Whitworth Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected, information we hold about quality, and information given to us from patients, the public and other organisations.

Overall rating for this service

Community inpatient services

Summary of findings

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Summary of findings

Overall summary

Whitworth Hospital is situated in the Darley Dale area of Derbyshire, just north of Matlock. This community hospital has one 21 bedded ward (Oker) with capacity to increase to 26 beds with additional staff recruitment. This inpatient facility provides urgent care and rehabilitation services for adults.

Inpatient services provided at Whitworth Hospital were safe because the Trust had effective systems in place to identify, monitor, report and analyse patient safety incidents. Learning from incidents was shared throughout the organisation and actions taken to reduce the risk of harm. However, we found two instances of out of date emergency equipment in use on the ward. We also found that staff were not following the Trust policy for the disposal of medicines.

The community inpatient services at Whitworth Hospital were effective. We saw evidence that staff put people's needs first. We saw excellent examples of collaborative working between health and care professionals and families. We saw evidence that there were sufficient staff available to meet people's needs. However, we found that low numbers of staff had undergone clinical supervision.

We found that services at Whitworth Hospital were caring. Staff were compassionate and treated patients with dignity and respect. They involved them in the plan for their care, treatment and discharge and also included their family members in these plans.

Whitworth Hospital ensured that patients were provided with the care they needed at the right time with the minimum possible delay. Staff worked hard to ensure that patients were supported to go home as soon as possible by community and hospital staff working together in a multi-disciplinary team.

The inpatient ward at Whitworth Hospital was well led. The senior leadership team were known to staff. Despite the recent changes in local managers staff had received appraisals, were knowledgeable about risk management procedures and proud to work for Derbyshire Community Health Services NHS Trust.

As a result of our concerns about out of date emergency resuscitation equipment, we judged the provider was not meeting Regulation 16, Safety, availability and suitability of equipment. We have asked the provider to send us a report that says what action they are going to take to meet this essential standard.

Summary of findings

The five questions we ask and what we found at this location

We always ask the following five questions of services.

Are services safe?

The Trust had effective systems in place to identify, monitor, report and analyse patient safety incidents. Learning from incidents was shared throughout the organisation and actions taken to reduce the risk of harm. However, we found two instances of out of date equipment in use on the ward. We also found that staff were not following the Trust policy for the disposal of medicines.

Are services effective?

The community inpatient services at Whitworth Hospital were effective. We saw evidence that staff put people's needs first. We saw excellent examples of collaborative working between health and care professionals and families. We saw evidence that there were sufficient staff available to meet people's needs. However, we found that few staff had undergone clinical supervision.

Are services caring?

Staff were caring and compassionate, and treated patients with dignity and respect. They involved them in their care planning, treatment and discharge and also included their family members in these plans.

Are services responsive to people's needs?

Patients received the care they needed at the right time with the minimum possible delay. Staff worked hard to ensure that patients were supported to go home as soon as possible by community and hospital staff working together in a multi-disciplinary team.

Are services well-led?

The inpatient ward at Whitworth Hospital was well led. The senior leadership team were known to staff. Despite the recent changes in local managers, staff had received appraisals, were knowledgeable about risk management procedures and proud to work for Derbyshire Community Health Services NHS Trust.

Summary of findings

What we found about each of the core services provided from this location

Community inpatient services

Community inpatient services provided at Whitworth Hospital were safe because the Trust had effective systems in place to identify, monitor, report and analyse patient safety incidents. Learning from incidents was shared throughout the organisation and actions taken to reduce the risk of harm. However, we found two instances of out of date equipment in use on the ward. We also found that staff were not following the Trust policy for the disposal of medicines.

We saw excellent examples of collaborative working between health and care professionals and families. We saw evidence that there were sufficient staff available to meet people's needs. However, we found that low numbers of staff had undergone clinical supervision. We found that services at Whitworth Hospital were caring. Staff were compassionate and treated patients with dignity and respect. They involved them in the plan for their care, treatment and discharge and also included their family members in these plans.

Whitworth Hospital ensured that patients were provided with the care they needed at the right time with the minimum possible delay. Staff worked hard to ensure that patients were supported to go home as soon as possible by community and hospital staff working together in a multi-disciplinary team. The inpatient ward at Whitworth Hospital was well led. The senior leadership team were known to staff. Despite the recent changes in local managers staff had received appraisals, were knowledgeable about risk management procedures and proud to work for the Trust.

Summary of findings

What people who use the community health services say

The Friends and Family Test seeks to find out whether patients would recommend their care to friends and family. Derbyshire Community Health Services NHS Trust completed the test in April 2013. The most recent figures (October 2013) placed the Trust in the top 25% of the whole of England for inpatient scores. The overall performance was relatively stable with high performance scores. The Friends and Family Test score for Whitworth Hospital was the maximum score of 100.

Patients and relatives we spoke with were pleased with the care provided at Whitworth Hospital.

Areas for improvement

Action the community health service MUST take to improve

- Put in place suitable arrangement to check equipment on the resuscitation trolley, so that it is properly maintained and fit for purpose.

Action the community health service SHOULD take to improve

- Review the procedures for disposal of medicines. We found that staff were not following the Trust policy.
- Ensure staff have regular clinical supervision

Action the community health service COULD take to improve

- Ensure staff have access to IT equipment to access e-learning as needed.

Good practice

- There was excellent multi-disciplinary team working.
- There was a positive working culture, demonstrated by staff talking with pride about working for the Trust and patients praising staff for their caring, compassion and dedication.

Whitworth Hospital

Detailed findings

Services we looked at:
Community inpatient services

Our inspection team

Our inspection team was led by:

Chair: Helen Mackenzie, Director of Nursing and Governance, Berkshire Healthcare NHS Foundation Trust

Head of Hospital Inspections: Ros Johnson, Care Quality Commission

The team visiting Whitworth Hospital included a CQC inspector, two community nurses and an expert by experience. Experts by experience have personal experience of using or caring for someone who uses the type of service we were inspecting.

Background to Whitworth Hospital

Whitworth Hospital is managed by Derbyshire Community Health services NHS Trust which delivers a variety of services across Derbyshire and in parts of Leicestershire. It is situated in the Darley Dale area of Derbyshire, just north of Matlock, and was registered with CQC as a location of Derbyshire Community Health Services NHS Trust in May 2011. Whitworth Hospital is registered to provide the regulated activities: Diagnostic and screening procedures, family planning and Treatment of disease, disorder or injury.

The hospital has one 22 bedded ward, Oker, which provides urgent care and rehabilitation services for adults. There is capacity to increase to 26 beds with additional staff recruitment.

Whitworth Hospital has not previously been inspected by the CQC

Why we carried out this inspection

This provider and location were inspected as part of the first pilot phase of the new inspection process we are introducing for community health services. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the community health service and asked other organisations to share what they knew about the location. We carried out an announced visit on 25 February 2014. During our visit we observed how people were being cared for, talked with carers and/or family members and reviewed personal care or treatment records of patients.

Detailed findings

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

The inspection team always inspects the following core service at each inspection:

- Community inpatient services

We circulated an electronic survey to community and voluntary organisations in the area of the trust. We sent comment cards to be distributed around trust locations including Whitworth Community Hospital. We reviewed all the information received in this way and information sent to us by patients and local people following a press release and publicity about our inspection. We also reviewed information from comment cards completed by people using the services.

Community inpatient services

Information about the service

Oker ward provides urgent care and rehabilitation services for up to 22 adults, with capacity to increase to 26. At the time of our visit 21 people were inpatients on the ward. During our inspection, we spoke to three people who were inpatients, two relatives of patients, and we reviewed information from comment cards that were completed by people using the services.

Summary of findings

Whitworth Hospital is situated in the Darley Dale area of Derbyshire, just north of Matlock. This community hospital has one 21 bedded ward (Oker) with capacity to increase to 26 beds with additional staff recruitment. This inpatient facility provides urgent care and rehabilitation services for adults.

Inpatient services provided at Whitworth Hospital were safe because the Trust had effective systems in place to identify, monitor, report and analyse patient safety incidents. Learning from incidents was shared throughout the organisation and actions taken to reduce the risk of harm. However, we found two instances of out of date emergency equipment in use on the ward. We also found that staff were not following the Trust policy for the disposal of medicines.

The community inpatient services at Whitworth Hospital were effective. We saw evidence that staff put people's needs first. We saw excellent examples of collaborative working between health and care professionals and families. We saw evidence that there were sufficient staff available to meet people's needs. However, we found that low numbers of staff had undergone clinical supervision.

We found that services at Whitworth Hospital were caring. Staff were compassionate and treated patients with dignity and respect. They involved them in the plan for their care, treatment and discharge and also included their family members in these plans.

Whitworth Hospital ensured that patients were provided with the care they needed at the right time with the minimum possible delay. Staff worked hard to ensure that patients were supported to go home as soon as possible by community and hospital staff working together in a multi-disciplinary team.

The inpatient ward at Whitworth Hospital was well led. The senior leadership team were known to staff. Despite the recent changes in local managers staff had received appraisals, were knowledgeable about risk management procedures and proud to work for Derbyshire Community Health Services NHS Trust.

Community inpatient services

As a result of our concerns about out of date emergency resuscitation equipment, we judged the provider was not meeting Regulation 16, Safety, availability and suitability of equipment. We have asked the provider to send us a report that says what action they are going to take to meet this essential standard.

Are community inpatient services safe?

Safety in the past

There was an effective system in place to identify, assess and manage risks to the safety and welfare of people using the service. Staff told us that they knew how to record accidents and incidents. We saw evidence of incident recording in individual patient records and staff showed us the central electronic system used by the Trust for recording and analysing incidents. This system reflected what was in the patient's notes.

We found patients were protected from the risk of abuse because staff had received training in safeguarding vulnerable adults and we saw records showing this. Staff were able to explain the process for raising concerns. This meant that people who use the service were protected from the risk of abuse because the Trust had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Learning and improvement

Learning from safety incidents was shared at staff meetings. We talked with staff about medication errors. They were able to explain the process for reporting these. This was consistent with the policy we saw. We spoke with pharmacy staff who explained how the information staff reported was shared with senior staff at the hospital and learning from mistakes was then shared with all staff. We saw notes of staff meetings which recorded learning from incidents. We asked for and were shown records of medication errors relating to Oker ward. There was one error recorded during 2014. The system recorded the error, analysed the incident and detailed recommendations for learning and improvement. This meant that there was evidence that learning from incidents took place.

Systems, processes and practices

Controlled drugs were managed effectively. We looked at records and checked stocks. All controlled drug balances were correct at the time of our visit and all controlled drugs were in date and stored correctly. For other medicines an in date Patient Group Directive (PGD) was available in a folder in the clinical room. The PGD recording sheet on Oker ward was completed and up to date at the time of our visit. This meant that appropriate arrangements were in place in relation to recording and handling controlled drugs.

Community inpatient services

The Trust's policy for the destruction of expired or unwanted medicines directs staff to dispose of them in a yellow-lidded sharps bin, which will ensure that they are incinerated. Contrary to this, a notice in the clinical room on Oker ward stated that out of date medication was to be disposed of in a pharmibin with a blue lid. During our visit we saw that staff disposed of medicines in red and yellow topped sharps bins. When questioned the staff were unaware of the Trust policy. This meant that medicines were not disposed of safely in accordance with the Trust's own policy.

During our visit we checked emergency equipment on the inpatient ward resuscitation trolley. Two items were found to have been out of date since 2012. However, the weekly signed check lists stored on the trolley indicated that equipment had been checked as in date. This meant that people were not protected from unsafe or unsuitable equipment. It also meant that the system in place to check this was not effective.

Monitoring safety and responding to risk

Insulin administration had been an area of significant concern across inpatient areas following seven incidents in community hospitals since April 2013. We spoke with four staff on Oker ward and they told us that they had received the letter sent to all staff by the Chief Nurse in December 2013 with regard to areas of improvement. Staff told us that during January and February 2014 they had also completed an e-learning course in medicines management. This was in addition to medicines management training received in 2009. Training records we saw confirmed this and the staff notice board recorded 100% completion of the e-learning by staff on Oker ward. Actions taken by the Trust to respond to incidents and concerns required staff to complete an on line e-learning training package. However, staff told us that access to computers was a problem and this made it difficult for them to complete this type of training.

The Trust's rate for falls with harm was above the England average for the majority of the previous 12 months but fell consistently until October 2013 when the rate began to rise again. Oker ward managers had appointed a falls champion. A photograph of this person was displayed on a falls prevention wall display. Staff we spoke with knew who this champion was and what their role was. We looked at three people's records and they all contained documented falls screening and up to date risk assessments.

The Trust's rate for new pressure ulcers for all patients showed substantial fluctuation during the period December 2012 – December 2013. Staff on Oker ward told us that they carried out weekly reviews of skin integrity (pressure sores) for all patients. The patient records we looked at contained evidence of these checks completed weekly or more frequently if required. This meant that the Trust recognised risk and responded appropriately.

Anticipation and planning

All the staff we spoke with said they had received training in areas such as infection prevention and control, moving and handling, and health and safety. The ward notice board confirmed this. Staff carried out risk assessments in order to identify patients at risk of harm at the time of their admission and these included: venous thromboembolism (VTE), pressure ulcers, nutritional needs, falls and infection control risks. Care pathways and care plans were in place for those patients identified to be at high risk, to ensure they received the right level of care.

Are community inpatient services effective?

(for example, treatment is effective)

Evidence-based guidance

The care provided for inpatients was evidence based and followed approved guidance from the National Institute for Health and Care Excellence (NICE). Nationally recognised screening tools were used, such as the Malnutrition Universal Screening Tool (MUST) to assess patients' nutritional requirements and the Waterlow pressure ulcer risk assessment to gauge the risk of developing pressure sores.

Sufficient capacity

During 2012-13 one of the top three subject categories for complaints received by the Trust was 'aspects of clinical care'. The Trust policy on Clinical Supervision Reflection on Clinical Practice policy states that all clinical staff should take part in this in the interests of maintaining and improving standards of care, promoting lifelong reflective learning for staff, improving safety and contributing to improved performance. However, we found a minority of staff had had clinical supervision in the past 12 months. We spoke with a modern matron who said "Staff don't seem to want to engage with it". The issue was raised at a recent staff meeting.

Community inpatient services

There were enough qualified, skilled and experienced staff to meet people's needs. Information on the ward noticeboard for patients and visitors showed that the ward had an attendance rate of 95.5% for the month of January 2014. Staff told us that there were enough staff to provide safe care to people on Oker ward. They told us that staffing levels had improved since the ward re-opened after refurbishment in October 2013. We talked to the modern matron who told us that ward staff were now able to increase staffing numbers to meet the needs of patients when appropriate, especially at night, without waiting for senior staff approval. This was an action introduced to allow staff to respond to the needs of people recently admitted. Staff we spoke with confirmed that there were extra staff on during the night when the needs of patients required it.

Multidisciplinary working and support

We looked at the care and treatment records for three people on Oker ward. We found they contained lots of information showing how hospital and community professionals worked together to support people. This included records of visits from a community matron, occupational therapist, physiotherapist, and tissue viability team. Records also included contact assessments for social services. One staff member told us, "We work well with social services". Another told us, "I enjoy working here. I am very confident that we work well as a team".

During our visit we observed a multi-disciplinary team meeting where ward staff discussed the involvement of other community services and professionals in the care and treatment of people. Staff explained to us the different methods available to them to request this support. Some services required a written referral and some a telephone request. The care and treatment records we looked at showed evidence of these referrals. This meant that people's health, safety and welfare was protected when more than one provider was involved in their care and treatment or when they moved between different services. This was because the provider worked in co-operation with others.

Are community inpatient services caring?

Compassion, kindness, dignity and respect

During our visit we saw staff caring for patients behind privacy curtains to maintain their dignity. Comments from patients included, "I couldn't find a fault with anybody. I went in the bath. Staff were in the room but they gave me privacy. They stayed with me but I'd only have to ask (for help);" "This is a lovely place to be, the staff are lovely…nothing seems too much trouble".

Involvement in care

We spoke to two people who said that they had been involved in planning for their discharge from hospital. Their patient records showed evidence of their involvement and family members had also been consulted. Relatives of one person we spoke with told us that they had been involved in a case conference. This is a meeting of several professional hospital and community staff held to talk about how a person could be safely supported to return home.

Trust and respect

The patient records we looked at contained information about people's preferences including their preferred name. We saw that people had been consulted about and involved in the planning of their care and treatment. Their records showed that they had consented to all aspects of their care and treatment including where their records were kept. This meant that before patients received any care of treatment they were asked for their consent and the trust acted in accordance with their wishes.

Emotional support

One person told us, "If you need anything they (the staff) are always there for you. If I rang the bell they were there within a couple of minutes". We saw that patient records frequently noted where staff had provided reassurance and support to people who had been upset or anxious. These records also prompted staff to ask questions relevant to patient's well-being for example, "How can I assist you with your personal needs?" or "Is there anything I can do for your skin?" This meant that patients' care and treatment was planned and delivered in line with the individual needs.

Are community inpatient services responsive to people's needs?

(for example, to feedback?)

Meeting people's needs

We reviewed three patients' care records. We saw the service had worked very quickly to enable a safe discharge

for a patient on end of life care. This patient was very keen to go home. The records showed how the staff had worked with other community teams and the patient's relative to accelerate discharge. During this time the patient had often been tearful and upset. Records showed how staff had supported this patient emotionally and given frequent reassurance.

Access to services

Oker ward had a mix of staff and skills referred to as a multi-disciplinary team. Staff supported patients with occupational therapy, physiotherapy, personal care and medical needs. We saw from patient records and found from talking with patients that staff helped them to access the services of other community providers such as domiciliary care agencies, social workers and Macmillan nurses. This meant that patients' health, safety and welfare were protected because the Trust worked in co-operation with others.

Vulnerable patients and capacity

All of the patient records we looked at documented that patients had consented to every aspect of their care and treatment. One staff member told us about documentation in place to respect advance decisions patients made about their treatment. One such document is a do not attempt resuscitation order (DNACPR). The staff member was able to explain the process required by law for this documentation. Where people did not have the capacity to consent, the trust acted in accordance with legal requirements.

Leaving hospital

We saw good evidence on Oker ward that professionals worked together to ensure people were well prepared and had all the support they required to go home from hospital. We looked at people's inpatient records which contained planning notes for discharge. These plans started on the day of admission. We observed a multi-disciplinary meeting where discharge plans for every patient on the ward were reviewed. Staff at this meeting included a senior physiotherapist, an occupational therapist, an advanced nurse practitioner, a ward sister and a staff nurse. They told us how they liaised with community staff and specialists to make sure people could go home safely, including social workers, care managers and specialist advisers such as Parkinson's nurses. Two out of the three people we spoke with knew about the plans for their discharge and when they should be going home.

Learning from experiences, concerns and complaints

Overall, complaints to the trust decreased between 2012 and 2013. Most complaints were in relation to all aspects of clinical treatment. We saw that information was available to patients and their families about how to make a complaint. Patient told us that they would talk to the ward staff if they were unhappy about anything. At the time of our visit there were no complaints relating to Oker ward from January 2014.

Are community inpatient services well-led?

Vision and strategy

Information about the vision and values of the Trust was displayed on Oker ward. Risks at ward level were identified and managed. Patient records documented how risks were monitored, for example risks of falls or infection.

Leadership and culture

Staff we spoke with knew the name of the Trust Chief Executive and some of the Board members. One staff member told us, "This is the best trust I have ever worked for. The chief executive knows some staff names which can't be bad can it?" At the time of our visit the modern matron had been in post for five months and there had been an acting ward sister also for five months due to long term staff absence. We spoke with other staff who were also new to the ward or temporarily re-deployed from another community hospital. Despite the staff changes staff we spoke to told us that the team worked well together and we saw from our observation of meetings and care that there was a supportive culture amongst the ward staff. This meant that there was effective leadership promoting a culture where good care could be delivered.

Patient experiences and staff involvement and engagement

The Trust had a number of ways of communicating with staff. These included a newsletter called The Voice. Staff told us that they received an email every week from the Chief Executive and that changes within the Trust were discussed at Matron's and Ward meetings. We saw minutes of these meetings.

Patients we spoke with were very complimentary about the care provided on Oker ward. The Friends and Family Test score with Whitworth Hospital was the maximum of 100.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment How the Regulation was not being met: The Provider did not have suitable arrangements in place to ensure that equipment provided for emergency treatments was properly maintained and suitable for its purpose. Regulation 16(1)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulations 2010 Safety, availability and suitability of equipment How the Regulation was not being met: The Provider did not have suitable arrangements in place to ensure that equipment provided for emergency treatments was properly maintained and suitable for its purpose. Regulation 16(1)(a)