Solent NHS Trust

Quality Report

Brintons Terrace,
Southampton
Hampshire
SO14 0YG
023 8060 8900
www.solent.nhs.uk

Date of publication:03/01/2014
Date of inspection visit: 17-21 March 2014

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

Summary of findings

Contents

Summary of findings

Overall summary

Solent NHS Trust provides inpatient services on two wards at Royal South Hants Hospital. Lower Brambles Ward (24 beds) primarily provides intermediate care as a step-down facility following discharge from the local acute hospital. Fanshawe Ward (19) beds provides intermediate care as a step-down facility following discharge from the local acute hospital or for patients admitted from home for a period of rehabilitation. The ward also has allocated step- up beds used to avoid admission to the local acute hospital.

Patients and their relatives commented favourably on the care and treatment they or their relative received on the wards. Patients (and/or relatives where appropriate) were involved in decisions about their care and their plans for discharge.

We found the wards delivered safe care and people were protected from abuse and avoidable harm. There were systems and processes in place for identifying, investigating and learning from incidents. Patients' needs were assessed and records indicated that treatment, care and support was provided to meet those needs. There was effective multidisciplinary and multi-agency working to ensure that people received care that met their needs, at the right time and without delay. Discharge planning was comprehensive and consistent.

Staff followed best practice guidelines when treating and supporting people. They showed great enthusiasm and motivation in their work, which resulted in positive care, treatment and rehabilitation outcomes for people.There were audit systems in place to check on the quality of care, including the prevention of infections. We saw staff using good hand washing techniques and there were sufficient hand washing facilities throughout the wards.

We found that the care was delivered by caring and compassionate staff. We observed staff treating patients with dignity and respect. The service was responsive to the views and needs of people who used the service and staff gave us examples of how services had been developed in response to patient feedback.

The two wards at the Royal South Hants Hospital were well-led. Staff told us they felt able to raise concerns and were supported to carry out their job role. Staff were very passionate and proud to work at the service and aware of the vision and values of the organisation. We saw evidence of good integrated team work and regular monitoring of the quality of the service being delivered.

Summary of findings

The five questions we ask and what we found at this location

We always ask the following five questions of services.

Are services safe?

Services were safe because there were systems for identifying, investigating and learning from patient safety incidents and an emphasis in the organisation to reduce harm. Risk assessments were in place with input from healthcare professionals. There was regular monitoring of safe staffing levels.

Are services effective?

Patient care and treatment was effective, and was in line with legislation and best practice and focused on the needs of patients. Audits were undertaken to monitor care and outcomes, and action plans implemented where required to improve care.

There was good multidisciplinary working and staff were generally well trained and received clinical supervision. More needed to be done to ensure that the environment met the needs of patients with dementia and that staff had sufficient dementia training.

Are services caring?

Patients (and their relatives where appropriate) were involved with their care and staff treated them with respect. We saw good examples of care being provided with compassion and of effective interactions between staff and patients. We found staff to be hard working, committed and encouraging patients to be as independent as possible.

Are services responsive to people's needs?

There was effective multidisciplinary and multi-agency working to ensure that people received care that met their needs, at the right time and without delay. The service was responsive to the views and needs of people who used the service. Staff gave us examples of how services had been developed in response to patient feedback.

Are services well-led?

The wards were well-led with organisational, governance and risk management structures in place. The matron and ward managers worked well as a team and had plans for improvements, such as dementia care. They were visible and the culture was seen as open and transparent. Staff were aware of the vision and objectives of the organisation and said that they generally felt well supported and that they could raise any concerns. Many staff told us that it was a good place to work.

Summary of findings

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

Community inpatient services

Patients and their relatives commented favourably on the care and treatment they or their relative received on the wards. Patients (and/or relatives where appropriate) were involved in decisions about their care and their plans for discharge.

We found the wards delivered safe care and people were protected from abuse and avoidable harm. There were systems and processes in place for identifying, investigating and learning from incidents. Patients' needs were assessed and records indicated that treatment, care and support was provided to meet those needs. There was effective multi-disciplinary and multi-agency working to ensure that people received care that met their needs, at the right time and without delay. Discharge planning was comprehensive and consistent.

Staff followed best practice guidelines when treating and supporting people.There were audit systems in place to check on the quality of care, including the prevention of infections. We saw staff using good hand washing techniques and there were sufficient hand washing facilities throughout the wards.

We found that the care was delivered by caring and compassionate staff.We observed staff treating patients with dignity and respect. The service was responsive to the views and needs of people who used the service. Staff gave us examples of how services had been developed in response to patient feedback.

The two wards at the Royal South Hants Hospital were well-led. Staff told us they felt able to raise concerns and were supported to carry out their job role. Staff were very passionate and proud to work at the service and aware of the vision and values of the organisation. We saw evidence of good integrated team work and regular monitoring of the quality of the service being delivered.

Summary of findings

What people who use the community health services say

Patients and relatives had nothing but praise for the service and treatment they received on Fanshawe Ward and Lower Brambles ward. Patients (and/or relatives where appropriate) told us they were involved in decisions about their care and their plans for discharge.

Some patients said they would have preferred to have a feedback form from the trust after they had been discharged from the wards, not whilst they were still an inpatient.

Areas for improvement

Action the community health service SHOULD take to improve

The service should ensure that staff have completed sufficient training on dementia to meet the needs of all patients on the wards.

The environment of the wards should be reviewed in respect of the needs of patients with dementia.

Action the community health service COULD take to improve

The environment of Lower Brambles ward could be reviewed as privacy was compromised when discussions with relatives sometimes took place in corridors.

Good practice

Our inspection team highlighted the following areas of good practice:

The multi-disciplinary teams worked very well together and showed great enthusiasm and motivation in their work, which resulted in positive care, treatment and rehabilitation outcomes for people.

Solent NHS Trust

Detailed Findings

Community inpatient services

Our inspection team

Our inspection team was led by:

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

Head of Inspection: Anne Davis, Care Quality Commission

The team included two CQC inspectors, a specialist advisor who had a background in occupational therapy, pharmacist and an 'expert by experience'. Experts by experience have personal experience of using or caring for someone who uses the type of service we were inspecting.

Background to Solent NHS Trust

Solent NHS Trust provides inpatient services on two wards at Royal South Hants Hospital. Lower Brambles Ward has 24 beds and primarily provides intermediate care as a step-down facility following discharge from the local acute hospital. Fanshawe Ward has 19 beds providing intermediate care as a step-down facility following discharge from the local acute hospital or for patients admitted from home for a period of rehabilitation. The ward also has allocated step- up beds used to avoid admission to the local acute hospital.

We visited the inpatient wards during the day on 18 March 2014 and unannounced during the evening of 20 March 2014. We spoke with 16 patients and three visitors. We spoke with a range of staff including the matron, ward managers, trained nurses, health care assistants and domestic staff. We reviewed personal care records. We found there were systems and processes in place to keep people safe; including incident reporting. Patients' needs were assessed and records indicated that care and support was provided to meet those needs. Discharge planning was comprehensive and consistent.

There had been no concerns raised about either ward prior to our inspection.

Patients and their relatives commented favourably on the care they or their relative received. We saw staff being respectful towards patients, and ensuing that patients were treated with dignity. Patients (and/or relatives where appropriate) were involved in decisions about their care and their plans for discharge.

Why we carried out this inspection

This location was inspected as part of the first 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.

Detailed Findings

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

The inspection team always looked at the following core service at inspection:

- Community inpatient services

We visited the inpatient wards during the day on 18 March 2014 and unannounced during the evening of 20 March 2014. We spoke with 16 patients and three visitors. We spoke with a range of staff including the matron, ward managers, trained nurses, health care assistants and domestic staff. We reviewed information from comment cards completed by inpatients. We also telephoned patients who had recently been discharged from the wards to ask them about their experience.

Community inpatient services

Information about the service

Solent NHS Trust provides inpatient services on two wards at Royal South Hants Hospital. Lower Brambles Ward (24 beds) primarily provides intermediate care as a step-down facility following discharge from the local acute hospital. Fanshawe Ward (19 beds) provides intermediate care as a step-down facility following discharge from the local acute hospital or for patients admitted from home for a period of rehabilitation. The ward also has allocated step- up beds used to avoid admission to the local acute hospital

We visited the inpatient wards during the day on 18 March 2014 and unannounced during the evening of 20 March 2014. We spoke with 16 patients and three visitors. We spoke with a range of staff including the matron, ward managers, trained nurses, health care assistants and domestic staff. We reviewed information from comment cards completed by inpatients. We also telephoned patients who had recently been discharged from the wards to ask them about their experience.

Patients and their relatives commented favourably on the care they or their relative received. Patients (and/or relatives where appropriate) told us they were involved in decisions about their care and their plans for discharge.

Summary of findings

Patients and their relatives commented favourably on the care and treatment they or their relative received on the wards. Patients (and/or relatives where appropriate) were involved in decisions about their care and their plans for discharge.

We found the wards delivered safe care and people were protected from abuse and avoidable harm. There were systems and processes in place for identifying, investigating and learning from incidents. Patients' needs were assessed and records indicated that treatment, care and support was provided to meet those needs. There was effective multidisciplinary and multi agency working to ensure that people received care that met their needs, at the right time and without delay. Discharge planning was comprehensive and consistent.

Staff followed best practice guidelines when treating and supporting people.There were audit systems in place to check on the quality of care, including the prevention of infections. We saw staff using good hand washing techniques and there were sufficient handwashing facilities throughout the wards**.**

We found that the care was delivered by caring and compassionate staff.We observed staff treating patients with dignity and respect. The service was responsive to the views and needs of people who used the service. Staff gave us examples of how services had been developed in response to patient feedback.

The two wards at the Royal South Hants Hospital were well-led. Staff told us they felt able to raise concerns and were supported to carry out their job role. Staff were very passionate and proud to work at the service and aware of the vision and values of the organisation. We saw evidence of good integrated team work and regular monitoring of the quality of the service being delivered.

Community inpatient services

Are community inpatient services safe?

Safety in the past.

We found that community inpatients were protected from abuse and avoidable harm as there were effective arrangements for reporting patient/staff safety incidents. Staff were confident about reporting incidents and providing information to the ward matron or senior manager if they suspected poor practice which could harm a person. Staff had attended safeguarding training and were knowledgeable about the safeguarding process to follow should they need to.

Incidents were collated by the clinical governance team and information on all incidents was provided to managers and the trust board. Staff were encouraged to report all incidents and data showed there was high reporting of incidents from the wards, most were assessed a minor. None of the safeguarding or whistleblowing concerns raised since the trust registered with the Care Quality Commission (CQC) related to South Hants Hospital. The were not any "never events" in the last 12 months. None of the serious incidences reported between December 2012 and November 2013 related the Royal South Hants Hospital.

From data received prior to the inspection we knew the Trust's rate for new pressure ulcers was typically above the national average. But it was following the England trend of a general decrease in new pressure ulcers and most occurred in the community. The Trust required staff to report all grade 2, 3 and 4 pressure ulcers and had introduced processes for reviewing all incidents to identify if avoidable or unavoidable. We were not aware of any avoidable pressure ulcers reported from the wards in the past few months.

The trustwide rate for falls with harm was above England's average for most of the previous 12 months, but measures had been put in place to reduce and we saw these systems implemented on the wards. The matron told us all falls were reported and the reasons investigated.

There have been no cases of hospital associated MRSA during the last year and numbers across the trust decreased significantly since 2011-12. We found no concerns relating to onward transmission of infections during inpatient stays. The Patient Environment Action Team (PEAT) 2012 inspection reported score of 5 out of 5 for the environment. It found no evidence of risk because the hospital had an effective hand hygiene policy and had a structured hand hygiene audit programme.

The percentage of patients with venous thromboembolism (VTE) across the Trust was below the England average all last year.

There were no reported incidents of information governance breaches on the wards

Learning and improvement

Staff had received appropriate training to allow them out carry out their roles. For example moving and handling and tissue viability. A dementia pathway was being developed so that staff can be sure they are meeting the needs of patients with dementia effectively.

Staff we spoke with were knowledgeable about reporting incidences or near misses and felt they got feedback following investigations. An example of change of practice following an investigation was adapting the shift times so hand over time was longer and more productive but appropriate numbers of staff remained on the ward to ensure patient safety.

Findings resulting from audits around falls and pressure ulcers were monitored by the matron and ward managers.

Systems, processes and practices

We found there were systems and processes in place to maintain patient safety.

We saw detailed risk assessments in place within care plans that identified potential risks and how to manage them. There were systems in place for reducing falls. Staff told us that patients were assessed for their falls risk within six hours of admission. We saw that if a patient had fallen they had their blood pressure taken lying down and standing up, had their medications reviewed and equipment in use reviewed. This was particularly helpful when a patient had no insight into their own risks.

The trust had committed to reducing pressure ulcers by 35% overall across its services. We looked at pressure area care on each ward and found they provided appropriate pressure relieving equipment and had detailed care plans for each person, to maintain their skin integrity. There were policies in place for prevention, identification, grading, reporting and investigation of pressure ulcers. The tissue viability service was consulted for advice as necessary.

Community inpatient services

The trust had introduced systems for reducing MRSA. Patients were screened pre admission and adherence was monitored through quarterly audit.

There were processes in place to assess for risk of venous thromboembolism (VTE). We saw that staff on the wards carried out audits to check whether patients were being clinically treated for venous thromboembolism (VTE) when required.

The trust had committed to improving the detection and management of medically deteriorating patients in the wards and a reduction in incidents. We saw the use of an early warning score system 'track and trigger system to identify deteriorating patients. There was a process to ensure appropriate response and that included nurses calling an ambulance, where necessary, rather than waiting to go through a hierarchy of doctors. There was access to cardio pulmonary resuscitation medicines, oxygen and automated defibrillators. In an emergency staff called 999.

The hospital environment was clean and there were clear infection prevention and control systems and processes in place. We observed staff using good hand washing procedures and there was access to alcohol hand gels. There were appropriate hand washing facilities on the wards with access to liquid soap and paper towels.

Medicines were handled safely within the community inpatient units. All medicines were stored safely and prescriptions were reviewed in a timely manner by pharmacy staff. There were standard operating procedures in place for the management of controlled drugs, and we saw these were followed. Medicines incidents were reviewed and learning from those incidents was disseminated.

We saw detailed patient discharge checklists, these included arrangements for support on discharge from other care providers, a list of medications and equipment that needed to be in place.

Monitoring safety and responding to risk

Staff told us that daily hand-overs took place during shift changes. Staff told us they felt this made them aware of any new issues or concerns about the patients. We saw the service was managing patient risks such as falls, pressure ulcers and infections. This information was monitored monthly.

There was good information in individual care plans about how patients' mobility was being monitored by the nursing, care and therapy staff on a daily basis. Extra staff were made available if a patient was assessed as a high risk of falling. We saw nursing, health care assistants and therapists helping and teaching patients how to move about safely.

Staff had no concerns about the staffing levels. Staff told us dependency levels were monitored and levels of staff increased if the level of needs of the patients increased. We saw one patient was agitated on return from an outpatient appointment in the early evening. Arrangements were made for an extra member of staff to come on duty to spend time with the patient so that staff could ensure all of the other patients needs were also being met.

The wards had medical cover during the week between 9am and 5 pm from a staff grade geriatrician and two GP trainees. The out of hours GP service, based at the Royal South Hants Hospital provided medical cover from 5pm and overnight, and at weekends. This had been subject to a quality review to ensure that the contract prioritised call from the wards. We were told this was working well and there had been no incidents arising from lack of timely medical support.

The wards undertook a range of safety audits including pressure ulcers, falls and medicines management. The use of the deteriorating patient track and trigger system was monitored and there was audit of all patients who returned to the acute hospital and unexpected deaths.

Anticipation and planning

We were told of initiatives being introduced, for example a white board with coded information about patients that staff could access. A daily "board round" would be carried out to ensure patients were being assessed in between multi-disciplinary team (MDT) meetings.

The service had recently introduced an e-rostering system that analysed current staffing levels and anticipated need. The trust had introduced a system of daily reporting by phone to the deputy director of nursing, to confirm that there were sufficient staff. We were told that a need for extra staff was identified then they could be bought in to meet that need. An example we saw was that an extra health care assistant had gone with a patient to another hospital for an outpatient appointment.

Community inpatient services

Are community inpatient services effective?
(for example, treatment is effective)

Evidence-based guidance
Patient care and treatment was effective, and was in line with legislation and was based on guidance issued by expert bodies such as the National Institute for Health and Care Excellence for example around the management of pressure ulcers and reduction of falls.

Staff were aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw capacity assessments in some care plans. Staff understood that a person's capacity was variable and how that should be detailed in the care plans. We were told about best interest meetings that had taken place in order to ensure the best outcomes for patients where they had been assessed as lacking capacity.

Staff had undertaken appropriate mandatory training and the staff we spoke with had all received an appraisal. Clinical supervision for nurses was ongoing. (Clinical supervision is an opportunity for practising professionals to discuss and review their practice in order to improve their care). There were professional groups for sharing best practice for healthcare professionals across the trust. Health care assistants told us they had regular one to one meetings with their managers. We saw drug calculation training was reviewed annually to ensure nurses had up to date skills.

Matrons and senior staff from Portsmouth and Southampton inpatient wards attended a governance group to discuss implementation of best practice and standard documentation across the wards. A dementia pathway was being developed so that staff could be sure they were meeting the needs of patients with dementia effectively.

Monitoring and improvement of outcomes
There was a multidisciplinary review of all patients on a weekly basis. All the staff we spoke with felt that they worked well as a team and had worked hard to create the integrated team providing optimal care and treatment.

The wards monitored patient length of stay and were introducing seven day a week therapy cover to improve rehabilitation outcomes and facilitate earlier discharge for patients.

Audits were undertaken to monitor care and outcomes, and action plans implemented where required to improve care. For example we saw that there was a monthly audit carried out to check that all medication administration sheets had been completed appropriately.

Staffing, equipment and facilities
Staff told us staffing levels were good and extra staff could be bought in the meet increased needs for example if a patient needed one to one support for a period of time.

Appropriate equipment was maintained and available to assist staff in providing care and treatment. There was some concern about the new equipment store that delivered equipment to patient's homes ready for their discharge. Staff told us the new system was not as effective as the old system and patients had to wait longer for their equipment. Senior managers told us this was being monitored and on the risk register. They also told us they had identified a gap in the equipment provider contract as no provision and servicing of equipment on inpatient wards, but this had now been resolved as budgets had been reallocated to the wards.

Lower Bramble Ward environment was not always suitable for the patients they were looking after. Privacy was sometimes compromised as discussions with relatives sometimes took place in corridors.

Multidisciplinary working and support
We saw evidence of good multidisciplinary team (MDT) working in patient records and through discussion with staff. The wards were consultant led and the consultant carried out a weekly ward round and attended the weekly MDT meeting. We also saw informal meetings taking place between therapists, GP trainees and ward staff used to discuss certain patient's progress.

We were told the wards got their medicine supply from pharmacy department at Royal Hants Hospital (acute trust) and had clinical pharmacy service from Solent NHS Trust. The hospital had access to weekend and out of hours pharmacy service from University Hospital Southampton (acute trust).

Community inpatient services

We saw evidence of close working between local partner organisations when planning complex discharges. Staff on the wards told us they worked with members of the local community teams when planning discharges. They said they often visited the wards to meet relevant patients and sometimes to see how a piece of equipment worked or a manual handling procedure for example.

Are community inpatient services caring?

Compassion, kindness, dignity and respect

We spoke with 16 patients and three visitors during our inspection, who told us that they were very happy with the service they received. We received only positive comments about the care and support provided on both wards. People told us the hospital had a "good reputation". Some patients told us that Lower Brambles Ward could be noisy at night with "staff laughing and talking". Other patients, on Lower Brambles Wards told us there were less staff at weekends so you sometimes had to wait longer if you called for assistance.

We saw staff treating people with dignity and respect. Staff maintained privacy by ensuring that curtains were closed around beds when personal care was taking place. On Lower Brambles Ward private conversations sometimes took place in the corridor as there was no alternative private space.

We observed nurses, health care assistants and therapists spending time with patients helping them to mobilise and answering questions they may have. We saw good examples of an anxious and agitated patient being treated with compassion and dignity. Staff were very respectful and kind and helped to calm the patient down.

Informed decisions

Patients and relatives told us they felt informed about their care needs and goals whilst on the wards. The patients we spoke to told us they were fully involved in their care and that they understood what was happening to them and they were involved in their discharge plans.

We saw details in care plans around assessing mental capacity and best interests meetings that arose from the assessments. We saw in daily records that patients were always asked for their consent before a therapist for example carried out some exercises or mobility practice with them that day.

We saw detailed "do not attempt resuscitation" documents in care plans. They had been signed by two relevant professionals and included input from the patient and /or their relatives.

Emotional support

Patients told us and we observed that staff recognised when patients needed extra support because they had some worries or concerns.

We saw that care records were updated regularly and included information about patients' worries or concerns and where they may need extra support to build their confidence. We were told that any new issues were discussed at the daily hand-over to ensure that all the staff team were aware of not only care needs but any particular emotional or wellbeing issues. Sufficient staffing levels meant that staff could spend extra time with patients as necessary.

We were told that although there were daily visiting hours these were flexible if it was felt that the presence of a relative or friend would be helpful to the patient.

Are community inpatient services responsive to people's needs?

(for example, to feedback?)

Meeting people's needs

We found evidence that Royal South Hants Hospital were responsive to the needs of people who used the service. Staff gave us examples of how services had been developed in response to patient feedback, such as activities available in Fanshawe Ward dayroom.

We saw there was a therapy room where patients who were planning to go home could go as part of their rehabilitation programme to build confidence in making meals and drinks. The therapy staff also ran a breakfast club so more than one patient at a time could participate in making a meal.

We saw care plans included information that showed the integrated team and patients and/or their families were working together to meet their rehabilitation goals.

Although there was an expected average length of stay depending on the reason for admission we were told this

was flexible. This may be because a patient was waiting for the most suitable placement or they needed slightly more time to meet their rehabilitation goals and be confident in their ability to manage at home.

Access to services

Senior managers told us they monitored length of stay and waiting lists for the wards and worked with community teams to ensure that there was timely discharge to free up rehabilitation beds. They also worked with the in reach team at the acute hospital to facilitate transfers of patients who met the criteria for rehabilitation. During November some more continuing care patients had been admitted to free up acute hospital beds and this had resulted in longer length of stay and some delayed transfers.

We were told that friends and relatives could visit outside the official visiting times if it was of benefit to the patient or the visitor could not manage the visiting hours due to other commitments. There was level access to the hospital and a passenger lift to access Fanshawe ward. There was good signage throughout the hospital.

We saw that if patients had to attend outpatient appointments at other hospitals this was facilitated and a member of staff was able to go with the patient if necessary. We saw in one case a CT scan (required to be carried out at another hospital) had been ordered but had not yet taken place. We saw this had been followed up by nursing staff to ensure the appointment was made.

Care co-ordination

Staff told us and we saw in care plans there was liaison with community teams and social care providers that ensured appropriate care packages were in place on discharge.

We saw discharge checklists which included evidence of communication with the patient and families to confirm discharge plans and the planned date of discharge. They also included details of equipment that may be required at home, when it had been ordered and expected delivery date. Staff told us they had good relationships with the community therapists who would in some cases visit patients at home to complete their rehabilitation programme. We saw that the doctors wrote up prescriptions at least 48 hours prior to the discharge to ensure the medicines had arrived in time for the planned discharge.

Learning from experiences, concerns and complaints

Patients and /or their relatives were given a feedback from whilst they were in hospital. Some patients and relatives we spoke with told us they had nothing but praise for the hospital and staff but would have preferred the feedback form at the time of discharge.

The staff told us they welcomed comments from patients and visitors and were always trying to improve the service they offered.

We saw information about Solent NHS Trust displayed in the hospital and details of how to make complaint or raise concerns. There were no complaints about the wards at Royal South Hants Hospital at the time of the inspection.

Are community inpatient services well-led?

Vision and strategy

.Staff told us the trust were committed to providing good services and were aware of the "Solent Wheel" for corporate objectives and the "Solent Quality Wheel". We saw the 'wheels' displayed on the wards. Staff were able to talk about the concepts of the' wheels' and felt the trust tried hard to communicate their vision to all staff. Staff appraisals were based on the corporate objectives, values and behaviours described in the Solent ‘wheels’.

We saw a commitment to incident reporting, internal audits and quality monitoring. We were told feedback from audits and incidents reports was shared with staff so they knew any issues that needed to be addressed or areas for improvement. We found there were clear systems in place for monitoring risk.

Governance arrangements

There were clear governance structures for the inpatient wards at Royal South Hants Hospital. Information on incidents and other indicators of quality such as complaints, patient and staff feedback was collated by the trust governance team. A monthly performance and quality report for the Southampton Adults division of the trust, included data from Royal South Hants wards. This was discussed at monthly divisional governance meetings, attended by clinical and operational directors and governance lead. Identified issues were presented at the

trust Assurance Committee and were also presented to the board. Matrons and senior managers held regular hospital governance meetings across Portsmouth and Southampton.

Leadership and culture

The Matron and ward managers worked well together as an integrated team. They were aware of areas for improvement such as the need for dementia training and the environment on Lower Brambles Ward.

Staff we spoke to felt very supported by the senior staff and reported that they had regular one to one meetings with the ward manager and annual appraisals.

Patients (and relatives where appropriate) told us they felt well looked after and felt they could approach any staff if they had any concerns.

Although the staff sickness rate in the trust had risen since May 2013 the staff on the wards felt this was probably mostly within community staff teams who had undergone a lot of reorganisation lately. The staff on the wards told us they had a low turnover of staff and low sickness levels. They said although the trust restructuring had had some effect on them they felt well informed of the process and maintained their motivation to do a good job.

Acting on feedback

The 2013 NHS staff survey showed significant improvements in the number of staff receiving annual appraisals and staff experiencing harassment and bullying or abuse from patients, relatives or the public. Staff on Fanshawe or Lower Brambles Wards reported good working relationships within the teams. They told us they had regular one to one meetings and appraisals with their managers, where they could feedback and make suggestions and regular staff meetings.

The friends and families test for February 2014 had seven responses from people who had used Royal South Hants inpatient services. Five saying they would be extremely likely to recommend the service and two saying it was likely they would recommend the service.

We received 18 comment cards from people who had used the service, 17 of which were positive and one mixed. Recurring themes in comments were good speed of access, caring, kind and hardworking staff, clean and pleasant environment, good food. The only negative comment was around confidentiality not always being respected.

Senior managers told us they held regular staff feedback sessions and had identified a need for advanced communication skills training following the February meeting.

Continuous improvement and innovation

Staff told us they had access to training and professional development. And were encouraged to take lead roles in areas such as tissue viability with a role of cascading best practice and encouraging innovation.

Senior managers told us that as the complexity of patients on the wards increased 'in house' cross organisation training was provided, for example assessing deteriorating patients.

There had been some cascaded dementia training, within the trust, following sessions by Admiral nurses but it had been agreed that further dementia training was needed and this was being developed.

Several managers had attended the trust leadership development programme. They had continued with action learning sets and projects to support continuous improvement and innovation. They told us a training needs analysis has been developed in partnership with Southampton University.

Staff on Lower Brambles Ward strived to ensure the patients had quality of care despite the environment not being the most suitable to meet people's needs. They were creative in how they used the space they had. Staff worked well with Fanshawe Ward to share resources such as the day room where possible, this was despite the wards being at opposite ends of the hospital to each other.