

Lincolnshire Community Health Services NHS Trust

<Provider ID>

Community health inpatient services

Quality Report

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Summary of findings

Locations inspected

| Location ID | Name of CQC registered location | Name of service (e.g. ward/unit/team) | Postcode of service (ward/unit/team) |
|-------------|---------------------------------|---------------------------------------|--------------------------------------|
|-------------|---------------------------------|---------------------------------------|--------------------------------------|







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

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

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

Summary of findings

Ratings

| | | | |
|--------------------------------|--|----------------------|---|
| Overall rating for the service | | Good |  |
| Are services safe? | | Requires improvement |  |
| Are services effective? | | Good |  |
| Are services caring? | | Good |  |
| Are services responsive? | | Good |  |
| Are services well-led? | | Good |  |

Summary of findings

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Summary of findings

Overall summary

Systems were in place to report and learn from incidents. There was evidence of local learning as the result of incidents. However, staff were not aware of incidents that had happened across the trust and lessons that may be learned.

Each ward used a reporting dashboard, the Safety Thermometer, which demonstrated how the ward performed on key risk areas. The average percentage of harm free care was 94.4% in June 2014.

The majority of ward areas were visibly clean, and staff were compliant with infection control good practice. There were no reported cases of MRSA or Clostridium difficile over the last 6 months.

Premises were adequately maintained. Equipment was well maintained and tested for safety appropriately in most areas. However, some equipment in use at Skegness hospital was not in date for portable appliance testing (PAT).

The majority of medicines were administered correctly and appropriately. However, there were concerns regarding the use of verbal orders for the repeat prescription of a controlled drug in the surgical day unit at John Coupland hospital; this was contrary to hospital policy. The safer surgery checklist was used; however the full five steps to safer surgery including the briefing and debriefing were not formally used within the unit.

An electronic record system was in use. Patients were assessed using nationally recognised tools and care plans were in place using evidence-based templates. There was a variety of records held by the patient's bedside; this was not consistent across the hospitals. There was a risk of duplicate or inconsistent information recorded about the patient.

The staffing levels on the wards at Louth County Hospital and Skegness Hospitals were below the staffing levels identified by the trust. The hospitals had vacancies and were actively recruiting, although they reported it was difficult to recruit within the geographical area, particularly at Louth County Hospital. Staff sickness was also a contributory factor and management of this was improving.

Staff had access to policies and guidance on the trust's intranet and internet. Access to specific NICE guidance was unclear to some staff. They reported finding the information themselves and sharing with colleagues. The trust reported that the screening targets for dementia were not met. Compliance with mandatory training was good and staff reported development opportunities were available. We saw evidence of role development to meet the needs of the patients.

A number of monthly audits were undertaken to monitor quality. Not all planned audits had been undertaken. The monitoring of patient outcomes was not consistent across the hospitals.

Patients spoke positively about the staff and the care they received. We observed staff speak with patients in a compassionate and sensitive way in a variety of situations. The Family and Friends Test (FFT) was implemented in April 2013. Across 2013/2014, response rates ranged from 8-19% and positive responses ranged from 74.3% to 94.2%.

The services at the community hospital wards were planned to meet the needs of patients. Admission criteria and pathways were in place and patients were appropriately admitted to the facilities. The service was able to meet the care needs of more vulnerable patients and those with particular needs. This was hindered in some places due to the environment.

Discharge planning was integral to the care of patients on the community hospital wards. The multidisciplinary team were involved in the process and we saw examples of discharge planning being discussed with patients and their wishes being taken into account. On average, at the end of each month from December 2013 to May 2014, 4 patients' transfers of care were delayed. All reported delays were for non-acute patients.

Complaints were managed appropriately and lessons learned. Most areas had local clinical governance meetings and were represented on the monthly Quality and Risk Scrutiny business unit meetings. Local risk registers were not maintained. Risks were placed on the trust-wide risk register. Staff felt that senior managers were aware of significant risk issues.

Summary of findings

There was dedicated leadership for the services and staff understood the structure and spoke positively about this. Staff reported good, supportive leadership and said that the trust management team were visible. Staff we spoke with were positive about the service, the team and the organisation within which they worked. They felt patient safety and quality were seen as priorities.

Most staff felt supported to develop ideas to improve the service and we saw examples of innovation and improvement. Some areas such as Louth County Hospital felt the environment limited innovation.

Summary of findings

Background to the service

The trust has four community hospitals. They are John Coupland Hospital in Gainsborough, Johnson Community Hospital in Spalding, Skegness Hospital and Louth County Hospital Louth. Approximately 3,300 people were cared for in the community hospital beds annually.

Louth County Hospital had two inpatient wards; Manby Ward was Consultant led unit and had 32 beds and Carlton Ward was Consultant led and had 22 acute medical/ rehabilitation beds.

There were two in-patient wards at Skegness Hospital, comprising a 24 bed unit on Gloucester Ward and a 15 bed unit on Scarborough Ward which included three palliative care beds.

The Johnson Community Hospital in Spalding had one inpatient ward; Welland ward provided 32 beds; 14 of these were single rooms as well as a four bedded palliative care suite called the Tulip Suite.

The John Coupland Hospital in Gainsborough had Scotter Ward which was a nurse led unit with 23 beds. There was also a surgical day care unit and operating theatre. This seven bedded unit provided day care surgery. It also provided tests and investigations to accurately diagnose illnesses and diseases.

Our inspection team

Our inspection team was led by:

Chair: Stuart Poynor, Chief Executive, Staffordshire and Stoke on Trent Partnership NHS Trust

Head of Inspection: Adam Brown, Care Quality Commission

The team included CQC inspectors, and a variety of specialists; school nurse, health visitor, GP, nurses, therapists, senior managers, and 'experts by experience'. Experts by experience have personal experience of using or caring for someone who uses the type of service we were inspecting.

Why we carried out this inspection

Lincolnshire Community Health Services NHS Trust was inspected as part of the second pilot phase of the new inspection process we are introducing for community

health services. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

How we carried out this inspection

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 looks at the following core service areas at each inspection:

1. Community services for children and families – this includes universal services such as health visiting and school nursing, and more specialist community children's services.

Summary of findings

2. Community services for adults with long-term conditions – this includes district nursing services, specialist community long-term conditions services and community rehabilitation services.
3. Services for adults requiring community inpatient services
4. Community services for people receiving end-of-life care.

Before visiting, we reviewed a range of information we hold about Lincolnshire Community Health Services NHS Trust and asked other organisations to share what they

knew about the provider. We carried out an announced visit between 9 and 11 September 2014. During our visit we held focus groups with a range of staff (district nurses, health visitors and allied health professionals). We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We visited 23 locations which included 4 community inpatient facilities and one walk-in centre. We carried out an unannounced visit on 10 September to one of the inpatient units.

What people who use the provider say

Before our inspection we asked the trust to make comments cards provided by the Commission available for people to provide feedback on what they thought of the services provided. We received 78 comments cards for

inpatient services. Of these, 74 contained positive comments about the care provided and four contained negative comments regarding medical staff and a lack of nursing staff.

Areas for improvement

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

- Review the shared learning across the organisation following incidents.
- Review cleanliness at Louth County Hospital.
- Ensure systems are in place to monitor portable appliance (PAT) testing of equipment in use, particularly at Skegness hospital.
- Review the timescales for the planned refurbishments of ward areas, particularly at Louth County Hospital.
- Address the use of verbal orders for the repeat prescription of a controlled drug in the surgical day unit at John Coupland hospital.
- Review the implementation of the 'five steps to safer surgery' to include the briefing and debriefing.
- Review medication administration practices particularly at Louth County Hospital.
- Ensure that records are maintained and minimise the risk of duplication or inconsistent information being recorded about the patient.
- Review staffing levels on the wards at Louth County Hospital and Skegness hospitals.
- Ensure staff have access and updates regarding national guidance such as NICE guidance.
- Ensure screening targets for dementia are met and staff receive training.
- Ensure that patient outcomes are monitored consistently across the trust.

Lincolnshire Community Health Services NHS Trust

Community health inpatient services

Detailed findings from this inspection

Requires improvement



Are services safe?

By safe, we mean that people are protected from abuse

Incidents, reporting and learning

An electronic incident reporting system was in place and staff were aware of how to use this. Within the inpatient services, 17 incidents of moderate harm were reported via the national reporting and learning system between July 2013 and June 2014.

Incidents were reviewed and investigated. There was evidence of local learning and changes had been implemented as a result of incidents that had occurred. Staff received feedback on incidents they had reported. However, staff were not aware of incidents that had happened across the trust and lessons that may be learned.

Monthly meetings were held at business unit level which included reviewing incident trends, root cause analyses and learning.

Johnson Community Hospital

Staff reported incidents using an electronic incident reporting system. All members of staff had access to the system and staff were aware of how to use this. The ward manager and the clinical lead reviewed all reported

incidents to ensure they were appropriately investigated and provided feedback to staff. However, staff we spoke with were not aware of incidents that had happened elsewhere in the trust and any lessons that may be learned.

Evidence of implementation of changes following incidents. For example, an incident last year had resulted in adjustments in staffing; bed ratios and the introduction of falls monitoring and equipment such as sensor alarms on chairs and beds. Root cause analyses were undertaken for serious untoward incidents. Action plans were developed and implemented.

A quality and risk group for the business unit was held monthly. Incident trends, serious incidents and root cause analysis were discussed. A monthly matron's quality day was also held where information was shared across the business unit.

Safety thermometer information was completed monthly and displayed on the ward.

Louth County Hospital

Are services safe?

Staff reported incidents using an electronic incident reporting system. All members of staff had access to the system and staff were aware of how to use this, however some staff were unaware of what constituted a 'never event.' The ward manager and the clinical lead reviewed all reported incidents to ensure they were appropriately investigated and provided feedback. Information was cascaded through team brief and staff meetings. Staff reported they received feedback on incidents they had reported. However, staff were not aware of incidents that had happened elsewhere in the trust and any lessons that may be learned.

We saw evidence of learning and changes in practice as the result of incidents. For example, a medication incident was investigated which included a root cause analysis. Staff had formally reflected on the incident and practice had changed as a result.

A monthly clinical governance meeting for the business unit was held monthly. Incident trends, serious incidents and root cause analysis were discussed. Ward meetings were also held monthly to feedback information to the team. Staff that we spoke with confirmed they received feedback from incidents.

John Coupland Hospital

Systems were in place to report and learn from incidents. Staff reported incidents using an electronic incident reporting system. All members of staff had access to the system and staff were aware of how to use this. Incident reports were all reviewed, allocated for investigation and monitored by the matron. The reports were also sent through to the clinical governance team. There was evidence of implementation of changes and learning.

Monthly clinical governance meetings were held on the ward although no notes of the meeting were made. Staff confirmed that trends and themes were discussed. Information was shared at team meetings. Safety thermometer information was completed monthly and displayed on the ward. In addition, safety crosses were displayed.

Skegness Hospital

Systems were in place to report and learn from incidents. Staff reported incidents using an electronic incident

reporting system. All members of staff had access to the system and staff were aware of how to use this. Safety thermometer information was completed monthly and displayed on the ward.

A monthly clinical governance meeting for the business unit was held monthly. Incident trends, serious incidents and root cause analysis were discussed.

Safety thermometer

Each ward used a reporting dashboard, the Safety Thermometer, which showed how the ward performed on key risk areas. The provider's rate for harm free care between June 2013 and June 2014 fluctuated above and below the England Average. In January 2014 the rate of harm free care for acute care ward (Manby) fell from 100% in December 2013 to 86%. This was a result of two old recorded pressure ulcers and two new venous thromboembolisms (VTE's) on this ward that month. In the last two recorded months the rate of harm free care on this ward was 100%.

For the remaining wards, the rate for harm free care on community hospital wards between June 2013 and June 2014 also fluctuated above and below the England average. The rate for harm free care rose to 94% in May 2014 and then fell slightly in June 2014 as a result of six old VTEs and two new VTE's.

The trust's new pressure ulcer rate at community hospital wards fluctuated during the 12 month period between June 2013 and June 2014. The rate of new pressure ulcers had been below the England average for the last six months apart from March 2014 when two incidents of new pressure ulcers were reported.

The rate for community hospital wards was at zero for a total of six months throughout the 12 month period

On Manby ward, the acute care ward at Louth County Hospital, the new pressure ulcer rate fluctuated during the 12 month period between June 2013 and June 2014 compared to the England average, however no new pressure ulcers were reported for a total of nine months throughout the 12 month period.

The trust's annual report for 2013/2014 set the goal that all avoidable falls should be eliminated in the community hospitals. The completion of full falls risk assessments in

Are services safe?

community hospital had improved to just over 90% in May 2014. The trust's quality and risk committee in June 2014 reported good practice in reducing falls in community hospitals.

Across the community hospital wards in August 2014, harm free care was achieved between 50% and 100% of the time. The most common reason for the reduced number of harm free days was due to patient falls.

Safety thermometer information was completed monthly and displayed on the wards. The wards at Louth County Hospital were trialling a safety thermometer for medicines management and were 100% compliant.

Johnson Community Hospital

The ward used a reporting dashboard, the Safety Thermometer, which showed how the ward performed on key risk areas. This showed the percentage of harm free care varied from 37% to 84.6% on Welland ward over the previous five months. There had been a number of falls on the ward. Falls risk assessments were in place.

Louth County Hospital

In January 2014 the rate of harm free care for acute care ward (Manby) fell from 100% in December 2013 to 86%. This was a result of two old recorded pressure ulcers and two new venous- thromboembolisms (VTE's) on this ward that month. In the last two recorded months the rate of harm free care on this ward was 100%. Carlton ward had achieved 100% harm free days for May to August 2014.

John Coupland Hospital

The ward used a reporting dashboard, the Safety Thermometer, which showed how the ward performed on key risk areas. Scotter ward had achieved 100% harm free days for April to August 2014.

Skegness Hospital

The wards used a reporting dashboard, the Safety Thermometer, which showed how the ward performed on key risk areas. Scarborough and Gloucester wards had achieved between 83.3 to 100% harm free days over the previous five months.

Cleanliness, infection control and hygiene

Ward areas were visibly clean; although we found some ceiling areas were dusty at Louth County Hospital. Hand-washing facilities and hand gel were available and used

prior to contact with patients. Most equipment had 'I am clean' stickers on it which were easily visible and documented the last date and time they had been cleaned. Cleaning schedules were in place, which identified the frequencies for when equipment was required to be cleaned.

Staff wore personal protective equipment (PPE) when appropriate and were compliant with the 'bare below the elbows' policy. However, several staff on one ward at Louth County Hospital were seen to be carrying 'dirty' linen along the corridor to the linen skip on Carlton ward; this could increase the risk of infection.

Patients were routinely monitored and screened on admission for MRSA. There were no reported cases of MRSA or Clostridium difficile over the last 6 months.

Ward cleanliness and hand hygiene audits were undertaken and reported to trust management. The results were positive. We saw evidence that deep cleaning and routine mattress checks were undertaken.

In April 2013, inspections were replaced by patient-led assessments of the care environment (PLACE), which use mixed teams of staff and patient assessors, with patients making up at least 50% of the team. For the reporting period April to June 2013, the trust reported an organisational score of 90% for cleanliness (national average 96%).

Johnson Community Hospital

The environment was visibly clean; there was a steam cleaning rota and we saw one bay being steam cleaned at the time of our inspection. Patient were routinely monitored and screened on admission for MRSA. Where infections had been identified, a review had been undertaken involving the multidisciplinary team to ensure the infection was adequately controlled.

There was an identified infection prevention and control lead and on-site support was available from the infection control team. Staff, including the cleaner, had training in infection control. Equipment was cleaned and labelled. Staff had access to and were aware of infection prevention and control policies.

Ward cleanliness was audited and demonstrated a high level of compliance. Hand hygiene observational audits were also completed. These showed a high level of compliance.

Are services safe?

Louth County Hospital

Information was displayed on the ward regarding infection prevention and control. Due to sickness cleanliness levels had fallen on Manby ward and staff said they had recently received additional support from the trust's infection prevention and control team. However, we saw that the ceilings, particular over the nurses station, had visible dust on them and the bedside curtains, whilst visibly clean, were not disposable as in other areas of the trust.

Hand washing facilities and hand-gel were available. Staff were seen to be washing their hands and using personal protective equipment, such as aprons and gloves and were 'bare below the elbows' in accordance with the trust policy. Ward cleanliness was audited and showed a high level of compliance. Hand hygiene observational audits were also completed. These showed a high level of compliance. A link nurse had been identified to liaise with the trusts infection control team and the ward team to ensure practice was appropriate.

Staff were seen to be carrying 'dirty' linen along the corridor to the linen skip on Carlton ward; this could increase the risk of infection.

Patient were routinely monitored and screened on admission for MRSA.

John Coupland Hospital

Ward cleanliness was audited and showed a high level of compliance. Hand hygiene observational audits were also completed. These showed a high level of compliance.

The ward had an identified link nurse for infection prevention and control. They liaised with the trust's infection prevention and control team who were on site. A monthly mattress audit was in progress on the ward during the inspection and staff demonstrated the procedure including the checking and condemning of a replacement mattress. There was a deep-cleaning and checking process for individual beds and bed spaces and cleaning confirmation documents were presented to each new patient on admission.

Patient were routinely monitored and screened on admission for MRSA. Equipment was cleaned and labelled. Staff had access to and were aware of infection prevention and control policies. Cleaning checklist were in place. The day theatre areas were visibly clean.

Skegness Hospital

Monthly cleanliness audits were undertaken which showed a high level of compliance in most areas. Hand hygiene observational audits were also completed. These showed a high level of compliance. We also saw that cleaning schedules were in place. Patients admitted to the wards were routinely monitored and screened on admission for MRSA.

Maintenance of environment and equipment

The inpatient environments varied across the trust; Johnson Community Hospital was purpose built whereas other premises such as Louth County Hospital and Skegness Hospital had plans for refurbishment. Premises were adequately maintained.

We saw asset registers for equipment were maintained, however they were not all fully completed or up to date. Equipment was well maintained and tested for safety appropriately in most areas. However, equipment in use at Skegness Hospital was not in date for portable appliance testing (PAT). This was raised with the manager at the time of the inspection and action was taken. Emergency equipment, including equipment used for resuscitation was available and checked regularly. Staff reported and we saw that suitable equipment was available and fit for use.

In April 2013, inspections were replaced by patient-led assessments of the care environment (PLACE), which use mixed teams of staff and patient assessors, with patients making up at least 50% of the team. For the reporting period April to June 2013, the trust reported an organisational score of 90% for cleanliness (national average 96%), and 84% for condition, appearance and maintenance (national average 89%).

Johnson Community Hospital

The hospital building was purpose-built and was visibly well-maintained. It was not owned by the hospital but there were processes in place for maintenance and repairs although staff said this could sometimes cause delay. Although staff said it was a good environment to work in, on Welland ward the layout inhibited observing patients. Staff had put mitigating actions into place.

Staff said there was sufficient equipment available including bariatric equipment. Falls monitors/ alarms were available for patients at risk of falls. The ward was fitted with ceiling hoists to assist with moving and handling.

Are services safe?

Equipment was tested and asset registers maintained, however the asset register and maintenance dates were not up to date. Staff told us they were in the process of updating the register. Emergency equipment, including equipment used for resuscitation was checked daily. The rehabilitation rooms on the ward were well-equipped.

Louth County Hospital

There was a planned refurbishment of the ward areas at Louth County Hospital; however staff said this has planned since last year but they were unsure of the timescales. Staff said the refurbishment would significantly improve the environment for delivering patient care. The environment was currently cluttered and felt cramped. Staff felt that things had been 'put on hold' pending the refurbishment. For example, on Manby ward, the curtains appeared old and mismatched; whilst this did not affect patient care, it was not conducive to the appearance of a well-maintained environment.

We saw that equipment was clean and regularly checked. A recent grant had been used to purchase some new beds. However, although patients were identified as at risk of falls, there were no falls monitors/ alarms or access to low beds. Laptops were available for staff to undertake assessments by bedside, but there was a limit on numbers accessing WIFI so this hindered usage. Managers were aware and planned to address this. Access to computers was also an issue raised by therapy staff.

John Coupland Hospital

The ward environment was well maintained; alterations had been made to the old building to improve the environment such as access to single sex toilets. Storage space was limited; staff ensured that equipment on the corridors was that which was regularly used.

Staff confirmed they had access to sufficient and suitable equipment. Equipment was tested and well maintained. Equipment was available for bariatric patients and overhead tracking hoists had been fitted. Equipment for patients at risk of falls, such as low beds, was available. Equipment for patients at risk of pressure ulcers was available on the ward and via a central store. This was responsive to requests.

The surgical day unit was visibly well-maintained. Staff confirmed that sufficient and suitable equipment was available. Regular checks were made to equipment and

supplies, such as on the resuscitation trollies. Maintenance contracts were in place and implemented for specialist equipment such as the decontamination unit. Forward planning was evident regarding replacing equipment, such as endoscopes.

Skegness Hospital

There was a refurbishment plan in place for the wards at Skegness Hospital which was funded by the league of friends. Staff said that sufficient equipment was available including resuscitation equipment, bed sensors for patients at risk of falls, low beds and bed rails. However, not all equipment was routinely PAT tested. For example the ECG machine and the suction machine on the resuscitation trolley had not been tested since May 2012 and July 2013 respectively. This was raised with the manager at the time of the inspection and action was taken.

Medicines management

The majority of medicines were administered correctly and appropriately. However, there were concerns regarding the use of verbal orders for the repeat prescription of a controlled drug in the surgical day unit at John Coupland Hospital; this was contrary to hospital policy. Several nurses were also seen to place tablets directly into their hands at Louth County Hospital prior to administering them to patients.

Medicines including controlled drugs were stored appropriately and drug fridge temperatures were checked and recorded. Wards had access to pharmacists who carried out regular checks.

Some nursing staff wore a red tabard during medicine rounds which indicated that the staff should not be disturbed; however this was not consistent across the hospitals. Medication policies were available and staff had raised issues the trust medicines management team.

Nurse prescribers were employed by the trust. The practice of transcribing medicines had been in place, but staff had been advised to stop the practice. This meant there was a risk that patients had to wait for their medication to be correctly prescribed.

Johnson Community Hospital

Welland ward employed an advanced nurse practitioner who was a nurse prescriber. Pharmacist support was available and they checked charts twice weekly. A monthly update was provided from ward pharmacist.

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Six medication administration charts were reviewed during the inspection; all doses were administered and signed for. Patients reported getting their medication on time and were involved and had an understanding of medicines and changes made. A 'chart checker' was undertaken to audit medicine charts. We saw 'do not disturb' tabards were worn by staff whilst administering medication. The drugs fridge temperature was checked daily and temperatures were within the appropriate range.

The ward stocked controlled drugs which were stored appropriately. We observed the preparation, administration and recording of a controlled drug. This was completed satisfactorily.

Louth County Hospital

Mandatory annual competency assessments for the administration of medicines for nursing staff had been implemented in the last year. Medication charts are audited every month and showed 100% compliance in the previous 2 months. Twelve medication administration charts were reviewed during the inspection; all doses were administered and signed for. We observed the administration of medicines; staff did not wear 'do not disturb' tabards whilst administering medication and we noted that they were interrupted during medication administration. We also observed several nurses put tablets into their hand before administering them to patients.

The ward stocked controlled drugs which were stored appropriately. A monthly audit was undertaken which showed records were 100% complete and accurate.

Systems were in place to support patients to self-administer medication; staff reported this was most frequently done as part of discharge planning. No-on was self-administering medication at the time of the inspection.

A pharmacist visited the wards daily and undertook medicines reconciliation. We saw that an oxygen cylinder was stored in the bathroom; there was no signage to indicate risk.

John Coupland Hospital

Nurse prescribers were employed on the ward. A GP also visited the ward three times a week. The ward used an external local community pharmacist who visited the ward weekly and fed back any issues. Practice was audited using

the monthly 'chart checker'. Any errors are subject to incident reporting and investigation. We observed the administration of medicines; this was done correctly and care was sensitive to the needs of the patient.

Staff had raised concerns about transcribing medication. They had been advised to stop this practice but alternative systems had not been put in place to support this. This meant there was a risk that patients had to wait for their medicines to be transcribed by a suitably qualified practitioner.

Within the surgical day unit, although there was no evidence that patients had come to harm, there were concerns regarding the risk associated with the use of verbal orders for the repeat administration of Midazolam (Schedule 3 controlled drug). Staff confirmed that it was accepted practice in the theatre that, if the patient required a further dose of the drug and the surgeon was unable to provide a written prescription as they were operating, a verbal instruction would be accepted. Nursing staff competent to administer intravenous medication would then administer the drug. The prescription was signed retrospectively by the surgeon. This was contrary to the trusts policy for the Safe and Secure Handling of Medicines which stated that 'a verbal order may not be given or taken for a controlled drug under any circumstances.' We saw evidence that staff had raised this issue with the trust's medicine management team in April 2014. The issue had not yet been addressed.

Skegness Hospital

Nurse prescribers were employed on the ward. Five medication administration charts were reviewed during the inspection; all doses were administered and signed for. Mandatory annual competency assessments for the administration of medicines for nursing staff had not yet been implemented. Competency assessments were undertaken for transcribing medication, but trust policy was not to undertake this practice. Staff confirmed they were working towards stopping this practice. Practice was audited using the monthly 'chart checker'.

Safeguarding

There were safeguarding policies and procedures which were understood and implemented by staff. Staff were able

Are services safe?

to tell us the process for reporting safeguarding concerns and knew where they would access the safeguarding policy and procedures; safeguarding information was displayed on the wards.

Staff informed us that they had completed safeguarding training. Staff received an appropriate level of training, for example registered nursing staff were trained to level 3. Mandatory training included children's safeguarding training. Trust data showed that over 95% of staff had received the appropriate level of safeguarding training.

Johnson Community Hospital

Safeguarding policies were in place and staff were aware of these. All qualified staff were trained to an appropriate level for their role. Information regarding safeguarding and contacts was displayed on wards. Staff were aware of the safeguarding lead at the trust.

There was a system in place which identified patients with safeguarding issues, e.g. looked after children.

Louth County Hospital

Safeguarding policies were in place and staff were aware of these and where to access information. Staff were trained to an appropriate level for their role. Information regarding safeguarding and contacts was displayed on wards.

There was a system in place which identified patients with safeguarding issues, e.g. Looked after children.

John Coupland Hospital

Safeguarding policies were in place and staff were aware of these and where to access information. Staff were trained to an appropriate level for their role. Information regarding safeguarding and contacts was displayed on wards. There were identified safeguarding champions on the ward who attended trust-wide meetings on safeguarding and dignity and respect.

Skegness Hospital

Safeguarding policies were in place and staff were aware of these. All qualified staff were trained to an appropriate level for their role. Information regarding safeguarding and contacts was displayed on wards. Staff were able to describe an incident and action taken.

Records systems and management

An electronic record system, SystmOne, was in use and had recently been implemented in some areas. Staff,

particularly on the ward areas, expressed varying levels of frustration with the use of SystmOne, but said that trust managers were aware of the functionality issues and working to resolve these. We observed that access to patient's electronic records was slow.

Templates were in use on the system and included care plans. Medicines charts and observation charts kept at bedside and scanned onto system at end of the patients stay. Due to the functionality issues, there were a variety of records held by the patient's bedside; this was not consistent across the hospitals. There was a risk of duplicate or inconsistent information recorded about the patient.

Johnson Community Hospital

An electronic record system, SystmOne, had recently been implemented. Staff expressed varying levels of frustration with the use of SystmOne, but said that trust managers were aware of the functionality issues and working to resolve these. We observed that access to patient's electronic records was slow.

Templates were in use on the system and included care plans. Medicines charts and observation charts kept at bedside and scanned onto system at end of the patients stay. We reviewed 6 patient's records and found these were completed.

Louth County Hospital

An electronic record system, SystmOne, had recently been implemented. Staff expressed varying levels of frustration with the use of SystmOne, stating it was hard to access patient's records and took staff away from patients as they had to use the central computer. Staff felt the records were task orientated and care plans were not individualised.

Staff also identified that there was a 24 hour delay in some systems updates. However, they could access GP notes and it meant improved communication systems.

We reviewed twelve patient's records and found these to be mostly completed and accurate. On 3 patients' records that there were inconsistencies or gaps relating to pressure ulcer prevention. This was exacerbated by the use of electronic and hard copy documents. For example, one patient had a care plan that stated the patient should be repositioned every 2- 4 hours. A repositioning chart was at

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the patient's bedside which did not specify a repositioning regime, was not signed, had not been updated for 5 days, and specified a different mattress to the one in use. The electronic record was confirmed as being correct.

John Coupland Hospital

The electronic record system, SystmOne, had been in use on the ward for a considerable time. Staff reported there were constant changes but it was better. They felt supported by the trust's information technology department.

Skegness Hospital

An electronic record system, SystmOne, had recently been implemented. Staff expressed varying levels of frustration with the use of SystmOne, stating it was hard to access patient's records and took staff away from patients. We viewed two patient's records and found them to be complete.

Assessing and responding to patient risk

In the ward areas, patient's risk assessments were in place and recorded on SystmOne. These included pressure ulcer risk assessments, falls risk assessments, bedrails risk assessments and nutritional screening. Daily reports were provided to managers were these had not been completed or updated. We saw that care had been provided in response to identified risk. We reviewed fifteen patients records and saw that the national early warning score (NEWS) had been recorded and the escalation policy followed in the majority of cases.

Johnson Community Hospital

Patient's risk assessments were in place and recorded on SystmOne. These included pressure ulcer risk assessments, falls risk assessments, bedrails risk assessments and nutritional screening. Daily reports were provided to managers were these had not been completed or updated. We saw that care had been provided in response to identified risk.

The national early warning score was recorded to identify patients at risk of deterioration. The escalation procedure was clearly documented on the chart. We reviewed three patient's charts; most were completed but one patient should have been reviewed on 2 occasions due their early warning score. Nursing staff confirmed this had not been escalated at the time.

Louth County Hospital

Patient's risk assessments were in place and recorded on SystmOne. These included pressure ulcer risk assessments, falls risk assessments, bedrails risk assessments and nutritional screening. Daily reports were provided to managers were these had not been completed or updated. We saw that care had been provided in response to identified risk, although there were inconsistencies in some patient's records.

We reviewed twelve patient's records and saw that the NEWS had been recorded and the escalation policy followed.

John Coupland Hospital

Patient's risk assessments were in place and recorded on SystmOne. These included pressure ulcer risk assessments, falls risk assessments, bedrails risk assessments and nutritional screening. Daily reports were provided to managers were these had not been completed or updated. Risk assessments were updated at least weekly.

NEWS completion was audited monthly; staff on the ward undertook e-learning and also underwent a locally developed practical competency assessment. A mental health nurse visited the ward one day a week to respond to specified care needs and risks.

In the surgical day unit, the safer surgery checklist was used; however the briefing and debriefing steps were not formally used within the unit.

Skegness Hospital

Patient's risk assessments were in place and recorded on SystmOne. These included pressure ulcer risk assessments, falls risk assessments, bedrails risk assessments and nutritional screening. Daily reports were provided to managers were these had not been completed or updated. Care had been provided in response to identified risk.

The national early warning score was recorded to identify patients at risk of deterioration.

Staffing levels and caseload

The trust's annual report for 2013/2014 stated that for community hospitals, staffing levels were identified using the Royal College of Nursing formula for ward level staffing for care of the elderly which identifies a ratio of one nurse to nine patients in the day and one to eleven at night. We found there was a varied level of staffing and response to

Are services safe?

concerns across the community hospital wards. The wards at Johnson Community Hospital and John Coupland Hospital had temporarily reduced the bed base in response to staffing and patient safety concerns; this was not the case at Louth County Hospital and Skegness Hospital. The staffing levels at Louth County Hospital and Skegness Hospital were below the staffing levels identified by the trust.

Johnson Community Hospital

Most patients and staff felt there were enough staff on Welland ward. Following a serious incident investigation in July 2013, action had been taken to address staffing shortages on Welland ward. The number of beds in use had been reduced temporarily and at the time of inspection 21 beds out of a maximum of 32 were in use. Staffing figures were displayed and it was confirmed that one nurse to nine patients in the day and one to eleven at night had been maintained. There had been a shortage of staff a few weeks prior to the inspection due to staff absence; this had been managed to maintain patient safety. Staff confirmed that managers were supportive and patient safety was treated as a priority.

Louth County Hospital

We looked at staff rotas over the previous two months and found that Carlton ward was consistently one registered nurse below the planned number for the day shift. On the day we visited, 9 September 2014, the numbers of staff planned for the early shift were 3 nurses and 5 support workers; there were actually 2 nurses and 5 support workers on duty. For the late shift there were 3 nurses and 3 support workers planned; actual numbers were 2 nurses and 3 support workers and for the night shift they were one support worker below the planned staffing level.

A band 5 nurse was employed to provide care to patients occupying six chairs as part of a day suite; this was not open on the day of our inspection visit.

Staff said that the shortfall in staff impacted on the loss of coordination of the shift as the staff member needed to deliver direct care, on the quality of the records and in supporting staff development and supervision. A track and trigger (early warning score) audit in January 2014, showed that on one shift staff missed low priority observations for 2

patients due to prioritising other care needs. Patients reported that they felt there was a staff shortage and one patient had seen staff visibly upset who had not had a break all day. Recruitment to vacancies was in progress.

John Coupland Hospital

At the time of the inspection, due to vacancies, the bed numbers in use on the ward had been reduced from 23 beds to 16 beds. This meant a ratio of one nurse to nine patients in the day and one to eleven at night could be maintained. Staffing concerns had been raised by ward staff and senior staff had responded to maintain patient safety.

Staff within the surgical day unit felt there was sufficient staff to provide care.

Skegness Hospital

Staff told us that staffing levels had been problematic. On 10 September 2014 information displayed showed one registered nurse below planned numbers on both the early and the late shift. We reviewed the planned and actual staffing levels for the period 25 August to 9 September 2014. We found that on Gloucester ward, on 3 late shifts the registered nurse to patient ratios were 1:18 patients and for 13 night shifts the ratio was between 1:15 and 1:20 patients. This did not meet the trust's planned staffing ratios. There were plans to increase the establishment of Scarborough ward from 3 to 4 staff on a late shift and on Gloucester ward from 4 to 5 on a late shift. There were no plans to increase staffing levels on a night shift. Five new registered nurses had been employed and were currently on induction. Bank staff were used and were predominantly the ward's own staff.

Deprivation of Liberty safeguards

Staff demonstrated an awareness of deprivation of liberty safeguards. No-one was subject to a deprivation of liberty safeguard at the time of inspection. We saw that guidance regarding assessing mental capacity of patients was available. Staff demonstrated a good awareness of mental capacity.

Johnson Community Hospital

Staff demonstrated an awareness of deprivation of liberty safeguards. No-one was subject to a deprivation of liberty safeguard at the time of inspection. Staff we spoke with

Are services safe?

demonstrated a good awareness of mental capacity. Mental capacity assessments were undertaken by medical staff and any concerns about mental capacity were discussed with the multidisciplinary team.

Louth County Hospital

Staff demonstrated an awareness of deprivation of liberty safeguards. No-one was subject to a deprivation of liberty safeguard at the time of inspection. We saw that guidance regarding assessing mental capacity of patients was available. Staff demonstrated a good awareness of mental capacity. We saw an example of good practice, with staff waiting until a patient's acute physical condition had resolved in order to reassess a patient's mental capacity in relation to a significant decision.

John Coupland Hospital

Staff demonstrated an awareness of deprivation of liberty safeguards. No-one was subject to a deprivation of liberty safeguard at the time of inspection. Staff we spoke with demonstrated a good awareness of mental capacity.

Skegness hospital

Staff demonstrated an awareness of deprivation of liberty safeguards. No-one was subject to a deprivation of liberty safeguard at the time of inspection.

Managing anticipated risks

Major incident policies and contingency plans were in place and staff demonstrated an awareness of these. There were systems in place to identify individual patient evacuation requirements in most areas and systems in place to ensure this was communicated to staff.

Johnson Community Hospital

Major incident policies and guidance were in place and staff demonstrated an awareness of these. Nursing staff had liaised with the trust's health and safety team regarding evacuation procedures; individual patient plans were in place. Staff had received appropriate training.

Louth County Hospital

All patients' evacuation needs were identified at handover and on the ward whiteboard. Staff demonstrated a clear understanding of escalation processes.

John Coupland Hospital

Business continuity plans were in place including adverse weather plans. Systems were in place to assess and identify individual patient's evacuation requirements; colour coded magnets by the patient's bedside indicated these requirements.

Skegness Hospital

Systems were in place to assess and identify individual patient's evacuation requirements; colour coded magnets by the patient's bedside indicated these requirements.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Evidence based care and treatment

Staff had access to policies and guidance on the trust's intranet and internet. Patients had been assessed using nationally recognised tools and care plans were in place using evidence-based templates on the electronic records system.

Access to specific NICE guidance was unclear to some staff. They reported finding the information themselves and sharing with colleagues. We noted that some guidance, for example the trust's procedure for the 'Management of Slips, Trips and Falls – Clinical' did not contain up to date references including the relevant NICE guidance on falls published in June 2013. The trust had undertaken a baseline assessment of compliance with NICE guideline on pressure ulcers (CG179) which showed they met 81% of recommendations. The trust had introduced the 'SSKIN care bundle' template; we saw evidence this was being used.

The trust reported that the screening targets for dementia were not met and it was unclear how many staff had received training.

Johnson Community Hospital

Staff had access to policies and guidance on the trust's intranet and internet. Patients had been assessed using nationally recognised tools; these were recorded on the electronic records system. Care plans were in place and discussed at multidisciplinary meetings; these were based on evidence-based templates available on the electronic record system. These were selected for individual needs but often task-based rather than individualised. A number of local audits were undertaken to monitor compliance with guidance. For example, 20 random observation charts were audited in the first week of the month as part of the 'patient safety chart checker' audit. The information was submitted centrally. Welland ward in September 2014 showed almost 100% compliance.

Louth County Hospital

Staff had access to policies and guidance on the trust's intranet and internet. Patients had been assessed using nationally recognised tools; these were recorded on the

electronic records system. Care plans were in place and discussed at multidisciplinary meetings; these were based on evidence-based templates available on the electronic record system. These were selected for individual needs but often task-based, detailing what actions were required rather than individualised to detail patient's preferences. A number of local audits were undertaken to monitor compliance with guidance for example infection control audits which showed good levels of compliance. The information was submitted centrally and monitored by the trust.

Staff used care pathways, such as the stroke pathway. We noted that some guidance, for example the trust's procedure for the 'Management of Slips, Trips and Falls – Clinical' did not contain up to date references including the relevant NICE guidance on falls published in June 2013.

John Coupland Hospital

Staff had access to policies and guidance on the trust's intranet and internet. Patients had been assessed using nationally recognised tools; these were recorded on the electronic records system. The clinical governance manager in unit and the service lead cascaded relevant information to the teams. A weekly email was sent to staff indicating any changes to policies and procedures. Procedure files were accessible in treatment rooms. Care plans were in place; these were based on evidence-based templates available on the electronic record system. Therapists undertook patient assessments and had developed a holistic assessment and plan for patients.

Skegness Hospital

Staff had access to policies and guidance on the trust's intranet and internet. Evidence-based practice guidance was available and displayed in the unit. Clinical pathways were in place. Patients had been assessed using nationally recognised tools; these were recorded on the electronic records system. Care plans were in place and discussed at multidisciplinary meetings; these were based on evidence-

Are services effective?

based templates available on the electronic record system. NICE guidance was accessed but staff reported they accessed this themselves rather than receiving it via the trust management.

Pain relief

We found that pain was assessed and pain relief was given in accordance with patient's needs. In some areas, we noted that pain relief included more holistic approaches such as the use of positioning and sensory rooms.

Johnson Community Hospital

Pain was monitored effectively and pain relief was given in accordance with patient's needs.

John Coupland Hospital

Pain was monitored and pain relief was given in accordance with patient's needs. We observed pain relief being delivered to patient with dementia; this included repositioning the patient which demonstrated a more holistic approach to pain management.

Louth County Hospital

Pain was monitored and pain relief was given in accordance with patient's needs. Patients we spoke with reported prompt response to pain relief requests.

Skegness Hospital

Staff provided pain relief for patients. Staff felt they were able to meet patients' needs and had nurse practitioners who were able to prescribe analgesics in a timely way for patients. The hospital had a, 'Snoozeland', room which provided sensory stimulation and was used for pain management.

Nutrition and hydration

A nutritional risk assessment using a recognised tool, the malnutrition universal screening tool (MUST), was completed for patients on admission and reviewed regularly. These were recorded on the electronic records system. The lead commissioners, Lincolnshire East Clinical Commissioning Group, had reviewed nutritional screening as part of their quality schedule review for January to April 2014. They found that approximately 96% of patients at the community hospitals had been assessed to determine any needs for assistance with eating and drinking and appropriate assistance provided.

Patients were assisted to eat and drink where necessary. Protected mealtimes were in place, although at Louth County Hospital that these were not always adhered to. Dining areas were available and used by patients in the hospitals we visited.

In April 2013, inspections were replaced by patient-led assessments of the care environment (PLACE), which use mixed teams of staff and patient assessors, with patients making up at least 50% of the team. For the reporting period April to June 2013, the trust reported an organisational score of 83% for food, hydration and meal service (national average 85%). In terms of individual wards the Johnson Community Hospital scored below the organisation average for food with 77%. We asked patients about the food at Johnson Community Hospital following the results of the patient-led assessments of the care environment (PLACE). Patients spoke positively about the food they received, including those on special diets.

Johnson Community Hospital

A nutritional risk assessment using a recognised tool, the malnutrition universal screening tool, was completed for patients on admission and reviewed regularly. Staff said that referrals to dieticians were made when required. We identified evidence of this and patients were provided with food to meet their nutritional needs.

Patients were able to take their meals in the dining area if they wished or by their bedsides. The dining area provided a social area over mealtimes and patient said they enjoyed the food provided. We saw that patients who required assistance were supported to eat and drink. Drinks were readily available for patients.

John Coupland Hospital

A nutritional risk assessments using a recognised tool, the malnutrition universal screening tool, was completed for patients on admission and reviewed regularly. Protected mealtimes were in place, which meant that patients were not interrupted whilst they were eating. Staff said that referrals to dieticians were made when required. Special dietary requirements were communicated and a board in the kitchen displayed relevant information. Volunteers supported serving meals and patients could choose to take their meals in the dining area or at their bedside. Patients

Are services effective?

described how staff helped them at mealtimes to enable them to eat their meals. Drinks were readily available for patients. The ward had identified staff that were nutritional link nurses whose role it was to champion nutritional care.

Louth County Hospital

A nutritional risk assessments using a recognised tool, the malnutrition universal screening tool, was completed for patients on admission and reviewed regularly. Staff said that referrals to dieticians were made when required and the kitchen was responsive to patient's dietary needs. Protected mealtimes were in place to prevent patients being interrupted whilst they were eating. However, we saw occasions when they were interrupted, for example medicines were provided and we saw a doctor talking with a patient. We observed that an ambulance arrived to take a patient home during a mealtime and staff provided the patients with sandwiches to take home to ensure they had something to eat.

We observed assisting patients with food and drink at meal times. We observed fluid balance charts which recorded patient's fluid intake.

Skegness Hospital

A nutritional risk assessments using a recognised tool, the malnutrition universal screening tool, was completed for patients on admission and reviewed regularly. Patients were able to take their meals in the dining area if they wished or by their bedsides.

Approach to monitoring quality and people's outcomes

A number of monthly audits were undertaken to monitor quality such as the track and trigger chart checker and the Safety Thermometer. This allowed teams to measure harm and the proportion of patients that were 'harm free' from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism.

There was regular reporting of performance and quality at the board and within the business units. For example, between July 2013 and July 2014 there had been no breeches of mix sex accommodation within the inpatient units. Delayed transfers of care were all below the trusts target of 3.5% with the exception of October and November 2013. Ward cleanliness scored were all above the trusts target of 90% for the same time period.

Average length of stay was also below the trusts benchmark and cohort data, and ranged from 12 to 17.5 days between July 2013 and July 2014 (benchmark and cohort data being 28 and 24.6 respectively). Readmission rates to an acute hospital within 72 hours average 3 per month.

Nearly 30 audits were planned for the year 2013/2014, some specific to the community hospitals, and others trust wide. Not all planned audits had been undertaken. Within the trust's Annual Clinical Audit Plan 2013-2014, it specified that an audit of the acutely ill should have been completed, but this had not been undertaken. There were no planned audits regarding patient outcomes in the community hospitals. The trust had not participated in the national intermediate care audit. Length of stay was monitored.

Patients had individual assessments and care plans that specified the aims of care. These were individually monitored and evaluated. Multidisciplinary meetings were held to discuss patients' progress and plans of care. An assessment and discharge pathway was being further developed by staff at John Coupland Hospital. The assessment incorporated the Barthel index into the holistic initial assessment form. The Barthel Index consisted of ten items that measure a person's daily functioning specifically the activities of daily living and mobility. The assessment was used to determine a baseline level of functioning and was used to monitor improvement in activities of daily living over time. This was planned to be used across the trust but was not yet fully implemented.

Johnson Community Hospital

Patients had individual assessments and care plans that specified the aims of care. These were individually monitored and evaluated. Weekly multidisciplinary meetings were held to discuss patients' progress and plans of care. A number of monthly audits were undertaken to monitor quality such as the track and trigger chart checker and the Safety Thermometer.

John Coupland Hospital

Patients had individual assessments and care plans that specified the aims of care. These were individually monitored and evaluated. An assessment and discharge pathway was in place and was being further developed by therapy staff. The assessment incorporated the Barthel index into a newly developed holistic initial assessment form. A number of monthly audits were undertaken to

Are services effective?

monitor quality. We saw the monthly medication chart-checker undertaken in April 2014 had identified some areas for improvement. An action plan was in place and had been implemented. This was to be checked at the next audit which showed some improvement. Staff were aware that some patients were transferred to acute hospital care, but details of the numbers of patients were not available.

In the surgical day unit, integrated care pathways were in use and appropriately completed. These incorporated evidence based risk assessments such as VTE. The safer surgery checklist was used; however the full five steps to safer surgery including the briefing and debriefing were not formally used within the unit. Patient experience outcomes were audited.

Louth County Hospital

Patients had individual assessments and care plans that specified the aims of care. These were individually monitored and evaluated. Multidisciplinary meetings were held to discuss patients' progress and plans of care. A number of monthly audits were undertaken to monitor quality such as the track and trigger chart checker and the Safety Thermometer. We saw the medication chart-checker for January 2014 which identified gaps but there was no clear action plan to address these. Two medication errors were identified on the July performance report. We also saw the track and trigger (Early Warning Score) audit for Manby ward from April 2014; this demonstrated good levels of compliance.

Skegness Hospital

Patients had individual assessments and care plans that specified the aims of care. These were individually monitored and evaluated. Multidisciplinary meetings were held to discuss patients' progress and plans of care. A number of monthly audits were undertaken to monitor quality such as the track and trigger chart checker and the Safety Thermometer. Length of stay was monitored and had reduced.

Competent staff

Staff were supported with preceptorship programmes and induction programmes, as appropriate. Staff had attended mandatory training and compliance rates across the hospitals ranged from 74 to 97% at the end of July 2014. This had fallen slightly from the end of March 2014. Staff were booked on mandatory training course and it was projected that compliance would then be between 94 and

100%. There was a process to attend further training; we saw that nurse practitioner roles had been developed and staff had received additional training such as nurse prescribing.

Training had been delivered regarding appraisals and managers were aware of the target to undertake all staff appraisals by October 2014 and the rationale for this. Some areas were on target to achieve this, but some staff told us this was not achievable due to staffing constraints. Staff reported varying experiences of supervision; the trust did not achieve their goal to ensure that 95% of staff had had clinical supervision at least every 3 months in 2013/2014. Some areas had developed and implemented competency assessments. Occupational therapist reported they had peer supervision amongst themselves, but no clinical supervision.

Johnson community Hospital

Staff had the skills to provide patient care and the patients we spoke with felt that staff had the necessary skills or were confident the staff would seek assistance. New starters attended induction programmes and had found it useful. We found 94% of staff had attended mandatory training. Staff had received training regarding appraisals and staff were booked to have their appraisal. Staff had received additional training to extend their skills such as the nurse practitioners on the ward.

Louth County Hospital

Newly qualified staff confirmed that they had been supported through preceptorship programmes.

We found 94% of staff had attended mandatory training. Staff felt supported with their learning needs and reported they received training to ensure competency such as with specific equipment. The ward sister held monthly supervision sessions with staff.

Skegness Hospital

Staff had received additional training to extend their skills such as the nurse practitioners on the ward. Staff reported receiving monthly supervision and post-event debriefs such as following a cardiac arrest. Staff were supported with their learning by a clinical nurse educator. Managers reported they were on target to complete all appraisals by the end of October in accordance with the trusts goal. We found between 77% and 89% of staff had attended mandatory training.

Are services effective?

John Coupland Hospital

Staff had received additional training to extend their skills such as the nurse practitioners on the ward. We found 91% of staff had attended mandatory training. Staff were supported with their learning by a clinical nurse educator who arranged access to a variety of learning opportunities. Link nurses, which included unregistered staff, were identified for aspects of care such as infection control and attended trust-wide meetings and shared learning. Managers were aware of the trust target to undertake staff appraisals by end of October 2014, but at the time of inspection the majority were required to be undertaken. Managers aimed to undertake monthly supervision sessions with staff, but due to staffing issues these had not taken place formally for a few months.

Within the surgical day unit staff had been trained. Unregistered staff had undertaken NVQ training up to level 3. Competency assessments had been developed and staff had been assessed. Supervision was undertaken at least once a month and an annual discussion record of all supervision activity was maintained for each member of staff. Managers were on target to complete the annual appraisals for all staff by the end of October 2014 and had identified training needs which were planned to be addressed. Staff had opportunities to shadow practice at other locations and were in the process of organising honorary contracts with another provider as part of their development opportunities.

Multi-disciplinary working and coordination of care pathways

Staff reported effective multidisciplinary working across the hospitals. Therapy staff such as physiotherapist and occupational therapists were present on each of the wards. Regular formal multidisciplinary meetings were held and daily updates were shared.

Johnson Community Hospital

Therapy staff such as physiotherapist and occupational therapists were present on each of the wards. Rehabilitation facilities were on the ward which enabled frequent communication. Weekly multidisciplinary team meetings were held to discuss all patients' progress and care plans including discharge plans. Daily updates were shared between staff during a multidisciplinary morning meeting. Some multidisciplinary pathways were in use such as the stroke care pathway.

Louth County Hospital

Weekly multidisciplinary team meetings were held to discuss all patients' progress and care plans. This included the hospital chaplain who discussed spiritual care. There was evidence of integrated multidisciplinary working with the team including physiotherapist, occupational therapists and social workers. We saw evidence of the team working together regarding the planned discharge of a patient with complex needs.

John Coupland Hospital

Staff reported and we saw evidence of an integrated multidisciplinary team. Weekly multidisciplinary meetings were held involving therapy staff; ward nursing staff, GPs, community nurses, mental Health Nurse and social workers. There was a designated discharge nurse on the ward who liaised with the other services to manage patient's discharges. Patients spoke positively about the discharge process and information on the ward.

Skegness Hospital

Weekly multidisciplinary team meetings were held to discuss all patients' progress and care plans including discharge plans. Some multidisciplinary pathways were in use such as a rehabilitation pathway.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Compassionate care

Johnson Community Hospital

We spoke with 9 patients and one relative on Welland ward about their experiences. Patients spoke positively about the staff and the care they received. We observed staff speak with patients in a compassionate and sensitive way. Patients spoke positively about the care received from therapy staff and how they were treated. We observed lunch being served; most patients went to the dining area and support was provided in a caring and compassionate way.

Louth County Hospital

We spoke with 9 patients on the wards at Louth County Hospital. All patients told us they were treated with compassion, although some felt that staff could not provide the care they wanted to due to work pressures.

On Carlton and Manby wards 100 questionnaires were issued to patients during April 2014, with 51 being returned. Patients were positive about their experience with the staff and standards of care. There were no suggestions from patients to improve services, but the only score that fell below 100% positive responses was relating to the cleanliness of the ward, with 30 patients reporting it as clean and 21 as very clean.

John Coupland Hospital

We spoke with 4 patients and one relative on Scotter ward. All spoke positively about the care they had received and said they had received compassionate care.

Within the surgical day unit we saw an audit of patients opinions for January to June 2014 showed 92% of patients would recommend care on the unit.

Skegness Hospital

On Gloucester and Scarborough wards 24 questionnaires were completed during a patient satisfaction survey carried out over three days in April 2014. Overall patient satisfaction was positive.

Dignity and respect

In April 2013, inspections were replaced by patient-led assessments of the care environment (PLACE), which use

mixed teams of staff and patient assessors, with patients making up at least 50% of the team. For the reporting period April to June 2013, the trust reported an organisational score of 82% for privacy, dignity and wellbeing (national average 89%).

Johnson Community Hospital

We spoke with 9 patients and one relative on Welland ward about their experiences. All the patients we spoke with felt they were treated with dignity and respect. We observed the use of privacy screens, staff asking patients permission to undertake activities and knocking on doors before entering rooms. One patient told us how they felt their decision about her medication had been respected.

Louth County Hospital

Patients told us they felt that their privacy and dignity was ensured and they felt that staff insisted on this. We observed the use of privacy screens, staff asking patients permission to undertake activities and knocking on doors before entering rooms.

John Coupland Hospital

Patients told us how they felt that their privacy and dignity was maintained. We observed patients being treated in a dignified and respectful manner. For example, we observed a patient being cared for with respect during and after a meal-time and returning the patient to their bed area. Safeguarding leads on the ward also promoted dignity and respect. We found evidence that staff felt able to challenge any areas of concern and these were acted upon.

Skegness Hospital

On Gloucester and Scarborough wards 24 questionnaires were completed during a survey carried out over three days in April 2014. Overall patient satisfaction with privacy and dignity scored 100%.

Patient understanding and involvement

Johnson Community Hospital

Are services caring?

We spoke with 9 patients and one relative on Welland ward about their experiences. Patients felt involved in their care. Staff we spoke with had a good understanding of the Mental Capacity Act; concerns about capacity were discussed at a weekly multidisciplinary meeting.

Louth County Hospital

Patients we spoke with understood what the plans were for their care and why assessments were being made. We saw an example of a patient expressing a desire to go to a particular residential home and staff ensure this was communicated to relevant teams. There was access to a translation service when required.

John Coupland Hospital

Patients we spoke with felt involved in their care. One patient told us how they were involved and fully informed regarding their discharge plan.

The ward displayed the results of the You Said – We Listened programme on the ward corridor describing concerns of noisy door closing at night and also noise relating to waste bins. The management response and changes made were described.

Skegness Hospital

On Gloucester and Scarborough wards 24 questionnaires were completed during a survey carried out over three days in April 2014. Although overall patient satisfaction was positive, patients reported that they were not involved in decisions about their care. An action plan had been implemented to address these issues.

There were a number of positive examples of patient involvement. For example, following an assessment of mental capacity, it was agreed to wait until the patient was well enough to be involved in an important decision. Another patient described how they had been involved and their personal wishes had been taken into account when planning their discharge from hospital. Some patients, although their discharge date had been shared with them, could not recall it as the dates were recorded on the whiteboard and care plans and so were not visible or documented for them.

Emotional support

Johnson Community Hospital

Patients spoke positively about the emotional support they received and identified particular members of staff who

had supported them. One patient described how they had lost confidence following a fall and staff had supported them by walking behind them so they felt safe and could regain their confidence.

Louth County Hospital

Patients we spoke with felt supported. They also said that staff were flexible with visiting times to meet the needs of the family.

John Coupland Hospital

Patients we spoke with felt supported. A mental health nurse visited the ward routinely on a weekly basis and staff could discuss or refer patients requiring additional support.

One patient reported that the visiting times of both afternoon and evening were valued as being in a small town, closer to home; this enabled more family and neighbours to visit enabling home contact to be maintained.

Skegness Hospital

Patients we spoke with felt supported; one patient explained that staff were very caring and compassionate when patients felt or displayed their emotions. There was a sensory room available at the hospital that was used to support people.

Staff could refer patients with mental health needs to a crisis team provided by another organisation.

Promotion of self-care

Johnson Community Hospital

Most patients were admitted to the ward for rehabilitation. There were therapy staff on the ward and patients were supported to self-care. There was a well-equipped rehabilitation room which was used and a kitchen on the ward to assess patient's ability to safely self-care when they went home. Patients were encouraged to take meals in the dining area, if they wished. We asked patients about the food following the results of the patient-led assessments of the care environment (PLACE). Patients spoke positively about the food they received, including those on special diets.

Louth County Hospital

Are services caring?

Patients told us that assistance was given when required but that self-care was encouraged. We observed that patients were involved with their care and staff took appropriate steps to ensure their understanding.

John Coupland Hospital

Most patients were admitted to the ward for rehabilitation. Patients were complimentary about the staff and rehabilitation that the ward had enabled. Patients were encouraged to dress for breakfast and take lunch and dinner in the dining area, if they wished. This was viewed by patients as being good and appropriate.

Skegness Hospital

Patients told us that assistance was given when required but that self-care was encouraged. Some patients described how they had had home visits and their homes were being adapted to promote self-care and independent living. A variety of information leaflets were available in different languages.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Compassionate care

Johnson Community Hospital

We spoke with 9 patients and one relative on Welland ward about their experiences. Patients spoke positively about the staff and the care they received. We observed staff speak with patients in a compassionate and sensitive way. Patients spoke positively about the care received from therapy staff and how they were treated. We observed lunch being served; most patients went to the dining area and support was provided in a caring and compassionate way.

Louth County Hospital

We spoke with 9 patients on the wards at Louth County Hospital. All patients told us they were treated with compassion, although some felt that staff could not provide the care they wanted to due to work pressures.

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Skegness Hospital

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Dignity and respect

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mixed teams of staff and patient assessors, with patients making up at least 50% of the team. For the reporting period April to June 2013, the trust reported an organisational score of 82% for privacy, dignity and wellbeing (national average 89%).

Johnson Community Hospital

We spoke with 9 patients and one relative on Welland ward about their experiences. All the patients we spoke with felt they were treated with dignity and respect. We observed the use of privacy screens, staff asking patients permission to undertake activities and knocking on doors before entering rooms. One patient told us how they felt their decision about her medication had been respected.

Louth County Hospital

Patients told us they felt that their privacy and dignity was ensured and they felt that staff insisted on this. We observed the use of privacy screens, staff asking patients permission to undertake activities and knocking on doors before entering rooms.

John Coupland Hospital

Patients told us how they felt that their privacy and dignity was maintained. We observed patients being treated in a dignified and respectful manner. For example, we observed a patient being cared for with respect during and after a meal-time and returning the patient to their bed area. Safeguarding leads on the ward also promoted dignity and respect. We found evidence that staff felt able to challenge any areas of concern and these were acted upon.

Skegness Hospital

On Gloucester and Scarborough wards 24 questionnaires were completed during a survey carried out over three days in April 2014. Overall patient satisfaction with privacy and dignity scored 100%.

Patient understanding and involvement

Johnson Community Hospital

Are services responsive to people's needs?

We spoke with 9 patients and one relative on Welland ward about their experiences. Patients felt involved in their care. Staff we spoke with had a good understanding of the Mental Capacity Act; concerns about capacity were discussed at a weekly multidisciplinary meeting.

Louth County Hospital

Patients we spoke with understood what the plans were for their care and why assessments were being made. We saw an example of a patient expressing a desire to go to a particular residential home and staff ensure this was communicated to relevant teams. There was access to a translation service when required.

John Coupland Hospital

Patients we spoke with felt involved in their care. One patient told us how they were involved and fully informed regarding their discharge plan.

The ward displayed the results of the You Said – We Listened programme on the ward corridor describing concerns of noisy door closing at night and also noise relating to waste bins. The management response and changes made were described.

Skegness Hospital

On Gloucester and Scarborough wards 24 questionnaires were completed during a survey carried out over three days in April 2014. Although overall patient satisfaction was positive, patients reported that they were not involved in decisions about their care. An action plan had been implemented to address these issues.

There were a number of positive examples of patient involvement. For example, following an assessment of mental capacity, it was agreed to wait until the patient was well enough to be involved in an important decision. Another patient described how they had been involved and their personal wishes had been taken into account when planning their discharge from hospital. Some patients, although their discharge date had been shared with them, could not recall it as the dates were recorded on the whiteboard and care plans and so were not visible or documented for them.

Emotional support

Johnson Community Hospital

Patients spoke positively about the emotional support they received and identified particular members of staff who

had supported them. One patient described how they had lost confidence following a fall and staff had supported them by walking behind them so they felt safe and could regain their confidence.

Louth County Hospital

Patients we spoke with felt supported. They also said that staff were flexible with visiting times to meet the needs of the family.

John Coupland Hospital

Patients we spoke with felt supported. A mental health nurse visited the ward routinely on a weekly basis and staff could discuss or refer patients requiring additional support.

One patient reported that the visiting times of both afternoon and evening were valued as being in a small town, closer to home; this enabled more family and neighbours to visit enabling home contact to be maintained.

Skegness Hospital

Patients we spoke with felt supported; one patient explained that staff were very caring and compassionate when patients felt or displayed their emotions. There was a sensory room available at the hospital that was used to support people.

Staff could refer patients with mental health needs to a crisis team provided by another organisation.

Promotion of self-care

Johnson Community Hospital

Most patients were admitted to the ward for rehabilitation. There were therapy staff on the ward and patients were supported to self-care. There was a well-equipped rehabilitation room which was used and a kitchen on the ward to assess patient's ability to safely self-care when they went home. Patients were encouraged to take meals in the dining area, if they wished. We asked patients about the food following the results of the patient-led assessments of the care environment (PLACE). Patients spoke positively about the food they received, including those on special diets.

Louth County Hospital

Are services responsive to people's needs?

Patients told us that assistance was given when required but that self-care was encouraged. We observed that patients were involved with their care and staff took appropriate steps to ensure their understanding.

John Coupland Hospital

Most patients were admitted to the ward for rehabilitation. Patients were complimentary about the staff and rehabilitation that the ward had enabled. Patients were encouraged to dress for breakfast and take lunch and dinner in the dining area, if they wished. This was viewed by patients as being good and appropriate.

Skegness Hospital

Patients told us that assistance was given when required but that self-care was encouraged. Some patients described how they had had home visits and their homes were being adapted to promote self-care and independent living. A variety of information leaflets were available in different languages.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Vision and strategy for this service

Staff we spoke with were mostly aware of the trust's vision and values. Staff were less clear about the vision and strategy for their local services and some staff, for example at Louth County Hospital felt that things had been 'put on hold' pending a refurbishment although there were no timescales as to when this would begin.

Johnson Community Hospital

Staff were aware of the trust's vision and values, although some staff were less clear about the strategy for the service. However, there was an action plan in place for the ward and they were looking to increase the numbers of beds available on the ward.

John Coupland Hospital

Staff were aware of the trust and service's vision and strategy. These were displayed and reminders, such as computer screen savers and topics of the week identified corporately. The vision and values were also incorporated at a local level and formed part of the appraisal process. Staff had a clear vision and ideas for the development of the service to increase skills and competencies to respond to increasing acuity of patients; but this had not yet been progressed.

Skegness Hospital

Staff we spoke with were mostly aware of the trust's vision and values. There were reminders, such as computer screen savers and topics of the week identified corporately.

Louth County Hospital

Staff we spoke with were mostly aware of the trust's vision and values. However, staff felt the development of the local service had been 'put on hold' pending the refurbishment although there were no timescales as to when this would begin.

Guidance, risk management and quality measurement

Most areas had local clinical governance meetings and were represented on the monthly quality and risk scrutiny business unit meetings. There was dedicated support at a business unit level for clinical governance. Information regarding the monitoring of safety issues and audits were

submitted corporately. Local risk registers were not maintained. Risks were placed on the trust-wide risk register. Staff felt that senior managers were aware of significant risk issues.

Johnson Community Hospital

The ward had recently established a multidisciplinary governance meeting which had met once. Terms of reference were being developed to include quality monitoring and risk management issues. Governance issues were discussed at monthly quality and risk scrutiny business unit meetings. There was a clinical governance manager who reviewed trends and serious incidents. Mortality reviews were undertaken and length of stay was monitored. Monthly matrons meetings were held which enabled benchmarking internally. There was monthly monitoring of safety issues and audits were submitted corporately. Systems were in place to remind staff if patient risk assessments had not been recorded. Staff reported that safety walkarounds by the senior managers were undertaken and initiatives such as the 15 steps challenge had been undertaken.

John Coupland Hospital

Staff reported that monthly clinical governance meetings were held on the ward however no formal minutes were available. Issues regarding staffing levels had recently been escalated and action had been taken to maintain patient safety. Senior staff had responded in a supportive manner and the concerns had been placed on the risk register. Local risk registers that were held were streamlined and incorporated into one trust-wide risk register. Governance meetings were held at business unit level. Monthly monitoring of safety issues and audits were submitted corporately. Systems were in place to remind staff if patient risk assessments had not been recorded.

Skegness Hospital

There was monthly monitoring of safety issues and audits were submitted corporately. Systems were in place to remind staff if patient risk assessments had not been recorded. Staff reported that local leadership was visible and that there were regular visits and checks by the senior

Are services well-led?

management team and executive. Monthly quality and risk meetings were held at business unit level in addition to matrons meetings and regular team leader meetings. Staff felt that managers were aware of any risk issues.

Louth County Hospital

There was monthly monitoring of safety issues and audits were submitted corporately. Systems were in place to remind staff if patient risk assessments had not been recorded. Staff reported that local leadership was visible and that there were regular visits and checks by the senior management team and executive. Monthly clinical governance meeting were held chaired by matron and monthly quality and risk meetings were held at business unit level. Information from these meetings was cascaded to staff via team meetings and emails. Staff felt that managers were aware of any risk issues.

Leadership of this service

There was dedicated leadership for the services and staff understood the structure and spoke positively about this. There had been some recent changes in the management structure and these were seen as positive by most staff. Staff reported good, supportive leadership and said that the trust management team were visible.

Johnson Community Hospital

There was a clinical lead for the ward. There was a manager on Welland ward, and therapy staff had a dedicated lead. Staff reported good, supportive leadership. Staff reported that the trust management team were visible.

John Coupland Hospital

There had been a recent restructure and the band 7 nurse had been recently appointed to cover the ward. They also had responsibilities for other clinical areas and were not always present on the ward. The ward had two band 6 clinical leads that were well-established on the ward. Staff reported that the trust management team were visible.

Skegness Hospital

A new matron had been appointed from 1st April who provided cover for both Skegness Hospital and Louth County Hospital with their time being split equally. Staff were positive about the provision of dedicated leadership. Staff reported that leadership had had a positive impact on sickness rates. Sickness rates had reduced from 7.5% to 5.5% in June. Also length of stay has reduced from 22.8 to 18.3 days. Staff reported that the trust management team were visible.

Louth County Hospital

A new matron had been appointed from 1st April who provided cover for both Skegness Hospital and Louth County Hospital with their time being split equally.

Culture within this service

Staff we spoke with were positive about the service, the team and the organisation within which they worked. They felt patient safety and quality were seen as priorities. Staff felt supported by managers and reported effective team working.

Johnson Community Hospital

Staff we spoke with were positive about the service and the team with which they worked. They felt it was a good service and they were part of a transparent organisation. Patient safety and quality were seen as priorities. We saw that action had been taken to address concerns and improvements had been made as a result.

John Coupland Hospital

Staff we spoke with were positive about the service and the team with which they worked. Staff said they felt empowered and supported. Staff reported effective team working.

Skegness Hospital

Staff we spoke with were positive about the service, the team and the organisation within which they worked. Most staff felt supported, although staffing levels remained a concern.

Louth County Hospital

Staff we spoke with were positive about the service, the team and the organisation within which they worked. Uncertainty about when the planned refurbishment would take place was affecting staff morale.

Public and staff engagement

The 'I want great care' was being rolled out part of a trust wide initiative. This was introduced to gain patient feedback. This was planned to incorporate the friends and family test. There was no current requirement for community trusts to adopt the Family and Friends Test (FFT), but the trust had implemented the FFT in April 2013.

Staff felt engaged with the organisation. For staff, there were regular meetings, bulletins and a weekly email from

Are services well-led?

the chief executive. Staff reported feeling engaged with leaders and the organisation as a whole. There were regular visits to areas by the executive team, particularly the chief executive.

Johnson Community Hospital

The Friends and Family Test Net Promoter score, for March, April and May 2014 was between 90 and 100%. The average across 2013/2014 was 92% based on an 8% sample. Within the surgical day unit we saw an audit of patients opinions for January to June 2014 showed 92% of patients would recommend care on the unit.

For staff, there were regular meetings, bulletins and a weekly email from the chief executive. Staff reported feeling engaged with leaders and the organisation as a whole.

John Coupland Hospital

The Friends and Family Test Net Promoter score, for Scotter ward and the surgical day, for March, April and May 2014 was between 90 and 100%. The average across 2013/2014 was 92% based on an 8% sample.

The surgical day unit had incorporated patient feedback into the audits they had undertaken.

For staff, there were regular meetings, bulletins and a weekly email from the chief executive. Staff reported feeling engaged with leaders and the organisation as a whole.

Skegness Hospital

The Friends and Family Test Net Promoter score, for March, April and May 2014 was 78 to 100%. The average across 2013/14 was for Scarborough and Gloucester wards were 77% and 90% respectively based on an 8% sample.

For staff, there were regular meetings, bulletins and a weekly email from the chief executive. Staff reported feeling engaged with leaders and the organisation as a whole.

Louth County Hospital

The Friends and Family Test Net Promoter score, for March, April and May 2014 was above 95%. The average across 2013/2014 was for Carlton ward and Manby ward was 94% and 89% respectively based on a 19% sample.

For staff, there were regular meetings, bulletins and a weekly email from the chief executive. Staff reported feeling engaged with leaders and the organisation as a whole.

Innovation, improvement and sustainability

Most staff felt supported to develop ideas to improve the service and we saw examples of innovation and improvement. Some areas such as Louth County Hospital felt the environment limited innovation.

Johnson Community Hospital

Staff felt supported to develop ideas to improve the service. The ward manager had recently been appointed and was investigating ways in which the service could be further improved.

John Coupland Hospital

Staff felt supported to develop ideas to improve the service; staff at all levels were involved in developing the service. For example, the support workers were identified as link staff for key clinical issues such as infection control. Ideas had been developed and tested; for example the emergency evacuation requirements for patients were identified and a system of coloured magnets displayed to indicate patient need. The occupational therapist on Scotter ward had developed a care pathway for patients requiring rehabilitation which was planned to be used across the trust. The staff had clear ideas about how they could develop the service further.

Skegness Hospital

Staff felt supported to develop ideas to improve the service, although staffing shortages, particularly on the wards had impacted on innovation.

Louth County Hospital

Staff felt that innovation and improvements had been difficult to implement due to staffing levels and the impact of the ward environment. Some developments were being trialled such as the medication safety thermometer and they had held a 'hydration and nutrition day' to emphasis importance eating and drinking.