Solent NHS Trust

Quality Report

Medina Road, Portsmouth
PO63NH
Tel: 02392324034
www.solent.nhs.uk

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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.

Summary of findings

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Summary of findings

Overall summary

Jubilee House is an inpatient unit situated in Cosham, Portsmouth, and is part of Solent NHS Trust. It has 25 beds in total, and approximately five of these are for people at the end of their life. The unit admits adults aged 18 years and older who are registered with a Portsmouth GP.

During our visit we observed how people were being cared for, we talked with staff, families and patients and reviewed patients' care and treatment records.

Staff were able to describe the systems they used to keep patients and themselves safe. There was clear evidence of swift and appropriate follow-up to issues of concern, and this directly led to improved practice.

We heard that patients' care benefited from multi-disciplinary work. There were sufficient numbers of staff in appropriate posts to deliver a high quality and sustainable service.

All patients and family members we spoke with told us of the high quality of the service they received at or through Jubilee House. They commented on the compassionate and sensitive approach of staff. We heard that patients were treated with dignity and respect, and that staff worked with patients and families to deliver the personalised care they wished to have.

Jubilee House was responsive to the needs of the patients who used the service. There was an excellent multi-disciplinary focus on delivering care effectively and in a timely manner.

The Trust had recently employed two new senior managers for Jubilee House. Staff told us this was proving to be supportive to them and to their unit sister. They told us there was a management focus on quality and governance, and that this translated into a very good service to the people they served. They said they felt encouraged and supported to deliver this service.

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?

Services were generally safe. There were arrangements in place to minimise risks to patients and to staff. Staffing levels were appropriate to the needs of the service. There was a consistent approach to reporting incidents and these were generally well followed up and the results fed back to staff. There were effective systems in place to learn from any reported incidents.

Are services effective?

Services were generally effective, evidence-based and focused on the needs of the patients and their families. We saw and heard of some examples of excellent collaborative practice, and this added value to the experience of the patient being cared for.

Are services caring?

Services were caring. Patients and their families told us how well cared for and well supported they felt by the end of life care services. All care was delivered with specific knowledge, great compassion and respect.

Are services responsive to people's needs?

Services were responsive to the diverse needs of the populations they served. We found that they took note of individual requirements and ensured that anyone who wished to access the service was enabled to do so.

Are services well-led?

Services were exceptionally well-led in Jubilee House, with effective direction, planning and clear decision-making and communication. Risk management systems were in place, and staff were fully aware of their responsibilities in reporting and in implementing new practice

Summary of findings

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

Community inpatient services

We found that the service at Jubilee House was safe, effective, caring and responsive to the needs of the people it served.

Services were generally safe. There were arrangements in place to minimise risks to patients and to staff. Staffing levels were appropriate to the needs of the service. There was a consistent approach to reporting incidents, and these were generally well followed up and the results fed back to staff. There were effective systems in place to learn from any reported incidents.

Services were generally effective, evidence-based and focused on the needs of the patients, and their families. We saw and heard of some examples of excellent collaborative practice and this added value to the experience of the patient being cared for.

Services were caring. Patients and their families told us how well cared for and well supported they felt by the end of life care services. All care was delivered with respect, specific knowledge and great compassion.

Services were responsive to the diverse needs of the populations it served. We found that they took note of individual requirements and ensured that anyone who wished to access the service was enabled to do so.

Services were exceptionally well-led in Jubilee House, with effective direction, planning and clear decision-making and communication. Risk management systems were in place, and staff were fully aware of their responsibilities in reporting and in implementing new practice.

Summary of findings

What people who use the community health services say

Because of the nature of the service, we were not able to speak with all people receiving care during our inspection. However, the inpatients and their family members who we did speak to gave overwhelmingly positive comments, and described the compassion and care that the staff delivered.

We heard that patients were involved with choices about their care, and that care and treatment was delivered in a timely manner. They told us there were sufficient staff to attend to their needs and that they did not have to wait for care to be delivered.

Family members told us that staff took time to have discussions with them and to check if they needed any further information or service.

Areas for improvement

Action the community health service SHOULD take to improve

The service should consider promoting the use of peer review for nursing staff who work as independent prescribers in Jubilee House. This would add value to the service with an increased level of confidence and a quality parameter aimed at improving enhanced practice.

Action the community health service COULD take to improve

Senior nurses from all Solent palliative care teams could meet with their counterparts for mutual support and to agree parameters for practice and review.

Good practice

Our inspection team highlighted the following areas of good practice:

Jubilee House inpatient unit has excellent working relationships with the specialist community palliative care team, which is co-hosted in the same building. This provides an assurance of pro-active and co-operative team working, which directly benefits patients and families who use the service.

Solent NHS Trust

Detailed Findings

Services we looked at:
Community inpatient services;

Our inspection team

Our inspection team was led by:

Chair: Stephen Dalton, Chief Executive Mental Health Network, NHS Confederation

Head of Hospital Inspections: Anne Davis, Care Quality Commission

The team included a CQC inspector, a specialist advisor who was a doctor with a background in palliative care, 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 Solent NHS Trust

Jubilee House is an inpatient unit situated in Cosham, comprising of 25 beds in total. The unit admits adults 18 years and older who are registered with a Portsmouth GP.

The unit has two roles:

1. To carry out assessments for patients who are deemed to require continuing healthcare need assessment, to ascertain their long term needs. As part of this process, patients currently receive a physiotherapy and occupational therapy review to ensure that no opportunity is missed to maximise their independence. A multidisciplinary team comprising nurses, a physiotherapist and an occupational therapist work together, in collaboration with GP and social work colleagues who in-reach into the unit, to plan the patient's discharge to the most appropriate environment with whatever support is needed.
2. To provide end of life care for patients who are in the last stages of life.

The Community Specialist Palliative Care Team are co-located in the same building, which enables this inpatient unit to work closely with that team. The service operates in a collaborative and coordinated way across primary, secondary and community health services and social care. This ensures timely and smooth transfers of care, reduces delays within the system and ensures patients receive appropriate care in the appropriate setting. The nursing care offered is specialist, and provides high quality end of life Care and palliative care.

Why we carried out this inspection

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

Detailed Findings

How we carried out this inspection

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 looked at the following core service area at inspection:

- Community inpatient services

Before visiting, we reviewed a range of information that we hold about the community health service and we asked other organisations to share what they knew about the location. We carried out an announced visit 18 March 2014. During our visit we observed how people were being cared for and we talked with staff, carers and/or family members and reviewed personal care or treatment records of patients. We visited Jubilee House inpatients unit and the palliative care teams in Portsmouth and Southampton.

Community inpatient services

Information about the service

Inpatients are cared for in Jubilee House in Cosham, Portsmouth. This is a unit with 25 beds for patients requiring end of life care, or nursing care for long term conditions.

As part of the inspection, we visited the inpatient unit at Jubilee House. We spoke with approximately 17 people, including patients, staff and relatives, and reviewed information from comment cards that were completed by people using the services. We observed care and treatment, and looked at care records. We also reviewed performance information about Solent NHS Trust.

Summary of findings

We found that the service at Jubilee House was safe, effective, caring and responsive to the needs of the people it served.

There were arrangements in place to minimise risks to patients and to staff. Staffing levels were appropriate to the needs of the service. There was a consistent approach to reporting incidents and these were generally well followed up and the results fed back to staff. There were effective systems in place to learn from any reported incidents.

Services were generally effective, evidence-based and focused on the needs of the patients and their families. We saw and heard of some examples of excellent collaborative practice, which added value to the experience of the patient being cared for.

Patients and their families told us how well cared for and well supported they felt by the end of life care services. All care was delivered with respect, specific knowledge and great compassion.

Services were responsive to the diverse needs of the populations they served. We found that they took note of individual requirements and ensured that anyone who wished to access the service was enabled to do so.

Services were exceptionally well-led in Jubilee House, with effective direction, planning and clear decision-making and communication. Risk management systems were in place, and staff were fully aware of their responsibilities in reporting and in implementing new practice.

Community inpatient services

Are community inpatient services safe?

Safety in the past

We found that systems to keep people safe from harm or abuse had been in place, and staff had been trained to ensure they recognised signs of abuse or potential abuse.

There was an effective process for reporting and managing incidents. Staff felt confident about the procedure to report incidents, and said they were actively encouraged to report these. There were no current serious incidents requiring investigation, and one medication incident was being investigated. This incident had happened on a different unit, but 'lessons learned' were being investigated by Jubilee House to ensure their good practice was upheld.

The service actively worked on the trust's commitments to reduce pressure ulcers by 35%. The trust's rate for new pressure ulcers was typically above the national average, but it was following the England trend of a general decrease in new pressure ulcers and most of these occurred in the community. The trust required staff to report all grade 2, 3 and 4 pressure ulcers, and had introduced processes to review all incidents to identify if avoidable or unavoidable. The trust's rate for falls with harm was above England's average for most of the previous 12 months, but it had started to reduce. In February 2014, the unit reported three pressure ulcers, but noted that they were "unavoidable" due to the poor physical condition of the patients involved.

We had some concerns about the lack of medical cover available out of hours. However, the current GP contract is under review, and this will be addressed as an area requiring attention.

Learning and improvement

We saw evidence of learning, and the action that took place, from any incidents and as a result of performance monitoring. Incidents were recorded appropriately and in a timely manner.

Electronic notes were shared with community nurses to increase the level of communication available to all teams. Staff told us there was a culture of openness and learning, and of effective joint working with the community matrons.

There was planned shared learning between the Jubilee House team and the inpatient units of the local general hospital. It was hoped this would minimise delays in transfers of patients, and ensure that all necessary pre-transfer procedures were carried out effectively.

Systems, processes and practices

There were reliable systems in place to maintain the safety of patients and staff.

Jubilee House had a well-defined admissions criteria to ensure that suitable patients were identified and could access the service by appropriate referral. The criteria clearly indicated the need for palliative care after acute service intervention was no longer necessary, and the person's preferred place of death was in a location with full nursing care available. Jubilee House did not provide planned respite care or carer relief.

We read a well-structured patient assessment proforma and saw that records were input using the RIO electronic notes system. This meant that patient records were stored in accordance with the Trust's policy and allowed access by those with the appropriate authority.

All staff had received mandatory and statutory training in the key areas of medication, fire safety, infection prevention and control, falls prevention and safeguarding of adults and children. Staff we spoke with were clear about their responsibilities regarding safeguarding, and understood how to escalate concerns swiftly and through the appropriate channels.

Staff followed the trust's guidance on 'bare below the elbows' and hand hygiene. We observed staff using portable hand gels before and after patient contact while delivering care. They also used personal protective equipment, such as aprons and gloves.

The rooms we inspected were fit for purpose, clean and had effective infection control mechanisms in place.

All equipment in use was in a fit state of repair and well maintained. Contracts for annual checks of equipment were in place.

Monitoring safety and responding to risk

Patient records clearly demonstrated that staff used nursing care pathways effectively. Any issue regarding patient safety was discussed with other relevant colleagues and actions were then able to be taken if patients were identified as being at risk. For example, root cause analysis

was carried out by senior nursing staff where required. This enabled the teams to put appropriate action plans in place to aid improvement where any area of error had been identified.

Medications management was actively reviewed. Audits of syringe drivers were in place and this ensured that senior staff were constantly aware of these and their associated potential risks.

We noted that while some nursing staff were independent prescribers, this was not always actively peer reviewed. This was a missed opportunity to develop practice and to maintain a high level of safety.

There were sufficient staff to manage patients safely and have time for social interactions with patients and families. Staff said they were actively encouraged to raise any queries about day-to-day issues, and they felt this was dealt with supportively and quickly by their unit sister and new matron.

Anticipation and planning

Systems and processes were in place to identify and plan for patient safety issues in advance. Areas of key concern, such as safe staffing levels, infection control policies and emergency plans had been addressed.

However, staff told us about issues that were of concern to them. These were related to the “late transfer” of patients who were in the last stages of their life. We heard that on one occasion, a patient arrived on the unit and died soon afterwards. This situation was dealt with compassionately and robustly by the staff of Jubilee House. Nevertheless, they told us they did not yet have firm assurance that patients would always be transferred to them in a timely and planned manner. The acute hospital gave the reasons for substantial delayed transfer of care as the inadequate provision of timely pharmacy intervention, and an on-going issue with delays in transport because of the backlog caused by pharmacy.

Staff routinely carried out appropriate risk assessments to identify patients who may be at risk of harm. These risk assessments included pressure ulcers, venous thromboembolism, falls, nutritional support and infection control risks. The results of these were documented in patient records and notified to multi-disciplinary team members as necessary. Individualised care plans were then actioned and reviewed as necessary. The staff of Jubilee House had regular contact with other staff such as GPs, district nurses and social workers. This meant that all staff likely to be involved in someone’s care were kept fully informed of changes in their condition, and this was reflected in changes to risk assessments and care plans.

Are community inpatient services effective?

(for example, treatment is effective)

Evidence-based guidance

Practice was evidence-based and was aligned to approved care pathways for end of life care. The trust had collated its response to the withdrawal of the Liverpool Care Pathway, and this demonstrated well-evidenced guidelines for the near future.

Mental Capacity Act training had been undertaken by all nursing staff, and they were clear about their safeguarding and consent responsibilities, particularly with regard to 'Do not attempt Resuscitation' (DNAR) forms and Advanced Directives.

Monitoring and improvement of outcomes

Jubilee House actively monitored and improved quality care and treatment by the use of specific measurements. They used extensive amounts of data and key metrics to regularly review their practice, and to provide benchmarks against others. The team audit their Gold Standard Framework meetings, and use patient satisfaction surveys to highlight areas in which delivery of care and support may be improved. The results of these inform future practice.

Staffing, equipment and facilities

Staffing levels were appropriate for the inpatient team. There were sufficient staff to provide a competent, flexible and knowledgeable team. This meant that patients were kept safe and received the right level of care. Staffing levels were sufficient to enable compassionate care to be delivered to patients and their families, as there was sufficient time for social interactions.

The Jubilee team had a skilled administrator, and this provided a sound back-up for the rest of the clinical team. This had a positive and direct effect on the high level of service able to be delivered, and was an efficient use of personnel resource.

Community inpatient services

Training was delivered across the trust, to fulfil both mandatory and statutory requirements.

Multidisciplinary working and support

Jubilee House worked in a collaborative and multi-disciplinary manner. They shared information efficiently, and met people's needs. Joint evaluation led to swift decision making and appropriate changes to care where necessary.

Jubilee House had a robust mechanism for entry to the unit for end of life care. Specific criteria was in place to inform safe and timely transfers from other acute services. This enabled people to very quickly access the end of life or palliative support they may need.

Are community inpatient services caring?

Compassion, kindness, dignity and respect

We visited Jubilee House to observe the interactions and support needs. We did not view personal care being delivered. We spoke with patients and their families, read care notes and the quality reporting sheets. The care delivered was consistently of the highest standard. Patients were cared for according to their specific needs and requests. We saw evidence of "intentional rounding". This is a method where the patient is regularly checked for comfort needs. Staff are able to check the patient's food and fluid input, change their position, care for their mouth and hold conversation with the patient or their family members.

Patients told us they felt safe and well-cared for. We heard many positive comments about the nursing care. Other comments we heard clearly demonstrated staff at all levels of the organisation, and in many different professions, were delivering care of the highest possible standard.

Informed decisions

Patients, family and friends all told us they were kept well informed, and were dealt with and cared for in a highly respectful manner. We saw staff behave in a compassionate and professionally appropriate manner, giving care where required and helping patients to be self-sufficient where they wished to be.

Care plans that we read were highly detailed and had appropriate risk management plans to be read alongside them. Planning for the future was designed and planned in advance so that everyone could have an agreed idea of what the likely pathway of care should provide. An individual's requirements were taken into consideration when these care packages and pathways were written.

Emotional support

Staff addressed patients in their preferred manner, gave choices and respected changes of preferences. The staff we spoke with had extensive training in communication skills and how to handle "difficult" conversations in a proactive and compassionate manner.

Patients and families felt well-supported by the staff and told us they had warm and trusting relationships with them. They told us they felt supported to have emotional and distressing conversations, knowing that they would be helped and supported in a warm, confidential and compassionate manner.

Are community inpatient services responsive to people's needs?

(for example, to feedback?)

Meeting people's needs

Jubilee House assessments were carried out by a multi-disciplinary team. The community specialist palliative care team were located in the same building, which enabled the inpatient unit to work closely with them. This meant that patients benefitted from a physiotherapy and occupational therapy review where this was deemed helpful and appropriate.

Care plans and patient records were person-centred and met people's needs, maximised comfort and demonstrated the delivery of a very good service.

We saw that the diversity of patients was fully recognised with support mechanisms put into place. These incorporated translator services, where a translator visited the patient to fully establish what their specific requirements were if their first language was not English. Audio tapes, Braille publications and language-specific information were also available. We heard that some leaflets were being produced in an easy-to-read format, as these had been assessed as a possible need for people who wished to use the service.

Community inpatient services

Because staff had undertaken mandatory training in the safeguarding of children and vulnerable adults, they were aware of their responsibilities and requirements of the Mental Capacity Act 2005.

Where necessary, staff had performed mental capacity assessments if patients could not make decisions for themselves. Where these had been carried out, this was clearly documented in a patient's notes. Where patients lacked capacity to make decisions about their on-going care, staff actively sought involvement from family members or their representatives. If this was not possible, multi-disciplinary staff teams made the decisions about assessments, treatment and care in the "best interests" of the patient. Patient's representatives were involved where this was possible.

Access to services

Patients accessed the inpatient service by direct referral, often from an inpatient unit in the local hospital. Once the referral was agreed, transport and pharmacy requirements were scheduled to expedite the transfer.

Once on the Jubilee House site, they had access to nursing, psychology, and a range of therapeutic inputs.

Care co-ordination

The Jubilee House inpatient service operated in a collaborative and coordinated way across primary, secondary and community health services and social care. This ensured a timely and smooth transfer of care by reducing delays within the system and ensuring patients received appropriate care in the appropriate setting.

There was much cooperative inter-agency work with local social work teams and integration with GP teams. This provided a high degree of co-operative working.

Staff accessed equipment in a timely manner and this ensured that specific care could be carried out according to the changing needs of the patient.

Learning from experiences, concerns and complaints

Jubilee House had a robust reporting mechanism for collating data. This formed part of their extensive quality auditing and analysis system. Quality measures included the total number of serious incidents, the number and grade of pressure sores, falls, safeguarding issues, complaints and compliments, and patient feedback received. By collating this data, the unit could track events and see if any patterns emerged so that they could be actively managed.

Medicines management was also highlighted for current or recent issues. For example, one patient had arrived from the local hospital without their 'take home' medications. This was raised as an issue with the ward they had left, to determine how this had happened and if lessons could be learned from this incident.

Staff meeting minutes addressed any areas of concerns and detailed action plans were put in place to action appropriate change in a timely manner.

Are community inpatient services well-led?

Vision and strategy

The Jubilee House team benefitted from exceptional local leadership. The unit sister was well-established in post, and she was in turn supported by a new matron and a new senior manager. Staff on the unit said this unit was well-managed by senior staff, who were aware of the needs of the patients they cared for, the families and the staff working for them.

Staff also told us they felt appreciated and valued by their ward sister, and said she took time to support their educational and emotional needs.

All staff we spoke with were able to describe the trust's governance framework, and what that meant when applied to their practice. They described a clear decision-making framework, which was known to all staff. They said they were aware of and fully committed to the trust's strategy and vision, known locally as the 'Solent quality wheel.'

Governance arrangements

Quality management parameters were part of team meetings and staff could identify where they thought their team needed further resource, or could further improve. Clinical audit took place in the specialist palliative care team. However, it would be beneficial if this practice audit could extend to Jubilee House, who use independent prescribing within the extended service. This would provide a clear benefit of rigour to the role of independent practice.

Community inpatient services

Information relating to performance parameters and key objectives was in place, and was discussed at team meetings. This meant that staff were aware of incidents, performance and future plans they may be working towards. Any identified risks to the service were escalated to the Board through governance frameworks, committees and steering groups. Where risks had been identified to the service, information sharing took place at a multi-disciplinary level to ensure a robust action plan was known and acted upon in a timely manner.

Leadership and culture

All the staff we spoke with were positive about their work and highly motivated to improve a good service.

The Jubilee House team had regular team meetings, which included planning for the future. They described an open and approachable leadership style with high visibility. They described a strong staff team voice able to work for the benefit of the patients and families they cared for, whilst knowing they would in turn be supported by their senior managers.

Staff described a clear vision of who they were, what they did and how they did it. Care support workers told us they knew the work they did was valuable, and how they felt they worked well with patients, families and multi-disciplinary staff.

We saw that their working practices were organised in a timely manner, and the team worked well together. All staff we spoke with displayed a pro-active and 'can-do' approach to their work. They described how the work could be stressful and emotionally wearing, but that they felt well-supported.

We have noted under the heading “Areas for improvement” a suggestion that senior nurses from all Solent palliative care teams could meet with their counterparts for mutual support and to agree parameters for practice and review.

Acting on feedback

Clinical audit took place in a safe and transparent manner, therefore helping the team to constantly evolve as the patient needs changed. Reporting mechanisms were in place, and the reporting systems were said to be strong. Peer review of independent practitioners did not take place regularly.

Staff were supported to attend further training to improve the service to patients. This meant that staff were further encouraged to develop their skills. This “striving for learning” demonstrated a clear executive regard for team sustainability and for evolving practice as a response to feedback received from patients, families and other staff.

Continuous improvement and innovation

Staff had benefitted from an extensive professional training programme. This was a mix of statutory and mandatory training. Some of this was online training. Staff told us this delivered benefit as they could refresh their training from the comfort of their own home. One person commented that they preferred “classroom based” training, as they thought it delivered further benefit because of the social interaction and exposure to other’s views.

There was much evidence of clear and effective feedback and guidance from senior managers.