Renovo Hollanden Park Limited

Hollanden Park Hospital

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

- There was no evidence that staff completed any training in rehabilitation skills.
- The design of the handwashing basins did not comply with national guidance.
- Staff did not always follow the service's medicines management policy when recording administration of medicines.
- Not all staff treated patients with compassion and kindness. Not all staff respected patient's dignity or took account of their individual needs. Not all patients felt listened to by staff or able to make their own decisions. Feedback from patients indicated that patients who could not communicate verbally felt less listened to and less involved in decisions about their care and treatment than patients who could communicate verbally.
- There was no formal vision or strategy for the service. There were limited processes to monitor and manage performance. The were no key performance indicators for the service to measure themselves against. The service did not benchmark performance and outcomes against other similar services.

However:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service managed safety incidents well and learned lessons from them. Staff assessed risks to patients, acted on them and kept care records.
- Staff gave patients enough to eat and drink, and mostly gave them pain relief when they needed it. Staff worked well together for the benefit of patients. Key services were available seven days a week.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff were clear about their roles and accountabilities. The service had started to engage with patients and their families to plan and manage services and all staff were committed to improving services continually. Staff felt respected, supported and valued

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
People with long term conditions	Requires Improvement 	Our rating of this location improved. We rated it as requires improvement because: • See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Hollanden Park Hospital

Hollanden Park Hospital is in Hildenborough, Kent and is part of the Renovo Care Group. The Renovo Care Group is an independent specialist provider for the assessment, treatment and rehabilitation of adults with neurological conditions including acquired brain injury and progressive neurological disorders.

It provides care for patients across the south of England. Patients are admitted to the hospital following defined care pathways: acute neurorehabilitation, acute neurobehaviour, extended rehabilitation and complex care. The hospital could accommodate a total of 35 patients. Patients were cared for in one of four areas within the hospital site depending on their needs. These were Hardwick House, Rachel MacMillan Unit, St Michaels Court and Rafael Court. St Michaels Court and Raphael Court were flats and accommodated patients whose care needs were less than patients accommodated in Hardwick House and Rachel Macmillan Unit.

Hollanden Park Hospital is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Assesment or medical treatment for persons detained under the Mental Health Act 1983

At the time of the inspection, the hospital did not have a registered manager, However, the hospital manager had submitted an application to CQC to be registered as manager of Hollanden Park Hospital.

The hospital was last inspected in September 2021. At that time, the hospital was rated as inadequate and was placed into special measures.

How we carried out this inspection

We inspected the service using our comprehensive methodology. We carried out the inspection on 20 July 2022. The inspection team consisted of three inspectors, a pharmacy inspector and a specialist advisor. We spoke with one relative, nine patients and seven members of staff on the day of inspection. We spoke with a further 12 members of staff in virtual focus groups in the week following the site visit and held remote interviews with the hospital manager and the director of nursing and quality on 29 July 2022.

We are improving how we hear people's experience and views on services when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. At this inspection, we used this communication tool with nine patients so they could tell us about their experience.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service MUST take to improve:

- The service must ensure that all patients are treated with dignity and respect by all staff. (Regulation 10(1))
- The service must ensure that staff have the skills and the tools to effectively communicate with all patients, including all patients who have none or limited verbal communication. (Regulation 10(2))
- The service must ensure there is a process that staff follow to monitor the pain levels of patients who are not able to verbally communicate. (Regulation 9(3))
- The service must ensure all staff actively listen to patients and enable patients to make decisions. (Regulation 9(3))
- The service must ensure they have a process and use it to effectively monitor outcomes for patients and benchmark their performance against other similar services. (Regulation 17(2))
- The service must ensure the audit programme is embedded into normal practices and is used to monitor quality and performance of the service. (Regulation 17(2))
- The service must ensure staff supervision is carried out in accordance with the hospital policy and targets. (Regulation 18(2))
- The service must ensure they consider the guidance in the British Society of Rehabilitation Medicine standards about staff training and staff skills requirements. This includes the provision of rehabilitation training. (Regulation 18(1))
- The service must ensure patient emergency evacuation plans are fully relevant to each individual patient. (Regulation 12(2))
- The service must ensure staff on the Rachel MacMillan Unit know the procedure for accessing the emergency trolley. (Regulation 12(2))
- The service must ensure they review handwashing facilities against national guidance and take any identified action required following the review. (Regulation 12(2))
- The service must ensure all staff follow the medicines management policy. (Regulation 12(2))

Action the service SHOULD take to improve:

- The service should consider provision of training to staff about supporting patients with a learning disability, autism and dementia.
- The service should consider reviewing the storage of equipment in the atrium area, so it does not obstruct patient's movement around the building. The service should consider how to facilitate the hospital manager to have assurance that medical staff had the relevant skill and experience to work at the hospital.
- The service should continue with the programme of refurbishment, to ensure patients are cared and treated in a safe environment that meets their needs.
- The service should continue with the recruitment process.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
People with long term conditions	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement

Requires Improvement

People with long term conditions

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Requires Improvement
Responsive	Requires Improvement
Well-led	Requires Improvement

Are People with long term conditions safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure most staff completed it.

Most staff received and kept up-to-date with their mandatory training. Records showed the overall compliance rate for all staff met the service's target of 90%. Staff said they were given protected time to compete their mandatory training. However, some staff groups, including doctors and some rehabilitation assistants had not met the 90% target.

The mandatory training was comprehensive and met the needs of patients and staff. Records showed mandatory training included, but was not limited to, basic life support, intermediate life support, moving and handling, health and safety and fire awareness. Mandatory training requirements were tailored to meet the roles of different members of staff. Staff commented they were given training that gave them the knowledge and skills to care for patients safely.

Clinical staff completed training on recognising and responding to patients with mental health needs. However, it was unclear whether this included meeting the needs of patients with learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had introduced processes for managers to monitor the mandatory training of staff.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing, medical and therapy staff received training specific for their role on how to recognise and report abuse. Records showed 97% of all eligible staff had completed training about safeguarding children and young people. Records showed 93% of all staff had completed training about safeguarding vulnerable adults. Records showed staff had the appropriate level of safeguarding adults and children training in line with the intercollegiate guidance.

Requires Improvement

People with long term conditions

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The hospital had a safeguarding adults and safeguarding children policy. These outlined what staff should do when they had a safeguarding concern. Staff demonstrated good understanding of safeguarding and their responsibilities.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding information was displayed in clinical areas. This included relevant contact numbers and details of the hospital's safeguarding lead. Staff knew who to escalate safeguarding concerns to.

Cleanliness, infection control and hygiene

The service mostly controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, some areas of the building posed an infection prevention and control risk.

Most areas of the hospital were clean and had suitable furnishings which were clean and well-maintained. The hospital had a programme for replacing worn out flooring. There were no holes in the flooring and flooring was visibly clean. Records showed the carpets in the Rachel MacMillan Unit had been deep cleaned, although the carpets remained stained in some areas.

However, there were some areas of the hospital that did not support effective infection control and prevention practices. There were no dedicated handwashing basins for staff to wash their hands in St Michaels Court. Some of the handwashing basins in Hardwick house did not have mixer taps, the taps were hand operated, and the basins had plugs. National guidance states handwashing basins should have mixer taps, preferably non hand operated and there should be no plug to allow for free drainage.

One of the bathrooms in the Rachel MacMillan Unit was being used as a storage room. The water supply to the sink, shower and toilet were still connected and were flushed weekly by the maintenance team to reduce risk of legionella. However, the positioning of the equipment stored in the room posed a risk that equipment would be splashed and maybe contaminated during the water flushing process. We escalated this to the hospital manager. Following our inspection, they informed CQC that in line with the hospital's ongoing refurbishment plan the water pipes to this room were removed.

Staff followed infection control principles including the use of personal protective equipment (PPE). Gloves, aprons and surgical masks, were available for staff in all clinical areas. Staff were all bare below the elbow and during the inspection all grades of staff cleaned their hands before and after patient interactions.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw staff cleaned and labelled equipment after its use. All equipment stored in the atrium had 'I am clean' stickers on them which detailed the date, time and by whom the equipment was cleaned.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not fully keep patients fully safe. However, staff were trained to use the equipment and staff managed clinical waste well.

Emergency call systems were not available in all areas of the hospital. Patient call bells and emergency call systems were in Hardwick House and the flats. The call bells in the flats were connected to the call bell system in Hardwick House. Patients in the flats and staff working in flats could call for assistance and emergency assistance through this

system. However, there was no similar system in the Rachel MacMillan Unit. If staff working in the Rachel Macmillan Unit needed emergency assistance, they had to telephone Hardwick House. This increased the risk of harm to patients needing emergency assistance, as a member of staff would be telephoning Hardwick House and not attending to the immediate needs of the patient. There was also a risk of delay of assistance arriving from Hardwick House. However, the service had carried out an assessment in June 2020 of the potential risk this posed to patients. There had been no incidents of patients in the Rachel MacMillan Unit requiring an emergency response since that risk assessment was carried out. We escalated this concern to the manager at the time of the inspection. Following the inspection, they informed CQC that the Rachel Macmillan Unit was going to be included in the call bell system at Hardwick House, but no completion date for this was provided.

The design of the environment followed national guidance. Staff carried out monthly checks of the environment. This included patient rooms, communal areas, clinical areas and storage areas. All windows had restricted opening. This reduced the risk of injury to patients.

Staff escalated maintenance issues and concerns, and these were acted on. Additional maintenance staff had been employed. Staff reported improvements in the timeliness of maintenance issues being addressed.

The service fully considered the safety of the environment. The hospital had commissioned a health and safety gap analysis from an external company. This had identified several health and safety concerns. The hospital was currently working through an action plan to address these. Actions already taken included making the outside pool area safe by draining it and tarmacking over it, correct storage of safety tools, improved storage of gas cylinders and servicing of gas boilers.

Staff carried out daily safety checks of specialist equipment. Records showed staff checked the emergency resuscitation trolley daily in line with the hospital policy.

The service had enough suitable equipment to help staff safely care for patients. The emergency resuscitation trolley was kept in Hardwick House and all staff knew where it was stored. However, the process for accessing the trolley for patients in the Rachel Macmillan Unit was unclear. Staff said that in the event of a patient collapsing, staff from the Rachel Macmillan Unit needed to runover to Hardwick House to get the trolley whilst at the same time phoning Hardwick House to ask for assistance. However, the hospital manager said that in the event of an emergency, Rachel MacMillan Unit staff were instructed not to leave the unit, but to call Hardwick House colleagues to ask for support, which included the emergency equipment.

There were automated external defibrillators in Hardwick House and the flats, however there was no external defibrillator in the Rachel Macmillan Unit. This increased the risk of harm to patients as staff did not have immediate access to life saving equipment. We escalated this concern at the time of the inspection to the hospital manager. They informed CQC following the inspection that an external defibrillator had been provided to the Rachel Macmillan Unit the day after the inspection.

Staff had access to other necessary emergency equipment. All patients with a tracheostomy had emergency tracheostomy boxes which met the guidance from the National Tracheostomy Safety Project.

The hospital had a large stock of equipment such as hoists and mobility aids to support the care and rehabilitation of patients. Records showed the hospital followed processes to ensure equipment was serviced and maintained in line with the manufacturer's and national guidance.

Requires Improvement

People with long term conditions

Staff managed and disposed of clinical and general waste safely. Clinical waste and general waste were stored in a secure area that was locked when not in use. Staff stored sharps bins securely. There were no overflowing domestic waste bins.

Substances hazardous to health, including cleaning agents were mostly kept in secure and locked areas. Cleaning cupboards and the utility room were locked. Cleaning trolleys had locked compartments to store cleaning agents. However, one cleaning trolley had cleaning products on it that were not stored in the locked compartment. When we escalated this to staff, the cleaning products were promptly removed and locked away.

Staff stored equipment in dedicated areas. Equipment was no longer stored in unused bathtubs in the Rachel MacMillan Unit. A dedicated storage area with shelving had been allocated to one of the unused bathrooms with equipment stored on the shelves. Larger equipment, such as hoists and mobility aids were stored in the atrium area of Hardwick House. These were stored in a tidy manner. However, there was a risk that the storage of equipment there obstructed the movement of patients. We saw staff had to move equipment out of the way when they were supporting a patient to mobilise through the area.

Foam and carbon dioxide fire extinguishers were available throughout the hospital for staff to use in the event of a fire. Records showed that fire safety training was part of the mandatory training programme. Records showed that staff had completed training in the use of fire extinguishers. Staff updated patients' personal emergency evacuation plans. However, the personal emergency evacuation plans for the patients in the Rachel MacMillan Unit still did not detail the number of staff required to assist each patient in the event of an evacuation.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the National Early Warning Score (NEWS2) to identify patients at risk of deterioration. They completed scores correctly and took necessary action when scores indicated possible deterioration in patient's conditions.

Staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident. The new electronic patient care record included risk assessments. Staff completed these when a patient was admitted to the hospital. Risk assessments included, but were not exclusive to, moving and handing, risk of malnutrition, risk of falls, skin integrity and risk of venous thromboembolism. Staff were alerted by the electronic patient care record when risk assessments needed to be reviewed and updated. Records from governance meetings showed that the last audit of patient records was completed in May 2022 and this showed care plans on the Rachel MacMillan Unit to be fully completed. There were no results detailed for care plans in Hardwick House. However, the hospital had a new auditing schedule that included patient records, risk assessments and care plans to check they were fully completed in a timely and appropriate manner The first audit of patient records was due for completion in July 2022, but had not yet been completed at the time of the inspection.

The service had 24-hour access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. The Rachel MacMillan Unit was staffed by mental health nurses and rehabilitation assistants. This meant there was always access to a mental health nurse for advice. The service was supported by a consultant psychiatrist who reviewed all patients on the Rachel MacMillan Unit each week.

Requires Improvement

People with long term conditions

Staffing

The service had enough staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough staff to keep patients safe. The British Society for Rehabilitation Medicine set out recommendations for the number of nursing and therapy staff required to deliver an effective rehabilitation service. Review of staff rotas and patient records demonstrated that staffing numbers mostly met the recommendations. Although the service was a neuro rehabilitation service, because of a nationwide lack of care facilities, there were a significant number of patients who had completed their rehabilitation pathway and were waiting for accommodation in alternative care settings. This meant that the staffing for patients receiving active rehabilitation mostly met the national guidelines.

The service had reducing vacancy rates. The overall vacancy rate for June 2022 was 28.1%. This was a reduction from the vacancy rate in March 2022 of 30.7%. The hospital set reducing vacancy target rates which was supported by a recruitment strategy.

The service had reducing sickness rates. The overall sickness rate for June 2022 was 4.4%, which was a significant improvement from the sickness rate of 13.5% in March 2022.

The service had reducing rates of agency nurses. Successful recruitment meant that the need to use agency staff was reducing. In June 2022, 19.6% of staff were agency staff, compared to 23% in March 2022.

Medical staffing

The service had enough medical staff to keep patients safe from avoidable harm and to provide the right care and treatment. However, there was lack of assurance that all medical staff had relevant skills and experience.

The service had enough medical staff to keep patients safe. The service was led by a consultant in rehabilitation. However, the consultant only attended the hospital once a week and took part in the multidisciplinary team meeting virtually once a week. There was medical presence, provided by two resident medical officers (RMOs), on site seven days a week from 9am to 6pm, and medical on call cover out of hours.

Both the consultant and one of the RMOs, were contracted as permanent locums and not directly employed by the service. Neither of the two RMOs had specialty training in rehabilitation medicine, one was a general medical physician and the other a GP. This did not meet the guidelines of the British Society for Rehabilitation Medicine. The GP worked four days out of seven at the hospital as well as covering all the on-call shifts.

The hospital manager had identified that the current medical staffing arrangements were not sustainable, there was little input from a specialist consultant in rehabilitation and there was no contingency plans for sickness or holiday leave. At the time of the inspection, the hospital manager had started the process to recruit medical staff with the relevant rehabilitation experience and qualification to be directly employed by the service.

The Chair of the service's Medical Advisory Committee was responsible for ensuring the medical staff had the right skills and experience to carry out their role at Hollanden Park Hospital. However, the hospital manager was not sighted on this process or associated evidence. This meant they did not have full assurance that the medical staff had relevant skills and experience to work at Hollanden Park Hospital

Requires Improvement

People with long term conditions

Records

Staff kept detailed records of patients' care and treatment. Records were up-to-date, stored securely and easily available to all staff providing care. However, they were not always easy to navigate.

All staff could access patient notes easily. Patient records were held electronically. The service had invested in a new electronic patient record system. All staff, including agency staff, had access to the patient electronic record system.

The patient electronic records system did not always make it easy for those unfamiliar with the system to identify details on the assessment, care and treatment of patients. The hospital manager said they had identified the electronic patient record, in some areas, did not enable full and accurate records of patient rehabilitation plans and progress. They were working with the provider of the electronic patient care record to make the necessary improvements to the platform, so it fully met the needs of the service and patients. Where there was doubt about the accuracy of record keeping, paper records were being used as well as the electronic record system to compare the two records to identify and remedy any faults in in the electronic system. This included monitoring of patients' food and fluid intake.

Not all records were easy to navigate. Out of nine records we reviewed, two records did not contain associated care plans; one for skin integrity and one for communication needs. We escalated these concerns to the hospital manager and following the inspection we were provided with evidence that relevant care plans were in place.

Staff confirmed they initially had challenges with using and navigating the electronic patient record system and the service had provided them with additional training and support. All staff said the electronic patient record system was an improvement on what was previously used because it prompted them to carry out tasks and review patients' risk assessments. They believed patient records were more informative, comprehensive, up to date and supported them to meet the needs of patients.

Records were stored securely. Electronic records could only be accessed by staff who were authorised to access the computer system. Paper records (fluid and food charts, communication care plans and rehabilitation timetables) were stored in the patients' private bedrooms.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. The hospital had a medicines policy that guided staff on how to manage medicines. The policy was due for review in February 2022. However, review of the policy had been deferred until the implementation of a new digital medicine system was fully completed. There was an electronic ordering system for all medicines. The service could obtain medicines the following day from the pharmacy if needed. Staff had access to an emergency medicines cupboard and prescribers could authorise medicines such as antibiotics to be taken from the cupboard. The medical staff were responsible for the monitoring and auditing of the use of medicines from the emergency medicines cupboard.

A clinical pharmacist from an external pharmacy company supported medicines management. They carried out reviews and audits of prescribing and administration. They communicated required actions to staff at the hospital by an electronic system. Evidence showed this was an effective system.

Staff reviewed each patient's medicines regularly. The multidisciplinary team held a meeting every Tuesday to review patients' current care and treatment options including medicines. A record of these meetings, and the decisions from them, were kept.

Requires Improvement

People with long term conditions

Staff mostly completed medicines records accurately and kept them up to date. Staff used a paper-based system to prescribe and record the administration of medicines. The service was in the process of upgrading this system to a fully digital system, but this had not been implemented at the time of the inspection. Where handwritten amendments were made to medicine administration records by nurses, there was often no second authorising signature to evidence the amendment matched the prescriber's intentions.

Staff stored and managed medicines safely. Medicines were stored appropriately to ensure they remained safe and effective for use. The ambient room temperature where medicines were stored was monitored and staff took corrective action if temperatures were outside the recommended range. Staff had access to all relevant information at the point of administration.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff followed the hospital process to ensure that people had access to the correct medicines at the point of admission or discharge. When a patient was discharged from the hospital, staff worked alongside the carers and/or family to ensure they knew how to appropriately support the patient and provided them with enough medicines to cover their needs until their GP or other provider could supply them.

The service had systems to ensure staff knew about safety alerts and incidents. There was a process to cascade relevant Medical and Healthcare products Regulation Agency (MHRA) alerts. Staff knew about recent MHRA alerts and the actions taken in response to them. Staff followed the hospital's incident reporting policy to escalate medicines errors or incidents.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. At the time of the inspection, no patients had medicines hidden in food or drink (covert administration). Staff said if this was needed then a capacity assessment and best interest decision document were completed and would be included in care and administration records. Where patients were prescribed medicines for the management of agitation and aggression these were used infrequently and appropriately. Records were kept of why the medicine was administered and if it had been successful. Staff reviewed the use of these medicines to ensure they were being used appropriately and were stopped as soon as they were no longer needed. Staff completed de-escalation training to reduce the need for restrictive interventions, including medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy via an electronic reporting system. Staff said they were encouraged to report incidents and near misses. Since the last inspection, staff had received additional training and guidance about how to recognise incidents and the importance of reporting incidents and near misses.

Staff received feedback from investigations of incidents, both internal and external to the service. Staff said they received feedback about the findings and learning from incidents that occurred at Hollanden Park Hospital and at the other Renovo services. There was evidence that changes had been made as a result of feedback. Learning from incidents was displayed in clinical areas and staff described some of the changes made in response to incidents. This included changes in the process for testing for urine infections, reinstating of the Food as Medicine group and alignment of medicine processes across Hardwick House and the Rachel Macmillan Unit.

Requires Improvement

People with long term conditions

Are People with long term conditions effective?

Requires Improvement

Our rating of effective improved. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to policies and procedures electronically. Staff were notified of changes and updates to policies and procedures. The service was currently in the process of reviewing and revising all policies to ensure they met the needs of the service and reflected current national guidance.

The hospital had introduced a new programme of audits to help determine whether staff were following policies and guidance. This included auditing of patient care records, medicines management and infection prevention and control practices. At the time of the inspection, this auditing process had only just commenced so there was little data to confirm if staff followed guidance. However, prior to the new audit programme, an agreed audit schedule was followed, the results of which were reported through the governance framework.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients were offered a choice of meals from a menu each day and were provided with snacks and drinks throughout the day. This included menu choices for patients who required soft or pureed meals. Most patients said the food was of good quality and they could access snacks and drinks at any time. All food was prepared in the kitchen at Hardwick House. Food for the Rachel MacMillan Unit was delivered in a hot trolley to keep it warm.

Records showed that staff followed the instructions of dieticians. Patients who were fed via a feeding tube received the correct amount of feed and fluid as calculated by the dietitian to meet their needs.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. Food and fluid charts showed patients received food and fluid.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. All patients were assessed on admission to the hospital and care plans for nutrition were developed according to the assessment findings. Assessments were regularly reviewed, and the electronic patient record system alerted staff when assessments were due.

Specialist support from staff, such as dietitians and speech and language therapists, was available for patients who needed it. The service had a full-time dietician who worked closely with the catering team to ensure all patients received meals of the appropriate nutritional value to meet their needs. The dietician also assessed and planned the

amount and type of feed for patients who were not able to eat and had their nutrition through feeding tubes. The speech and language therapist assessed and treated patients who had swallowing problems. Nursing staff and rehabilitation assistants followed the plans developed by the speech and language therapist to ensure patients were not exposed to avoidable harm when eating and drinking.

The service made adjustments for patients' religious, cultural and other needs. Records showed staff asked and recorded when patients had any special dietary needs including personal preferences, religious and cultural needs. Catering staff planned meals to meet patients' individual needs and preferences and menu plans provided choice for patients who had such needs.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They gave some support to those unable to communicate to identify when and where they were in pain.

Staff assessed patients' pain and gave pain relief in line with individual needs. Staff monitored patients by asking them if they were in pain and by assessing facial expressions. They did not use a recognised tool to assess and monitor pain in patients who could not verbally communicate. We escalated this during the inspection as a concern. Following the inspection, the hospital manager informed CQC they had identified a nationally recognised tool they were planning to implement to assess and monitor pain in patients who were non-verbal.

Patients received pain relief soon after requesting it. Records showed that staff administered pain relieving medicines to patients when required. Patients confirmed staff gave them pain relieving medicines when they needed it.

Patient outcomes

Staff monitored the effectiveness of care and treatment. However, there were no findings from the monitoring to measure outcomes or drive improvements.

The service participated in some relevant national clinical audits. The service submitted data to the UK Rehabilitation Outcomes Collaborative. However, the hospital manager said they had not received any feedback from the submission.

The service could not identify whether outcomes for patients were positive or whether they met national standards. The service did not receive any information from the UK Rehabilitation Outcomes Collaborative to benchmark against other similar services. The service did not collect its own data about patient outcomes, so were not able to identify whether they were meeting national standards and expectations. However, the therapy teams audited patient outcomes by using a goal setting approach to each patient's rehabilitation. The multidisciplinary team discussed and reviewed progress against these goals at internal team meetings.

Competent staff

The service mostly made sure staff were competent for their roles. Managers appraised staff's work performance and held some supervision meetings with them to provide support and development.

Staff were experienced, qualified, but did not have training in all the specialist skills needed to meet the needs of patients. The British Society of Rehabilitation Medicine recommends that 40% of staff working in rehabilitation services should have additional training in rehabilitation. Staff training records indicated that no staff had completed any specialist training in rehabilitation. However, training records did show that staff had completed training in specific conditions patients presented with. This included, but was not limited to, acquired brain injury, epilepsy, dysphasia and tracheostomy care.

Requires Improvement

People with long term conditions

Managers gave all new staff a full induction tailored to their role before they started work. The service had a structured two-week induction programme that all new staff followed. The induction programme included essential training such as clinical pathways, rehabilitation and communication difficulties.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff appraisals did not meet the hospital target of 90%. Data for June 2022 showed 77% of staff had received a yearly appraisal. However, this was an improvement from March 2022 when the figure was 61%.

Managers supported staff to develop through regular, constructive clinical supervision of their work. The hospital manager said they had made changes to the supervision process to make it a more supportive process for staff. However, staff supervision rates in June 2022 were below the hospital target of 90%, with only 82% having received a supervision session.

The clinical educators supported the learning and development needs of staff. The hospital manager, with the support of the human resources department and the clinical educator were reviewing the training programme. This was to enable staff to train in specific skills relevant to their job role and support their career progression.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multidisciplinary meetings were held weekly and were attended by all disciplines of health care staff.

Staff worked across health care disciplines to care for patients. Staff from all disciplines said they worked well together. Rehabilitation and therapy plans were developed by the therapy staff but were strongly influenced by the information about patients' progress provided by the nursing and rehabilitation assistant staff.

Staff referred patients for mental health assessments when they showed signs of mental ill health, such as depression. Staff had access to a consultant psychiatrist to assess and advise if patients were demonstrating mental ill health. The psychiatric consultant routinely reviewed all patients accommodated in the Rachel Macmillan Unit.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service provided care 24 hours, 365 days a year. Therapy staff were available six days a week, dependant on their roles. There was access to pharmacy advice seven days a week. A doctor was on site seven days a week and available remotely for advice in the evenings and overnight.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff completed training about consent, mental capacity and deprivation of liberty safeguarding. Staff demonstrated a good understanding about consent and the Mental Capacity Act.

Requires Improvement

People with long term conditions

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff recorded consent clearly in the patients' records

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Records showed, where capacity to make specific decisions was unclear, mental capacity assessments were completed and best interest decision making processes were followed.

Managers monitored the use of Deprivation of Liberty Safeguards. The use of Deprivation of Liberty Safeguards was reviewed at each hospital governance meeting. This included the number of patients who the hospital assessed as needing a Deprivation of Liberty Safeguards authorisation, the number who had an authorisation in place, the number of applications pending and the number of expired Deprivation of Liberty Safeguards.

Are People with long term conditions caring?

Requires Improvement

Our rating of caring stayed the same. We rated it as requires improvement.

We are improving how we hear people's experience and views on services when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. At this inspection, we used this communication tool with nine patients so they could tell us about their experience.

Compassionate care

Not all staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff closed patients' bedroom doors, bathroom doors and drew their curtains when delivering care and treatment to protect the privacy and dignity of patients. A patient said that staff maintained their privacy and dignity when they used the bathroom.

Patients said most staff treated them well and with kindness. Comments from some patients included 'nursing care is superb", "staff have time for you, they listen to you" and that the day staff were amazing. However, not all patients were happy with how staff treated them, specifically at night. Concerns raised included: staff were not helpful; staff made patients feel like they had done something wrong when they used the call bell to request assistance; staff stopped patients getting out of bed at night when that was the patients wish; staff did not listen to patients; and some staff were abrupt and uncaring when carrying out personal care. We escalated these themes about staff to the hospital manager.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff demonstrated in conversation an awareness of how having a significant neurological impairment affected both the patient and their family's life. There was an awareness amongst staff of the fact both patients and families may be going through a bereavement type process whilst they adapted to a new lifestyle. There

Requires Improvement

People with long term conditions

was also an awareness of how the restrictions in response to the COVID-19 pandemic had affected both the wellbeing of patients and their families. One relative spoke about how staff had accommodated multiple telephone calls and video calls each day so they were kept updated about their family members care and progress and they could keep in contact with them.

The hospital had recently appointed a consultant psychologist, and was in the process of appointing an assistant psychologist. This was to give patients additional emotional and psychological support to help them manage their emotional responses to their illnesses and conditions.

Understanding and involvement of patients and those close to them

Not all staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff did not make sure all patients and those close to them understood their care and treatment or supported all patients to make informed decisions about their care. Not all patients were happy about their involvement in making decisions about their care and treatment. Some felt staff did what they wanted rather than what they, the patient, needed or requested. However, other patients felt staff supported them in decision making. One patient explained how staff respected them and had involved their family in their discharge plans by training their family on how to use the specialist equipment. Records indicated staff included patients and their families or people important to them in the initial assessment and care planning process, reviews and discharge planning.

Staff did not always speak with patients, families and carers in a way they could understand, using communication aids where necessary. A variety of communication aids, specific to individual patients, were used to support communication. However, our conversations with patients showed that patients who had no, or limited verbal communication were less happy with the service than those who could communicate verbally.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There was a formal process that families and patients could use to give feedback about the service. This included feedback forms and patient and relative forums.

Not all patients gave positive feedback about the service. Reasons for this included not being happy with the attitudes of staff, not being listened to and not being involved in making decisions.

Are People with long term conditions responsive?

Requires Improvement

Our rating of responsive stayed the same. We rated it as requires improvement.

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

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Requires Improvement

People with long term conditions

Managers planned and organised services so they met the changing needs of the patient group. The hospital admitted patients requiring neurorehabilitation from the South East and London. The hospital offered four pathways: acute rehabilitation pathway; acute neurobehavioral pathway; extended rehabilitation pathway; and complex care pathway. The different pathways were for differing lengths of time and included differing levels of therapy input.

Facilities and premises were mostly appropriate for the services being delivered. Patients had private rooms, which supported their privacy and dignity and allowed them to see their visitors in private. Private bedrooms also ensured there were no mixed sex breaches. There were dedicated rehabilitation gym areas. However, therapists said that patients were sometimes distracted during therapy sessions as there may be more than one therapy session happening in the gym at the same time. There were suitable outdoor areas, including extensive garden areas, that patients could access with the support of staff. The Rachel MacMillan Unit had an area where patients could mix and socialise if they wished to. In Hardwick House, the communal area was the atrium. This area was used as a passageway to connect different areas of the building and was used for the storage of moving and handling equipment as well as cleaning trolleys. It did not make it a relaxing communal area for patients to socialise.

Meeting people's individual needs

The service did not always take account of patients' individual communication needs. However, they took account of most patients' preferences.

The hospital was adapted to meet the needs of patients using the service. All patient areas, including the outside grounds, were wheelchair accessible. There were sufficient moving and handling aids to meet patient needs.

Although staff had access to communication aids to help patients become partners in their care and treatment, staff did not always meet the information and communication needs of patients with a disability or sensory loss. Speech and language therapy staff assessed patient communication needs, provided guidance for staff about how to best communicate with patients and arranged for suitable communication aids for patients. However, some patients with no or limited verbal communication did not feel listened to by staff or involved in decision making which left them feeling frustrated.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Most patients we spoke with were happy about the choices of food provided. The catering service worked with patients and the therapy staff to plan menus that met patients' individual needs and wishes. For one patient this meant that they had steak and chips for their main meal six days a week and fish and chips on a Friday, as this was their preferred choice of diet.

Access and flow

People could access the service when they needed it and received the right care promptly.

Patients were referred to the service from other services and providers. New referrals were discussed by the admission committee to identify the suitability of the patient for rehabilitation based on the information received. Once approved the hospital worked in partnership with commissioners to admit the patient.

Patients received treatment within agreed timeframes and managers and staff worked to make sure patients did not stay longer than they needed to. Patients planned length of stay was determined by the pathway they were admitted under. Detail on the service's website showed that the acute neuro rehabilitation pathway was commonly three to five

Requires Improvement

People with long term conditions

months long, the acute neuro behaviour pathway four to 12 months and the extended rehabilitation pathway six to 24 months long. The multidisciplinary team carried out periodic reviews at set intervals of the patient pathway to review progress and make necessary changes to support the patient to achieve their goals and rehabilitation within the pathway time scale.

However, at the time of the inspection there were a significant number of patients who were no longer receiving active rehabilitation and were on the complex care pathway. Detail on the service's website showed that this pathway was for patients who had reached their recovery potential, but still needed specialist care. The website detailed the length of stay for this pathway was long-term, with a maximin of lifelong care. The hospital manager said the reason for the large number of patients on this pathway was that there was a lack of other care facilities that could provide the specialist care for these patients.

Staff planned patients' discharge carefully, particularly for those with complex care needs. On admission, staff carried out nursing, therapy and psychological assessments for all patients. As well as informing the rehabilitation plan, staff used the initial assessments to start planning for the patient's discharge. Information from patient reviews informed the discharge plan and the information was shared with other agencies to allow for continuity of care once the patient was discharged.

Patients received a full programme of rehabilitation. Therapy sessions had increased and patients on the active rehabilitation pathways received seven therapy sessions a week.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. Most patients told us they knew how to raise a complaint and felt confident to raise a complaint or discuss any concerns they had about the service. The service's website included detail about how to make a complaint. The feedback forms available throughout the hospital also gave opportunity for patients and their families or people important to them to raise any concerns or complaints they had about the service.

Managers investigated complaints, identified themes and learning was used to improve the service. Records of complaints showed they were investigated thoroughly, and responses were given to the complainant. Responses included any actions the service had taken to make improvements in response to the complaint. Themes from complaints were shared with staff in team meetings and briefings. Current themes included cleanliness of the environment, lack of bedside lights and the process around testing for urine infections. Staff demonstrated that action was being taken to address these.

Are People with long term conditions well-led?

Requires Improvement

Our rating of well-led improved. We rated it as requires improvement.

Requires Improvement

People with long term conditions

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The hospital had a clear leadership structure. The chief executive, who had been appointed since our last inspection of this service in January 2022, was also the chief executive across the Renovo Group which included other hospital and care home providers. The immediate leadership of the hospital was by the hospital manager, who had submitted their application to CQC for registration as manager of the service. They were supported by a director of nursing and quality (a role that had been created since our last inspection), head of quality and governance, head of therapies, an education lead, a support services lead and an estates manager.

Leaders were visible and approachable. Staff said they had regular meetings with the hospital manager, and they had confidence in them. They believed they would do what they said they would do, and they gave several examples where they had done that. Staff said they felt 'safe' under their leadership.

Leaders understood and managed the priorities and issues the service faced. Since their appointment in March 2022, the hospital manager had reviewed the findings for the last CQC inspection, had spent time with staff and reviewed processes. They demonstrated a good understanding of the issues faced by the service and was prioritising the order in which the issues needed addressing.

Vision and Strategy

The service did not have a developed vision or strategy for what it wanted to achieve.

Although the company's website detailed a mission statement of "to be recognised as the leading provider of neurorehabilitation services to the communities we serve by consistently providing high quality care that promotes and supports the best rehabilitative outcomes" there was no defined strategy to deliver the mission statement.

The hospital manager said they had a vision for how they wished the service to develop and could describe that vision. However, at the time of the inspection a strategy to realise that vision had yet to be developed. The hospital manager explained that their immediate focus was on ensuring the hospital provided a safe service to patients before developing the vision and strategy with the input of staff and stakeholders.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service was developing an open culture where patients, their families and staff could raise concerns without fear.

Staff felt valued and supported by all leaders and spoke highly of their jobs. All staff we spoke with said engagement and communication had significantly improved with the new leadership team. They felt involved and were kept updated about what was happening within the organisation.

Staff and their leaders were focussed on the needs of patients. Staff spoke with pride about how they supported patients with their recovery. They described it as being one of the things they were most proud of.

Staff at all levels across the organisation displayed openness and honesty. The hospital manager was candid about the challenges and areas for improvement still faced by the service. Staff demonstrated their individual and joint accountability to improve the service and ensure patients received high quality care and treatment.

Requires Improvement

People with long term conditions

The hospital manager had identified that staff previously were not supported or encouraged to raise concerns. All staff we spoke with said they felt they could raise concerns and that they would be listened to and taken seriously. A relative we spoke with also said that they were confident to raise concerns and that they would be listened to and taken seriously. However, information from some patients indicated a poor culture relating to some of the night staff, with patients stating they were not being listened to and being treated dismissively.

Governance

Leaders had introduced new governance structures and processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Leaders had introduced new governance structures and processes that were still in the process of being embedded. This included, for Hollanden Park Hospital, daily safety huddles, monthly clinical governance meetings and monthly operational performance meetings. Information from these meetings fed into the organisation's weekly patient safety meetings, and organisation's monthly clinical governance meetings, operational performance meetings, the patient safety and clinical quality board report and the performance board report. All meetings had a set agenda. Records of the hospital governance meeting showed the agenda was adhered to. The meeting included review of incidents, audit results, review of complaints and compliments, risk register, review of staffing and compliance with mandatory training, supervision and appraisal figures. There was feedback from nursing team meetings and therapists team meetings. Actions from previous meetings were reviewed and new actions were identified and allocated to a named member of staff to be responsible for ensuring the action was completed. Actions were only recorded as complete when there was assurance the actions were embedded into daily practices. Records of the organisation wide governance meetings showed information from the hospital governance meetings was reported on in the organisation wide governance meetings.

Staff were clear about their roles and accountabilities. The service had a reporting structure that identified who staff were accountable to. Staff showed they knew who they directly reported to. They were confident that issues they reported were fed up into the organisation and acted on where possible.

The service had processes to share information with staff from the senior leadership teams. This included the use of daily briefings, team meetings and notices such as the Friday Feedback notices. Staff said they received information about what was happening in the hospital and the organisation.

Management of risk, issues and performance

There were limited processes to monitor and manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

There were limited processes to monitor and manage performance. Performance such as staffing, including training, supervision, appraisal and staff absence were monitored on a performance dashboard. Bed occupancy, admission and discharges were also monitored through the dashboard. However, there were no set key performance indicators for the service to measure itself against in relation to care and treatment of patients. This was confirmed by the hospital manager.

The service had an updated audit programme. This included audits of the general environment, patient care records including risk assessments and care plans, medicines management and infection prevention and control. However, this did not always provide assurance about the quality of the service. Audits of patient records were completed but did not consider the quality of the records or whether the record, such as a care plan, actually met the needs of the patient.

Requires Improvement

People with long term conditions

The service used an electronic risk register to record and monitor actions taken to manage risk. Governance meeting records and the risk register showed risks were reviewed. Mitigating actions recorded on the risk register were detailed and appropriate to reduce the level of risk. However, there were some risks identified during the inspection that were not included on the risk register. This included the risk of patients, in particular those with no or limited verbal communication, not being listened to, not being supported to make decisions and not being involved in the planning of their care or treatment.

Information Management

The service had started to collect data and analyse it. The information systems were integrated and secure.

The hospital had started to collect reliable data that could be analysed, managed and used to support its activities, using secure electronic systems with security safeguards. A programme of audits had been developed to help monitor performance of the service. The audit process was just beginning, so there was limited data yet to measure performance.

Information was held securely. Patient records, except for fluid and food charts, communication plans and therapy plans, were held electronically. All staff had individual log in passwords and all terminals were locked when not in use.

Engagement

Leaders and staff actively and openly engaged with patients, their relatives and staff to plan and manage services.

Leaders actively engaged with staff. The hospital manager held several meetings in different formats, including one to one meetings, team meetings and staff forums to gather feedback and share information with staff. The hospital manager positively encouraged staff to share their views and wishes for the service. Staff said the hospital manager actively sought their views and opinions.

Relative forums and patient forums had been re-introduced to gather the feedback about the service. Staff said patient forums included patients with communication difficulties, including non-verbal patients. However, as these had only recently been reintroduced there was no information to demonstrate how well patients with limited or no verbal communication were actively involved in this process. “Listening to you” forms were available for relatives and patients to complete. Patients and their relatives could include any information, including ideas for improvements, on the forms.

A patient satisfaction survey was carried out in April 2022. However, the survey was not effective in supporting the service plan and manage the hospital. The survey included responses from patients at Hollanden Park Hospital and patients from one other neuro rehabilitation hospital in the organisation. There was no way to identify which responses came from patients at either Hollanden Park Hospital or the other hospital. The results of the survey resulted in recommendations for both hospitals to consider. The hospital manager said that one of the changes being made at Hollanden Park Hospital was to re-introduce the roles of named nurses. This was in response to 66% of respondents not knowing whether there was one nurse (keyworker) in overall charge of their care and 16% responding no to the question.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Requires Improvement

People with long term conditions

Leaders and staff demonstrated a commitment to making improvements to the service. The service had a quality improvement plan that was reviewed monthly. The plan tracked and recorded actions taken to make improvements in response to the previous CQC inspection and any areas for improvement identified by the service.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patient emergency evacuation plans were not fully relevant to each individual patient. Staff on the Rachel MacMillan Unit did not know the procedure for accessing the emergency trolley. Not all handwashing facilities met national guidance. Staff did not always fully follow the medicines management policy.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have have a process to effectively monitor outcomes for patients and benchmark their performance against other similar services. The audit programme was not embedded into normal practices.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff supervision was not carried out in accordance with the hospital policy and targets. The service had not considered the guidance in the British Society of Rehabilitation Medicine standards about staff training and staff skills requirements. This included the provision of rehabilitation training.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Not all staff actively listened to patients and enabled patients to make decisions.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Staff did not have the skills and tools to effectively communicate with all patients, including patients who had none or limited verbal communication. There was no process for staff to follow to monitor the pain levels of patients who were not able to verbally communicate.