Your Healthcare Community Interest Company

# Community health inpatient services

## Inspection report


22 Hollyfield Road
Surbiton
KT5 9AL
Tel: 02083398000
www.yourhealthcare.org



Date of inspection visit: 07 August 2022 to 11 August 2022
Date of publication: 21/10/2022


## Ratings

| Overall rating for this service | Good |
| --- | --- |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Our findings

## Community health inpatient services

**Good**

We carried out an unannounced comprehensive inspection of this service in line with our inspection methodology. This inspection included a follow up on our previous inspection in 2016 to see if improvements had been made at the service.

Cedars Ward at Grace Anderson Unit has 25 beds and provides nurse / therapy-led rehabilitation for adult patients registered to a Kingston GP. The ward is run by Your Healthcare Community Interest Company (CIC) and is based at Teddington Memorial Hospital.

The ward provides sub-acute care, treatment, and rehabilitation, including neurorehabilitation for adults which focuses on maximising the functional and physical abilities of the patient before they return home.

Patients are either admitted from home or a local acute hospital and include patients who require further therapy input and / or short-term care such as complex wound management or medication management. Admissions are open to patients over the age of 18 who are registered with a Kingston GP and who are suitable for the nurse-led rehabilitation the unit provides.

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff assessed risks to patients, acted on them and kept accurate care records. The service recognised and recorded safety incidents and learned lessons from them. Staff collected safety information and used it to improve the service. The service controlled infection risk well.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. Staff gave patients enough to eat and drink and gave them pain relief when they needed it. They provided emotional support to patients, families, and carers. The service made it easy for people to give feedback about their experience.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. All staff were committed to improving services continually. The provider was committed to promoting research.
- There was an effective system of governance that enabled the escalation of information upwards and the cascading of information from the management team to frontline staff. The service used regular audits to monitor and drive improvements in care. There was a good understanding of risks affecting the service and how these were being managed and a strong safety culture.

# Our findings

- Staff felt respected, supported and valued. There was a strong culture of teamwork

However:

- There were challenges with space on the unit. This meant the privacy of patients receiving physiotherapy was sometimes compromised and there was a lack of space for staff because of limited office space. The lack of storage space meant broken equipment had to be kept on the corridors until it could be removed.
- Patients on the ward were unable to access a gym that was located on the same floor as this was reserved for patients in the other ward within the hospital, run by a different provider. Access to the gym was currently outside of the lease agreement held.
- There was a general lack of activities available for patients. The provider had recognised this and recruited an activities coordinator who was due to start on the unit. Most patients were dressed in hospital issued nightgowns throughout the day, even though they were encouraged to bring in their own clothes to wear.
- The ward had identified the need for environmental modifications to make it more accessible and suitable for patients with dementia and cognitive impairment, but these had not yet been implemented.

**How we carried out the inspection**

You can find further 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.

To fully understand the experience of people who use services, we always ask the following 5 questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about this service.

The team that inspected the service consisted of 1 inspector, 1 inspection manager, a 1 specialist advisor, with experience working in community inpatient services and an expert by experience, someone who has experience of caring for an older adult.

During the inspection visit, the inspection team:

- Carried out structured observations of how staff were caring for patients
- Attended multidisciplinary meetings on the wards
- Spoke with the ward matron.

# Our findings

- Spoke with 15 staff members including registered nurses, health care assistants, physiotherapists, occupational therapists, non-medical prescribers (NMP) and the registered manager.
- Spoke with 10 patients and 2 carers and relatives
- Looked at the quality of the environment on each ward.
- Reviewed 7 patients' care and treatment records
- Reviewed documents related to the running of the service
- Reviewed feedback provided by the GP practice who provides medical support to the service Monday to Friday.

**What people who use the service say**

We spoke to 10 patients, 2 carers / relatives and reviewed feedback the provider had gathered through the most recent 'service users engagement survey' in June 2022.

Feedback we received was overwhelmingly positive about the service. Patients told us they were happy with the care and treatment they received, that staff treated them kindly and compassionately. They said that the food was good, and the environment was clean. The survey results indicated 100% of patients said they were treated with dignity and respect and 87% rated their overall experience as 'very good' or 'good'.

## Is the service safe?

**Good**

Our rating of this service improved. We rated it as good because:

**Incident reporting, learning and improvement**

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Incidents were recorded and reported using the provider's electronic recording system. Staff told us they understood the importance of reporting incidents. All staff knew what incidents to report and how to report them. Staff told us that they raised concerns and reported incidents and near misses in line with provider policy.

Discussion with staff, and observation of staff handover meetings and patient records indicated that staff reported serious incidents clearly and in line with the provider's policy.

Staff understood the duty of candour. Records prompted staff to give patients and families a full explanation when things went wrong. Staff received feedback from investigation of incidents, during handover meetings, and at team briefings, and routine general nursing meetings, and were aware of learning from recent incidents. Staff described a positive learning culture, where it was safe to acknowledge when they had made a mistake and share learning about this with the team.

# Our findings

There was evidence that changes had been made because of feedback. For example, we saw a recent incident where a battery for a defibrillator had not functioned, discussed in an all staff meeting where staff were advised spare batteries packs were now kept on the ward and a daily check on equipment had been introduced as a result.

The matron reported that a hypoglycaemia kit had been added to the emergency equipment in response to a serious incident. A protocol for its use was developed in partnership with the local acute trust.

At the last inspection we found that patient deaths were not being reported to CQC as required. This time we found that managers were reporting all notifiable incidents to the CQC as required. Managers investigated incidents thoroughly, using a root cause analysis approach, involving patients and their families in these investigations where possible. Staff confirmed that managers debriefed and supported them after any serious incident.

There were no serious incidents recorded on the ward in the year prior to our inspection visit. A summary of incidents in the last 6 months indicated that the most common incidents related to skin integrity, followed by accidents, infection control, medicines incidents and incidents related to discharge and transfer of patients from other providers. Most skin integrity incidents related to patients transferred from the local acute hospital with a pressure ulcer (acquired whilst in the acute hospital) and most discharge and transfer incidents related to transfer of patients from the acute ward with incorrect paperwork.

There was a business continuity plan regarding major incidents which was reviewed annually. It identified key contact details and a process for staff to follow. The plan covered electrical failure, telecommunications failure, and IT failure, although it had not anticipated a cyberattack which affecting access to patient records for several weeks which had impacted systems nationally.

**Safety performance**

**The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.**

The ward had a good safety record.

Staff collected safety thermometer data in relation to care provided to patients. The NHS Safety thermometer is a monthly snapshot audit of the prevalence of avoidable harms including pressure ulcers, catheter-related urinary tract infections and falls.

During the previous inspection, we found that safety thermometer information was not made available to nursing staff. This meant that safety performance did not appear to be reviewed regularly. This time we found safety thermometer data clearly displayed on notice boards, so that staff, patients, and their visitors were aware of the safety performance on the ward.

Between April 2021 and March 2022, the percentage of harm free care was reported separately for the ward. This was recorded as starting at 90% overall and reaching 100% in March 2022. The introduction of twice daily safety huddles and quality and safety rounds, improved teamwork, and communication at handovers to prioritise key issues as well as weekly checks had improved the safety.

# Our findings

A snapshot survey of VTE was carried out against all admissions between April 2021 and March 2022. This showed that overall score increased from 93% to 100% of patients having a VTE assessment within 24 hours of admission and prophylaxis given where appropriate.

Data provided to us showed a low number of pressure ulcers were developed by patients on the unit. One hundred per cent of patients admitted from April 2021 to March 2021 had a pressure ulcer risk assessment completed within 12 hours using a recognised risk assessment tool. We observed that any patients who had skin lesions or a skin integrity concern were discussed at the nursing handover and safety huddle and the care plan communicated.

A thematic review of falls incidents noted than none led to severe or catastrophic harm. Of the 17 falls recorded over the year prior to the inspection visit, 3 led to minor harm, 5 led to moderate harm and 9 led to no harm. Since the ward had introduced twice daily safety huddle meetings, there had been a downward trend in incidences of falls and a reduction in the severity of harm caused by falls.

**Cleanliness, infection control and hygiene**

**The service 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.**

Staff had completed training in infection control and were aware of the protocols in place to keep patients, themselves and others protected from infection. Compliance was over 85% for infection control training and at 95% for COVID-19 infection control training.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were adequate supplies of PPE available. At the time of our inspection visit the provider's guidance was for staff to wear masks in patient areas. We observed all staff to be compliant with wearing masks.

Hand sanitising gel was available throughout the unit and in bottles at the end of each bed. There were enough sinks for hand washing. Staff provided wipes for patients to clean their hands before and after mealtimes.

Monthly audits were undertaken to check the clinical environment, hand hygiene, and that staff were bare below the elbow. The infection prevention and control report of January 2022 showed that regular audits had been undertaken**.**

The provider used an external cleaning contractor for the ward, and this was audited by staff.

Staff had applied stickers to equipment recording when it was last cleaned.

The daily cleaning checklist for one of the bays recorded when cleaning of hoists, wheelchairs, rollators, and the medicines trolley had taken place, although some of the checklists were not dated. Monthly cleaning audits were completed by the external contractor, and we reviewed 6 which showed that cleaning was to the required standard with any issues identified followed up.

The ward had appropriate arrangements for managing waste with coloured bags used so it was clear which should be used for clinical and domestic waste. Sharps bins were closed and not overfilled.

**Environment and equipment**

# Our findings

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The ward had enough suitable equipment to help staff safely care for patients.

Staff had applied stickers to equipment, recording when it was last cleaned. Labels were attached to equipment such as hoists indicating when it had last been serviced/calibrated and the date for the next service. Equipment was serviced every 6 months by the contracted provider. This included hoists, beds, and defibrillators.

Occupational therapists assessed patients' needs for equipment at home and could order and obtain equipment needed within short timescales.

The ward was fully accessible throughout, with lift access, accessible doorways, and disabled access toilets. Patients were in small, single-sex bays. Each bay had a step free bathroom and were wheelchair accessible. Privacy could be maintained by drawing a curtain around the bed area.

Each bed area had a television positioned above the bed and a lockable cupboard for patients to store valuable if they wished.

There was a garden that patients and their visitors could access.

We saw up to date records of checks for legionella and fire safety. The last legionella risk assessment was carried out in May 2021. The ward did fire drills twice a year and the last one was completed in May 2022. Follow up actions following these assessments were rated in terms of priority for completion and tracked on a spreadsheet.

However, staff reported challenges with a lack of space on the unit. There was a lack of privacy for patients receiving physiotherapy in the small gym area on the ward. Staff had to use the same room to make tea and coffee and gain access to drinking water. Staff were walking through the room frequently when physiotherapy was taking place. The room was also used for the unit handover.

There was a lack of storage space for equipment leading to equipment lining the corridors along with a large chair with a broken headrest awaiting removal. This made it difficult to clean all areas of the unit thoroughly.

The limited storage space also meant that equipment such as expired podiatry sets were taking space in a small office used by 4 staff, awaiting removal.

As there was very limited office space there were some computers for staff use in the corridor close to the physiotherapy practice stairs. Staff said this could compromise the confidentiality of patient records if they were trying to add to or read the records when patients were using the stairs nearby.

The provider rented the ward space from the local community NHS trust and shared space with another ward operated by the same trust. There had been a disproportionate split in facilities including storage within the agreed lease in place. Although managers had approached the acute trust and had requested additional space, this had not been made available at the time of our inspection visit.

# Our findings

A Patient-Led Assessment of the Care Environment (PLACE) lite audit was completed in June 2022 and included several actions to maximise the use of available space. For example, altering the equipment ordering frequency to reduce the number of stocks kept on the ward.

The provider had a lead nurse for dementia and carried out a dementia review of the ward in May 2022. The lead nurse had made recommendations to make the ward more dementia friendly some of which had already been implemented at the time of the inspection for example, staff wearing bright yellow name badges and staff completing training in supporting people with dementia to eat and drink. Other actions which required alterations to the ward needed to be undertaken by the landlord and were in progress following a visit to the ward by the estates and facilities lead.

**Medicines**

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

The ward had a dedicated lead pharmacist who was part of the clinical team. They met with the GP and nurse in charge daily, reconciled patients' medicines on admission, made clinical interventions and arranged discharge medicines. The ward had access to a pharmacy service at the local acute hospital for advice and emergency supplies. The ward had an on-call nurse prescriber available at the weekends.

GPs, nurse prescribers and pharmacist prescribers wrote prescriptions for patients on the unit. Non-medical prescribers (NMPs) were supported to prescribe within their competence. GPs were available for consultation by phone after they had left the unit.

Prescriptions and medicines administration records were clearly written and included allergy information. Medicines reconciliation information was included to ensure safe and appropriate prescribing. We saw that unless a patient was admitted at the weekend, all medicines reconciliation was done within 24 hours.

There were policies and procedures to ensure the safe supply, storage, administration, and disposal of medicines in accordance with national guidance. Nurses completed an assessed workbook to ensure they were competent in administering medicines.

Medicine administration records and prescription pads were stored securely in secure access treatment rooms on the ward

There were systems to ensure the storage of controlled drugs (CDs). CDs were stored securely, and accurate records were kept. CDs were audited twice per year.

Medicine administration audits were completed quarterly by the pharmacist. The July 2022 audit showed 100% compliance with medicines security, expiry date documentation and CD drugs stock balance, 98% compliance with temperature monitoring and 95% compliance with drug administration.

The provider had a prescribers meeting for all NMPs to discuss medicines and alerts. This group recently updated the provider's NMP policy. Safety alerts and information about medicines were passed from the prescribers' group to the clinical leads and on to the ward staff.

Nurses completed annual medicines management training and a 3 yearly drug calculation test.

# Our findings

At the last inspection we found minimum and maximum fridge temperatures were not routinely monitored. This time we found evidence this was done daily and recorded. If the fridge temperature was noted to be out of range then an incident form would be completed, the nurse in charge and pharmacist would be informed and the expiry date of medicines effected would be reduced. This process was clearly visible in the clinic room for all staff.

**Records**

**Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

The provider used an electronic patient record system. At the time of the inspection visit this was had been affected by a cyber-attack which an external company was working to fix. This issue had affected several NHS and independent health providers. The provider had a plan in place to mitigate the risk associated with this and we found it had not impacted patient safety or quality of care.

Electronic records were only accessible using a smart card. Bank staff had their own smart cards issued. Paper records were stored securely in the reception area when not in use so it would not be possible for them to be accessed by visitors or patients.

Patients who had been admitted to the ward had detailed information in the acute hospital discharge summaries as well as the 'discharge to assess' forms completed by either a physiotherapist or an occupational therapist (OT).

Patients who were admitted following a hospital stay would have a hospital discharge letter sent with them. All 7 records we looked at had a discharge summary letter. If a patient was admitted from the community or more information was required, information would be requested from the patient's GP. Staff we spoke with said there were no issues with accessing information about patients.

Blood samples were sent to the local acute hospital for testing and staff were able to access the test results online.

Permanent and bank members of staff were able to access emails, electronic files, and the intranet.

Discharge information from the ward was sent to the patient's GP as well as a copy given to the patient. All paper records were scanned and uploaded to a patient's electronic record after discharge.

**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.**

Staff had received training specific for their role on how to recognise and report abuse. Eighty-two per cent had completed safeguarding adults' level 1 and 88% had completed safeguarding adults' level 2. One hundred per cent of managers had completed safeguarding adults' level 3 training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They were aware of their responsibility to keep people safe and report any safeguarding concerns they might have.

# Our findings

Staff understood how to make a safeguarding referral and who to inform if they had concerns. There was a safeguarding lead for the service and any learning from safeguarding incidents was discussed during team and handover meetings. We saw examples in meeting minutes of staff being reminded to complete safeguarding documentation consistently. We also saw examples of individual patient safeguarding concerns discussed in the daily multidisciplinary meetings (MDTs).

The service's safeguarding report published in April 2022 noted that there were 108 safeguarding alerts made within the last year of which 8 directly related to the provider.

The provider's adult safeguarding lead had built a strong partnership with a neighbouring NHS community trust, had a joint safeguarding committee, and aligned safeguarding data recording. The two organisations were working together to implement safeguarding and Mental Capacity Act requirements.

Staff used learning from anonymised cases and had individual de-brief and reflection sessions when this was felt to be beneficial for their learning and development. Learning from cases was also included in policy reviews. Staff told us they had received feedback from safeguarding concerns and referrals they had made.

There were safeguarding policies and procedures, and the service's pressure ulcer prevention and management policy included a decision guide for when a safeguarding alert should be made.

**Mandatory Training**

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

Nursing staff were up to date with their mandatory training. Training was delivered through a combination of face-to-face sessions and e-learning. Staff described good access to training and managers had ensured all staff who needed it were given dedicated paid time to complete it. This included dedicated IT (Information Technology) support to help staff who needed additional support to complete e-learning courses.

Staff had a compliance rate of over 80% in all but 1 area (of approximately 46 staff) which was 77% for data security awareness and compliance of over 90% in 7 courses including COVID-19 infection control, health and safety and fire safety. There was a compliance rate of 100% for 4 courses including moving and handing and safeguarding level 3.

Managers monitored mandatory training and alerted staff when they needed to update it.

The range of mandatory training courses was comprehensive and met the needs of patients and staff. For example, clinical staff completed training on equality, diversity, and human rights, safeguarding level 2 and 3, food safety awareness and whistleblowing and zero tolerance.

**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.**

# Our findings

The national early warning score tool (NEWS2 (National Early Warning Score 2)) was used to identify when patient's observations deteriorated, and the action was needed. The initial assessment of the patient indicated how frequently their observations should be undertaken. NEWS2 audits were completed quarterly. The most recent audit showed an overall score of 96% compliance with a range of measures including the score being calculated correctly and appropriate action taken when the score was high.

Information explaining the NEWS2 was contained in the safety huddle folder which was available to all staff. This also included escalation actions and had been adjusted for the unit.

Staff were able to consistently describe what action they would take if a patient was acutely ill and how to respond in a medical emergency. They advised that they could contact 1 of the GPs who provide medical support to the ward up to 6.30pm Monday to Friday. Out of hours, they had the option of calling the local acute hospital and discussing the patient with a doctor there or dialling 999.

From the 4 NEWS2 charts we looked at, all the times and dates were recorded accurately. In 1 NEWS2 charts we reviewed during our inspection; a patient had experienced raised scores and admission was arranged to the local acute hospital where they received treatment for acute appendicitis before being transferred back to the ward.

Staff recorded Waterlow scores (a means of assessing the risk of development of a pressure ulcer) on the electronic system although pressure area checklists were kept as a paper copy. We saw these were completed in all records that we reviewed.

During this unannounced inspection, we observed staff handover and the safety huddle. At the beginning of the shift the nursing team conducted a safety huddle where they highlighted the patients on the ward at greatest risk of preventable harm. This included those at high risk of falls and pressure damage and those patients with dementia. Actions needed to mitigate the identified risks were described, such as frequency of turns/repositioning and leaving call bells within easy reach.

The morning handover of patient information between shifts was very detailed. The handover was given verbally as well as in writing. Each patient was discussed, and their risk management plans, and care needs explained, including the type of equipment needed to help them mobilise. During the previous inspection visit we found the handover was completed at the nurses' station which compromised patient confidentiality. This time we observed handovers to take place in a staff room with the door closed.

An initial patient assessment was completed on admission by nursing staff including skin integrity and nutritional assessments. The physiotherapist also completed an initial assessment for each admission which we were told would include a falls risk assessment if it was relevant. We observed thorough initial assessments completed by physiotherapists and occupational therapists with clear goals and plans given for how the goals would be achieved.

Patients had call bells available by each bed. Staff regularly checked that patients' call bells were within reach. Staff responded to call bells promptly.

**Staffing**

**The service had enough staff with the right qualifications, skills, training and experience 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, agency and locum staff a full induction.**

# Our findings

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

Prior to the COVID-19 pandemic, many staff on the ward had been in post for many years. However, the impact of the pandemic on patient acuity and staff morale meant some long-standing members of staff decided to move on. At the time of our inspection a team of 26.33 whole time equivalent (WTE) members of staff worked on the ward.

The matron told us the ward used the Safer Care Nursing Tool (SCNT), an evidence-based tool used to determine safe staffing levels depending on patient acuity, which they had adapted to the needs of the ward. The ward also used an acuity tool that they hoped to build into their existing IT system which would enable them to produce patient acuity statistics.

Acuity and risk were standing items in the daily safety huddle meetings and was a factor in deciding how many staff were needed for each shift. The ward always had 2 registered nurses (RN) and 5 health care assistants (HCA) per shift, and this could be flexible depending on patient acuity and bed occupancy. On the first day of the inspection we observed there was 4 out of a planned 5 HCAs on shift.

Staff told us there were enough staff on a shift to support patients and deliver safe and effective care. At the time of the inspection there were 2 band 5 RN vacancies which included 1 admission and discharge coordinator. One had been recruited to and the other 1 interviewee shortlisted for interview. There was 1 HCA vacancy with interviews scheduled the month of the inspection visit.

The average staffing turnover rate for the 12 months prior to the inspection visit was 1.1%. The average sickness absence rate for the same time period was 4.7%, which was lower than the overall NHS sickness absence rate for March 2022 (latest figure published) which was 6%.

There was a service level agreement (SLA) in place with a local GP practice to provide medical support and a GP visited the ward Monday to Friday.

The service had enough therapies and other staff to make sure patients had access to specialist assessments in a timely manner. This included access to physiotherapy and occupational therapy.

All staff including bank staff and students were expected to complete an induction and mandatory training. We reviewed induction booklets for RNs and HCAs and found they were comprehensive and covered a range of areas including basic information, mandatory training record, standards of care, competencies, training assessment forms to be discussed, completed, and signed.

## Is the service effective?

**Good**

Our rating of this service stayed the same. We rated it as good because:

**Evidence-based care and treatment.**

# Our findings

**The service provided care and treatment based on national guidance and evidence-based practice.**

Staff used tools such as the MUST (Malnutrition Universal Screening Tool), and the Waterlow Pressure Ulcer Risk Assessment Tool. MUSTs were completed for all patients within 24 hours of admission in line with the National Institute for Health and Care Excellence (NICE) guidelines on nutritional support for adults.

Since the last inspection, the ward had introduced the National Early Warning Score 2 (NEWS2) to improve patient outcomes in recognising and responding to the deteriorating patient. This is a recognised effective patient safety tool for improving safety outcomes in clinically vulnerable patients.

NICE guidelines were followed in the prevention and management of falls and pressure ulcers. These were audited regularly and reported on in quarterly audit reports. Audits were discussed regularly at meetings with feedback to the wider team.

The ward used recognised tools to support the management of physical health. For example, the NHS safety thermometer is used to measure, monitor and analyse patient care and promote 'harm free care.' This was audited monthly, and the data analysed on a quarterly basis. The most recent inpatient 'harm free care' audit prior to the inspection visit showed an overall audit score of 99% and improvement from 97% in the previous audit. This looked at a range of different measures for venous thromboembolism (VTE), falls prevention, tissue viability, memory and cognition and medicine storage.

The matron had introduced twice-daily patient safety huddles (short, multidisciplinary meetings that support effective communication of key points of care of individuals to improve safety). Using the Department of Health's Quality, innovation, productivity and prevent (QIPP) 'safe care' workstream guidelines the format of the huddle was used to drive patient safety improvement on the ward. The ward aimed for 95% of patients being 'harm free'.

Since their introduction, the ward overall safety record had increased and there had been a marked reduction in the number of falls. For example, the compliance rate with falls preventions measures had risen from 91% to 98% from April 2021 to September 2021.

Over the same time period the overall monthly harm free score increased from 90% to 97%. These improvements had been maintained at the time of the inspection visit. Three sections scored 100% audit score: tissue viability, memory and cognition and medicines storage.

The ward was supported by independently led therapy teams who provided in-reach support. This included physiotherapy, occupational therapy (OT), dietetics and speech and language therapy (SALT). Therapists on the ward used a patient-centred approach in their assessments and therapy focused goals with patients. Goals were identified during the initial assessment for example in daily activities or exercise programmes. Patient goals were discussed in the weekly MDT where progress was reviewed, and care plans were updated.

However, all patients were in hospital nightwear. Staff told us patients were encouraged to bring their own clothes in but seemed reluctant to do so.

At the last inspection we observed few activities available for patients. This time there still was little in terms of activities provided other than TV and reading material.

# Our findings

However, the matron had recently introduced a weekly lunch club to encourage socialised mealtimes. Five patients were invited to a lunch club on the day of the inspection visit,

The ward had also recently appointed an activities coordinator who was due to start the month following the inspection visit. They planned to introduce a programme of activities including quizzes and crafts. There were also plans for a member of staff who worked in another part of the organisation to volunteer to do activities on the ward.

**Pain relief**

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff undertook pain assessments and pain management interventions. Patients told us that staff were quick to respond to requests for support with pain relief and consulted them about their preferences.

We observed records of pain monitoring by staff asking patients about their pain levels and it was discussed during handover meetings and the safety huddle. Patients received pain relief soon after requesting it. Patients and carers we spoke to said staff went out of their way to ensure that there was no delay in patients receiving appropriate pain relief.

**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.**

A dietitian supported the unit on a part time basis and referrals to them were done by the nurse and supported by completion of a MUST tool and in many cases a 3-day food intake chart. Following this, the dietitian produced a nutritional care plan, including recommendation of extra snacks or supplements if required. The NMP or GP could prescribe dietary supplements to patients, where needed.

All patients were weighed, had a body mass index (BMI) calculated and a malnutrition universal screening tool (MUST) completed within 24 hours of admission. The most recent audit in June 2022 showed 100% compliance with all areas looked at including, completing a MUST, and measuring BMI and weight within 24 hours of admission.

The ward had protected mealtimes that allowed patients to eat their meals without disruption and enable staff to focus on assisting those who required help with their meals.

Staff encouraged and supported patients to eat their lunch. Patients were not interrupted while they ate. Staff asked patients whether they needed any help such as to cut up their meal. Staff offered patients a choice of drinks and encouraged patients to drink and ensured they had adequate drinks and cups within reach.

There was a dedicated hostess to serve food for the unit, who ensured the food was the appropriate temperature before serving it. Hot drinks, snacks and fruit was also available, if requested. Patients were complimentary about the food served with one describing it as 'delicious, really good quality and plenty of it.'

# Our findings

The provider had temporarily stopped patient-led assessments of the care environment (PLACE) during the pandemic but planned to restart this in November 2022. Instead, they had undertaken PLACE-lite audits which monitored food. We reviewed audit data which showed a ward score of 86% in August 2022. The required standard of 92% was not met as some staff still needed to complete training in food safety awareness. However, training records indicated staff were booked onto training sessions to complete this.

We observed detailed information for patients about menus and dietary options available on the ward notice board. Menus were clearly marked so vegan, vegetarian and gluten free options could be easily identified. This included menus and information related to religious, cultural, and medical dietary needs. The catering manager and dietitian visited patients to discuss menu options, where requested.

We observed patients being prepared for meals. Staff encouraged and assisted patients when they needed help with their meals. The ward had recently started a 'lunch club' on a weekly basis to encourage social eating for patients who wanted to do so.

**Patient outcomes**

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The therapies team used a wide range of outcome measures which were tailored to the individual patient. Examples include, the elderly mobility score, the fatigue severity scale, Montreal cognitive assessment and generalised anxiety disorder assessment (GAD7). Patient progress was measured against the most appropriate outcome measure for that individual.

We saw evidence of assessment tools and outcome measures being completed in all the care records we reviewed.

The OT told us they audited patient's care plans to measure outcomes and reviewed progress made during the patient's stay. OTs competed comprehensive assessments of patients' functional skills, including mobility, transfers, personal care, safeguarding and risk management. They visited patients' homes and assessed the need for adaptations and equipment.

Occupational therapy staff who carried out home visits on their own used a personal safety device and ensured colleagues knew where they were. The provider had a lone working policy. On the day of the inspection a patient was discharged, and an OT technician travelled to their home to assess the changes that had been made, together with the patient, to make sure the patient was safe at home.

The physiotherapy team assessed patients at the beginning of their stay and again prior to discharge. They used assessments such as the elderly mobility scale and 4-stage balance test scores.

The provider was contracted by the NHS to provide community inpatient rehabilitation services and were required to participate in the Commissioning for Quality and Innovation (CQUIN) audit. The CQUIN indicator was to achieve 70% of community hospital inpatients having nutritional screening that meets NICE quality standards. Seventy-eight per cent of patients admitted in the time period of the most recent audit to the ward met this standard with the projection for next year being 80%.

**Competent staff**

# Our findings

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Registered nurses, healthcare assistants, and other staff providing community services were competent and knowledgeable. Managers gave all new staff a full induction tailored to their role before they started work.

At the last inspection we found there was no competency assessment documentation for staff on the ward, which meant it was unclear if staff had the skills and knowledge to respond to the needs of patients admitted. This time, we found induction packs for staff. These included basic information, mandatory training record, standards of care, competencies, training assessment forms to be discussed, completed, and signed.

Managers supported staff to develop through regular, constructive clinical and management supervision of their work, and yearly appraisals. All staff we spoke with told us that they had regular supervision sessions with their line managers, had the opportunity to discuss training needs and were supported to develop their skills and knowledge. Staff also had access to group supervision every 6 to 8 weeks.

All staff said they had received an annual appraisal in the last 12 months. The most recent staff survey for 2022 showed 87% of staff on the ward said their appraisal helped them perform their work effectively.

Physios and OTs received regular professional supervision from a senior professional in their field.

Staff told us they were supported to gain further qualifications relevant to their role. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff told us they were supported well since they started including being given the opportunity to shadow shifts and attend face to face training. Staff said managers were good at supporting individual staff to focus on areas they were passionate about, such as dementia care. The pharmacist delivered regular rolling training to ward staff on medicines management and bespoke training sessions where needed for example, a recent session on laxatives.

Staff on the unit had been supported with funding and study leave to undertake external training modules such as clinical decision making and clinical assessment at university. For example, the matron was being supported to undertake the NMP course.

Staff were offered additional training courses and masterclasses on a regular basis through all staff email from the learning and development team. For example, short courses on assertiveness training and webinars on the introduction to personalised care and support planning and another on nutrition and hydration. Staff were also encouraged to apply for nursing associate programme at a local university where they could be paid whilst studying for a qualification.

Staff told us that there were good opportunities for development and progress in the organisation. 92% of ward staff responding the staff survey in 2022 said the provider invested in staff learning and development and the same percentage said they had access to the learning and development they needed to do their job well.

Several staff said they had undertaken leadership training in the past. Physiotherapists received in-service training led by different members of the team. Physiotherapy assistants were part of a structured learning programme to help develop their knowledge and skills.

# Our findings

Managers identified poor staff performance promptly and supported staff to improve, including providing support to staff who were struggling from anxiety and exhaustion during the Covid-19 pandemic.

**Multidisciplinary working**

**All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.**

Multidisciplinary team (MDT) working was well established on the ward. Physiotherapy and occupational therapy attended the unit each weekday, a dietitian and SALT attended on a part time basis.

OTs on the unit worked as part of the integrated OT team and therefore could follow patients into the community to provide continuity of care. They undertook access visits, without the patient, as part of discharge planning when required and checked that equipment the patient would require had arrived and was suitable. They told us they could order equipment for homes and that they had good communication with the re-ablement team to support patients post discharge.

GPs attended the ward every weekday and met with the nurse in charge to discuss patient care. GPs had access to a consultant community geriatrician both by telephone and at regular monthly meetings in the GPs' surgery, where clinical cases and clinical management were discussed. The practice of having access to a consultant in care of older people was in line with national guidance.

A discharge coordinator post had recently been recruited to and this was expected to support the smooth transition of patients from the ward to the community.

**Health promotion**

**Staff gave patients practical support and advice to lead healthier lives.**

The ward promoted patient independence in all aspects of their care and treatment, providing information on their health and treatment in a range of different formats to promote understanding.

We observed patient information available on the ward on a range of different issues including the importance of staying hydrated and ways to prevent infection.

The ward provided food menus with a range of different meal options designed to support the patient's recovery and wellbeing.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

**Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff we spoke with explained procedures for gaining consent from patients before delivering care and treatment. The service providers' policy on recording mental capacity assessments, detailed what information had to be recorded in case notes.

# Our findings

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. For a patient who was unable to give consent, staff spoke to their family about their wishes for the future including considering a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) i.e the medical decision not to attempt resuscitation in the event of cardiac arrest. Another patient was able to consent and had agreed for a DNACPR to be put in place. Both were documented clearly in patient records we looked at.

Staff made sure patients consented to treatment based on all the information available. Notes indicated that they were made aware of the different options of treatment and care available to them.

We saw evidence of capacity being assessed on admission with appropriate follow up actions taken when needed. Deprivation of Liberty Safeguards (DoLS) applications were recorded on a database which showed 3 applications had been made for patients on the ward between April and June 2022 although all patients had been discharged prior to a decision being made. DoLS is a procedure to protect patient rights if the care or treatment they receive in a hospital or care home means they are, or may become, deprived of their liberty, and they lack mental capacity to consent to those arrangements.

DoLS applications and capacity to consent to admission was audited monthly and feedback was given to staff.

Staff had recently been given training on capacity in a bespoke session delivered on the ward.

## Is the service caring?

**Good**

Our rating of this service stayed the same. We rated it as good because:

**Compassionate care**

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care need.

All patients were asked if they had any objection to receiving personal care from a member of nursing staff of the opposite gender as part of the admission process, which was then documented.

We carried out a period of structured observation in a 6 bedded bay in the ward. We found that staff were proactive and attentive to patients' needs. They frequently came into the bay and spoke with patients, checking how they were feeling and whether they needed anything. Staff spoke to patients in a caring way and with respect. Staff regularly checked that patients' call bells were within reach. Staff responded to call bells promptly.

# Our findings

Feedback from people who used the service, and those close to them was positive about the way staff treated people. We spoke with 10 patients and 2 relatives/carers of patients using the service. Patients told us staff were 'lovely' and 'brilliant.' One patient said staff had been ready to welcome them when they were admitted to the ward which was very reassuring and helped them to settle in.

During our visit we observed staff walking and chatting with patients and nursing staff interactions on the ward were respectful and considerate. Patients told us they were happy with the care they were given, telling us staff were very supportive and kind towards them.

When patients with learning disabilities were admitted to the ward, the team had access to specialist learning disabilities nurses who could support with planning person-centred care.

Another patient who identified as transgender was nursed in a side room at their own request and the matron worked closely with staff to ensure their privacy and dignity was respected throughout their admission.

Staff told us they would feel confident in raising concerns about disrespectful or abusive behaviour toward patients. Team meeting minutes gave examples of nursing staff raising concerns to management and those concerns being addressed properly leading to improved patient care.

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

**Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**

We observed staff discussing patients' care and treatment with them. For example, staff took time to answer a relative's question about their loved one's medicines and what they were for.

Patients did not attend the MDT, but staff would discuss their care with them before and afterwards. Patients told us they were kept updated on their treatment and they felt involved in their care and treatment. Patients described ward staff as supportive and responsive.

The speech and language therapist worked closely with the MDT to make sure patients with specific communication needs had the right support in place. One carer told us that her relative had improved a lot since her admission and that staff had used picture books to communicate with her.

The ward had access to translation and interpretation services if needed.

At the previous inspection we observed some staff had handover discussions in areas where they could be overheard by patients. During this visit we observed staff demonstrate good practice in protecting patient confidentiality and information sharing by closing doors when discussing patients. When staff provided a patient with personal care, this was done with bathroom doors closed or with the curtain drawn around their bed space.

Patient records showed evidence of friends and relatives' involvement in patients' care and treatment and carers told us staff would keep them informed and updated on their progress.

**Emotional support**

# Our findings

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff assessed patients' emotional and psychological needs on admission and care plans put in place. Staff supported patients to link to their local religious institution or groups in the community. Staff were sensitive to the carers' needs.

The visiting policy was COVID-19 safe but also meant families could see their relatives on the ward. The service offered a visiting booking system to minimise the number of visitors to the ward at one time. One relative told us the visiting procedure had not been communicated clearly which had created confusion. We raised this at the time of the inspection and the matron told us there were plans to provide written information on visiting and make it available in the reception area of the ward.

Patients could access a multipurpose prayer room in the hospital, and we observed patient information about Christian services run by local churches on Sundays at the hospital chapel. At the time of the inspection a Muslim patient was being supported by nursing staff to access this area to observe prayers.

## Is the service responsive?

Good

Our rating of this service stayed the same. We rated it as good because:

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

**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.**

Four beds were allocated for patients who required neurorehabilitation. The care for these patients was led by the in reach Community Neuro Rehabilitation Team (CNRT) and this was available between 8am and 4pm, 6 days per week.

Since the start of the pandemic, patient acuity had risen and there was additional pressure on admissions from the acute hospital. The matron had experience working in acute settings and was able to work closely with NHS colleagues to assess suitability of patient admissions and that they tried to be flexible in their approach to respond to the needs of the local community.

There were agreed admission criteria. Managers told us that this was strictly adhered to. A senior nurse would visit a patient within the acute hospital, if necessary, to assess their suitability for rehabilitation on the ward.

There was an onsite fully equipped gym with exercise machines and equipment for patients to use located on the same floor as the ward. However, patients were unable to access this as there were no available time slots as they were all reserved for patients of other services run by the neighbourhood community NHS trust. The provider had discussed this with the trust, but negotiations had been unsuccessful.

**Meeting people's individual needs**

# Our findings

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

The provider had produced written information for people accessing the service. For example, information was available on different health conditions. Written leaflets could be requested, when required, in a different language or format.

Staff liaised with mental health, learning disability and dementia services when needed to ensure that patients received the necessary care to meet all their needs. The there was plans for some staff to get additional training to become dementia specialists so they could provide 1:1 support to patients, when needed.

They could arrange for easy read care plans to be prepared for patients with assistance from the learning disability service.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The service could arrange for information leaflets to be translated into languages spoken by patients in the local community. They could also arrange for staff, patients, and relatives/carers to have help from interpreters or signers when needed.

Staff told us about how they communicated with patients who had communication difficulties. This including using keypads, or a white board, to communicate in a written format, when patients had a hearing impairment. For example, a whiteboard was used to support a non-verbal patient to communicate.

**Access to the right care at the right time**

**People could access the service when they needed it and received the right care in a timely way.**

All referrals to the ward went through the provider's single point of access (SPA) to ensure they were triaged appropriately, and that the patient arrived with enough information.

In the 3 months prior to the inspection, there had been 4 delayed discharges from the ward between May 2022 and July 2022, resulting in a total of 7.1% of bed days. This was a marked reduction from February 2022 to April 2022 where a total of 18.4% bed days being lost due to delayed transfers of care.

Physiotherapists were available on the unit between Monday and Friday. They provided explanation sheets with pictures for patients of the exercises they were given. Patients were encouraged to do their exercises with staff at weekends.

The average bed occupancy on the ward between April and June 2022 was 92% which was higher than the level of 85% at which it is generally accepted that it could start to affect the quality of care provided to patients. However, the 'harm free care' audit data collected from the same period indicated this had not adversely impacted patient safety.

**Learning from complaints and concerns**

# Our findings

**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. The service included patients in the investigation of their complaint.**

Patients, relatives, and carers knew how to complain or raise concerns. Patients told us that they knew who to contact if they wanted to make a complaint and there were leaflets in information packs provided to patients on how to make a complaint about the service.

Managers investigated complaints and identified themes. Between July 2021 and June 2022 one complaint was received, which was investigated, and responded to. This complaint was not upheld, although learning was taken from it. During the same period 44 compliments were received.

Staff understood the policy on complaints and knew how to handle them. Staff acknowledged complaints and patients received feedback from managers after the investigation into their complaint. None of the patients we spoke with had made formal complaints, but those who had raised informal concerns were happy they had been addressed promptly.

Managers shared feedback from complaints with staff and learning was used to improve the service. Managers discussed information about complaints during staff meetings to facilitate learning. Staff gave examples of how they used patient feedback to improve daily practice. For example, patients had requested more fresh air and outside exercise and in response the garden had be cleared for patients and their families to use.

## Is the service well-led?

**Good**

Our rating of this service stayed the same. We rated it as good because:

**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. They supported staff to develop their skills and take on more senior roles.**

Most staff we spoke with said that senior staff were very approachable. The matron was effective, and most staff described them as supportive. Staff morale was generally good despite many staff being exhausted from working long hours over the Covid-19 pandemic and to cover staff shortages. Several staff who had been working in the ward for many years and they enjoyed their job and role.

Senior managers took responsibility for governance and risk, and clinical leadership, Staff felt there was clear leadership from the matron and registered manager. The registered manager had worked on the ward directly during the pandemic, setting a clear example to staff. She continued to work from the ward a day a fortnight to be visible and approachable to staff. The matron did clinical work on a twice weekly basis and attended the daily huddles to support and direct staff.

# Our findings

Senior leaders told us the organisation had a flat hierarchy structure with fewer levels of management, allowing each area the autonomy to run independently and innovate. The base team of senior leadership, sited in different location, did not get involved in the nursing service on a day-to-day basis, unless requested or required due to concerns raised (such as through staff or audit results).

Staff told us about opportunities to participate in bench marking, peer review, accreditation, and research, was proactively encouraged by the service leadership.

**Vision and strategy**

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The ward's vision was to be a partnership provider within the local integrated health and social care systems delivering a range of high-quality services that allowed patients admitted to the ward to lead the best quality of life. The provider's mission was to work in partnership to innovate as a provider of integrated services for the benefit of all service users in the local community.

There were clear priorities to help deliver the vision as a social enterprise with the freedom to use their resources to improve patient care.

Staff were aware of the vision and values of the organisation in putting people first and took pride in what they did. The 3 objectives were people focus, community partnership, and valuing staff. There was a clear focus on patient care through the development and implementation of the provider's commitments. Initiatives were put in place to improve the efficiency of the service and the quality of care which staff were proud of.

Staff spoke of the 5 freedoms the organisation had to change things for the better. This included freedom to ask questions; tell their stories to help grow the business; innovate; and talk to partners about aligning services for greater gain for the community and best value for commissioners.

**Culture**

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

There was a strong culture of teamwork and a focus on key outcomes such as patient safety and staff competencies. New staff told us they felt part of a supportive team who looked out for each other. Staff said that they were proud to work on the ward and enjoyed their role.

Staff told us that there was a culture where it was safe to be open if you made a mistake and speak up if you did not agree with something.

Staff had access to regular virtual equality, diversity, and inclusion (EDI) events in the workplace. These included events summarising the organisations' equality objectives, feedback from an EDI staff survey (completed by 225 staff members

in September 2021). There was active bystander training, and bespoke EDI workshops. There were sessions on Networking for Success, and 'Race Ahead' (an NHS Big Conversation regarding leadership that makes a difference, positively transforming the culture of the NHS through leadership). In February 2022 there was a workshop on why pronouncing someone's name correctly is important.

The provider's Covid-19 Response and Wellbeing Questionnaire Highlight Report led to the implementation of several wellbeing initiatives to help staff health and wellbeing. The provider asked members to give feedback on the resources and facilities that were provided during the Covid-19 crisis to enable them to understand what worked well and to learn about what could be improved. There were 187 staff members who took part in the online questionnaire. Areas covered within the questionnaire included working from home, fruit and snacks, Covid-19 testing, daily briefing emails, personal protective equipment and guidance, and yoga classes. The provider introduced a counsellor to support staff during the pandemic. Staff were very positive about the support provided by the counsellor.

**Governance**

**Leaders operated effective governance processes, throughout the service and with partner organisations. 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.**

There was a system of governance meetings which enabled the escalation of information upwards and the cascading of information from the management team to frontline staff. Organisational committees included Data and Information Governance, Emergency Planning, Finance Investment and Contracting, Frontline Effectiveness, Health and Safety, Medicines Management and People and Development. The committees reported into the Integrated Governance Committee, which provided assurance for the Audit and Assurance Board on care quality, information governance standards, and the establishment of effective risk management. The provider held joint committees with a local NHS community trust for Child and Adult Safeguarding including the Mental Capacity Act, and Infection and Prevention Control.

At the previous inspection we found improvements were needed in the governance process for assurance of the management of patient deaths in accordance with the serious incident framework. This time we found that all patient deaths were reviewed using the NHS Improvement Preventable Incidents, survival, and mortality (PRISM) form adapted for the provider's use.

The ward had monthly all staff meetings to review incidents, performance issues and planning, amongst other topics. The service leads met every week, to discuss operational issues, and monitor performance indicators, and rates of reporting of incidents, complaints, and any other issues of concern in the different teams. We saw evidence that serious incidents such as medicines errors and falls were fed through the board reporting structures by the quality committee. Sharing of feedback from incidents drove improvement in the quality of the service.

At the last inspection we found staff meetings were not minuted so key learning could not be communicated unless staff attended the meetings. This time we found that all meetings were minuted and all staff had access to these minutes. Nursing staff had twice daily handover and safety huddle meetings where all relevant safety information was shared, and these were supplemented by all staff email bulletins and monthly all staff ward and monthly registered nurse meetings. Staff were positive about team meetings and valued them as a source of feedback and the opportunity to discuss and escalate issues.

**Management of risk, issues and performance**

# Our findings

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

Nurses and other frontline staff were very aware of the key risks affecting their practice, and mitigations put in place to address them. The key risks described to us (which matched those on the service risk register) were staffing and succession planning, staff sickness and absence, and increase in patient acuity.

Senior managers were very aware of these risks and worked to minimise them as far as possible with ongoing recruitment, and staff development programmes in place. They monitored overtime completed by staff, and staff wellbeing, and reviewed the contracted staff establishment.

**Information Management**

**Organisational systems worked well, and staff had access to the information they needed.**

Staff reported that that IT systems worked well.

On rare occasions when there were problems with the IT system, it was difficult to access care notes. When this happened, paper notes were used instead. This process had worked well during the inspection visit as the ward was affected by a records outage due to a cyber-attack, which impacted on several providers.

Staff showed us where they could find the providers' policies and procedures on the intranet. We reviewed information on the providers' intranet and saw the information was clear and accessible. The intranet was available to all staff and contained links to current guidelines, policies, and procedures.

**Engagement**

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

The provider asked people living within the local community to join as a member and provide their views on services. A membership council was held 4 times a year and fed into the main board. The provider was committed to working with a range of partners and stakeholders in the local community to ensure the highest levels of healthcare delivery to patients and service users. This included system health and social care partners such as the local council; and third and voluntary sectors. Patient/service user surveys and carer surveys were available for people to complete electronically. Managers advised that seeking patients' and carers' views through phone call interviews had not proved effective with few people wishing to engage in this way. There remained room for further development in the organisation's public engagement to ensure the local population had a voice about the services provided.

A newsletter helped to keep staff informed of what was happening across the organisation. Staff also had access to monthly broadcasts from the leadership team to keep them up to date with developments in the organisation.

# Our findings

The provider's staff survey of 2022 had an 87% response from staff (above average for a similar organisation). It had high scores for the friends and family test at 100% (if staff would recommend the service to their friends and family) and leadership integrity 92%. The highlights showed excellent staff engagement and that staff felt they could contribute to important team decisions, future planning and service priorities, and staff felt recognised and valued for their work.

The lowest scores were for colleagues behaving in accordance with organisational values and behaviours (63%), I feel I can challenge the way things are done in this organisation (67%) and colleagues in my team respect each other (70%). Leaders told us that the ward had experienced an increase in patient acuity since the pandemic and that this had required changes to make sure staff provided safe care. Staff had been able to do this, but the culture change had impacted on staff morale which the leadership team were working to address.

Staff told us they had regular team meetings, which provided them with an opportunity to express their views, share experiences, discuss challenges in their day-to-day work and learn from one another.

**Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

The provider had a lead for research and had had a research support function since 2020. The main success of the organisation's research function had been to publish research and pursue funding bids. The team had asked for expressions of interest in research from staff and where possible, worked with those staff on the research. The organisation had an annual research and audit day, organisation wide, to present different research projects across the organisation. The ward matron had presented the results of the ward's 'harm free care' audit at the last event.

The research support team supported staff with identifying research supervisors and obtaining research funding. They supported with identifying whether a change being considered was a research opportunity or a quality improvement initiative and provided support accordingly. The research committee met quarterly to discuss current and future projects including approving, reviewing, and planning. They worked with Health Education England and were a founding and active member of the Transform Research Alliance, which offered fee free PhDs. They were aligned with several universities where clinicians could potentially undertake PhDs.

# Our findings

## Outstanding practice

The provider had planned, carried out and published a wide range of research. They had a research lead, who led a team who supported staff to plan research ideas and obtain funding bids. The organisation had an annual research and audit day to present different projects across the organisation.

## Areas for improvement

- The provider should continue to explore ways of providing the service in a more suitable environment with sufficient space, that does not compromise the privacy and dignity of patients.
- The provider should continue to work to improve access to space and facilities for patients, including access to the physiotherapy gym.
- The provider should implement the recommendations made in the dementia audit and make the ward more suitable for people with cognitive impairment
- The provider should proactively encourage patients to wear their own clothes whilst on the ward to support with rehabilitation.
- The provider should expand the current range of activities available for patients on the ward.

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 |
| --- | --- |
| | |

This section is primarily information for the provider

# Enforcement actions

## 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 |
| --- | --- |
| | |