

Pennine Care NHS Foundation Trust

RT2

Community health inpatient services

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RT2C1	Butler Green House		OL9 8NG
RT2C3	Bealey Community Hospital		M26 2QD
RT2M3	Grange View - Enhanced Intermediate Care Unit		OL9 8NG

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

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

Where applicable, we have reported on each core service provided by Pennine Care NHS Foundation Trust and these are brought together to inform our overall judgement of Pennine Care NHS Foundation Trust

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

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the provider say	7
Areas for improvement	7

Detailed findings from this inspection

The five questions we ask about core services and what we found	8
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Summary of findings

Overall summary

We rated Community inpatients at Pennine Care NHS Foundation Trust as good.

This was because:

- Incidents were reported through effective systems and lessons learnt or improvements made following investigations were shared.
- The wards were visibly clean and spacious across both of the sites we visited.
- Staff followed good hygiene practices and the trust had policies and procedures in place.
- There were good systems for handling and disposing of medicines.
- There was good evidence of multidisciplinary team working with regular meetings held to review patient's ongoing development and needs.
- Care provided was patient centred and patients were involved in their care and planning individual goals. Patients were observed receiving compassionate care and their privacy and dignity was maintained.
- Staff were proud about their work and told us they felt supported and part of the team.
- Staff had access to information they required, for example diagnostic tests and risk assessments.

- Staff were aware of their role and responsibilities around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- Best practice guidance in relation to care and treatment was followed.
- Community inpatient service participated in National Audit of Intermediate Care audit and local audits and action plans formulated following the results of audits.

However,

- Planned staffing levels on some of the units during the night were not always sufficient; however bank and agency staff were used on a regular basis to support safe staffing levels.
- Overall compliance with mandatory training for the majority of staff was below trust target. The trust target was 95%.
- A small number of staff across the units had attended Mental Capacity Act and deprivation of Liberties training.
- Not all staff had access to clinical supervision provided by the trust.

Summary of findings

Background to the service

Pennine Care NHS Foundation Trust community health inpatients provides services across six Greater Manchester boroughs or local authorities. Bury, Oldham, Rochdale, Heywood, Middleton and Trafford.

Community health inpatient services are provided across three sites; Butler Green House, Bealey Community Hospital and Grange View - Enhanced Intermediate Care Unit.

Butler Green House is located in Oldham. The 28 bedded unit consists of 20 beds rehabilitation and 8 clinically enhanced beds which were utilised for close monitoring for example if patient had dehydration and required intravenous fluids Staff told us there was flexibility with the allocation of beds depending on patient need. Services within the unit are provided on one level.

Bealey Community Hospital is a 19 bedded unit located in Bury and provides nursing and rehabilitation care for patients with a Bury GP. Services are provided on one level of a two storey building.

Grange View - Enhanced Intermediate Care Unit is a 40 bedded unit providing intermediate care across 3 wards.

Non acute patients are admitted to all the units according to agreed access criteria and care is provided by nursing staff, physiotherapists, occupational therapists and local GP's and (in the case of intermediate care units for Oldham and Hyde) by an external provider. Medical cover overnight, at weekends and bank holidays is provided by out-of-hours GP service.

Our inspection team

Our inspection team was led by:

Chair: Aiden Thomas, Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust

Head of Inspection Nicholas Smith, Care Quality Commission

Team Leader: Sharron Haworth (mental health) and Julie Hughes (community health), Inspection Managers, Care Quality Commission

The team that inspected community health inpatient services included two CQC inspector's and a CQC pharmacy inspector.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, 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?

Before the inspection, we reviewed a range of information that we held about these services and asked other organisations to share what they knew.

We visited Pennine Care NHS Foundation Trust as part of our announced inspection on 13th to 17th June 2016 and visited Butler Green House and Bealey Community hospital.

Summary of findings

Due to the large geographical area and number of services covered by the trust, a sampling methodology was used in this inspection. In line with the methodology we inspected two of the three intermediate care services provided by Pennine Care NHS Foundation Trust.

During our inspection we looked at the quality of the ward environment, observed how care and treatment was provided and viewed 9 patients' records and 11 prescription charts.

We spoke with 7 patients, 2 relatives and 22 member's staff of all grades including care support workers, registered nurses, therapists, ward sisters, pharmacist and senior operational staff. In addition we also held focus groups for nurses, matrons, allied health professionals and healthcare assistants.

What people who use the provider say

We spoke with a number of patients and relatives during our inspection and all spoke positively about the staff and care provided. We also received comment cards which were all very positive.

Areas for improvement

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

Action the provider **SHOULD** take to improve

- **The trust should ensure staffing levels are sufficient at all times.**
- **The trust should ensure all sections of the DNACPR forms are completed in the relevant areas.**

- **The trust should ensure all staff attend mandatory training.**
- **The trust should ensure staff have access and complete Mental Capacity Act and Deprivation of Liberties training.**
- **The trust should ensure all staff have access to clinical supervision.**

Pennine Care NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated the Community Inpatient services at Pennine Care NHS Foundation Trust as good in safe because:

- We found that people using community inpatient services were protected from avoidable harm and abuse.
- The service monitored safety performance at ward and service level and arrangements to minimise risk to patients were in place.
- There were processes in place for reporting and learning from incidents and staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff were aware of safeguarding procedures and attendance in safeguarding training was above the trust target.
- Infection control and prevention was well managed across the service.
- Medicines management was good with pharmacy support available. Medication charts were legible and systems were in place for safe storage and administration.

- Patient records were clear and legible with risks identified and monitored. All records were stored securely.
- Staffing was on the risk register for Bealey Community hospital and actions had been taken to help mitigate the risk.
- Arrangements were in place to respond to adverse situations and emergencies.

However

- Staff attended mandatory training courses but overall compliance rates were below the trust target for the majority of staff.
- Data provided showed there were occasions when the nurse staffing levels were less than 90%.
- There was a reliance to use agency staff and some staff would work extra shifts as part of the nurse bank to support ward areas.

Safety performance

- The trust was participating in the NHS sign up to safety campaign with the goal to reduce avoidable harm by 50% and save 6,000 lives nationally. A safety

Are services safe?

improvement plan was developed by the trust which identified key areas to focus on; falls prevention and reducing avoidable harm, hospital and community acquired pressure ulcers and omitted and delayed medications. As part of the campaign medication bulletins were implemented to raise awareness and share information to staff and a group was formed to discuss and review pressure ulcers.

- The trust monitored its performance in pressure ulcers, urine infection in patients with catheters (CAUTI), falls and venous thromboembolism (VTE) using the NHS Safety Thermometer which is an audit tool that allows organisations to measure and report patient harm. The England average for harm free care is 95%.
- An overview of the safety thermometer between June 2015 and June 2016 showed there had been no venous thromboembolisms reported across inpatient services. During these period eight new pressure ulcers, four catheters acquired urinary infection (CAUTI) and three patients' falls resulting in harm and were reported at Grange View - Enhanced Intermediate Care Unit.
- Data received from the trust prior to inspection confirmed that for the same period at Bealey Community hospital there were no new pressure ulcers reported, one new CAUTI and two falls resulting in harm. Butler Green House recorded one pressure ulcer, eighteen new urinary tract infections, four CAUTI and fifty of the seventy six falls reported resulted in harm.
- Information received prior to inspection also showed that harm free care on the units varied with Grange View - Enhanced Intermediate Care Unit achieving higher than the England average of 95% in two of the twelve months, Bealey Community hospital in seven months however Butler Green House did not achieve above 95% in any of the twelve months we reviewed.
- Staff at Butler Green House told us in response to the amount of falls they completed a 'measles map'. This map of the unit was visible to staff on the wall and following each fall a red dot was added at that specific area thus giving a visual interpretation and allowing identification of high risk areas where patients were falling. This led to a change in practice where a shower curtain was positioned across the room so that staff could stay with the patient but also maintain privacy and dignity. We viewed the measles map and saw this continued to be completed and reviewed.
- Each of the boroughs used a dashboard to report and monitor safety performance. We saw evidence that the

safety thermometer was being reviewed and action taken in the quality meeting minutes in December 2015; due to the number of falls reported two senior staff visited two of the inpatient services gained assurances that the units were operating safely, the minutes also concluded that there had been an increase in reporting incidents due to awareness. We also saw that falls were discussed at team meetings on the units.

Incident reporting, learning and improvement

- This core service had no reported never events. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Incidents were reported using the trust electronic recording system which was available to all staff via the trust intranet page. There was a classification matrix available to staff which clearly graded different types of incidents from grade 0 which resulted in no harm to grade 5 which was serious/life threatening harm. Staff we spoke to were able to describe how and when to report incidents. Some staff told us that they would also verbally inform the nurse in charge of any incidents that they were reporting
- Data provided by the trust showed that from 01/05/2015 to 31/05/2016 overall there were 769 incidents reported across inpatient services.
- Serious incidents were appropriately reported and investigated fully. There were seven serious incidents reported from April 2015 to May 2016 across inpatient services with none reported from Grange View - Enhanced Intermediate Care Unit. Four of the incidents were in relation to grade 2 and 3 pressure ulcers: pressure ulcer questionnaires were completed which confirmed that risks assessments were completed, appropriate equipment was in place, tissue viability team informed and the pressure ulcers were unavoidable. We reviewed two other incident investigations and found that both incidents were completed fully with clear actions identified and an incident an audit of patient transfer documentation was undertaken following one.
- Staff we spoke to felt they were well supported when they reported incidents and had debrief sessions if required. Incidents and lessons learnt were disseminated at staff meetings and staff gave examples

Are services safe?

of changes in practice including staff at Bealey Community hospital now wear red tabard when issuing medication to notify other staff that they are not to be disturbed. We also saw evidence of this in the minutes of team meeting minutes at Grange View - Enhanced Intermediate Care Unit and at Bealey Community hospital.

- The trust had a duty of candour process in place to ensure that people had been appropriately informed of an incident and the actions had been taken to prevent recurrence. Staff understood the principles of duty of candour and we saw evidence of the policy being applied appropriately. The duty of candour 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 reasonable support to that person.
- Duty of candour was included in the policy for investigating incidents in addition guidance was available to staff on the trust intranet. Staff we spoke were aware of duty of candour.

Safeguarding

- A safeguarding adult's policy was in place which included standard operating procedures with key points, clear guidance and links to processes of local authority safeguarding teams across the boroughs. Staff were aware of the policy and said they could access the policy on the intranet and were aware who to access for guidance and support.
- The trust had a designated safeguarding team in each borough that were available for advice and guidance in working hours. Outside of working hours staff told us they would contact the co-coordinator for advice and guidance on any urgent safeguarding issues. All staff we spoke to were aware how to access the safeguarding team.
- Safeguarding adults and children was included on staff induction and then updates were provided as part of mandatory training for staff.
- Compliance in training rates for staff across the service in relation to safeguarding adults and children were high. Data showed that 100% of staff at Butler Green House, 95.8% of staff at Bealey Community hospital and 95% of staff at Grange View - Enhanced Intermediate Care Unit had attended adult safeguarding level 1 training. At the time of inspection the trust told us

Safeguarding adults level 2 and 3 was not part of the NHS England safeguarding assurance framework however the trust were delivering face to face training which meets the requirements. Data showed that 95.6% of staff at Bealey Community hospital had received level 2 training.

- Staff at Butler Green House and Grange View - Enhanced Intermediate Care Unit had achieved above the trust target in both level 1 and 2 in children's safeguarding training and staff at Bealey Community hospital had also achieved compliance in level 2 but was just below trust target of 95% with 91.7% in level 1.
- We saw that details of safeguarding issues that had occurred at Bealey Community hospital were discussed in the team meetings.
- From 1st May 2015 to 30th April 2016 trust data shows that one safeguarding concern had been raised in community in patient services following a complaint regarding a patient.

Medicines

- Medicines were managed, stored and administered appropriately across the service. All wards had systems in place for the safe handling and disposal of medicines.
- Policies and standard operating procedures were in place for medicines management in community in patient services with some specific to each location.
- Suitable locked cupboards and cabinets were in place to store medicines. All drugs randomly checked were within date.
- Controlled drugs require additional checks and special storage arrangements because of their potential for abuse or addiction and also require clear and precise documentation of any wastage. Controlled drugs were stored securely in a locked cupboard and were checked daily. We reviewed logs of these checks which showed daily checking of these medications.
- We reviewed eleven patient's prescription records which were fully completed, dated and had the patient's allergy status documented.
- Pharmacists in the community were available for advice and support by telephone 24 hours a day seven days a week. At Butler Green House patient prescription charts were reviewed by pharmacy technicians following admission and then during the weekly board rounds. At Bealey Community hospital a pharmacist from a local hospital visits weekly and reviews all new patients'

Are services safe?

prescription records and then time permitting will review other patient prescriptions. In addition a community pharmacy technician visits three times a week.

- Medication errors and risks identified were discussed at a safe medicines practice group and the medicines management committee. There were 60 medication incidents across the trust reported from January 2016 – March 2016. Five of these were reported from Grange View - Enhanced Intermediate Care Unit and two were reported from Butler Green House, of those two were graded as minor, four significant and one was graded as serious. There were no reported medication incidents from Bealey Community hospital.
- An audit of safe and secure handling of medicine and gases from October 2015 to December 2015 showed that Bealey Community hospital were 100% compliant, Butler Green House were 91% and the wards at Grange View - Enhanced Intermediate Care Unit were between 93 and 95% compliant. An action plan was developed which included the person responsible for each action, monitoring and completion date.
- Pharmacist and pharmacy technicians visited the units and an on call pharmacist could be contacted out of hours. Staff told us there was regular delivery of medication.
- Pharmacists from each borough attended the managing prescribing risk group and we observed in the minutes that incidents and trends were discussed. Actions were identifying along with the person responsible.
- An audit of omitted or delayed medication during was performed across 38 sites including intermediate care. The data showed that from September to October 2015 there were 2241 omitted or delayed doses of prescribed medication from the prescription charts of 271 patients, of those 19% did not have a valid clinical reason documented and 13% of these appeared in the Trust's Critical Medicines list this included six missed doses at Grange View - Enhanced Intermediate Care Unit and two from Butler Green House. Recommendations and actions plans were put in place including raising awareness to staff. We observed this in the minutes of a governance meeting.
- Patients were encouraged to maintain independence in self medicating at both of the units we visited and systems were in place to monitor and support this.

Environment and equipment

- Patient-led assessments of the care environment (PLACE) performed in 2015 showed that Butler Green House achieved better than the national average of 90% for condition, appearance and maintenance below with a score of 96.5%. The other two unit's results were 82 and 83%.
- All areas within Bealey Community hospital and Butler Green House were visibly clean and tidy and staff had access to the equipment they required to provide patient care.
- Bealey Community hospital accommodated up to nineteen patients in either four two bedded or four bedded bays and three single rooms. Butler Green House accommodated up to twenty eight patients who had their own room which had a wash basin and commodes in each room. Shared toileting and washing facilities including walk in showers were available near to all patients at both locations. Butler Green House also operated an IV ambulatory therapy clinic which had a clinic room and a small comfortable waiting area.
- There was a therapy area at Butler Green House which had equipment including stairs and parallel bars and another room which was used for patient activities. During our inspection we observed staff and patients participating in activities. In addition there was a patient's kitchen with height adjustable work tops, electric and gas hobs and a fridge and washing machine and quiet area with books, radio and television for patients to use.
- There was no therapy room or gym at Bealey Community hospital and therapy was provided at the end of the dining room with a curtain to partition the area to promote privacy. Stair practice was performed on the main staircase of the building which was accessible to patients via a locked gate.
- In order to maintain the security of patients, visitors were required to use the intercom system at the entrance to the buildings we visited to identify themselves on arrival before they were able to access the unit. Visitors were then asked to sign in on arrival and sign out on leaving.
- We observed pressure relieving cushions in seats the quiet area at Butler Green House however there was nothing to suggest on each cushion which patient this

Are services safe?

belonged to and therefore there was the possibility that the wrong patient would be sat on the cushion thus potentially increasing the risk of pressure ulcers along with cross infection.

- Both units we visited had an outside area for patients and families to sit in. Staff at Butler Green House told us that patients would be provided with sunhats when it was sunny.
- Equipment including pressure relieving equipment was readily available at each unit we visited however if other equipment was required staff told us they could order this. We saw on both units that bariatric equipment was available for patients and hoist slings of different sizes.
- Resuscitation equipment including a defibrillator, oxygen and emergency prophylaxis equipment was accessible to all staff at the two units we visited. We viewed the records which were kept to confirm emergency equipment was checked every day and we saw that safety checks had taken place every day at Butler Green House. However we found at Bealey Community Hospital that checks on resuscitation equipment and a grab bag were not consistently checked. For example the resuscitation equipment was completed on twenty two days of the possible thirty-one in May and twenty-six of the possible thirty days in April. In June it had been checked in 12 of the possible 16 days. This meant that equipment checks were only completed between 71% and 84% of the time.
- There were systems in place to maintain and service equipment. Portable appliance testing (PAT) had been carried out on electrical equipment regularly and electrical safety certificates were in date on the equipment we viewed.
- Equipment was routinely maintained and serviced. We observed green 'I am clean' stickers displayed on equipment to indicate to staff when equipment was ready for use.
- However we found that one blood glucose monitoring machine at Butler Green House had not been checked on a regular basis thus increasing the risk that incorrect results. This was highlighted to the nurse in charge at the time of inspection.
- Sharps bins we reviewed at the units we visited and found all had been dated and signed appropriately and all apart from one was closed. This was closed immediately by staff when we brought it their attention.

- The trust had a mattress policy which included care and cleaning of mattresses. Mattresses were audited yearly and staff at Bealey Community hospital told us following a recent audit two had been replaced.
- There were arrangements in place for checking mattresses daily to ensure they remained fit for purpose and saw checklists that showed mattresses were checked regularly but not daily as per checklist. The service lead at Bealey Community hospital told us that following recent annual audits were two mattresses had been replaced.

Quality of records

- A trust review of 5729 patient records across the trust between 1st December 2015 and 11th February 2016 showed that overall compliance had been maintained or improved since the previous audit however not all the standards were meeting the 95 % target for example record keeping and demographics. Recommendations and action plan was implemented however the following fields were incomplete ;risk score, monitoring ,responsible owner incomplete and date of completion therefore we were unclear if any actions were being taken or who was responsible.
- Records on both units were stored securely which meant they were only available to who required access to them. The records were written and managed appropriately across the service.
- We looked at nine care records across the service and found that all entries were signed, legible and completed fully. Records were easy to follow and evidence of multi-disciplinary input was evident and easy to locate.
- At Bealey Community hospital we viewed four 'do not attempt cardio pulmonary resuscitation' forms (DNA CPR) which were transferred with patients from hospital. The purpose of a DNACPR decision is to provide immediate guidance to those present on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. We found that three were partially completed with one not having a review date and on three there was no documentation regarding any discussion with family. However this information had been completed elsewhere in the patient's clinical record.

Are services safe?

Cleanliness, infection control and hygiene

- Standards of infection control and prevention were high across the service and there were systems in place to protect patients from health care acquired infections.
- Trust data confirmed there were no reported cases of Methicillin-resistant Staphylococcus Aureus (MRSA) or Clostridium difficile (C.difficile) on any of the units for the past year.
- Hand hygiene audits were completed across community services including inpatient services. The results for January 2016 to February 2016 showed 40% staff members were observed performing hand hygiene procedures during care delivery, compliance in bare below elbow was 96% and 100% of staff were complaint with using hand gel and hand washing although it was noted that 59% of staff had followed the hand washing procedure. Recommendations and an action plan was devised which included re enforcing policies to staff.
- Bi-annual Infection prevention and control (IPC) audits were performed across the trust. The results showed overall compliance of 97% in inpatient services. An action plan was developed and implemented; which included informing ward managers of the results and to be included in the IPC newsletter. Areas of non-compliance included hand hygiene audit results not displayed and waste bins not pedal operated or lidded. During our inspection the bins we saw were lidded and pedal operated. Senior staff we spoke to were aware of the audit results and gave us examples of actions taken.
- Patient-led assessments of the care environment (PLACE) in 2015 show cleanliness across in patient services were below the national average of 97.6% with results between 95.1% and 96.8%.
- We reviewed cleaning check lists for June 2016 at both locations and found they were not fully completed on a daily basis therefore it was unclear whether equipment had been checked and cleaned. The check lists varied across the sites but included cleaning commodes, mattresses and equipment.
- During our inspection, we found both units to be visibly clean and well maintained. We observed the use of the 'I am clean' sticker to confirm equipment had been cleaned and ready for use although at Butler Green House it was unclear on some slings when they had last been cleaned or were ready for use.
- Staff were aware of the current infection control procedures and guidelines and told us that they could

access policies and procedures via the intranet. In addition, arrangements were in place for the safe handling, storage and disposal of clinical waste and sharps and we observed staff following these arrangements correctly.

- Hand gel and personal protective equipment (PPE) was accessible in both locations and we observed that these were utilised by staff and visitors appropriately. We observed that staff followed 'bare below the elbows' guidance and washed their hands during and between interventions and tasks.
- Staff told us patients with infections were nursed in appropriately isolated single rooms across the service, which were equipped with hand washing facilities and access to hand gel and personal protective equipment. Staff explained that they when all patients were discharged the rooms were cleaned and decontaminated.

Mandatory training

- The trust target for completion of mandatory training compliance was 95 %. Data showed that the overall average in mandatory training in each service was below the trust target with 90.9 % of staff at Bealey Community hospital, 90.1 % of staff at Butler Green House and 87% of staff Grange View - Enhanced Intermediate Care Unit were up to date with training at the time of our inspection. Staff at Butler Green House achieved above the 95% trust target in seven of the ten mandatory training courses, staff at Bealey Community hospital achieved above 95% in eight courses and staff at Grange View - Enhanced Intermediate Care Unit achieved above the 95 % target in three.
- Staff told us they were they were up to date with their training and were encouraged and supported to undertake training by their managers. However two members of staff at Bealey Community hospital told training in Bury was limited and they had to travel to another area to access it. The ward manager told us they would try and arrange for training to be delivered in house or for staff to travel together.

Assessing and responding to patient risk

- There was an expectation that patients admitted to the units were medically fit. However we saw evidence that the National Early Warning Score tool (NEWS) to enable staff to recognise and respond to a deteriorating was being used at Bealey Community Hospital. We did not

Are services safe?

observe the use of the NEWS in records we reviewed at Butler Green House. Staff we spoke with told us that they used observation and clinical judgement. In addition 6.7% of staff at Butler Green House, 78.6% of staff at Bealey Community hospital and 57.7% of staff at Grange View - Enhanced Intermediate Care Unit had completed Intermediate Life support training.

- There was no escalation policy in place for staff to follow if a patient's condition deteriorated. However staff told us they were aware of how to manage, and when to escalate, patients who had become more unwell and would dial 999 and transfer to A&E. We saw evidence of incidents reported when this had occurred.
- Staff undertook appropriate risk assessments and implemented actions to minimise risk to patients accessing community inpatient services. On both units we visited we were told that if there was any concern regarding mobility of a patient admitted over the weekend then would be hoisted until they could be reviewed by the therapy team on the Monday.
- We saw in all the nine sets of records we reviewed that risks assessment were completed and reviewed throughout the patients stay. These included in all records falls, pressure area care and nutritional needs. However we saw a falls assessment wasn't dated in one record at Butler Green House which meant it was unclear when this had been completed or next due to be reviewed. We saw all patients had individual care plans in place when risks were identified.
- At Butler Green House safety crosses were completed and displayed on a notice board to monitor avoidable harms such as falls, pressure ulcers, venous and medication errors. These were visible to staff, patients and relatives. At the time of inspection we observed two medication errors and two falls for the month of June. The data was reported and discussed at the team meetings.
- There was a whiteboard at Butler Green House in a communal area which had information on regarding individual patient's actions and discharge plans. Patients were identifiable with their initials and room number. This was brought to the attention to the team lead that covered the board up and we were informed that a screen had been ordered the same day.
- Patients were discussed at handover and this included details regarding any identified risks. In addition we saw a printed handover sheet which each member of staff

was provided with and it stated patients past medical history and reason for admission. We observed individual patient risks documented on whiteboards outside each patients room at Butler Green House.

Staffing levels and caseload

- Each unit had a planned nurse staffing rota and reported on a daily basis if vacant shifts had not been covered.
- The trust submitted a monthly safer staffing report and staffing levels were monitored and reviewed to ensure they met patients' needs by the director of nursing.
- We looked at the planned and actual therapy staffing levels for March, April and May 2016 and found that the fill rates during the day for registered nurses across all three locations was between 99 and 102%. Staffing fill rates for registered nurses at night time were between 93.5 and 100% across the locations apart from Grange View - Enhanced Intermediate Care Unit which was between 85.5% and 92%. Data provided from 1st to 26th June showed 100% fill rates at Bealey Community hospital and Butler Green House. No data was provided for Grange View - Enhanced Intermediate Care Unit therefore we are not assured that staffing fill rates are sufficient.
- Unregistered nurses fill rates for day time shifts during the same period were 100% apart from Bealey Community hospital where the fill rate was 91% in March, 73% in April and 85% in May 2016. Data provided showed that the fill rate was 153% for June 2016 (up to 26th). Unregistered nurses during the night were constantly high across in patient services with fill rates between 100% and 107%.
- Staffing at Bealey Community hospital was on the risk register and action plans were in place to mitigate the risk. The manager at Bealey Community hospital told us that there had been high levels of sickness and regular agency staff had been used along with staff working extra shifts.
- Data provided showed that from May 2015 to May 2016 agency staff utilised across inpatient services included registered, unregistered, administration and therapy staff. Grange View - Enhanced Intermediate Care Unit used the most registered and unregistered agency staff over the twelve month period.
- Trust data showed that overall staff sickness across the services was between 3.6 % and 6.7%

Are services safe?

- Team leaders on both units told us they would escalate any staffing issues to the manager and that they had contingency plans in place which included utilising bank or agency staff and would generally use the same staff for consistency. They also told us the staff on the unit were flexible and were happy to change shifts or work extra if required.
- Data provided by the trust showed an overview of staff vacancies, leavers and sickness at 31st January 2016. The number of staff who had left and the vacancy rates for staff at Grange View - Enhanced Intermediate Care Unit was high with thirteen staff (19.2%) left and 24.7 vacancies. At Bealey Community Hospital four staff had left (20.1%) and there were 5.8 vacancies and Butler Green House five (10.8%) staff had left and they had 2.3 vacancies. Data provided did not clarify what staff or grade vacancies they were.
- We viewed minutes from team meetings at Grange View - Enhanced Intermediate Care Unit and noted in April 2016 there were four band 5 and two band 2/3 vacancies were currently in the recruitment process. Minutes in May 2016 state band 5 posts to be re-advertised. Minutes for Butler Green House in April 2016 showed that recruitment was under way for two band 5 nurses and one 15 hour physiotherapist.
- At the time of inspection the ward manager at Bealey Community hospital told us there was one registered nurse vacancy which recruitment was underway and a recently recruited health care assistant was awaiting a start date. The expected level of staffing on the unit was two registered nurses plus one coordinator with four health care assistants in the day and two at night. We were told that there were occasions when the coordinator was included in the numbers and if the staffing levels dropped then beds would be closed.
- The team leader at told us that during the day the expected staffing levels would include two registered nurses plus co coordinator and three health care assistants. The coordinator finished at 6pm we were told support was provided from 6pm until 8am by the director on call. At night time there would be two registered nurses and health care assistants. In addition there would be two occupational therapist (OT), physiotherapists and an assistant practitioner working during the day Monday to Friday. No data was provided regarding how many vacancies there were at the time of inspection.
- Nurse staffing information including planned and actual staffing levels was displayed at all ward entrances across the service. This meant that people and their families who used the services were aware of the staffing levels for that day and whether they were in line with the planned requirement.
- On the day we inspected shifts across the units we visited were filled as planned. We reviewed rotas and saw the majority of shifts were filled however there was one occasion at Bealey Community hospital where there was only one trained nurse on at night. The manager told us as soon as this was identified contingency plans were put into place and admissions were stopped, they were able to get an extra untrained member of staff to work, the on call manager was informed and a risk assessment was implemented. In addition the overnight district nurses were based at the hospital and they were aware of the situation should they be around and assistance required. The manager told us she called the nurse during the night from home to ensure everything was ok.

Managing anticipated risks

- There was a policy in winter planning and surge prioritisation in place which included increased bed capacity, environment and staffing issues. We saw a memo sent to all clinical leads stating how and when to access the 'snow mobile' should staff require assistance to get to and from work in adverse conditions. Senior staff we spoke to were aware of the policy.
- In addition the trust had business continuity plans (BCP) to manage and be proactive to varied operational risks including premises, information technology, people, finance and equipment thus reducing disruption to services. The plan which included critical timescales along with emergency contact details. Each risk had a business impact analysis in place which included level of risk and actions to be taken.
- We viewed minutes from a staff meeting at Bealey Community hospital which stated that staff had received in house training including transferring patients in a bed via the new fire escape that had been built to aid exit of the building with patients who were unable to walk or required assistance. Staff were reminded that patients were to be evacuated to the nearby church.
- There was also a major incident plan in place and this was accessible to staff via the intranet.

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 the community inpatient services as 'good' for effective because:

- Care and treatment was provided in line with national and best practice guidelines and the service participated in the majority of clinical audits where they were eligible to take part.
- Staff were using national and best practice guidelines to care for and treat patients across the service.
- The service took part in the the National Audit of Intermediate Care (NAIC) and actions were implemented following this.
- Nutrition and fluid assessments were regularly assessed and patients were well supported in meeting their nutritional and hydration needs.
- Patient's care plans and assessments were completed consistently.
- Most staff had received their appraisals in the last 12 months.
- Staff said they were supported effectively and most felt they had opportunities to access clinical supervision and relevant training.

However

- Trust data shows only 50 to 60% of staff across community services had receive clinical supervision.
- A small percentage (5.3%) of staff across community in patient services had completed mental capacity act and deprivation of liberties training. Although we found that staff understood the principles and a good understanding and awareness of assessing peoples' capacity to make decisions about their care and treatment.

Evidence based care and treatment

- Policies and procedures were developed in line with national guidance and were available for staff on the trust intranet.
- We saw evidence that the National Institute for Health and Care Excellence (NICE) were followed including the

policy for prevention and management of pressure ulcers (CG179) for example staff took photographs of any pressure damage either hospital acquired or present on or during admission.

- Compliance with NICE guidance was monitored at a trust level through a number of audits.
- Patients were assessed using recognised risk assessment tools for example the waterlow score, a nationally recognised practice tool in the risk of developing pressure ulcers.
- Nursing and therapy staff we spoke with were aware of best practice guidance and they told us that policies were easily accessible via the trust intranet.

Pain relief (always include for EoLC and inpatients, include for others if applicable)

- Pain relief was managed on an individual basis and was regularly monitored and reviewed by doctors and pharmacist. There was evidence in patient's records that the correct type of pain relief had been prescribed appropriately and was administered when they required pain relief.
- Individual pain care plans were completed with aims, interventions and patient and carers views documented. Pain relief was administered as early as possible to aid rehabilitation and mobilisation.
- Patients told us that they were asked about their pain and supported to manage it.

Nutrition and hydration

- In all records we reviewed, there was evidence that nutrition and hydration had been assessed and a MUST risk assessment tool completed where appropriate across the service. Records we reviewed confirmed that patients received assistance with eating and drinking in line with their individual needs.
- Staff had access to speech and language therapy and dietetics and referred patients based on their individual need.
- In patient services had protected meal times (a period of time where all other activities stop if safe to do so.

Are services effective?

This allows staff to focus on supporting patients with their nutritional needs). However staff reported flexibility to allow relatives to help with eating and drinking as per individual need or request.

- Patients who cannot maintain adequate nutrition with oral intake are fed via a percutaneous endoscopic gastrostomy (PEG). We were told that at times there were patients requiring feeding via a PEG at Bealey Community hospital and staff were trained in this. Staff gave us an example of when they contacted the hospital consultant for advice with a problematic PEG tube.
- There was a chef on site at Butler Green House who provided varied dietary requirements and the menu which was completed the day before. Patients we spoke to said the food was good with one saying they hadn't had one meal they didn't like.
- Patients at Bealey Community hospital were provided with a daily menu with a choice of food provided from another trust. There was a contingency plan in place where food from the freezer would be used if the food did not arrive. We observed there was a variety of choices including healthy option, soft diet, vegetarian and halal. Staff told us snack boxes were provided to patients if they had missed their meal due to an appointment.
- Patients told us that food was of a good standard and they had plenty to eat and drink throughout the day.
- Patient-led assessments of the care environment (PLACE) assessments 2015 showed that ward food across in patient services scored above the national average of 89.2% with a range between was 96.2 to 99%.

Patient outcomes

- The trust participated in national and local audits including National diabetes foot care audit, National chronic obstructive pulmonary disease (COPD) audit and the Sentinel stroke national audit programme (SSNAP).
- Community inpatients service at Butler Green House took part in the National Audit of Intermediate Care (NAIC). We viewed an action plan which had been implemented following the NAIC and saw that all actions had a responsible owner, target date and status. Nine of the eleven actions all were completed and the other two were ongoing.
- In addition there is a quality dashboard to record and monitor quality, performance and patient outcomes.

- Therapy staff told that they used the Tinneti and the Barthel Scale as outcome measures. The tinnetti-test assesses gait and balance in older adults and the Barthel scale or Barthel ADL index is an ordinal scale used to measure performance in activities of daily living. Staff at both locations we visited told us they were looking into other models that could capture data better.
- Data provided by the trust showed over the past six months the average length of stay (los) for patients at Butler Green House and Grange View - Enhanced Intermediate Care Unit was 19.5 days which was better than the NAIC 2015 findings of 26.8 days. There was no data regarding los for Bealey Community hospital although staff told us that patients were expected to stay up to a maximum of 4- 6 weeks on the unit.
- The service had agreed Commissioning for Quality and Innovation (CQUIN) payment framework targets with local commissioners to improve quality standards. For example, in relation to pressure ulcers and catheter care which were monitored and reported quarterly with a list of actions and outcomes.

Competent staff

- Patients accessing community inpatients services were treated and cared for by competent staff with the skills necessary to undertake their role.
- All staff told us that they had received their annual appraisals and that they felt they were adequately supported by their seniors.
- The trust provided details of appraisals for inpatient services up to January 2016. This showed that between 92 and 95% of staff had received an appraisal within the last twelve months. The 2015 staff survey indicated that 76% of all respondents felt following their appraisal training, learning or development needs had been identified.
- From May 2015 to May 2016 trust data shows that between 50 and 60% of staff across community inpatient services had received clinical supervision. There was no trust target for clinical supervision. One member of staff told us that they could not access clinical supervision provided at trust level due to lack of places.
- Minutes of team meeting at Grange View - Enhanced Intermediate Care Unit we reviewed showed that clinical

Are services effective?

supervision was discussed and to be completed every 4 weeks. On one meeting it was documented that five members of staff attended clinical supervision following the meeting itself.

- The trust had implemented train the trainer which staff are trained to deliver training to colleagues thus improving accessibility and facilitate learning within the workplace. Trust data showed that across inpatient services four members of staff had completed the course with an additional nine completing facilitator training in courses such as moving and handling and transferring, basic life support and MCA and DoLS training. However only one member of staff at Bealey Community hospital had completed one facilitator course which was moving, handling and transferring.
- Student nurses had placements across the service although this had recently been re implemented at Bealey Community hospital. Students were given a named mentor throughout the placement and there was student notice board with information regarding the placement at each unit we visited.
- Staff told us leadership training was available and three therapy staff at Butler Green House and the ward manager at Bealey Community hospital had attended with one of the team leaders due to attend.
- All new staff had a corporate induction and a unit level induction and we were told nurse competencies were part of this. In addition non-regulated staff in patient facing roles had access to the care certificate induction programme.
- There was a preceptorship programme which supported newly qualified, junior nursing staff and those changing their role. Competency in care procedures were assessed by higher level qualified staff. All new nurses also had supernumerary time as part of their induction programme.
- Competencies for therapy staff at Butler Green House were currently under review and staff told us they were looking at devising shared competencies for therapy and nursing staff. The OT at Bealey Community hospital told us the physiotherapist had completed competencies in OT so they can cover when they are on leave.
- Staff told us they were supported with revalidation and the trust had provided workshops for staff and managers.

Multi-disciplinary working and coordinated care pathways

- Staff worked well as a multi-disciplinary team to promote early mobilisation and enhance patient's rehabilitation and recovery.
- The Multidisciplinary team (MDT) was well established across the services with patients having input from a range of allied healthcare professionals (AHP) including Occupational, physio and speech and language therapists, dietician and social worker.
- There was a cohesive and thorough approach to assessing the range of people's needs, setting individual goals and providing patient centred care. Nursing staff worked alongside therapy staff to provide a multidisciplinary approach and we saw evidence of this in the patient's records we reviewed. All staff we spoke to described good collaborative working practices.
- Patients were reviewed on a daily basis by the therapy and nursing staff Monday to Friday and by nursing staff at weekends.
- At Butler Green House multidisciplinary team meetings were held three times a week and included nurses, physiotherapist, occupational therapists and the pharmacy technician. In addition there were 'board round' meetings held twice a week which included GP, nurses and pharmacy technician. During our inspection we attended a meeting and observed open discussion and review of each patient including medication, planning and discharge. We also saw evidence of sharing of information with the patients GP in the community.
- Multidisciplinary meetings at Bealey Community hospital were held twice a week and included nurses, therapist and social workers.
- Staff told us patients could access other specialist services including tissue viability, SALT (speech and language team) and diabetes nurses. Staff at Butler Green House told us the falls team would visit and support staff and patients. Staff told us a slipper store with non-slips slippers and socks which patients had access was introduced in conjunction with the falls team.
- Staff at Bealey Community hospital told us they had worked closely with the diabetic nurses in promoting and supporting a patients independence in self administration of insulin and the tissue viability nurse consultant would visit patients once a week.

Are services effective?

- There was one OT and physiotherapist at Bealey Community hospital who worked closely together and they met twice weekly to discuss patients. The therapy staff told us attended handovers and would also have a printed handover sheet of patients.
- Staff at Bealey Community hospital told us they were currently working closely to gain advice on providing an intravenous therapy day service from staff at Butler Green House who had already set up the service.

Referral, transfer, discharge and transition

- NAIC 2015 results concluded that all patients were assessed within one day of the referral and on average 62.4% of patients were discharged to their own home.
- Patients were referred into the community inpatient services from a variety of routes including the community via their GP's and hospitals in the area. Referrals were faxed and/or phoned through and reviewed to see if they meet the admission criteria. Patients at Bealey Community hospital are admitted the same day if they can be clerked in by their own GP.
- If no beds were available or the patient was unsuitable for admission staff told us they would sign post them to another service. The team leader at Bealey Community hospital told us that waiting lists were reviewed and patients would be prioritised dependent upon need when a bed became available. We were told there was no one on the waiting list at the time of inspection. No data was provided by the trust to confirm this however it was provided for the other two units to confirm there were no waiting lists.
- On admission all patients were required to be assessed by a GP, for patients at Bealey Community hospital this was their own GP and for patients at Butler Green House this was the covering GP who was available six days a week. At other times the out of hour's service would clerk in patients, although this would be at a cost.
- Patients were given an estimated date of discharge on admission and this was reviewed at MDT meetings. All but one patient we spoke to were aware of when they were expecting to go home.
- Therapy staff told us achievable goals would be set with the patient identifying what was important to them.
- MDT meetings were held regularly and patient's progress was discussed. Patients who were identified as fit for discharge would then start the process of discharge which could include discharge planning meetings, environment visits, continuing health care assessments and case conferences.
- Discharge planning commenced at an appropriate stage in the patients recovery and staff worked closely with community colleagues to ensure a smooth and timely transition for patients.
- Patients from Bury would be discharged with the support from the reablement team who would receive details regarding the patient's goals and needs, for more complex patients they would visit the patient on the ward prior to discharge. The OT told us she would visit those patients at home who hadn't been discharged with the enablement to team to ensure there were no other needs
- Information was sent to all relevant teams including the patients GP prior to discharge and patients were provided with a holistic discharge plan. Staff completed a discharge check list to ensure all tasks had been performed.
- We were told that delayed discharges were usually due to non-clinical reasons. Data provided showed that from December 2015 to May 2016 there were fourteen delayed discharges at Bealey Community hospital, twenty five at Grange View - Enhanced Intermediate Care Unit and ten at Butler Green House.

Access to information

- On each unit we visited we observed a patient information board along with leaflets about the service for patients and relatives. Staff told us patients and relatives were given information about the unit and PALS leaflet on admission.
- We saw that at the entrance to each unit we visited there were pictures of staff in their uniform along with their designation and role.
- Staff had access to information they needed to deliver effective care and treatment to patients. All staff we spoke to were aware they could easily access to Trust information including policies, procedures and patient information leaflets on the ward computers.
- There were computers available which gave staff access to trust information and patient information including blood results. Staff at Butler Green House had access to the electronic PAS (patient administration system) from Primary Care.

Are services effective?

- On the wards we visited, files which included minutes to team meetings and previous audits were available to staff and staff were encouraged to read them
- Information boards were visible in staff areas and these displayed audit information and trust wide correspondence.
- At Bealey Community hospital we saw an information file specifically for agency staff and included team meeting minutes. We were told regular agency staff were used and these were invited to team meetings.
- Across inpatient services data showed that 5.3% of staff had completed MCA and DoLs training; four staff from Butler Green House, thirteen staff from Bealey Community hospital and twenty-six staff at Grange View - Enhanced Intermediate Care Unit. The practice educator at Butler Green House told us they provided informal training on the unit jointly with the mental health team.
- The trust data provided shows that there were five (DoLs) applications made between 1 August 2015 and 31 January 2016. All were at Grange View - Enhanced Intermediate Care Unit.
- Staff we spoke to demonstrated they had awareness and knowledge of the principles of the mental capacity act and DoLS however some told us they never or had rarely come across patients who fit the criteria to be assessed.
- We saw staff obtaining verbal consent before providing any care or treatments.
- Patients who were subject to a DOLS were documented on the wards whiteboard and discussed at staff handover. We reviewed one patient's records where a DoLs was in place and all documentation was completed accurately.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff across the service were knowledgeable about the key principles of the Mental Capacity Act (2005) and the Deprivation of Liberty safeguards (DoLs) and how these applied to patient care.
- DoLs are part of the Mental Capacity Act 2005, they aim to ensure that people in hospital are looked after in a way that does not inappropriately restrict their freedom and are only implemented when it is deemed in the best interest of the person and there is no other way to look after them. This includes people who may lack capacity.
- Data provided by the trust showed that overall the uptake in training Mental capacity act and Deprivation of Liberty Safeguards (DoLs) was low with compliance ranging from 0.3 % to 36.1% across the trust.

Are services caring?

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

Summary

We rated as 'good' the community inpatient services for caring because:

- Patients told us staff were caring, kind and respected their wishes.
- We saw staff interactions with patients were person-centred.
- People we spoke with during the inspection were complimentary about all of the staff that cared for them.
- Patients received compassionate care and their privacy and dignity were maintained.
- Patients and their families were involved in their care, and were provided with appropriate emotional support.
- Though the response rate to the Friends and Family Test (FFT) was low for two of the three units, between 90 and 100% of patients would recommend the service that cared for them.

Compassionate care

- Care was delivered by caring and compassionate staff. We observed patients being treated with dignity, respect and kindness in a timely manner.
- All the patients we spoke with at Butler Green House and Bealey Community hospital spoke positively about the care they received and told us that they felt well supported with one patient stating staff go the extra mile.
- We observed staff supporting and encouraging patients' and maintaining their dignity and privacy and providing care in a compassionate and responsive way.
- Patients who were at their bedside or in bed had access to call bells and staff responded promptly to these bells and requests for assistance.
- Cards from previous patients to thank staff for their care and treatment were displayed on the units we visited.
- During our inspection we saw that staff from Bealey Community hospital had come in on their day off to facilitate the support group and play bingo with the patients, in addition one staff member had baked scones for all attendees. One member of staff sold Avon throughout the year and any commission raised was used to buy patients gifts to open on Christmas day.
- We looked at Friends and Family data for the units from January 2015 to May 2016. Data provided showed

Grange View - Enhanced Intermediate Care Unit received 305 responses which were mostly positive about the care and experience at the unit including 'The staff are all very kind & caring, nothing is too much trouble for them the treatment you get here is excellent both night & day' it also showed that 93% of the respondents would either likely or highly likely recommend the unit.

- During the same period the other two units had much lower responses rates. Bealey Community hospital received just 20 responses with 90% either likely or extremely likely to recommend the unit. All comments were positive about care and staff including 'the staff couldn't do enough for me and purely down to their encouragement. I am now able to walk with the use of a walker. If required I would not hesitate in coming back here'. Butler Green House received 12 responses with 100% likely or extremely likely to recommend the unit. All comments received were positive including 'the care and attention I received was very good. As a younger person with a disability together with a broken hip, was difficult as extra care was needed. However, the staff always did their best to assist me and I was made to feel comfortable. many thanks for the care I received'.
- PLACE assessments undertaken in 2015 showed that all inpatient locations achieved above the England average of 86% in relation to privacy, dignity and wellbeing with scores ranging from 87.9% at Bealey Community hospital up to 93.8% at Butler Green House.

Understanding and involvement of patients and those close to them

- Staff supported patients and their families to promote self-care and independence. Information was available for patients and relatives to link with support networks such as age concern and the staff told us these services visited the units to speak to patients and families.
- NAIC concluded that on average, 78% of patients felt that they had been as involved in discussions and decisions about their care, support and treatment as they wanted to be and 76% of patients felt they had been sufficiently informed about the other services that were available to someone in their circumstances.

Are services caring?

- We reviewed nine patient records and found that where appropriate family involvement was clearly documented in all but one of the records.
- Activities for patients were available at each location we visited this including bingo, baking, raffles and quizzes. During our inspection we observed both patients and their loved ones participating in activities facilitated by staff.
- At Butler Green House there was a communication book at the front entrance for families and loved ones to leave messages for therapy staff and social worker. We observed messages left which had been actioned.
- Staff at Bealey Community hospital told us they arranged for married couple who were admitted to share a two bedded side room as they requested. Both the patients and their family were happy this had been arranged.
- All staff we spoke to told us that they felt they had time to spend with patients when they needed support.
- We observed staff offering emotional support and listening to patients' concerns.
- Patients at Butler Green House could request a newspaper for the following day and had access to a hairdresser who visited the unit weekly.
- The league of friends at Bealey Community hospital consisted of staff and members of the community who raised money to purchase equipment for the hospital including garden furniture bed and sensor alarms and television. In addition they provided toiletries and puzzle books which patients could purchase for a small donation.
- Staff at both units we visited told us they had strong links with the local church and the one near Bealey Community hospital had recently visited and bought in easter eggs for all the patients.

Emotional support

- Staff told us that they served meals in the dining room to prevent social isolation however respected patients personal preference. We spoke to patients who enjoyed this and also patients who had said that their preference was to stay in their rooms or by their beds.

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 the community inpatient services as 'good' for responsive because:

- Services had been developed to ensure meet the needs of the local population could access care and treatment as close to home as possible.
- Patients had access to rehabilitation therapy and nursing care and facilities were appropriate to the patient's needs.
- Patients were given an estimated day of discharge on admission and received ongoing assessment, reviews and individualised care plans throughout their stay.
- All community inpatient services achieved above the national average in 2015 Patient-led assessments of the care environment (PLACE) assessments for dementia.
- Patients who were discharged from Bealey Community hospital into the local area had access to a therapy team in the community.
- There were specialist nurses who provided support and advice to staff.
- People were supported to raise a concern or a complaint. Complaints were investigated and lessons learnt were communicated to staff and improvements made.

Planning and delivering services which meet people's needs

- The units provided step up and step down care for patients who were currently unable to manage within their home environment due to mobility or nursing needs. All staff were aware of the admission criteria for each unit; all patients to be over the age of eighteen years, deemed medically fit, stable and be able to participate in the care provided.
- Patients admitted to Bealey Community hospital were required to have a Bury General Practitioner (GP) who would then assess patients on the day of admission and continue responsibility for the patient during their stay. At weekend the out of hour GP service would assess new or poorly patients although this would be at a cost. The manager told us they were looking into having one designated GP surgery to care for patients during their stay.

- Patients living or who had a GP in Oldham were admitted to Butler Green House and medical care during their stay was provided by one local GP practice.
- The premises and facilities at the locations we visited were appropriate for the services that were planned and delivered.
- The majority of care provided at Butler Green House was provided in a single room setting offering an increased level of privacy and promoting independence in preparation for discharge. A clinic room and waiting area for patients accessing the ambulatory IV therapy service was situated away from in-patients although to access it they were required to come walk through some of the inpatient area.
- At Bealey Community hospital therapy was provided in a designated shared area in the dining room which was partitioned off with a curtain to promote privacy and dignity. During our inspection we also observed therapy being provided at the bedside with the curtains closed.
- Patients who were assessed as independent were encouraged to make their own breakfast and drinks, for patients at Butler Green House this was in a separate kitchen area which was also accessible to relatives to make a drink if they wished. One patient told us they enjoyed making drinks for other patients too. Staff told us they were looking into implementing a yellow wrist band for patients to wear who were independent.
- Staff at both units we visited told us that they no longer had a dedicated prayer room however if one was required they would use a quiet room and therapy mats would be made available if prayer mats were required. Both units told us they had close links with the church nearby but would encourage the patient's own vicar or priest to come to the unit.
- Staff told us they were informed of admissions in advance and were able to arrange for appropriate equipment to be in place for the patients prior to admission.

Equality and diversity

- Equality and diversity training was available to staff via e-learning with the expectation staff would complete every three years.

Are services responsive to people's needs?

- Staff had access to guidance on the intranet regarding accessing interpreters and translators along with support with British sign language. Staff told us they knew how to access these services.
- Translation services and interpreters were available to support patients whose first language was not English. Staff told us these were details were available on the trust intranet with staff at Bealey Community hospital told us they recently used the service.
- Reasonable adjustments were routinely considered and made to meet the needs of patients living with a disability. All areas we visited were wheelchair accessible and there were designated bathrooms for patients living with a disability.

Meeting the needs of people in vulnerable circumstances

- Information was documented on white boards in the office's which indicated those at risks of falls, patients living with dementia, or if assistance was required with eating. All patients' risks or additional needs would be highlighted during the daily hand overs and documented on printed hand over sheets. In addition these would be discussed at MDT meetings.
- Patient-led assessments of the care environment (PLACE) assessments for dementia in 2015 ranged between 86.8% (Bealey Community hospital) up to 83.9% (Grange View - Enhanced Intermediate Care Unit). These were above the national average of 74.5%.
- Both Bealey Community hospital (two) and Butler Green House (seven) had dementia champions on the unit. Data provided showed staff at Grange View - Enhanced Intermediate Care Unit were due to attend dementia training however it was unclear exactly how many.
- At Butler Green House staff told us they would ask relatives to bring in items from home for patients with dementia and they would use visual prompts to patients with cognitive impairment. During our inspection we saw staff and patients playing a music quiz/bingo which meant that partially sighted patients could participate.
- We saw feedback from patient with learning disabilities who was happy with the care provided at Butler Green House.
- At Butler Green House patients had access to a gym area where there were stairs, assessment equipment and parallel bars for use with patients living with an amputation or disability.

- There were a range of specialist nurses available for staff and patients to access including dementia and learning needs specialist nurses. These nurses offered specialist advice to staff and reviewed patients. Staff told us they knew how to access these specialists and felt supported by them.
- The wards had designated visiting hours however there was flexibility to ensure patients' needs were met.

Access to the right care at the right time

- Rehabilitation services were not accessible to patients seven days a week. However staff told us patients had their exercise programmes/goals set which they could perform at the weekends either independently or with the assistance of nursing staff. Patients we spoke with confirmed this.
- General Practitioners were not based on the units but were available during the day Monday to Friday 9am – 5pm. Staff could also contact the on call GP for advice during out of hours or weekends. Patients would be transferred to hospital if required and staff would dial 999 in emergencies.
- Staff at Butler Green House told us patients could be admitted or discharged at any time but ideally not after 8 pm although this happened occasionally. Staff told us flexibility was given as patients could be waiting for transport from family or the ambulance service.
- Within 24 hours of admission to the unit, a full assessment of the patient's nursing needs was completed by nursing staff. Therapy assessments were carried out within one working day of admission to assess the initial moving and handling needs of the patient, presenting problems, set objectives and plan treatment.

Learning from complaints and concerns

- The trust complaints policy and handling complaints was part of mandatory training for all newly appointed staff.
- The trust recorded complaints on the trust-wide system and there was a patient advisory and liaison service (PALS) details of this team were readily available in all units we visited.
- Complaints were also reported on the monthly dashboard and were reviewed and discussed at key governance meetings.
- From 1st April 2015 to 1st June 2016 eleven complaints mainly regarding patient care or communication were

Are services responsive to people's needs?

made across inpatient services. Following investigation by the trust two of the complaints were partially upheld and three ongoing at the time of inspection. We noted that action plans had been implemented and lessons learned shared with staff.

- Forty three compliments were received across in patient services, with Grange View - Enhanced Intermediate Care Unit receiving thirty nine from 1st February 2015 to January 2016.
- Staff told us compliments, complaints, the outcomes and shared learning were discussed at team meetings. We observed this in the minutes of a team meeting at Grange View - Enhanced Intermediate Care Unit.

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.

Summary

We rated the community inpatient services as 'good' for well Led because:

- The trust had a clear statement of vision and values which was recognised and integrated within the units we visited.
- There was a governance structure and risk registers were in place and had actions identified.
- The services were well led with evidence of effective communication within the team.
- Staff knew how their ward performed and were involved in any improvements.
- Staff felt supported and able to speak up if they had concerns.
- The service captured views of people who used the services with learning highlighted to make changes to the care provided.
- All staff were committed to delivering good, compassionate care.

However

- There was little evidence of working across inpatient services in all boroughs.

Service vision and strategy

- The trust vision and values were to deliver the best care to patients, people and families in local communities by working effectively with partners, to help people to live well using the whole person approach. Staff had developed the key values which were known as 10 principles of care.
- The trust vision and values were prominently displayed at the units we visited. We also saw that staff had written how the priorities of care impacted on their work. All staff apart from one we spoke to were aware of the vision and values.

Governance, risk management and quality measurement

- Each borough had an integrated assurance framework which provided detailed information regarding the safety thermometer, incidents including lessons learnt complaints, compliments, risk register and performance.
- The health integrated governance group meeting was held on a monthly basis and included community inpatient services. As part of the meeting there was a review of the risk register, clinical effectiveness, and governance. Actions and the person assigned were documented however no target date was documented and therefore it was unclear if this had been actioned.
- There was a trust risk register which highlighted risks across the trust. Data provided at the time of inspection shows there was one risk across inpatient services which was in relation to staffing at Bealey Community hospital. The risk had the date the issue was raised, the review date, and the assigned person to deal with it along with the initial and current rating. Measureable actions were listed and the manager at Bealey Community Hospital told us during our inspection that staffing was improving.
- Senior managers and senior staff on the units we visited were aware of the risk register and were able to tell us what the key risks were for their area of responsibility.
- It was clear from the minutes of the quality meeting which we reviewed that discussion had taken place regarding policies, NICE guidance, safer staffing and performance. Actions from the meeting were assigned a person. No target dates were documented and therefore it was unclear if or when this had been actioned.
- There were regular team meetings to discuss issues and wards displayed information pertinent to governance and risk on notice boards.

Leadership of this service

- There was strong local and service level leadership and staff spoke positively about their leaders and managers. Staff told us that they felt supported by their managers and felt able to approach senior leaders.

Are services well-led?

- Across the service 33% of staff who participated in the NHS staff survey reported good communication from senior management to staff; this was the same as the 2015 national average.
- Staff could explain the leadership structure within their borough and all staff we spoke to were aware of who the executive team were. On the units we visited we saw pictures of the executive team displayed in areas visible to staff and patients.
- Leadership meetings for band 6 and above were held on a regular basis at Butler Green House.
- All staff we spoke to at each unit felt that the units were well led in a very supportive and friendly environment.

Culture within this service

- There was a strong patient centred culture across the service which was open and transparent allowing staff to speak up when they had concerns.
- Staff felt encouraged to raise issues and concerns and felt confident to do so. They stated that they felt supported by their immediate line managers.
- We observed good working relationships across the service and it was evident that morale was good and staff felt respected and valued.
- In the NHS survey 2015 the score for staff feeling confident and secure in reporting unsafe clinical practice was 3.71 which were better than the national average of 3.70.
- Staff told us they were encouraged to attend the weekly MDT and that the meetings were very open, everyone was supported to contribute and that all opinions were respected and valued.

Public engagement

- The service participated in the NHS Friends and Family test enabling people to feedback about their care and treatment.
- Annual board meetings agendas and minutes were accessible to the public via the trust website, which also provided details of the forthcoming meeting for the public to attend.
- We saw in the units we visited that there were notice boards which contained information for patients and those close to them including details about carers support groups and Friend and Family test (FFT) information.
- The units we visited invited past and present patients, family and members of the local community to share

feedback regarding the service during patient group forums. We viewed minutes from a meeting held at Butler Green House which showed that the meetings were well attended and suggestions were discussed and agreed. We viewed seven feedback forms which all respondents found the group useful and would recommend the forum to a friend or family member.

Staff engagement

- The Staff survey 2015 included how staff felt about the organisation and their personal development. The results showed that 85% of staff across the trust agreed or strongly agreed that they knew who their senior managers were and 39% agreed or strongly agreed that the senior managers communication was effective, which was average compared to other trusts.
- Staff had the opportunity to suggest ways to improve their experience via the trust 'SPARK- ignite your ideas'. An action plan was in place which detailed the idea, creator, lead and actions taken. We saw details regarding 'you said , we did' which included staff only access to Pennine care people on Facebook and improving the individual personal development review process.
- The trust provided an overview regarding engagement and workshop events with staff undertaken in Bury and Rochdale. The data included a brief summary results and actions taken following the events along with the name of the trust lead. However data provided for Oldham did not include actions or trust lead and therefore it was difficult to ascertain whether any actions had been taken or who was responsible for following up.
- The trust updated staff with the monthly Pennine care newsletter, staff told us this was available on the intranet.
- In the NHS staff survey 2015, the trust scored below the national average of 3.49 in recognition and value of staff by managers and the organisation with a score of 3.52.

Innovation, improvement and sustainability

- In 2015 staff at Butler Green House were shortlisted for the Principles of care award for demonstrating excellent quality care and keeping patients at the heart of everything they do. The unit had previously won this award in 2013.

Are services well-led?

- An ambulatory intravenous therapy service had been implemented at Butler Green House which gave patients requiring once a day IV therapy the choice to have this in the community setting rather than stay overnight in hospital. Alongside the ambulatory IV service, Butler Green House provided a domiciliary IV service treating people in their own home (inclusive of

care and nursing homes) to prevent unnecessary hospital admission. The service can undertake four visits per day. This operates on a step up and step down pathway. Staff at Bealey Community hospital told us they were working closely with staff at Butler Green House and were in the process of setting up their own service in addition to an ear syringing clinic.