life support which may impact on patients' safety.
- The quality of records was variable and these included care plans which had not been developed when patients' risks were identified.

Summary of findings

Background to the service

Southern Health NHS Foundation Trust operates adult in-patient community services across Hampshire, provided at six community hospitals. During our inspection we visited all six

hospitals:

- Lymington New Forest Hospital
- Romsey Hospital
- Gosport War Memorial Hospital
- Alton Hospital
- Fordingbridge Hospital

- Petersfield Hospital

Most hospitals provided sub-acute care and treatment and rehabilitation on one or two wards. Lymington New Forest Hospital exceptionally had six wards, including a medical assessment unit; an acute medical ward; day surgery, and a stroke rehabilitation ward. Two wards provided general subacute care and treatment and rehabilitation.

Our judgements were made across all of the hospitals visited, where differences occurred at particular hospitals we have highlighted them in the report.

Our inspection team

The team that inspected the in-patient community services included two CQC inspectors, two specialist advisors with specialist knowledge of community inpatient care and an expert by experience who had experience of using community inspection services.

Why we carried out this inspection

We carried out this short notice inspection of Southern Health Foundation NHS Trust to follow up on some areas

that we had previously identified as requiring improvement or where we had questions and concerns that we had identified from our ongoing monitoring of the service.

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 held about the trust and asked other organisations to share what they knew. During the visit we observed care provided by staff in six community hospitals, and we spoke with 53 staff including nurses health care assistants, doctors and managers; 24 patients, and three relatives

We reviewed the service performance information, such as notes of meetings, staff training and audits as well as patients' clinical records.

Summary of findings

What people who use the provider say

Patients and their relatives told us they were satisfied with the service they had received. They said staff were kind and compassionate. Staff provided appropriate advice and support and took account of the patients' and families wishes.

Good practice

- The endoscopy unit in Lymington hospital had achieved JAG accreditation.

Areas for improvement

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

Action the service **MUST** take to improve

The hospital must take action to ensure that:

- The trust has appropriate measures in place to ensure that staffing levels are safe for every shift, in particular at Gosport War Memorial Hospital.
- Mandatory training is completed including basic and advanced life support to safeguard patients receiving care.
- All medicines are managed in line with manufacturers guidelines, and that when opened they are labelled with the patient's name and administered accordingly.
- Policies and procedures are adhered to for the safe management of medicines at all times to protect patients from the risk of harm.
- Staff follow effective infection control procedures in particular when dealing with and disposing of infected materials, in particular at Gosport War Memorial Hospital.

- All equipment used for providing care or treatment is safe for use at all times and meet the needs of the patients.

Action the service **SHOULD** take to improve

The hospital must take action to ensure that:

- All staff are fully trained in the assessment and competent in the use of the Mental Capacity Act.
- Staff complete and sign all patient clinical records with all relevant information.
- Staff follow the process for identifying and managing clean and dirty equipment in line with the trust policy.
- The environment is reviewed taking into account the needs of people living with dementia.
- Washing and toilet facilities are reviewed at Gosport hospital to promote privacy and dignity of patients.
- The trust should ensure that there is appropriate pharmacy support for medicines reconciliation.'
- Patients are supported and enabled to administer their medicines as part of the discharge process in the rehabilitation wards.

Southern Health NHS Foundation Trust

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Detailed findings from this inspection

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>12(2)(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in a safe way;</p> <p>12(2)(g) the proper and safe management of medicines;</p> <p>12 (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of infections including those that are health care associated.</p> <p>How the regulation was not being met:</p> <p>Staff did not follow policies and procedures about managing medicines. Medicines were not stored safely and systems were not effective to ensure medicines were used within the recommended timescale once opened. Patients were put at risk of receiving medicines that had expired.</p>

This section is primarily information for the provider

Requirement notices

Equipment was not maintained safely and the drug fridge which was in use had not been serviced in line with recommendations and the trust policy.

Some staff did not follow effective infection control procedures in particular when dealing with and disposing of infected materials at Gosport War Memorial Hospital

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this part.

18(2)(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

How the regulation was not being met:

There was not always adequate staffing to meet the assessed needs of people receiving care and treatment. This included patients who required 1:1 support and on night duty.

Not all clinical staff had completed basic life support training which could impact on the welfare and safety of patients receiving care at the service.