CareQuality Commission

First Community Health & Care C.I.C.

1-274331683

Community health inpatient services

Quality Report

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Date of inspection visit: 20 – 22 March 2017
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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)
1-298932083	Caterham Dene Hospital		

This report describes our judgement of the quality of care provided within this core service by First Community Health & Care C.I.C. 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 First Community Health & Care C.I.C and these are brought together to inform our overall judgement of First Community Health & Care C.I.C.

Summary of findings

Ratings

Overall rating for the service	Good	🟢
Are services safe?	**Good**	🟢
Are services effective?	**Good**	🟢
Are services caring?	**Good**	🟢
Are services responsive?	**Good**	🟢
Are services well-led?	**Good**	🟢

Summary of findings

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Overall summary

Overall rating for this core service Good l

Overall, we rated community health inpatient services as good.

Our findings were as follows:

- The service encouraged openness and transparency about safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence of learning from incidents and a positive incident reporting culture.
- The service assessed, monitored and managed risks to patients who use services on a day-to-day basis. This included daily checking for signs of deteriorating health, medical emergencies or challenging behaviour.
- Staff received up-to-date mandatory training, including information governance and infection prevention and control, to allow them to keep patients safe. There was a high level of compliance with mandatory safeguarding training. The service gave safeguarding sufficient priority and staff knew how to recognise and report concerns to keep patients safe.
- The service continually planned, implemented and reviewed staffing levels and skill mix to keep patients safe. The service used regular agency staff to provide continuity of care and we saw appropriate induction processes for temporary staff.
- There was sufficient emergency resuscitation equipment available and evidence of assurances that this was safe and fit for purpose.
- The service planned and delivered care and treatment in line with current evidence-based guidance, standards, best practice and legislation. Regular monitoring and audit ensured consistency of practice.
- The service routinely monitored and collected information about patient outcomes. The service used this information to improve care. Benchmarking data, where available, showed patient outcomes were similar to national averages.
- Staff had meaningful and timely supervision and appraisal. All inpatient nurses had up-to-date professional revalidation.
- Staff demonstrated a high level of awareness of the Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS). Staff made DoLS applications appropriately and in a timely manner.

- Nutrition was a high priority on the ward, and patients had dietitian support if needed. The service had an effective yellow wristband system to alert staff of patients who had additional nutrition needs.
- We saw that staff respected patients' privacy, dignity and confidentiality.
- Patients felt involved in their care and treatment and the service encouraged patients to be partners in their care. Staff respected patients' wishes and preferences.
- Volunteer befrienders supported the emotional wellbeing of patients. Visits from therapy dogs also helped improve patients' emotional wellbeing.
- The service encouraged patients to be actively involved in setting their individual rehabilitation goals to achieve maximum level of independence.
- The provider planned and delivered community inpatient services in a way that met the needs of the local population. The facilities and premises were appropriate for the services being delivered.
- The service made reasonable adjustments and took action to remove barriers for patients who found it hard to use or access services. This included patients who had communication difficulties, disabilities and those in vulnerable circumstances.
- Volunteer-run services such as bingo and chair-based exercise classes helped meet patients' social and rehabilitation needs.
- The service took complaints and concerns seriously and responded in a timely way. The service shared learning from complaints and took action to try to improve patient care.

However:

- Four patients told us that a small number of staff were not always kind and caring. This sometimes related to staff attitudes towards call bells, particularly at night-time. We saw staff did not always respond to patients' calls for assistance in a timely way that met their needs. Learning from complaints about call bell responses may not have been fully embedded.
- NHS Friends and Family Test feedback was consistently worse than the national benchmark of 95% for independent community hospitals between July 2016 and January 2017.

Summary of findings

- Some areas of the inpatient physiotherapy gym were visibly dirty, with sticky equipment. The service stored several pieces of equipment in the accessible bathroom. This made the bathroom cluttered and increased the chance of germs being spread when staff transferred equipment to other areas.

- Of the two do not attempt cardiopulmonary resuscitation (DNACPR) forms we reviewed, one did not have a review date, and staff had not specified whether the order was indefinite. This meant it was unclear as to if, or when, staff should review the DNACPR order with the patient.

Summary of findings

Background to the service

Information about the service

First Community Health and Care Community Interest Company (CIC) provide adult community inpatient services at Caterham Dene Hospital. The hospital has a ward with 28 beds, bathroom facilities, an inpatient physiotherapy gym, an occupational therapy room and an open-plan day room.

Provider data showed there were 270 admissions to the ward between April 2016 and January 2017. Most patients are referred from the local NHS acute hospital for 'step-down' care. The principle behind step-down care is to move medically stable patients who no longer require an acute level of care out of an acute ward. This helps relieve pressure on acute NHS beds. The service also accepts

referrals from local GPs and the provider's community nursing team. The ward only accepts admissions from adults aged 18 and over. Frail, elderly patients represent a high proportion of admissions.

The service focusses on rehabilitation, with physiotherapists and occupational therapists providing individual rehabilitation programmes. The service aims to discharge patients to their usual place of residence following rehabilitation. Doctors from a local GP practice provide medical cover on the ward.

During our inspection, we spoke with 20 members of staff including nurses, physiotherapists, a GP, a dietitian, a social worker and the service manager. We spoke with 14 patients and four patients' visitors. We reviewed four sets of patient records and a variety of data including meeting minutes, policies and performance data.

Our inspection team

Our inspection team was led by:

Team Leader: Terri Salt, Inspection manager, Care Quality Commission

The team included CQC inspectors and a variety of specialists: community nurses and Matrons, a GP, a governance lead and an expert by experience.

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the provider and asked other organisations to share what they knew. We carried out an announced visit on 20-22 March 2017. During the visit we held focus groups with a range of staff who worked within the service, such as nurses and therapists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family

members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

Summary of findings

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

We visited Caterham Dene Hospital, reviewed records of inpatients, looked at the quality of the care environment and observed how staff were caring for patients. During our inspection, we spoke with 20 members of staff including nurses, physiotherapists, a GP, a dietitian, a social worker and the service manager. We spoke with 14 patients and four patients' visitors. We reviewed four sets of patient records and a variety of data including meeting minutes, policies and performance data.

What people who use the provider say

The majority of patients and their families were very positive about the service they received at Caterham Dene Hospital. There were four patients on the ward who said a few staff were sometimes not as kind or attentive as they could be and that call bells were not always answered promptly.

We were told that people felt safe and that they were pleased with the progress they made in rehabilitation.

Good practice

- We identified the yellow wristband system for alerting staff of patients with additional nutritional as an area of outstanding practice.

- We identified the pro-active care Matron pilot scheme with the local acute NHS trust as an area of outstanding practice. This was because the service was taking an active role in working towards reducing emergency department admissions at the acute trust.

Areas for improvement

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

- The provider should take action to ensure all nursing staff respond to call bells and patient requests for assistance in a way that meets patients' needs.

- The provider should take action to maintain an appropriate standard of cleanliness in the physio gym.

- The provider should take action to ensure equipment is stored safely and appropriately.

- The provider should ensure all DNACPR forms for patients on Caterham Dene ward are fully completed.

Care Quality Commission

First Community Health & Care C.I.C.

Community health inpatient services

Detailed findings from this inspection

Are services safe?

Good ●

By safe, we mean that people are protected from abuse

Summary

We rated safe as good, because:

- The service encouraged openness and transparency about safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence of learning from incidents and a positive incident reporting culture.
- The service assessed, monitored and managed risks to patients who use services on a day-to-day basis. This included daily checking for signs of deteriorating health, medical emergencies or challenging behaviour.
- Staff received up-to-date mandatory training, including information governance and infection prevention and control, to allow them to keep patients safe. There was a high level of compliance with mandatory safeguarding training. The service gave safeguarding sufficient priority and staff knew how to recognise and report concerns to keep patients safe.

- The service continually planned, implemented and reviewed staffing levels and skill mix to keep patients safe. The service used regular agency staff to provide continuity of care and we saw appropriate induction processes for temporary staff.
- There was sufficient emergency resuscitation equipment available and evidence of assurances that this was safe and fit for purpose.

However:

- Some areas of the inpatient physiotherapy gym were visibly dirty, with sticky equipment. The service stored several pieces of equipment in the accessible bathroom. This made the bathroom cluttered and increased the chance of germs being spread when staff transferred equipment to other areas.

Detailed findings

Safety performance

- The ward used the NHS Safety Thermometer (This is a national improvement tool for measuring, monitoring

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and analysing patient "harm free" care. The hospital collected monthly data on patient falls, pressure ulcers, venous thromboembolism (VTE, or blood clots in veins) and catheter-acquired urinary tract infections (UTIs).

- We saw the ward's safety thermometer data for January to December 2016. This showed there were no catheter-acquired UTIs during this period.

- In the same period, one patient developed a new pressure ulcer while on the ward. This occurred in December 2016.

- Safety thermometer data showed there were three cases of VTE that required treatment in January to December 2016. There were two cases of VTE in May 2016, and a further case in August 2016.

- Safety thermometer data showed there were seven falls without harm in January to December 2016.

- The safety thermometer dashboard showed the harm-free care rate ranged from 80% to 100% in January to December 2016. However, these figures included patients transferred to the ward with existing pressure ulcers. We calculated the harm-free care rate to be better than this, with 100% harm-free care in 2016 relating to UTIs, 99.7% harm-free care relating to pressure ulcers, and 99% harm-free care relating to VTEs and falls.

Incident reporting, learning and improvement

- The service reported five serious incidents (SIs) involving adult inpatients at Caterham Dene Hospital in January to December 2016. Three SIs were patient falls with harm. Two falls with harm happened in April 2016, and the third took place in September 2016. In all three incidents, the patients sustained fractures and required transfer to the local NHS trust for treatment.

Another SI resulted in a patient sustaining a laceration to their leg following an incident with a bedrail. The fifth SI related to a patient absconding from the ward.

- We reviewed four root cause analysis (RCA) investigations for SIs in 2016. We saw senior staff had fully investigated SIs and identified areas for learning and improvement. We saw that the service made changes to practice to help prevent recurrences. For example, the ward purchased more commodes after a patient with visual impairment fell when walking unaided to the toilet at night. The patient's commode was with another patient rather than in its usual nighttime position in the patient's cubicle. Staff we

spoke with were able to give examples of learning from SIs. This included training from a Parkinson's specialist nurse on the side effects of certain Parkinson's medications after a patient with Parkinson's absconded from the ward.

- Staff reported 240 clinical incidents on the ward between January and December 2016. Incident data showed 95.4% of incidents resulted in no harm or minor harm to patients. This reflected the positive incident reporting culture we observed.

- The service used a paper-based system for reporting incidents. Staff we spoke with described the process for reporting incidents, and gave examples of times they had done this. Staff we spoke with had confidence in the incident reporting process and felt there was a "no blame" culture. The provider's complaints and incidents lead logged all incidents onto an electronic tracker. This allowed the service manager to track the progress of incident investigations and monitor trends.

- The service had effective systems to ensure staff learned from incidents to improve patient safety. A matron or the service manager investigated incidents on the ward. Staff told us managers shared learning from incidents with them at ward meetings. We saw copies of ward meeting minutes, which showed incidents were a standard agenda item. However, in two out of the three sets of ward minutes we reviewed, there was no description of the incidents discussed. This meant any staff absent from the meeting might not have received information about lessons learned from incidents.

- Staff were able to give us examples of learning from incidents and subsequent changes to practice. This included a near-miss incident, where a member of agency staff almost gave a patient the wrong dose of medicine. As a result of this incident, the service introduced an observed drugs round for all new agency staff. We saw an updated version of the agency induction form. This required a signature from a permanent member of qualified nursing staff to confirm they had observed the agency worker carrying out a drugs round, and that they were competent in this area.

- Statutory notifications to CQC showed there were two expected deaths and one unexpected death at Caterham Dene Hospital in January to December 2016. The unexpected death took place in January 2016. This

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related to an elderly patient with pneumonia. The patient had a do not attempt cardiopulmonary resuscitation (DNACPR) order, and a doctor was present at the time of death.

- One expected death occurred in July 2016, and the other in September 2016. Both expected deaths related to patients receiving palliative care.

Duty of Candour

- All staff we spoke with were aware of the Duty of Candour (DoC) under the Health and Social Care Act (Regulated Activities Regulations) 2014. The DoC is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of "certain notifiable safety incidents" and provide them with reasonable support. All staff we spoke with were able to describe their responsibilities related to DoC. Staff told us examples of times the service had discharged DoC, such as following a missed dose of medication. We also saw evidence of DoC in the four RCA investigations we reviewed relating to SIs on the ward.

Safeguarding

- Provider data showed 100% of ward staff held up-to-date safeguarding vulnerable adults level two training at the time of our visit. This included training in identifying and reporting female genital mutilation (FGM) and PREVENT. The PREVENT strategy is the Government's response to help counter the extreme ideologies that recruit vulnerable people and to offer guidance and support to those who are drawn to them. Additionally, 100% of on-call managers held safeguarding vulnerable adults level three training. This was in line with NHS England recommendations and meant staff had an appropriate level of training to allow them to identify and raise concerns.

- Provider data showed 96% of ward staff held up-to-date safeguarding children level one training at the time of our visit. This was better than the provider's target of 80%. This was the minimum recommended level of training for all staff working in healthcare settings who did not have contact with children in line with the national intercollegiate guidance, "Working together to safeguard children" (March 2015).

- Staff we spoke with were able to identify the safeguarding adult's lead and knew how to raise

concerns. We saw posters displayed on the ward, which provided guidance for staff on how to report safeguarding concerns. The Safeguarding Adults' Lead was able to describe concerns staff had raised with her. Matrons on the ward described safeguarding concerns they had appropriately raised with the safeguarding lead, who had reported to the local safeguarding authority. This included the SI where a patient absconded from the ward.

- There were two safeguarding concerns relating to community inpatients, which the provider referred to the local safeguarding authority between January and December 2016. The Safeguarding Adults' Lead kept a dashboard tracking referrals to the local safeguarding authority, and the outcomes.

Medicines

- We checked controlled drugs (CDs) on the ward. Controlled drugs are medicines liable for misuse that require special management in line with The Misuse of Drugs Regulations 2001. We saw that the CD cupboard was locked and only accessible to authorised staff that held keys. We checked the CD registers and found two members of staff had signed for all controlled drugs. This was in line with national standards for medicines management. We randomly checked the stock level of two CDs against the CD register. We saw the correct quantities in stock according to the stock list, and that all were in-date.

- We checked the drugs fridge on the ward and saw that the fridge temperature was within the expected range. We saw records, which showed staff checked the fridge temperatures daily. All temperatures recorded were within the expected ranges. However, we saw gaps in the records, with no fridge temperatures recorded on eight occasions in the month of our visit. This meant the provider might not always have had assurances the ward stored refrigerated medicines within the recommended temperature ranges.

- We saw that the ward used dedicated blue-lidded pharmacy bins for the disposal of unused medicines. This was in line with best practice.

- GPs prescribed medicines for patients on the ward. We saw a copy of the most recent British National Formulary (BNF) was available for doctors on the ward. This provided doctors with guidance on the safe prescribing of medicines.

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- We saw drug allergies documented in four sets of patient records we reviewed. Patients with drug allergies wore an additional red wristband to alert staff of their allergy status.
- There was dedicated pharmacy support on the ward five days a week, 9.30 am – 4.00 pm. A pharmacist provided cover four days a week and a pharmacy technician covered the fifth day. Outside of these hours, the on-call manager could telephone a member of the pharmacy team by for support if needed. The Lead Pharmacist carried out weekly reconciliation audits. This helped ensure patients received appropriate prescriptions and dosages of medicines on the ward.
- We saw copies of the ward's most recent annual medicines management audit (dated 20 June 2016) and CD audit (dated July 2016). We saw that the service had completed all actions arising from these audits. This included updating the CD standard operating procedure (SOP). Quarterly CD audits carried out by the lead pharmacist provided ongoing assurances around the management of CDs.
- We saw that a self-administering patient had left their eye drops and nasal spray out on the table beside their bed. This meant patients' own drugs may be accessible to visitors and other patients, including those lacking mental capacity. We reported this to a nurse, who advised the patient to store their own drugs in the lockable cupboard beside their bed provided for this purpose.

Environment and equipment

- We checked the adult resuscitation trolley on the ward. All equipment and drugs were within their use-by dates. We also saw checklists showing evidence staff checked the trolleys daily. This provided assurances emergency equipment was safe and fit for purpose.
- We reviewed equipment maintenance records for the ward. We saw that the provider had ongoing servicing contracts for equipment including hoists, wheelchairs, the bladder scanner and the macerator used for disposal of human waste. We saw records showing evidence of servicing within the last 12 months. This included electrical safety testing where applicable.
- The provider had an additional servicing contract with the electrical and medical engineering department at a local NHS trust. This contract covered portable equipment, such as ear thermometers. We saw recent servicing records within the last 12 months, which included electrical safety testing. This provided assurances medical equipment was safe and fit for purpose.
- On the ward, we saw sufficient equipment to maximise patients' independence during the rehabilitation period. This included walking frames, wheelchair and hoists. Following a shortage of equipment identified in two RCA investigations following patient falls, we saw that the ward had purchased additional commodes and sensor mats to meet patients' needs. We saw the sensor mats in use to alert staff if a patient at high risk of falls mobilised without calling for assistance.
- We saw several pieces of equipment stored in the accessible patient bathroom, including wheelchairs and hoists. This made the bathroom cluttered and increased the chance of germs being spread when staff transferred equipment to other areas. Staff told us they were looking into alternative storage arrangements for equipment on the ward. We also saw that this was recorded as an area for improvement following the ward's 2016 annual infection prevention and control (IPC) audit.

Quality of records

- We reviewed the records for four patients on the ward. Overall, we saw an appropriate standard of documentation. We saw staff had signed and dated all entries in line with best practice guidance. Staff had filed documents appropriately and stored patient records in locked filing drawers to maintain record security.
- The ward planned to switch from paper records to electronic patient records from April 2017. Physiotherapists already used the electronic records system and reported that it allowed easier sharing of information with patients' GPs. This was because all GP practices in the local area (apart from two) used the same system. Staff on the ward were attending training at the time of our visit to allow them to use the electronic records system competently and effectively.
- Patients had care plans that identified all their care needs. We saw staff had fully completed the care plans in all the records we reviewed.
- We saw copies of annual record keeping audits for the ward, inpatient physiotherapy and occupational therapy staff. Overall, these demonstrated a high level of compliance with the provider's record keeping policies. The audits identified some areas for improvement, and

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we saw the service took appropriate action. For example, staff on the ward had not printed their name and job title next to all entries. The ward promptly introduced a signature sheet to allow clear identification of staff making entries in patient records. We saw the signature sheets in use in the records we reviewed.

Cleanliness, infection control and hygiene

- Ward areas we visited appeared visibly clean. We saw staff placed "I am clean" stickers on equipment after cleaning. This provided assurances equipment was clean and ready to use.
- We saw monthly cleaning audit data for January to December 2016. This showed the ward scored between 96% and 99% for cleanliness during this period. Cleanliness scores were consistently better than the 95% target during this period. This provided assurances the ward was cleaned to an appropriate standard.
- We spoke with a housekeeper, who showed us daily cleaning schedules for the ward. A housekeeper described the colour coding system they used for cleaning equipment in line with the National Specifications for Cleanliness in the NHS. The use of specific coloured reusable cleaning equipment such as mops and cloths in different clinical and non-clinical areas helps minimise the spread of infections. We also saw details of the National Specifications for Cleanliness colour coding displayed on a noticeboard in the corridor to remind staff of the correct processes.
- In all clinical areas we visited, we saw a high level of staff compliance with IPC practices such as hand washing and use of alcohol hand gel. All staff we met were "bare below the elbows" to allow for effective hand washing. There were appropriate facilities for hand cleaning, including dedicated wash hand basins and alcohol hand gel in each bay. We also saw sufficient personal protective equipment (PPE) such as aprons and gloves outside each bay.
- In January to December 2016, the provider reported zero MRSA or meticillin susceptible Staphylococcus aureus (MSSA) infections on Caterham Dene ward. There were no cases of Escherichia coli (E. coli) or Clostridium difficile (C. diff) during the same period.
- In all clinical areas we visited, we saw the correct segregation of clinical and non-clinical waste into different coloured bags. We saw that staff had correctly assembled, dated and labelled sharps bins and that no

sharps bins were overfull. This was important to prevent injury to staff and patients from sharp objects such as needle sticks. These practices were in line with Health Technical Memorandum (HTM) 07-01: Safe management of healthcare waste.

- We saw copies of the two most recent IPC audits for the ward (dated January and February 2017). These showed 100% compliance against IPC policies in all areas. This included hand hygiene, use of personal protective equipment (PPE) and sharps disposal. This provided assurances staff followed IPC policies to help keep themselves and patients safe.
- We saw the ward's annual infection prevention and control audit for 2016. The ward scored 94% overall, which was about the same as the 95% target. We saw that the service took action to address areas for improvement, such as moving stored mobility equipment from the patient lounge to ensure the area was uncluttered. We saw that managers regularly reviewed ongoing actions from the audit, with the most recent review in January 2017.
- We saw that some areas of the inpatient physiotherapy gym were visibly dirty, with sticky equipment. Staff told us the physiotherapy assistant cleaned the gym. However, no other staff cleaned the gym if the physiotherapy assistant was on leave. This meant the physiotherapy gym did not always receive a daily clean in accordance with the cleaning schedule.

Mandatory training

- Ward staff received mandatory training in the following modules: Basic life support, conflict resolution, equality, diversity and human rights, fire safety awareness, health, safety and

welfare, infection prevention control, information governance, moving and handling, safeguarding and the Mental Capacity Act (2005). The compliance target was 80% for all modules, with the exception of safeguarding vulnerable adults level two and information governance. These modules had target completion rates of 90% and 95%, respectively.

- Provider data showed the compliance rates for different modules ranged from 76% to 100% at the time of our visit. Compliance rates were the same as, or better than, the provider target for nine out of 11 modules.

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Compliance rates were slightly worse than the provider target of 80% for conflict resolution and the Mental Capacity Act (2005). Completion rates for these modules were 77% and 76%, respectively, at the time of our visit.

Assessing and responding to patient risk

- We saw evidence of thorough risk assessment, including falls assessments and assessments of pressure areas, in the patient records we reviewed. We saw individualised plans to mitigate risks. This included moving patient beds alongside a wall and using sensor mats to reduce the risk of falls in patients identified as being at high risk. We saw these measures in place during our visit. The sensor mats alerted staff when a patient left their bed so that staff could assist them if necessary. We saw that the ward used gel heel pads for a patient at risk of developing pressure ulcers during our visit.

- The ward increased the frequency of intentional rounding for patients at increased risk, for example, of falls. We saw that staff highlighted patients who needed additional support at nursing handovers and assessed the needs of these patients hourly or two hourly, depending on their acuity.

- We saw evidence of VTE assessment in the patient records we reviewed. The provider's harm free care dashboard monitored the rates of VTE assessment and VTE prophylaxis. Data for January to December 2016 showed 95.8% of patients had a VTE assessment. We saw prescription of VTE prophylaxis, such as anti-clotting drugs and anti-embolism stockings, where clinically indicated.

- For patients showing changes in their normal behaviour pattern, the ward kept behaviour charts. This helped the service identify patients showing signs of confusion for further investigation, as well as those who may be suffering from depression and needing additional support. The ward identified confused behaviour from a patient during our visit, and sent a urine sample for microbiological testing with the patient's consent. This revealed a urinary tract infection, and the patient subsequently received treatment for this on the ward.

- The service used the National Early Warning System (NEWS) track and trigger flow charts. NEWS is a simple scoring system of physiological measurements (for example, blood pressure and pulse) for patient monitoring. This enabled staff to identify deteriorating patients and provide them with additional support.

- We reviewed three patients' NEWS charts and saw staff had completed all three charts fully and accurately. We saw that staff followed the associated guidance regarding escalation and frequency of monitoring. We saw evidence of appropriate escalation in an incident investigation we reviewed, where staff transferred a deteriorating patient to the local NHS trust for additional support.

- The ward's policy was to call 999 and request an ambulance transfer to the local acute NHS hospital for deteriorating patients in need of critical care facilities. Staff knew the policy, and we saw that new staff covered this as part of their induction to the ward.

- We saw the service's "bed-based care admission criteria" (dated March 2017). This set out clear acceptance criteria for the ward, which included a need for all patients to be medically stable. Only accepting patients who were medically stable helped reduce the likelihood of patients needing an emergency transfer to an acute NHS hospital.

Staffing levels and caseload

- The ward used an evidence-based acuity tool to set safe staffing levels based on patients' acuity and dependency levels. To ensure patient and staff safety, the ward set a limit of six patients needing the assistance of two staff members for transfers. Staff reviewed patients' dependency levels daily at the morning handover meeting.

- On the inpatient ward at Caterham Dene Hospital, there were 4.2 whole-time equivalent (WTE) registered nurses. Provider data showed there were 6.8 WTE nursing vacancies at the time of our visit. This gave a nursing vacancy rate of 61.8%.

- The ward had 7.8 WTE nursing assistants. Provider data showed there were seven nursing assistant vacancies at the time of our inspection. This meant the vacancy rate for nursing assistants was 52.7%.

- The ward relied on bank and agency staff to fill shifts. Data showed there were only two unfilled shifts in 2016. This was because agency staff did not arrive. On both occasions, the Matron (who was usually supernumerary) filled the vacant shifts to maintain safe staffing levels.

- We saw 13 induction records for bank and agency staff. These showed all new staff received an appropriate induction to the ward. This included key information such as resuscitation, incident reporting, drugs rounds and emergency procedures. All 13 records were

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complete and signed off by the agency staff and a member of permanent staff. We also saw documentation sent by the nursing agency providing evidence of mandatory training, professional registration and disclosure and barring service (DBS) clearance. This provided assurances agency staff had the required level of knowledge of processes on the ward to keep patients safe.

- We saw that Matrons planned nursing rotas two months in advance. This allowed them to book regular agency staff to fill shifts, which gave continuity of care for patients.

- GPs from a local surgery provided medical cover on the ward for five hours a day, six days a week. There was a doctor on-site at the adjacent Rapid Assessment Clinic until 7pm daily for any patients who needed urgent review. Outside of these hours, there was 24-hour on-call doctor cover through an external provider.

Managing anticipated risks

- The Service Manager and Matrons on the ward had a daily conference call with representatives at the discharge interface; this includes the local acute NHS trust, district nursing team and intermediate care and community hospital team. We saw that all parties used this call to provide daily updates and status on available capacity. This allowed the service to anticipate any risks around capacity and make alternative arrangements with other local services.

- The provider had contingency plans for cold weather and heatwaves, as well as a "winter and surge plan". We saw that the winter and surge plan contained clear triggers for escalation and set out actions the service should take to ensure service continuity. This included significant reductions in staff numbers due to adverse weather, and a lack of bed capacity. The winter and surge plan supported the local acute NHS trust's escalation plan, and staff had access to both plans on the provider's intranet. This meant the service worked with the local acute NHS trust to provide a coordinated response.

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.

Summary

We rated effective as good, because:

- The service planned and delivered care and treatment in line with current evidence-based guidance, standards, best practice and legislation. Regular monitoring and audit ensured consistency of practice.
- The service routinely monitored and collected information about patient outcomes. The service used this information to improve care. Benchmarking data, where available, showed patient outcomes were similar to national averages.
- Staff had meaningful and timely supervision and appraisal. All inpatient nurses had up-to-date professional revalidation.
- Staff demonstrated a high level of awareness of the Mental Capacity Act 2005 and deprivation of liberty safeguards (DoLS). Staff made DoLS applications appropriately and in a timely manner.
- Nutrition was a high priority on the ward, and patients had dietitian support if needed. The service had an effective yellow wristband system to alert staff of patients who had additional nutritional needs.

However:

- Of the two do not attempt cardiopulmonary resuscitation (DNACPR) forms we reviewed, one did not have a review date, and staff had not specified whether the order was indefinite. This meant it was unclear as to if, or when, staff should review the DNACPR order with the patient.

Detailed findings

Evidence based care and treatment

- Staff had access to local policies and procedures through the provider's intranet. Staff we spoke with knew how to access the policies and procedures they needed to do their jobs.
- All policies we saw were within their review date. We saw that there was an electronic flagging system to alert senior staff when a policy was approaching its review

date. We saw that the service based its policies on relevant and current evidence-based guidance and standards. This included the National Institute for Health and Care Excellence (NICE).

- The service had an effective system for ensuring it followed up-to-date NICE guidelines. Every month, managers in the relevant area checked any updated NICE guidelines against existing protocols. Managers subsequently produced an action plan and addressed any areas of non-compliance. This provided the executive team with assurances the service worked to the most up-to-date standards and guidance.
- The service audited compliance against First Community Health and Care C.I.C. policies. We saw the provider's audit schedule for 2016-17. We saw this included audits on record keeping, hand hygiene, infection prevention and control (IPC), drug charts, medicines management, non-urgent dressings and the malnutrition universal screening tool (MUST). We reviewed a sample of audits and saw the service took appropriate action to address any non-compliance. This provided assurances staff followed standard operating procedures to provide continuity of effective care.
- Ward staff observed and recorded patients' blood pressure, temperature, pulse, respiration and oxygen saturation at least three times daily. We reviewed four patient records, which all showed, evidence of regular observations to monitor the patients' health. Staff had completed all observations in line with NICE guideline CG50: Acutely ill patients in hospital- recognising and responding to deterioration.
- We saw the service provided care in line with NICE guideline CG83: Rehabilitation after Critical Illness. For example, the service assessed the ongoing needs patients before discharge home and arranged further rehabilitation services such as physiotherapy for after discharge.
- The provider had policies and procedures for end of life care and staff had access to a Nurse Advisor for End of Life Care (EoLC) for support. The nurse advisor had provided training in end of life care to nursing staff on the ward. Staff also had access to education sessions at

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a local hospice. Caterham Dene Hospital did not usually accept referrals for end of life care, unless a patient specifically requested admission to the ward. In January to December 2016, two patients received end of life care on the ward. One patient chose the ward as their preferred place of care so they could be with their spouse, who was also an inpatient. For our detailed findings on end of life care, please refer to the community health services for adults core service report.

Pain relief

- During routine observations, staff asked patients if they had any pain. Staff asked patients to rate their pain between one and 10. One meant no pain and 10 represented extreme pain. We saw pain observations recorded in the four patient records we reviewed. Patients we spoke with were comfortable and felt any pain was well controlled.
- The physiotherapy team assessed patients for pain during rehabilitation sessions and the ward arranged pain relief in advance of planned therapy sessions.

Nutrition and hydration

- The ward used the Malnutrition Universal Screening Tool (MUST). The MUST tool enabled staff to identify patients at risk of malnutrition and make adjustments to ensure they received adequate nutrition and hydration where appropriate. We reviewed four sets of patient records on the ward, which all provided evidence of MUST assessment. We saw guidance for staff on the MUST tool available on the ward.
- Patients who needed modified diets, for example, due to food intolerances, diabetes or swallowing needs, wore yellow wristbands. This provided a visual reminder to alert staff that the patient needed a special diet. We saw two patients wearing yellow wristbands during our visit.
- The ward had a healthcare assistant (HCA) who was a nutrition champion, as well as on-site access to dietitians. We met a dietitian, who felt nutrition was a high priority on the ward. We saw that staff highlighted patients with additional nutritional needs at handovers. This included a patient with no teeth who needed soft food and a patient taking an additional supplement to provide extra calories and protein.
- Patients we met had jugs of water within reach at their bedsides. Patients told us staff refilled the water jugs

every morning and afternoon, as well as providing hot drinks rounds. We saw that a trolley containing fruit and other snacks was available throughout the day for patients who wanted to eat in between meals.
- An external contractor provided patient food on the ward. The contractor had a five star rating from the Food Standards Agency. This was the best possible score and meant the provider had assurances about the hygiene and safety of food on the ward.

Patient outcomes

- One of the service's key performance indicators (KPIs) was discharge destination. KPI data for April to December 2016 showed 61% of patients (155) returned to their usual place of residence following discharge. This was better than the provider's target of 50%. This indicated effective rehabilitation on the ward because more than half of patients left the ward sufficiently well and independent to return to their usual place of residence.
- KPI data showed the average length of stay on the ward was 26.7 days between April 2016 and January 2017. This was slightly better than the national average of 28 days for other community inpatient services.
- The service used the modified Barthel index (MBI). This measured each patient's functional ability to complete activities of daily living and mobility between their admission and discharge. Data for March 2017 showed the average improvement in MBI score between admission and discharge was 4.3. During this period, there were 11 discharges from the ward.
- The service also used the elderly mobility scale (EMS) to monitor patients' physiotherapy outcomes. The EMS is a tool used to identify the level of assistance patients may need and the risk of falls. Data for January to December 2016 showed the average EMS score on admission was six. The average EMS score improved to 12 following rehabilitation. This meant the average EMS doubled between admission and discharge.
- The service monitored delayed transfers of care in line with NHS England guidance. Between April and December 2016, there were 29 delayed discharges from Caterham Dene ward. There were 254 discharges during the same period. This meant 11% of patients experienced a delayed discharge in April to December 2016. This was about the same as the England average of 10% for other community independent providers.

Are services effective?

Provider data showed there were no lost bed days because of delayed discharges. This meant no delayed discharges caused patients to stay an additional night on the ward.

- Provider data showed there were no readmissions to Caterham Dene ward following discharge to the community. This suggested an effective discharge process, with the ward discharging patients when they were fit and ready.

Competent staff

- Provider data showed 100% of nurses on the ward had up-to-date professional revalidation with the nursing and midwifery council (NMC). For agency staff, we saw that agencies supplied the ward with evidence of current NMC registration. This meant the service had assurances that all registered nurses met the practicing requirements of the NMC.
- Provider data showed 86% of staff on the ward had an up-to-date annual appraisal at the time of our visit. This meant the service reviewed staff performance and held assurances around the competencies of most staff. However, the appraisal rate was below the provider's 100% target.
- New staff had a six-month probationary period, with monthly one to one meetings with their line manager during this period. We saw records of one to one meetings in three staff folders we reviewed. We also saw appraisal records, which included a behaviours framework linked to the provider's values. We saw that appraisals identified areas for improvement and agreed targets. This demonstrated a meaningful appraisal process, which encouraged continuous improvements in staff learning and performance.
- We reviewed the competency record for a new HCA, and saw evidence of assessment through the provider's HCA competency framework. We also saw a copy of the ward's competency framework for registered nurses. This included competency assessment in areas such as patient observations, national early warning scores (NEWS) and blood glucose testing. This provided assurances new staff had the necessary competencies for their role.

Multi-disciplinary working and coordinated care pathways

- We saw positive examples of multidisciplinary (MDT) working between different staff groups including doctors, nurses, physiotherapists and occupational therapists. Entries in the medical records we reviewed demonstrated a wide range of professional input into patients' care. This included pharmacist, physiotherapist and dietitian input.
- Every weekday morning, the ward held a MDT discussion. We attended one of these meetings, and saw representation from nursing staff, physiotherapists, social workers and occupational therapists. At these meetings, staff discussed patients' planned discharge dates, their fitness for discharge and any additional needs upon discharge. This allowed effective discharge planning. We spoke with a social worker, who felt the MDT meetings worked well to plan complex discharges. Patients we spoke with knew their planned discharge date and felt informed of their discharge plan.
- Staff had access to specialist nurses for advice and support if needed. This included a tissue viability nurse and a continence specialist nurse. The physiotherapy team described working with a neuro-rehabilitation nurse to plan a therapy programme for a patient with multiple sclerosis.
- There was collaborative working between physiotherapists and nurses on the ward. Nurses encouraged patients to practice their exercises between physiotherapy sessions to help speed up their recovery.

Referral, transfer, discharge and transition

- The provider worked with social services who provide three social workers. Every patient on the ward had a named social worker. Social workers liaised with patients' families to plan patient discharges. Social workers liaised with care agencies to arrange packages of care for patients who needed them. They also helped arrange other adaptations such as disabled parking badges to enable patients live independently following discharge. A patient's named social worker reviewed them for the first six weeks after discharge to ensure all their needs were met. These processes ensured effective discharge for patients with complex discharge needs.
- The physiotherapy team showed us a form they designed to improve communication from doctors running a fracture clinic at the local acute NHS trust. The form asked doctors to tick boxes stating whether a patient was fully or partially weight bearing. The physiotherapy team put a copy of the form in the patient records, which went with the patient to their fracture clinic appointment. The records containing the

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completed form came back with the patient after their appointment. This allowed the physiotherapy team to plan the patient's rehabilitation programme as soon as they returned to the ward. This meant patients could start their physiotherapy as soon as they were ready, as staff did not need to wait for the NHS trust to send a clinic letter in the post.

Access to information

- The local acute NHS hospital referred most patients to the ward. Patients transferred from the local NHS hospital with their NHS records. A doctor and a member of nursing staff reviewed the NHS records and photocopied the entries they needed to allow continuity of care. The service subsequently returned the NHS records to the acute hospital within one week via a secure and trackable courier service.

- The service provided patients' GPs with discharge summaries to enable continuity of care following discharge. At the time of our visit, the ward was preparing to switch from a paper-based to an electronic patient records system. This would allow easier, more comprehensive sharing of information with patients' GPs, community and district nursing teams. This was because all except two GP surgeries in the local area used the system.

- Physiotherapists already used the electronic records system and reported that it allowed easier sharing of information with patients' GPs. The system also allowed outpatient physiotherapy staff to access patient records to provide continuity of care following discharge.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The Safeguarding Adults' Lead carried out a deprivation of liberty safeguards (DoLS) audit in April to October 2016 following concerns that the ward had not made any DoLS applications. The Safeguarding Adults' Lead also ran DoLS training sessions for all clinical staff to increase awareness and understanding of DoLS.

- We saw the provider's DoLS register, which showed the ward made seven DoLS applications between August 2016 and the time of our inspection in March 2017. We spoke with staff on the ward, who demonstrated understanding of the Mental Capacity Act (MCA 2005), mental capacity assessment and DoLS. Matrons could describe DoLS applications they had made and showed awareness of the need for the least restrictive option. Matrons had printed guidance available to them in their office and could contact the Safeguarding Adults' Lead for support. The Safeguarding Adults' Lead felt confident staff on the ward applied the MCA 2005 and made appropriate DoLS applications following training in 2016.

- Staff received training in the MCA (2005) and DoLS as part of their mandatory training. Provider data showed 76% of ward staff had up-to-date training at the time of our visit. This was slightly worse than the provider target of 80%.

- In the four patient records we reviewed, we saw all patients had consented to the sharing of information with other healthcare providers. We also saw documentation of verbal consent in line with best practice guidance.

- Two patients on the ward had a do not attempt cardiopulmonary resuscitation (DNACPR) order at the time of our visit. We reviewed the DNACPR forms for both patients and saw that one was fully and appropriately completed. The other form did not have a review date, and staff had not specified whether the order was indefinite. This meant it was unclear as to if, or when, staff should review the DNACPR order with the patient.

Are services caring?

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

Summary

We rated caring as good, because:

- Most of the patients we spoke with felt supported and said staff cared about them. Staff communicated with patients in a way that allowed patients to understand.
- We saw that staff respected patients' privacy, dignity and confidentiality.
- Patients felt involved in their care and treatment and the service encouraged patients to be partners in their care. Staff respected patients' wishes and preferences.
- Volunteer befrienders provided emotional support to patients. Visits from therapy dogs also helped improve patients' emotional wellbeing.
- The service encouraged patients to works towards independence and feel as normal as possible during their rehabilitation.

However:

- Four patients told us that a small number of staff were not always kind and caring. This sometimes related to staff attitudes towards call bells, particularly at night-time. We also saw written complaints about staff attitudes to call bells at night. Matrons promptly addressed any concerns around staff attitude with the member of staff involved. The ward had also changed the shift pattern for nurses to ensure more nurses were available to respond to call bells at busy times.

Detailed findings

Compassionate care

- Feedback from patients we met was mostly positive. We spoke with fourteen patients on the ward and four patient's visitors. Patient comments included, "staff are caring and kind", "they look after me very well" and "staff are very friendly".
- We saw that staff respected patients' dignity and privacy. An example of this was staff moving a patient who had difficulty hearing and spoke very loudly to a side room to protect her confidentiality. Patients we spoke with told us staff respected their privacy and dignity. Patient feedback from the February 2017 FFT showed 100% of patients gave a five star rating for dignity and respect on the ward. This was the best possible rating and showed patients felt staff treated them with dignity and respect.

- The service participated in the NHS Friends and Family Test (FFT). We saw the most recent available results, which were from February 2017. This showed 100% of patients would recommend the service to family and friends. The ward scored 4.9 out of a possible five stars in the February 2017 NHS FFT. This result placed the service ninth out of 19 services within First Community Health and Care CIC. This meant patient satisfaction was slightly better than the average for the provider's other services. Six patients responded to the NHS FFT survey in February 2017.

- However, between July 2016 and January 2017, FFT recommendation rates ranged from 77.8% to 93.4%. FFT response rates varied during this period and ranged from 8% to 52%. Ward meeting minutes showed Matrons asked staff to encourage patients to complete FFT questionnaires to improve the response rate.

- The service also sought patient feedback online through a website specialising in healthcare reviews. At the time of our visit, there were 6,479 reviews for Caterham Dene Hospital, which included reviews for the MIU. Overall feedback was very positive and the hospital had a five star recommended rating by patients. This was the best possible score. However, the website did not separate inpatient and outpatient reviews, and we saw that much of the feedback related to outpatient services.

- Four patients on the ward told us not all staff on the ward were caring. Three patients told us some staff were impatient and cross with them if they pressed their call bells. They told us staff attitudes to call bells were worse at night. One patient said, "The nurse was not very happy. When they are busy, they do not like people pressing the bell". Another patient told us, "Night staff can be very impatient if you press the bell. They say 'wait a minute' a bit crossly". We also saw written complaints from patients around staff attitudes to call bells at night. However, patients told us most staff on the ward were kind and only a small proportion were not.

Are services caring?

- Matrons told us they addressed any concerns around staff attitude with the member of staff involved. Following concerns raised by a patient during our inspection, we saw that the Matrons promptly spoke with the staff members involved and took statements. They also identified learning for relevant members of staff. To help give staff more time to respond to call bells, the service changed the shift pattern for nursing staff in October 2016. This helped ensure more nurses were available at busy times of the day.

Understanding and involvement of patients and those close to them

- We saw that staff used patient's preferred names. We also saw that they accommodated patients' preferences, for example, for a same-sex member of staff to deliver personal care. This demonstrated staff respected patients' wishes and preferences.
- Although patients did not have named nurses, the same nurses usually covered particular bays. Patients told us they often saw the same nurses. This helped provide familiarity and continuity of care. A patient told us a new nurse on the ward introduced themselves. Another patient said, "Staff always ask how I am".
- Patients we spoke with felt informed about their rehabilitation programme and discharge plans. This demonstrated the service involved patients as partners in their care.
- We saw written and picture communication cards to help patients who had difficulty communicating verbally. One patient on the ward at the time of our visit declined communication cards and wanted to use pen and paper instead. We saw that staff supported her with this to make it easier to communicate.

Emotional support

- The service encouraged patients to regain as much independence as possible. Staff encouraged patients to get dressed every day and most patients we met were out of bed and dressed. Staff offered patients a bath or shower every day and helped them to do so if they needed help. This helped patients to feel as normal as possible during their rehabilitation.
- A hairdresser and manicurist visited the ward once a week. Patients could have their hair styled or have a manicure for a small fee. This helped boost patients' self-esteem during their rehabilitation.
- The service had volunteer befrienders to provide emotional support to patients. Volunteers also brought therapy dogs onto the ward to visit patients. Therapy pets can help improve patients' emotional wellbeing in hospital.
- Staff encouraged patients to eat their meals in the day room. This allowed them to spend time interacting with other patients and receive emotional support from others in a similar situation.
- Visiting times on the ward were from 2pm to 5.30pm and 6.30pm to 8.30pm, seven days a week. This allowed patients to receive emotional support from those close to them for several hours a day.
- Each patient had a named social worker. Social workers carried out carers assessments for relatives who planned to become patients' carers following discharge. Carers assessments helped ensure carers were able to cope emotionally and physically with the demands of caring for a loved one.
- The service had a visiting chaplain to provide spiritual support for patients who wanted it. However, a patient who had been on the ward for a month told us they had never seen a chaplain.

Are services responsive to people's needs?

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

Summary

We rated responsive as good, because:

- The provider planned and delivered community inpatient services in a way that met the needs of the local population. The facilities and premises were appropriate for the services being delivered.
- The service made reasonable adjustments and took action to remove barriers for patients who found it hard to use or access services. This included patients who had communication difficulties, disabilities and those in vulnerable circumstances.
- Volunteer-run services such as bingo and chair-based exercise classes helped meet patients' social and rehabilitation needs.
- The service took complaints and concerns seriously and responded in a timely way. The service shared learning from complaints and took action to try to improve patient care.

However:

- We saw staff did not always respond to patients' calls for assistance in a timely way that met their needs. Learning from complaints about call bell responses may not have been fully embedded.

Detailed findings

Planning and delivering services which meet people's needs

- The ward environment was adapted to meet the social and rehabilitation needs of patients. For example, the ward had a large, open-plan day room that provided a social space for patients to meet. Patients also ate their meals in the day room. The day room had a television and a selection of books and board games.
- Volunteers came onto the ward to provided activities for patients. Every Friday, volunteers ran a bingo session. There was also a volunteer-run, chair-based exercise class on Wednesdays. These activities helped to meet patients' social and rehabilitation needs.
- Caterham Dene Hospital had an inpatient physiotherapy gym. We saw that the gym had an appropriate range of equipment for patients' individual rehabilitation programmes.

- The ward had an occupational therapy room. Occupational therapists used this room to provide rehabilitation in everyday living skills. For example, the room had kitchen equipment to help patients develop their motor skills and work towards catering for themselves ready for discharge.
- The provider had contracts with local clinical commissioning groups (CCGs) and 100% of community inpatients were NHS-funded. The provider regularly engaged with commissioners, the local acute NHS trust and other local independent community healthcare providers. The provider also worked closely with local GP practices and district nursing services. This helped provide a joined-up approach to meet the needs of the local population. The local area had a higher proportion of people aged over 65 than the England average. The community inpatient service helped meet the needs of frail, elderly people in the local area by providing rehabilitation after acute illness and falls.
- The Service Manager and Matrons on the ward had a daily conference call with representatives at the discharge interface from the local acute NHS trust, district nursing team and intermediate care and community hospital team. We saw that all parties used this call to provide daily updates and status on available capacity. This meant the service worked together with other teams and providers to plan service delivery to meet the needs of local people.
- Key performance indicators (KPI) data showed bed occupancy on the ward was 97.4% between April 2016 and January 2017. This was higher than the target of 95% or above agreed with commissioners.

Equality and diversity

- Staff attended equality, diversity and human rights training as part of their mandatory training programme. Provider data showed 92% of staff on Caterham Dene ward had up-to-date equality, diversity and human rights training at the time of our visit. This was better than the provider's target of 80%.
- The service had sufficient equipment to help wheelchair users' access services on an equal basis to others. The

Are services responsive to people's needs?

ward had an assisted bathroom accessible for wheelchair users. We saw sufficient equipment including hoists, grab rails and wheelchairs for patients who needed them.

- The service had access to telephone interpreters if needed. Staff in the administration office at Caterham Dene Hospital showed us how they would book an interpreter if requested. Not all staff we spoke with on the ward knew how to book interpreters. However, staff told us most patients spoke English as a first language and therefore the service very rarely required interpreters.

Meeting the needs of people in vulnerable circumstances

- The service provided red drinking cups for a patient who was visually impaired at the time of our visit. This allowed the patient to see the cup more easily and reduce spillages. We also saw a plate surround provided for a patient who had difficulty using a knife and fork. This prevented food falling off the edge of the plate. These adaptations helped patients eat and drink independently.
- We saw picture boards available to help patients who had difficulty verbalising their needs to communicate with staff. The service also had picture menus to help patients choose their food and communicate their preferences. Staff told us patients with learning disabilities could also use the picture boards to aid communication.
- The ward placed patients living with dementia in a bay nearest to the nurses' station. This allowed nursing staff to observe them more closely. Staff on the ward told us they had attended in-house dementia awareness training, which they found useful.
- Each patient had a named social worker, who worked closely with patients' relatives and carers. This helped the service meet the individual needs of patients with learning disabilities and those living with dementia.
- The service used the "blue butterfly" scheme. This was a national scheme, where staff placed a blue butterfly above the bed of patients living with dementia. This provided a discrete way of alerting staff to a patient's additional needs. However, we did not see any blue butterflies above patients' beds, despite several patients on the ward having confusion or delirium at the time of our visit. This suggested the service might not have used the blue butterfly scheme as widely as it could.

Access to the right care at the right time

- Most patients accessed the ward as a 'step-down' from an acute NHS hospital. This meant they transferred to the ward for rehabilitation once they were well enough for discharge from an acute NHS hospital. Patients could also access the service as 'step-up' care from the community following referral from their GP and community nurse.. Admissions criteria enabled the multidisciplinary team to review each patient individually and accept those with complex needs. The service allowed improved access to rehabilitation and helped reduce pressure on acute hospital beds.
- The service's "integrated discharge team community bed state spreadsheet" showed the average waiting time for a bed once patients were medically fit for admission to the ward was 2.4 days in January to December 2016. This was slightly better than the national average for comparable community hospitals of 2.6 days. The service updated the integrated discharge team community bed state spreadsheet twice daily. This allowed up-to-date tracking of referrals until patients became medically fit for admission to the ward.
- We saw that staff did not always respond promptly to patients' calls for assistance. During our visit, we observed two occasions when it took staff 10 minutes to respond to call bells. On another occasion, we saw that staff took between five and 10 minutes to respond. We also saw patient complaints about the length of time it took staff to respond to calls for assistance. Patients we spoke with told us there were often considerable delays when they pressed their call bells. One patient said, "The staff are very busy. If you ask them for something, they say 'I will be back in 10' but they are not. It could be 20 [minutes]". We observed that registered nurses sometimes ignored call bells, leaving them for health care assistants (HCAs) to answer.
- Call bell audit data for April 2016 to February 2017 showed staff answered 86.1% of calls within five minutes. This meant staff took longer than five minutes to respond to 13.9% of calls during this period. While this was in line with the provider's target of answering 80% of calls within five minutes, feedback from patients suggested this level of performance did not always meet their needs. The data showed staff took longer than 10 minutes to respond to some calls in every month during

Are services responsive to people's needs?

this period. For example, in February 2017, over 200 calls went unanswered for longer than 10 minutes. The service manager told us the ward was working to reduce the number of calls not answered within 10 minutes.

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Learning from complaints and concerns

- We saw written information about how to make a complaint in the ward information leaflet given to patients on admission. We also saw the provider's "valuing your views" leaflet, which gave information about the provider's complaints procedures. This included details of how to escalate a complaint if necessary, and well as contact information for advocacy services. We also saw information about how to make a complaint on the provider's website. This included a copy of the provider's complaints policy.

- The provider's policy was to acknowledge all formal complaints within two working days and provide a full written response within 25 working days. We saw that the service met the target response time for 100% of complaints between October 2015 and September 2016. This meant all patients received a prompt acknowledgement and response to their concerns.

- Provider data showed there were eight formal complaints relating to adult inpatients between October 2015 and September 2016. Of these, seven complaints were upheld. No patients escalated their complaint to the Parliamentary and Health Service Ombudsman (PHSO) during this period. This suggested all patients were satisfied with the provider's response. The number of complaints was similar to the previous year, when seven patients made a formal complaint.

- Staff received feedback from complaints at team meetings. This helped the service learn from complaints to improve patient care. Staff were able to give

examples of learning from formal and informal complaints. This included a patient who informally complained that meal portions were too small for them. A Matron discussed these concerns with the patient. The service subsequently provided two portions of food at mealtimes to meet the patient's needs.

- Six complaints between October 2015 and September 2016 included concerns around the length of time it took staff to answer call bells or respond to requests for assistance with toileting. This represented 75% of complaints during this period.

- We saw evidence managers were working to address these issues. The service changed the shift pattern for nursing staff in October 2016 following learning from complaints. The switch from two 12-hour shifts to three 7.5-hour shifts meant the ward had additional staff from 1.30pm - 3pm and 9pm - 9.30pm. The service also increased the number of HCAs working on the late shift (1.30pm – 9.30pm) from three to four. The service had identified these were times when more patients needed assistance. Therefore, the new shift system ensured there were more staff on the ward at busy times of the day to better meet patients' needs.

- We also saw managers gave verbal and email feedback to staff following complaints relating to call bell responses. Managers also reviewed the call bell standard operating procedure (SOP) and circulated it to all staff. This helped reiterate that it was all nursing staff members' responsibility to respond to call bells, not just the staff working in the individual patient's bay.

- However, despite efforts to address the issues with call bells, some patients we spoke with felt staff did not respond quickly enough to meet their needs. This meant learning from complaints may not have been fully embedded in this area.

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.

We rated well-led as good, because:

- There were high levels of staff satisfaction and all staff we met spoke highly of the culture.
- The service had high levels of constructive engagement with staff at all levels. Leaders listened to staff and valued their input.
- Leaders actively encouraged staff to raise concerns. There was a culture of openness and "no blame". All staff we spoke with could describe their responsibilities relating to duty of candour.
- The service had effective governance arrangements. Quality, performance and risk were proactively reviewed to drive continuous improvement.

Detailed findings

Leadership of this service

- Inpatient staff reported to the two inpatient Matrons. The Matrons reported to the service manager for bed-based care. The service manager reported to the head of adult community services, who reported to the Chief Operating Officer (COO).
- All staff we met spoke positively of their line manager and the executive team. The executive team prided themselves on their "floor to board in five minutes" initiative. This meant any member of staff could speak to a member of the executive team about any concerns immediately. Staff told us an inpatient nurse had used the floor to board initiative to contact the director on-call with a concern on Christmas day. Most staff we spoke with said they had not needed to use the floor to board initiative because their line manager was able to resolve any issues they raised.
- We saw that leaders took prompt action to address any non-compliance from staff or inappropriate behaviour from patients or relatives. During our visit, we saw a matron carry out refresher training for nursing staff in completing incident reports. This was because a member of staff submitted an incident form that lacked sufficient detail shortly before our visit. Another matron

gave us an example of how she had addressed unacceptable behaviour from a patient's relative towards staff. This demonstrated leaders acted on concerns.

Service vision and strategy

- The inpatient service shared the provider's values. These were "first rate care", "first rate people" and "first rate value". All staff we spoke with knew some of the corporate values. Those that did not know all the values told us described one of the values as "people first". This demonstrated that the value of putting patients and people first was embedded amongst staff.
- The corporate vision was "rejuvenating the wellbeing of our community". The provider had three strategic priorities for 2017-2020. These were securing a future workforce with the skills to deliver new models of care; financial stability and sustainability; and forging a role at the heart of integrated community health provision with other providers in East Surrey.
- Inpatient service leaders demonstrated engagement with the workforce strategy. This objective included career development, recruitment and retention, and developing future leaders. The service manager and Matrons told us about progress against the workforce strategy. This included a successful recruitment day in November 2016. This event resulted in the recruitment of three healthcare assistants (HCAs) for the ward. The service was also considering using external recruitment agents more widely following the successful recruitment of a specialist nurse through this route.
- The service had recently introduced a trial of self-rostering for all nursing staff on the ward. This meant nursing staff could specify the days and shifts they were available to work each week. The service hoped to recruit more agency staff as permanent members of the team by offering more flexibility with this approach.

Governance, risk management and quality measurement

- The provider had a clinical governance structure in place with clear accountability and information flow pathways. The Integrated Governance Committee

Are services well-led?

provided quality and safety assurances to the board of directors. Six other groups fed into the integrated governance committee. These were the Infection Prevention and Control Group, the Clinical Quality and Effectiveness Group, the Safeguarding Adults and Children's Group, the Research and Development Group, the Health and Safety Group, and the Information Governance Group.

- A CQC Programme Board sat alongside the integrated governance committee. The purpose of this group was to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was a staff-owned social enterprise. All staff were entitled to a single share in the organisation. As co-owners, this meant staff could hold the board of directors to account.

- A Council of Governors sat alongside the Board of Directors. The council of governors were elected staff members who represented the voice of staff. The council of governors met every other month and representatives attended board meetings. The council of governors held the board of directors to account and were involved in the recruitment of the chief executive and non-executive directors.

- We reviewed the provider's risk register and saw there was one item relating to inpatient services. This was the nursing vacancy rate on Caterham Dene ward. At the time of our visit, there were 6.8 whole-time equivalent (WTE) nursing vacancies and seven WTE nursing assistant vacancies. The Service Manager, Matrons on the ward and the executive team all demonstrated awareness of this risk, which received daily review. We saw the service was taking ongoing action to lessen this risk. This included an active recruitment campaign in line with the provider's workforce strategy. Matrons planned nursing rotas two months in advance and used agency staff to fill shifts. This ensured the ward always had the planned number of staff on shift to maintain safe staffing levels.

- The inpatient service kept a local quality and performance dashboard. We saw that this measured performance metrics on a monthly basis. These included delayed discharges, safety thermometer data, incidents, complaints, call bell answering times and other quality measures. The dashboard measured changes and trends in performance so leaders could

take corrective action where required. The service manager and Matrons demonstrated a thorough understanding and knowledge of the ward's performance at the time of our visit.

- We reviewed copies of the provider's Integrated Governance Committee meetings. We saw that the head of adult community services represented inpatient services at these meetings. We saw that staff reviewed the risk register and any serious incidents as standard agenda items. We also saw staff discussed the Caterham Dene ward dashboard as part of the standard agenda item, "Patient safety, quality, performance & workforce report". This meant the Integrated Governance Committee was able to provide assurances to the board of directors around quality and risk on the ward.

Culture within this service

- All staff we spoke with spoke positively about the culture. One member of staff said, "The team are fantastic". Staff felt supported by their line managers and found the executive team to be approachable. Staff gave us examples of managers supporting them, for example, with a phased return to work following sick leave.

- There was a strong culture of openness and transparency. For example, we saw that the vast majority of incidents the hospital reported were "no harm". The service actively encouraged staff to raise concerns and investigated incidents appropriately. All staff we spoke with felt confident raising concerns and said managers listened to them. All staff we spoke with knew what duty of candour meant and could describe their responsibilities relating to it.

- However, we observed that registered nurses on the ward did not always respond to patient call bells and sometimes left them for HCAs to answer. HCAs on the ward were very busy, and patients may have received a slower response to calls for assistance. A HCA we spoke with said they "felt rushed giving care".

Public engagement

- The provider had an active Community Forum, with over 200 members. These included patients, relatives and carers, GPs in the local community and representatives from voluntary associations. The Community Forum held specific focus groups to seek the views of patients and the public on a range of subjects which included care of people living with dementia.

Are services well-led?

The services sought patient feedback through an online site for healthcare reviews, as well as the NHS Friends and Family Test (FFT). The website immediately sent any two star (out of a possible five) or lower ratings to the provider's Clinical Governance Manager. The Clinical Governance Manager subsequently referred this feedback to the service manager for investigation. Different services shared learning from patient feedback across the organisation at the monthly Clinical Quality and Effectiveness Group. The service manager received monthly reports relevant to inpatient services, which included FFT quantitative and qualitative comments. This allowed the service to make continuous improvements that took the views of patients into account.

Staff engagement

- The board of directors has ongoing engagement with staff representatives through the council of governors. Additionally, the provider had recently held a staff focus group on staff health and wellbeing. We saw that the service took the views of staff into account. For example, the service provided free tea and coffee for staff and had recently upgraded the quality of coffee following staff feedback.

- The provider commissioned the NHS Staff Survey in October 2016 through a third party provider. This enabled benchmarking of results and comparison with other community trusts. The staff survey indicated a high level of staff engagement. The overall response rate was 63.2%. This was better than the average response rate of 50.9% for other community trusts that participated in the survey.

- The staff survey 2016 results reflected the positive culture we observed. For example, 65% of staff who responded said they often or always looked forward to going to work. This was significantly better that the average score of 58% for this question for other community trusts. Seventy-three per cent of staff said they would recommend First Community Health and Care C.I.C. (First Community) as a place to work. This was significantly better than the average score of 55% for this question for other community trusts.

Innovation, improvement and sustainability

- We saw that the service listened to staff ideas for continuous improvements. For example, a HCA on the ward suggested introducing a yellow wristband system to highlight patients with additional nutritional needs. We saw that the system was in use during our visit and staff felt it worked well. The HCA subsequently became the ward's nutrition champion and was working to drive continuous improvement in nutrition and hydration.

- At the time of our visit, the service was running a pilot scheme with the local acute NHS trust to reduce emergency department (ED) admissions. The scheme involved a pro-active care Matron from First Community standing at the entrance of the ED at the local NHS trust, taking patient details and seeing if their condition could be managed in the community. The aim of this initiative was to reduce the pressure on the local NHS trust and help patients to manage non-urgent conditions without the need for acute admission.

- We saw the 2016-17 audit schedule for inpatient services. This included audits around record keeping, infection prevention and control, falls prevention, the malnutrition universal screening tool (MUST) and medicines. We reviewed a sample of audits and saw the service gave feedback to staff and took action to rectify any non-compliance with policies. For example, we saw the ward introduced a signature sheet as a result of the findings from the 2016-17 record keeping audit. The audit schedule helped ensure ongoing compliance with policies and continuous improvement.

- The service's workforce strategy was working towards filling the nursing vacancies on the ward with permanent staff with an appropriate skill mix. This would help ensure future sustainability of the inpatient service.

- The provider was a not-for-profit, staff owned social enterprise. This meant the provider invested any surplus income at the end of each financial year in improvements to patient care.