Requires improvement

Leicestershire Partnership NHS Trust

Community health inpatient services

Quality Report

Trust Headquarters, Lakeside House, 4 Smith Way,
Grove Park, Enderby,
Leicester LE19 1SS
Tel:0116 225 6000
Website:leicspart.nhs.uk

Date of inspection visit: 9-12 March 2015
Date of publication: 10/07/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RT5YE	Feilding Palmer Community Hospital	Feilding Palmer Community Hospital	LE17 4DZ
RT5YD	Coalville Community Hospital	Coalville Community Hospital	LE67 4DE
RT596	Melton Mowbray Community Hospital	Melton Mowbray Community Hospital	LE13 1SJ
RT5KT	Rutland Memorial Hospital	Rutland Memorial Hospital	LE15 6NT
RT5KT	Evington Centre Leicester General Hospital	Evington Centre Leicester General Hospital	LE5 4QG

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

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

Summary of findings

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

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

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

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

Overall rating for this core service Requires improvement |

We rated community inpatient services as requires improvement because:

- Staffing was on the risk register for many of the locations we visited. Significant vacancy rates and high sickness levels put additional pressure on substantive staff. While staffing numbers were usually maintained, there was a high reliance on agency and bank staff to achieve this. At Rutland Memorial Hospital shifts were covered by using more than 20% temporary staffing. The quality of clinical supervision was variable across the trust. The trust confirmed community hospital staff were expected to undertake four clinical supervision sessions across the year. Staff told us they worked as a team and enjoyed their jobs.
- Bed occupancy for the last two quarters of 2013/14 was around 89%. Overall community hospital occupancy rates for March 2015 were 94%, which reflected bed pressures in the local region. It is generally accepted that when occupancy rates rise above 85%, it can start to affect the quality of care provided to patients and the orderly running of the hospital. The trust confirmed the service line was contracted to provide bed occupancy at 93%. The trust recognised this was not an appropriate target and was working with commissioners to negotiate a more appropriate target.
- Patient records across community inpatient services were not always completed fully.
- We saw patients were treated with kindness and compassion. However, there were some instances when patients' privacy and dignity were not respected. Patients were mostly very happy with the care provided by staff; however some patients told us they did not like being woken at 6am and going to bed early.
- The quality of data was variable, for example training statistics were not always reliable.
- Patients were frequently not discharged when ready due to transport problems or difficulties putting care packages in place. The trust confirmed contracts for patient transport and local authority care packages were monitored and work was ongoing with partner organisations to improve services for patients.

However:

- Discharge planning was considered as part of board rounds although discharge planning paperwork was not used consistently.
- Staff felt they had good local leadership and felt the governance was better with the introduction of a service line.
- There were processes in place for reporting and learning from incidents. Staff were given feedback after incidents had been reported.
- We found good multidisciplinary working on wards

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Requires improvement

Summary

We rated safe as requires improvement because:

- Staffing was currently on the risk register for some hospitals. There was high use of bank and agency staff. At Rutland Memorial Hospital shifts were covered by using more than 20% temporary staffing.
- Training for intermediate life support and basic life support was below the trust's target figure, this placed patients at risk because there were not enough suitably skilled staff to provide care if they needed life support.
- Patient records were not always completed fully

However:

- Arrangements to minimise risks to patients were in place with measures to prevent falls and pressure ulcers. We saw good practice around medicine management.
- There were processes in place for reporting and learning from incidents. Staff were clear about what incidents to report and how to do this. Staff reported incidents on the trust-wide electronic reporting system and received feedback after incidents had been reported.

Are services effective?

Good

Summary

We rated effective as good because:

- We found good multidisciplinary working. Admission criteria and pathways were in place and patients were, in the main, appropriately admitted to the facilities.
- Detailed nutrition and hydration assessments were completed where necessary. Appropriate follow up actions were taken when risks were identified, this ensured patients received sufficient nutrition and hydration.
- We observed staff obtaining verbal consent on a number of occasions before carrying out any personal care or treatment.

However:

Summary of findings

- We found there were problems with transport which meant patient's discharges may be delayed. Most delayed discharges were because a package of care was needed or patients were waiting for a placement in a nursing or residential home.

Are services caring?

Requires improvement

Summary

We rated caring as requires improvement because:

- Patient's privacy and dignity was not always respected. We observed patients sitting in public areas with medical equipment fully visible and patients given care when the privacy curtains did not fully close.
- Patients told us they did not like being woken at 6 am for early morning observations, and they did not like going to bed early.
- Staff did not always respond to the needs of patients. Several patients told us staff did not respond to call bells; this caused acute anxiety for one patient. Another patient told us staff sometimes put the call bell on their weak side, meaning it was difficult for them to use the bell.

However:

- Most patients we spoke with were very complimentary about the staff looking after them. They told us staff provided good care and said staff were very caring.

Are services responsive to people's needs?

Good

Summary

We rated responsive as good because:

- Where necessary, patients were assessed by speech and language therapists; thickened fluids and specialist diets were used where appropriate.
- Translation services were available if required and food that met patients' cultural and religious needs was available.
- The complaints procedure was clearly visible for patients and relatives to view.
- We saw "You said - We did" boards which detailed the changed made as a result of feedback from patients and members of the public.

However:

Summary of findings

- The responsiveness of community inpatient services varied across each hospital and ward.

Are services well-led?

Requires improvement 

Summary

We rated well led as requires improvement because:

- The trust's vision and strategy was clearly displayed within the ward area. However, the community inpatients services' local vision and strategy was less clear and visible.
- Data provided by the trust showed the 2013 NHS Staff survey results were poor, with little improvement from the previous year. The 2013 results showed more staff were working extra hours, staff were less satisfied with the quality of work and patient care they were able to deliver and more staff were suffering work related stress. The trust confirmed 2014 staff survey results showed staff continued to be less satisfied with the quality of work; other areas had improved.
- Vacancy rates and sickness levels put additional pressure on substantive (permanent) staff.
- In one hospital we found patients and visitors were not able to identify all staff supporting them because not everyone had a name badge.

However:

- The audit process identified areas that needed to be improved and action plans were in place to address these.
- Band 6 and 7 nurses were able to share learning by attending a monthly meeting with Matrons. Staff we spoke with told us they enjoyed their job and felt the service was well-led by their immediate manager and their managers were approachable and supportive.
- Staff told us they worked as a team.

Summary of findings

Information about the service

Background to the service

Leicestershire Partnership NHS Trust provides adult community inpatient services at 12 locations and has a total of 248 beds, covering Leicestershire and Rutland. The area includes a large urban conurbation, with high levels of deprivation, as well pockets of relative affluence.

During our inspection we visited six adult community inpatient services. Fielding Palmer Community Hospital had 13 beds in two bays, one for females and one for males. There was also a side room and a palliative care suite which could be used for either gender. Coalville Hospital had a stroke unit which could accommodate 24 patients and Ellistown Ward with 25 beds. Bed occupancy at Coalville Hospital was 96% in December 2014. Rutland Memorial Hospital had 22 beds and provided care for sub-acute, rehabilitation and end of life care patients. Melton Mowbray Community Hospital had 17 beds in total in nine side rooms. There were two bays of four beds that could be used for males or females as necessary. Hinckley and Bosworth Community Hospital East Ward had 27 beds and was looked after by a deputy sister. North Ward had a vacancy for a ward sister. Evington Centre at Leicester General Hospital had two wards: Beechwood with 24 beds and Clarendon with 23 beds.

Medical management in community hospital inpatient wards was provided Monday to Friday 8am to 6pm by advanced nurse practitioners, clinically supervised by Consultant Geriatricians supplied by a neighbouring trust. Clinical supervision and revalidation for the Consultant Geriatricians was provided by the neighbouring trust. Medical inpatient services were commissioned from a different organisation to provide out of hours medical cover.

We spoke with 53 staff, including nurses, doctors, managers, therapists, support staff and administrative staff. We spoke with 45 patients and 16 relatives. We observed care and treatment and looked at 26 care records. We contacted people who use the service to tell us about their experiences. Prior to and following our inspection, we reviewed performance information about the trust, and information from the trust.

Our judgements were made across all of the hospitals visited, where differences occurred at particular hospitals we have highlighted them in the report.

Our inspection team

Our inspection team was led by:

Chair: Dr Peter Jarrett

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health) CQC

Inspection managers: Lyn Critchley and Yin Naing

The team included CQC managers, inspection managers, inspectors and support staff and a variety of specialist and experts by experience that had personal experience of using or caring for someone who uses the type of services we were inspecting

The team that inpected this core service included a CQC inspector and two matrons. The team also included an Expert by Experience; a person who had used services.

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Summary of findings

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

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit between 9 and 12 March 2015. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service. We carried out an unannounced visit on 19 March 2015.

What people who use the provider's services say

- Patients at Feilding Palmer Community Hospital told us, "We do sometimes rebel against going to bed early" and "I don't like being woken early in the mornings."
- "It's very good care" and "The care is very good."
- "I feel safe" and "Really well cared for."
- It's frustrating that no discharge can happen at weekends."
- "They're under staffed" and "Staff are very busy, it takes a long time for them to answer the bell."
- "I'm waiting to go but there are issues with transport."
- "Sometimes staff put the call bell on my weak side" and "Call bells are very noisy at night."

"We're always asked before any treatment."

- When talking about physiotherapy, a patient said, "I know this is going to help me when I go home."
- "The activity lady played dominoes with me, I really enjoyed that", "The activity ladies are really good" and "She's done my nails, she's absolutely brilliant."
- "If we think our relative is in pain it's instant – they see to them."
- "The staff have been superb."
- "These girls have done everything to encourage me mentally to get better."

Good practice

- Coalville Community Hospital stroke unit where photographs of patients in the sitting position in their designated chair were available for staff to refer to, to ensure patient safety and comfort.
- We found Feilding Palmer Community Hospital had not an hospital acquired pressure ulcer for 578 days at the time of our inspection.
- We found it had been 600 days since a patient had developed an avoidable pressure ulcer at Melton Mowbray Community Hospital and 698 days at Hinckley and Bosworth Community Hospital.
- Strong commitment to and evidence of effective multi-disciplinary team working.

Summary of findings

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve

- The trust must ensure all staff complete mandatory training.
- The trust must ensure qualified nurse levels per shift are within safe staffing levels at Rutland Memorial Hospital.
- The trust must ensure the use of bank and agency staff to cover shifts is managed to provide appropriate, consistent care.
- The trust must ensure sluice doors are kept locked to prevent patients and visitors having potential access to harmful products.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should ensure the service level agreement for cleaning in community hospitals with the contracted external company is delivered appropriately, to meet service needs and in a timely manner to maintain clean environments.
- The trust should enable community hospitals to share the same patient information and records system as other services in the trust to ensure patient information was readily and easily accessible.
- The trust should ensure all community hospitals use official discharge planning paperwork.

Leicestershire Partnership NHS Trust

Community health inpatient services

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Fielding Palmer Community Hospital	Fielding Palmer Community Hospital
Coalville Community Hospital	Coalville Community Hospital
Melton Mowbray Community Hospital	Melton Mowbray Community Hospital
Rutland Memorial Hospital	Rutland Memorial Hospital
Evington Centre Leicester General Hospital	Evington Centre Leicester General Hospital

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as requires improvement because:

- Staffing was currently on the risk register for some hospitals. There was high use of bank and agency staff. At Rutland Memorial Hospital shifts were covered by using more than 20% temporary staffing.
- Training for intermediate life support and basic life support was below the trust's target figure, this placed patients at risk because there were not enough suitably skilled staff to provide care if they needed life support.
- Patient records were not always completed fully

However:

- Arrangements to minimise risks to patients were in place with measures to prevent falls and pressure ulcers. We saw good practice around medicine management.
- There were processes in place for reporting and learning from incidents. Staff were clear about what incidents to report and how to do this. Staff reported incidents on the trust-wide electronic reporting system and received feedback after incidents had been reported.

Our findings

Detailed findings

Incident reporting, learning and improvement.

- North Ward at Hinckley and Bosworth Community Hospital reported one 'never event' regarding medicines. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. In this case a patient was prescribed a daily dose of the drug methotrexate that should be administered weekly.
- We found the trust had investigated the never event, actions regarding medicines management and prescribing had been implemented and learning had been disseminated to staff throughout the directorate.
- Staff reported incidents on the trust-wide electronic reporting system. Staff told us this was relatively simple to do, and many we spoke with had reported incidents and were able to give us examples of the types of incidents they would report. Staff told us the system in use prompted them to report incidents correctly and inform families.
- Staff told us they received feedback on incidents they had reported. Incidents were discussed at staff meetings.
- A safety dashboard was clearly on display in the dining area of the ward at Feilding Palmer Community Hospital. This meant patients and the public could see how the ward was performing in relation to patient safety. The dashboard displayed information between October and December 2014 and included the number of falls resulting in harm, medication errors, hand hygiene, hospital acquired pressure damage, clean and tidy score and mandatory training. We saw that it had been 578 days since a patient was identified as having a hospital acquired pressure ulcer at Feilding Palmer Community Hospital. Similarly, we found it had been 600 days since a patient had developed an avoidable pressure ulcer at Melton Mowbray Community Hospital and 698 days at Hinckley and Bosworth Community Hospital.
- Matrons and Ward Managers we spoke with were able to tell us about items they had listed on the risk register. This varied from staffing issues to environmental issues. The risk register was reviewed monthly.
- Where Arriva failed to attend in a timely way for patients' discharges, these were logged as incidents. We were told of two instances when patients stayed in hospital for 48 hours due to problems arranging transport with Arriva. We found one patient had an extra six nights in hospital due to Arriva transport issues; staff told us an overnight delay was common.

Duty of Candour

- Staff we spoke with at all hospitals knew what Duty of Candour meant.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- The trust had reviewed the Duty of Candour policy and staff had completed training about this topic.

Safeguarding

- Staff told us they had received safeguarding training and this was refreshed every two years.
- Wards had a safeguarding folder and staff were aware of the processes to follow if they had to make a safeguarding referral.
- We found the percentage of staff completing safeguarding training was better than the trust target at Coalville Hospital.
- Evington Centre Leicester General Hospital responded to a complaint about a member of staff speaking with someone inappropriately by making a safeguarding alert. The trust had taken action and the member of staff underwent a performance review.

Medicines management

- There were systems and processes in place for the safe supply, storage, administration and disposal of medication.
- Medicines were stored securely in individual lockers within each patients' bed space at Feilding Palmer Community Hospital. A pharmacist visited twice weekly to check the medicines.
- Access to all medication keys was controlled by the nurse in charge.
- Although the nurse administering medicines was wearing a red 'Do Not Disturb' tabard, we saw they were interrupted twice during the medicine round at Feilding Palmer Hospital.
- We saw training records which showed all staff responsible for medicines had completed the necessary training. However, we found the training offered for permanent staff responsible for electronic prescribing was more thorough than the training offered to agency staff.
- Advanced Nurse Practitioners (ANPs) were trained to prescribe medicines and provided day to day medical management in all community hospitals Monday to Friday, 8am to 6pm.
- The pharmacy department at Evington Centre Leicester General Hospital was off site so medicines were couriered across. This meant families may be asked to return to collect medicines.

Safety of equipment

- Emergency equipment was available and checked daily.
- Equipment was regularly PAT tested and maintained.
- Fridge temperatures were tested daily.
- The suitability of equipment used by physiotherapists and occupational therapists was discussed at team meetings. The meetings were held regularly and occupational therapists and physiotherapists all attended.
- We observed staff discussions at a meeting we attended; these included discussions about a set of steps that would not be suitable for bariatric patients and infection control concerns around equipment. The team was trying to get suitable equipment as they were aware of the weight limits for some equipment.

Records and management

- We looked at 26 sets of care records and found most of them to be completed appropriately. Notes were clear with goals and outcomes identified. Some records such as those used to record a patient's vulnerability for developing pressure ulcers were not fully completed. Some care records had variable updates and inconsistent reviews.
- Records were stored appropriately and were readily available when requested.
- Paper records were used to record patient information. Care plans were individualised and included nationally recognised tools for assessing patient's susceptibility to pressure ulcers, falls and malnutrition. All staff obtained verbal consent and documented this.
- Therapy records were well maintained and we found that patients' therapy goals were recorded and agreed with the individual.
- We saw good practice in Coalville Community Hospital stroke unit where photographs of patients in the sitting position in their designated chair were available for staff to refer to, to ensure patient safety and comfort.
- Photographs were used appropriately. However, at Evington Centre Leicester General Hospital we found a grade two pressure ulcer was not photographed.
- We found one instance of poor recording of wounds and their management in care records. A photograph of the compromised area was available, but this was not recorded on a body map and was not documented. This was pointed out to the ward manager, who confirmed to us they would deal with the matter.
- We saw Frequency of Intervention Records (FIR) were used to good effect. These were used to record times

when drinks were offered/taken, when supplements were offered and when patients were assisted or prompted to eat or drink. The forms also recorded checks that call bells were in reach, bedrails or crash mats used appropriately and that patients were safe. To reduce the risk of pressure ulcers developing, position changes were also recorded and manual handling needs identified.

- We found the last six serious incidents at Evington Centre Leicester General Hospital identified a common theme around record keeping. As a result, staff had been provided with informal training looking at records such as those used in patient care and record keeping had improved as a result. The paperwork used for identifying and recording pain was also changed. Matron said they would like to influence a change of systems as well because the paperwork was not easily available when the medicines round was done.

Cleanliness, infection control and hygiene

- Hand-washing facilities were readily available and we observed staff adhering to the trust's 'bare below the elbow' policy. Hand hygiene audits undertaken between October and December 2014 showed that all staff demonstrated good hand hygiene.
- We saw staff using personal protective equipment (PPE) appropriately.
- The trust had a service level agreement with an external company to undertake the cleaning within the community hospitals. We saw there was a cleaning schedule that was signed when cleaning tasks had been completed. Most staff at the hospitals we visited told us there were problems with the service because they were often slow and unresponsive to requests. One hospital told us a member of staff had fallen because a warning cone had not been put out.
- We saw the cleaner used colour coded mops, buckets and cloths for different areas such as toilets, ward areas and the kitchen when undertaking cleaning tasks.
- The ward at Feilding Palmer Hospital was clean
- but we observed some dust and debris collecting in corners and along the edge of the floor in the main corridor and in the male bay. The floor was worn in parts and was particularly bad in the male bay. Some areas had been so worn that splits had appeared in the floor and had been sealed with tape. This meant that cleaning of the floor in some areas may not be as effective.
- There were procedures for the management, storage and disposal of clinical waste. We observed that clinical waste was segregated and 'sharps' waste was handled appropriately in line with recent guidance from the Health and Safety Executive (HSE).
- We found blu-tack on the walls in the sluice at Feilding Palmer Community Hospital. This was an infection control risk.
- We found a tablet on the floor at Coalville Community Hospital; the cleaners had not seen it. We pointed this out to a nurse and they removed it for appropriate destruction.
- The environment at Rutland Memorial Hospital was clean but cluttered due to lack of storage space. There were areas that had paintwork missing and the training room had a large area of damp in the ceiling with the plaster/paint hanging down.
- We found the cleaning contract with the service provider was inflexible at Evington Centre Leicester General Hospital. There were no cleaners on the ward after 4 pm so if patients were discharged and new patients arrived, nurses did the cleaning.
- Data provided by the trust showed that overall the trust outscored the national average for cleanliness but not for condition, appearance and maintenance of premises.

Mandatory training

- Feilding Palmer Community Hospital had 100% achievement of mandatory training. Mandatory training included infection control, record keeping, fire, safeguarding and health and safety training. All of the staff we spoke with at Feilding Palmer Community Hospital confirmed they were up to date with their mandatory training.
- Evington Centre Leicester General Hospital had some staff training that needed to be completed; for example we saw 80% of qualified staff had completed Intermediate Life Support training and 80% of healthcare assistants had completed Basic Life Support. These figures were below the trust's target figures.
- Most staff completed Alert and Refer Adult safeguarding training and level 2 children's safeguarding.
- Training around the Mental Capacity Act was incorporated into safeguarding training.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Staff at Hinckley and Bosworth Community Hospital told us there were waiting lists for some training courses, for example Advanced and Intermediate Life Support. The waiting lists meant some staff would become out of date before completing the updates.
- Staff told us they were able to keep their competencies up to date by pooling resources. For example, if a nurse had completed IV training they may work at other hospitals to be able to complete the competency test.
- One Matron said, "There are discrepancies in training data, there is room for improvement."
- Core mandatory training for community inpatient services was 96% for March, which met trust targets.

Assessing and responding to patient risk

- The hospital used a scoring system referred to as 'track and trigger' to identify deteriorating patients. Routine physiological observations such as blood pressure, temperature and heart rate were recorded to monitor each patient's clinical condition. We saw that where patient's observations were out of range, this was appropriately escalated.
- Care records we reviewed demonstrated that risk assessments including falls, pressure ulcers and nutrition screening had been appropriately completed. We saw that action was taken to reduce risks as a result of risk assessments. For example, where a patient was deemed at high risk of pressure ulcers, appropriate pressure relieving equipment was used.
- We saw that falls were monitored and appropriate actions were taken to prevent further falls from occurring, for example, patients who were at high risk of falling were monitored using a pressure sensor mat and regular checks were made to identify any risks that might increase the risk of falls.
- Staff we spoke with told us that patients who were being admitted to the hospital from the acute trust were screened prior to being accepted, to check they were well enough to be admitted.
- New working practices were put into place at Coalville Hospital because it was noticed that patients were developing pressure ulcers on their heels. The effects of these changes will be considered at the next meeting.
- Band 6 and 7 nurses were able to take part in regular monthly meetings where incidents were discussed and learning shared. Ward managers were able to cascade learning to their staff.
- Consultant geriatricians visited the community hospitals regularly. A geriatrician was also on call through the single point of access number (SPA) seven days a week between 8am and 6pm. Out of hours cover was provided by GPs via the out of hour's service.
- Bed occupancy for the last two quarters of 2013/14 was around 89%. Overall community hospital occupancy rates for March 2015 were 94%, which reflected bed pressures in the local region. It is generally accepted that when occupancy rates rise above 85%, it can start to affect the quality of care provided to patients and the orderly running of the hospital. The trust confirmed the service line was contracted to provide bed occupancy at 93%. The trust recognised this was not an appropriate target and was working with commissioners to negotiate a more appropriate target.

Staffing levels and caseload

- Feilding Palmer Community Hospital displayed a board at the entrance to the ward which showed the number of nursing staff and healthcare assistants that should be on duty and the numbers there actually were. We saw the established staffing and the actual staffing levels were the same on the day of our visit. This meant there were sufficient staff on duty to meet patients' identified health needs.
- At the time of our inspection we found two Ward Managers were on long term sick leave. Band 6 nurses were covering.
- Staff feedback said they wanted more flexibility around working hours so they were working a mix of short and long days at two hospitals. Bank and agency staff were regularly used; any additional cover was offered to current staff first, followed by bank staff and lastly offered to agency staff. A total of 3767 shifts were covered by bank or agency staff last year. An e-rostering system was used for production of rosters which monitored the hours worked, amount of sickness staff took and staff annual leave periods.
- Feilding Palmer Community Hospital benefitted from occupational therapy and physiotherapy support; there were three permanent members of staff for this. A speech and language therapist was available by referral.
- A dedicated speech and language therapist worked with two stroke units. We observed one patient going to the gym at Coalville Community Hospital; the physiotherapist asked the patient if they wanted to go.

Requires improvement

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- Several staff told us they worked overtime which was unpaid in order to complete tasks such as writing up notes.
- Advanced Nurse Practitioners provided day to day medical management in all community hospitals Monday to Friday, 8am to 6pm and consultants also visited. For example, Melton Mowbray Community Hospital had a consultant visiting twice weekly; otherwise they were Advanced Nurse Practitioner led. The advanced nurse practitioner told us they had no concerns about patient risk as nurses escalated deteriorating patients appropriately.
- To maintain staffing numbers we saw bank and agency staff were used regularly.
- Rutland Memorial Hospital had three vacancies for band five nurses and one vacancy for a healthcare assistant. There were also three healthcare assistant vacancies to cover maternity leave. Staff told us they worked flexibly to cover any staff shortages informally. Strategies were in place to deal with the shortages including holding open days. The hospital was working with the local media and held values based interviews in different locations. A return to nursing course was available. On average, Rutland Memorial Hospital used bank or agency staff seven shifts per week. The ward manager provided support for wards at weekends. Newly qualified staff were offered a preceptorship programme and were able to rotate six monthly with the community team.
- At Rutland Memorial Hospital shifts were covered by using more than 20% temporary staffing. Shortfalls in substantive (permanent) staffing were reported to the Chief Nurse and monthly summary reports were reviewed at the service line governance meeting.
- CQC Guidance About Compliance states that providers should be able to demonstrate that there are enough staff with the right competencies, knowledge, qualifications, skills and experience to meet the needs of people who use the services at all times.

Managing anticipated risks

- Staff had been trained in intermediate life support, and informed us that if a patient deteriorated or had a cardiac arrest at the community hospital, they would start resuscitation and call the emergency services through 999.
- Appropriate cushions and airflow mattresses were used where necessary. These items helped to prevent people developing pressure ulcers.
- We found the door to the sluice was unlocked at three hospitals. A harmful product was freely available to patients or visitors on all these sites. This was pointed out to staff at the time of our visit.
- Due to the layout of some of the hospitals we visited we considered access and the level of security to some of the wards. We raised some concerns about the safety of some wards with regard to members of the public being able to walk in unnoticed or confused patients walking out. Ward managers and Matrons assured us there had not been any problems; ward doors were locked at certain times and security cameras covered many of the areas.

Major incident awareness and training

- Business continuity plans were in place covering disruption to electricity, water and heating. Plans were also in place for fire, where patients would be placed in zones and then accommodated in other hospitals.
- The business continuity plans had just changed to a new format. Action cards told staff where to go and what to do and covered topics such as bombs, relocating patients on site, extreme weather and Ebola guidance.

Are services effective?

Good

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 of findings

We rated effective as good because:

- We found good multidisciplinary working. Admission criteria and pathways were in place and patients were, in the main, appropriately admitted to the facilities.
- Detailed nutrition and hydration assessments were completed where necessary. Appropriate follow up actions were taken when risks were identified, this ensured patients received sufficient nutrition and hydration.
- We observed staff obtaining verbal consent on a number of occasions before carrying out any personal care or treatment.

However:

- We found there were problems with transport which meant patient's discharges may be delayed. Most delayed discharges were because a package of care was needed or patients were waiting for a placement in a nursing or residential home.

Our findings

Detailed findings

Detailed findings

Evidence based care and treatment

- Patients were assessed and received treatment in line with evidence based practice. We saw evidence that the National Institute for Health and Care Excellence (NICE) guidance, such as the clinical guidance on the prevention and management of pressure ulcers, was followed.
- Staff from community inpatients services contributed to a trustwide Pressure Ulcer Prevention Audit 2012-2013. Ward staff from community inpatients services completed their aspect of the audit, which was published in May 2013. An action plan for community inpatients services was developed and the audit was due to be re-audited in April 2014.
- Patients were assessed using recognised risk assessment tools. For example, the risk of developing pressure damage was assessed using the Waterlow score, a nationally recognised tool.
- Patients had a care and rehabilitation plan devised to meet their needs. Therapy goals and milestones had been identified, with review dates documented.

Pain relief

- Pain charts were available where patients were able to score the pain they were feeling on a score of 1 to 10. Staff told us if people had a cognitive impairment which meant they were unable to tell staff they were in pain, they would be observed for non-verbal signs. Where appropriate, patients had a care plan for pain management.
- One patient told us they had requested pain relief but had to wait 1½ hours before they were given any.
- Relatives told us, "If we think our relative is in pain it's instant – they see to them."

Nutrition and hydration

- We reviewed 26 care records and found that nutrition and hydration assessments were completed on all appropriate patients. These assessments were detailed and used the Nutritional Screening Tool (NST). We saw that appropriate follow up actions were taken when a risk was identified, so as to ensure patients received sufficient nutrition and fluid to promote their recovery.
- We looked at food and fluid records and found these were complete, accurate and current.
- Protected meal times took place on the ward. This allowed patients to eat without being interrupted by non-urgent medical treatment and meant staff were available to offer assistance where required.
- Ward staff had access to advice from dieticians and speech and language therapists (SALT).
- For the first three days of their admission, patients were given their meals on red trays and food charts were maintained. After this they were re-assessed to identify whether they were nutritionally at risk. If they were, they remained on red trays, which made them identifiable. If they were not, they were given blue trays.
- All staff helped with serving meals including qualified nurses and health care assistants.
- We saw that housekeeping staff assisted patients to complete their choices from the menu selection.

Are services effective?

Good

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.

- Patients could access additional snacks if they were required such as sandwiches, yoghurts, cake and biscuits. However, some staff complained about the quality of the food, especially the sandwiches.
- Where patients required altered texture diets or thickened fluids, or other nutritional needs, we saw these were managed.
- Staff at Evington Centre, Leicester General Hospital were also able to identify the patients who required additional support at mealtimes by the use of coloured trays. Adaptive cutlery and plate guards were available if required. Staff told us they had received training about assisting people at mealtimes. We observed a ward cleaner telling a patient they would return later because they were eating their lunch at the time. However, we saw three patients sitting in the dining room at lunchtime wearing night clothes without a blanket to cover their legs.
- Staff told us wards regularly ran out of milk and had to send staff out to buy more.

Use of technology and telemedicine

- Equipment such as falls sensor mats were available to help keep patients safe.

Approach to monitoring quality and people's outcomes

- Ward managers prepared a monthly report for Matron to highlight any patient outcome issues. The reports highlighted if there were any issues and meant issues such as falls, pressure ulcers, medicines and patients with acute deterioration could be closely monitored.
- Quality Performance Ratings were completed quarterly so the hospitals were able to compare themselves against other hospitals, for example, comparing the number of falls.
- Discharge planning was considered as part of the daily ward rounds.
- Feilding Palmer Community Hospital did not have a social worker to support the team. We found where discharges were delayed these were mostly the result of a lack of a care package in place.
- One patient told us, "It's frustrating that no discharge can happen at weekends." The trust confirmed discharges did take place at weekends.
- Staff working with patients on the stroke units told us they felt patients were able to achieve their goals.

Competent staff

- New staff received a trust induction for one week and were supernumerary on the unit for the first two weeks.
- We saw where a newly qualified nurse had been employed and had not yet received their personal identity number. This member of staff was being supported by a clinical educator.
- Some staff told us there was a requirement for upskilling. Some staff had received training in blood transfusion and administering intravenous medication. However, because staff were not using these skills on a regular basis, there was the potential that they would be unable to practice these skills enough to keep them up-to-date.
- Nursing staff were supported with clinical supervisions and three or four sessions per year when they were taken off site. The time was used for training and updates regarding complaints and incidents. Ward meetings were also held to update staff. Trainers were provided for a range of topics, for example using new feed pumps and new policies.
- Processes were in place for managing poor performance of staff; these included providing support via a buddy system.
- All staff we spoke with were proud of the work they were doing, and felt everyone worked well together in a team. We observed good interaction with relatives and good communication skills on the telephone, particularly when dealing with a difficult situation.

Multi-disciplinary working and coordination of care pathways

- There was a strong commitment to multi-disciplinary team working. This was evident both between teams in the community inpatients services and with teams outside the trust, such as local authority social workers.
- There was a board round meeting which took place Monday to Friday and each patient was discussed. We observed a multi-disciplinary board round and observed the planning process for each patient to be thorough. The discussions were focussed and precise, respectful and patient focussed.
- We saw documentary evidence of a multi-disciplinary approach to discharge planning.

Are services effective?

Good

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.

- The multi-disciplinary teams involved families in meetings and kept them updated. They were available on the telephone should family members have concerns.
- Home visits may be conducted to assess the safety of the environment and identify any equipment that patients would need to be able to return home.
- Melton Mowbray Community Hospital ran a pilot scheme whereby they had an allocated social worker attending board rounds three times per week. They also had a 'hot phone'; this meant they were able to phone social services every day to discuss patients' needs. The results of this pilot were presented at 'Leading Together' seminar and as the results showed patients were getting a better experience, the trust were considering whether to roll this programme out county wide.

Referral, transfer, discharge and transition

- Admission criteria and pathways were in place and patients were, in the main, appropriately admitted to hospital. Patients were referred from the single point of access (SPA), University Hospital of Leicester acute trust (UHL) or Coventry and Warwickshire Hospital. Patients referred by SPA were given priority because patients who were already in an acute hospital were deemed to be in a place of safety.
- Staff told us they were submitting section five's to social services on a regular basis. The trust was aware patients sometimes experienced delays in discharge because packages of care could not be organised in time for discharge. The trust had had a multi-agency plan in place which was monitored by a regional urgent care board.
- Where needed, home assessments were conducted with the patient and carers by a member of the multidisciplinary team before discharge. This ensured equipment or further community support was provided once the patient was discharged home.
- Where possible, staff aimed to discharge people during the morning but told us this would depend on the families. Staff made sure the discharge was aligned with care packages where these were being put into place and told us they preferred not to send people home in the dark.
- Four hospitals told us they had problems getting ambulances to take people to their discharge destination and that discharges may be delayed as a result.
- Patients were frequently not discharged when ready due to transport problems or difficulties putting care packages in place. The trust confirmed contracts for patient transport and local authority care packages were monitored and work was ongoing with partner organisations to improve services for patients.
- Coalville Hospital had regular calls with other teams in the community such as social care to be able to facilitate discharge.
- We found one family at Coalville Community Hospital who felt there was a lack of communication following a misunderstanding about the time they were expected to attend a meeting; they explained they were not happy with the mix up but were able to speak over the phone.
- Several hospitals we visited did not use the trust's discharge planning paperwork.

Availability of information

- Staff told us they did not share the same patient information sharing system as the acute hospitals from which they received referrals. This meant that patients who had been transferred with their prescribed medication were not automatically able to carry on with the same medication until they had been reviewed.
- Policies, training for staff and various support networks were all available on the trust intranet.
- The notice board at Fielding Palmer Community Hospital contained information about the services available, how to make a complaint and the Patients Advice and Liaison Service (PALS).

Consent

- Staff involved patients in their care and we observed on a number of occasions that they obtained verbal consent before carrying out any personal care or treatment.
- Some of the patients were living with dementia or suffering confusion due to temporary infections or illness. On the day of our inspection, we saw that a discussion was taking place between a social worker and the family of a patient who was deemed to lack capacity to make decisions. This meant that staff took action to include appropriate professionals to assess and discuss capacity where decisions involved discharge and social care arrangements.
- Care plans covering the Mental Capacity Act 2005 and Deprivation of Liberty Standards were being put into place. This is legislation for people who may not be able

Are services effective?

Good

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.

to make decisions for themselves. Staff told us best interest meetings had taken place and there were links with social workers. Independent Mental Capacity Advisors (IMCA) were available. Mental capacity assessments using the Montreal Cognitive Assessment were completed to assess the safety of a patients' discharge destination; for example, for patients who wanted to go home but were not safe to do so.

- We observed a patient refusing care. Staff respected this decision and returned later.

Requires improvement

Are services caring?

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

Summary of findings

We rated caring as requires improvement because:

- Patient's privacy and dignity was not always respected. We observed patients sitting in public areas with medical equipment fully visible and patients given care when the privacy curtains did not fully close.
- Patients told us they did not like being woken at 6 am for early morning observations, and they did not like going to bed early.
- Staff did not always respond to the needs of patients. Several patients told us staff did not respond to call bells; this caused acute anxiety for one patient. Another patient told us staff sometimes put the call bell on their weak side, meaning it was difficult for them to use the bell.

However:

- Most patients we spoke with were very complimentary about the staff looking after them. They told us staff provided good care and said staff were very caring.

Our findings

Detailed findings

Dignity, respect and compassionate care

- Patients were mostly treated with dignity and respect. Staff knocked on doors before entering rooms and usually closed curtains around beds to provide privacy for patients during personal care and treatment. However, we observed one patient sitting in a public area with medical equipment fully visible in Fielding Palmer Community Hospital and the same in Evington Centre Leicester General Hospital. We observed one patient being moved in Coalville Community Hospital because the curtains did not provide adequate cover. However; the privacy and dignity of patients was not always protected.
- The trust's Patient Led Assessment of the Care Environment (PLACE) score for privacy, dignity and well-being in 2014 was 81% against an expected score of 89%; this is flagged as a 'risk'. A community inpatient services PLACE score was not available. Individual hospitals had developed action plans in response to the trust PLACE assessment, which were monitored.
- A patient told us they had called for staff to assist them and after waiting 30 minutes, staff had not provided the necessary assistance. This caused acute embarrassment and anxiety for the patient.
- Another patient told us staff sometimes put the call bell on their weak side, meaning it was difficult for them to use the bell. Several other patients told us staff had ignored call bells.
- There were issues with call bells at Evington Centre Leicester General Hospital when we visited. Staff told us this had been reported and was being dealt with. However, several patients told us they had tried calling staff and had been ignored. We saw one call bell being taken away because it was not working.
- Patients told us they received good care.
- We observed staff taking time to assist people and providing explanations to patients.
- Relatives told us, "It's a lovely, calm atmosphere here."

Patient understanding and involvement

- Patients at Feilding Palmer, Hinckley and Bosworth and Coalville Community Hospitals told us they had concerns about going to bed early being woken early in the mornings."
- We spoke with one family who described the changes staff at Melton Mowbray Community Hospital made to accommodate their preferences for the care of their relative.

Emotional support

- Staff had access to different types of support. A service called Amica was available for staff for emotional support. A confidential service for tackling bullying was also available and organised mediation where necessary.
- Chaplaincy services were provided by some churches and provided an on-call service at some hospitals. The trust confirmed chaplaincy services were available to all community hospital inpatient wards.

Promotion of self-care

Requires improvement

Are services caring?

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

- Most patients were admitted to the wards for rehabilitation. Therapy staff treated patients on the ward and patients were supported to self-care. Families were encouraged to visit to help with care and feeding.
- We observed lunch time on the ward. Patients were encouraged to attend the dining room in order to eat lunch, but were able to have their lunch in their chosen place if they were not able to make it to the dining room.

Are services responsive to people's needs?

Good

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

Summary of findings

We rated responsive as good because:

- Where necessary, patients were assessed by speech and language therapists; thickened fluids and specialist diets were used where appropriate.
- Translation services were available if required and food that met patients' cultural and religious needs was available.
- The complaints procedure was clearly visible for patients and relatives to view.
- We saw "You said - We did" boards which detailed the changed made as a result of feedback from patients and members of the public.

However:

- The responsiveness of community inpatient services varied across each hospital and ward.

Our findings

Detailed findings

Planning and delivering services which meet people's needs

- Families were involved in meetings as part of the discharge planning process.
- Some hospitals provided activity co-ordinators and one to one activities which patient's said they enjoyed.
- Staff safely nursed patients in some challenging environments as some of the hospitals we visited were not purpose built. Some hospitals had spread out wards and patients were not easily visible. This meant there could be an increased risk of patients falling, especially during the night when staffing levels were reduced.
- Melton Mowbray Community Hospital had five re-ablement beds in a care home; this meant patients had not been placed in interim care beds since using this process.
- Patients were transferred from an acute hospital to Evington Centre Leicester General Hospital at any time because the ward was always open. This meant patients were transferred at 2 am due to winter pressures.

Equality and diversity

- Staff informed us that interpreter services were available and requested when needed, although they admitted the population of the area did not usually demand it.
- We were told by ward staff that food that met patients' special cultural and religious needs was available if required.
- Patients living with learning disabilities were able to have a named community worker visit them daily.

Meeting the needs of people in vulnerable circumstances

- For patients living with dementia, staff used a getting to know me booklet which identified patient centred information around the patient's preferred routines and information that was important to them. This information had not been consistently filled out within the records we reviewed at Feilding Palmer Hospital.
- Several staff at Coalville Hospital had dementia training and qualifications.
- We saw one care file which showed every effort had been made to respect the wishes of one patient and their family. This also included arrangements for the patients' dog to visit.
- We found the ward manager at Evington Centre Leicester General Hospital had only recently received the analysis of an incident from January 2014, ten months after the alleged incident. The ward manager was able to describe the changes that had resulted as a result of lessons learned. These included changes to records and reporting to safeguarding, for example, there was now a 24 hour phone line where staff can access advice regarding safeguarding referrals.
- Evington Centre Leicester General Hospital had a Learning Disability nurse visit regularly that helped to write care plans where necessary. Healthcare assistants were encouraged to register as Dementia Champions and organise coffee mornings to promote dementia awareness.

Access to the right care at the right time

- Patients were admitted from Leicester Royal Infirmary as well as from the community. A consultant geriatrician visited Coalville Hospital.
- We saw care records which showed effective pain relief and management of a deteriorating patient.

Are services responsive to people's needs?

Good

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

- Care records showed patients were monitored for pressure ulcers and appropriate equipment was used to reduce the likelihood of pressure ulcers developing.
- Where necessary, patients were assessed by speech and language therapists; thickened fluids and specialist diets were used where appropriate.

Complaints handling (for this service) and learning from feedback

- The complaints procedure was clearly visible for patients and relatives to view. We found no complaints had been received at Feilding Palmer Community Hospital between October and December 2014.
- The patient experience board at Melton Mowbray Community Hospital showed there had not been any complaints in the three months prior to our visit, though the service had received 108 compliments. Hinckley and Bosworth Community Hospital East Ward had received 110 compliments and no complaints, North Ward received 109 compliments.
- We saw lessons were learnt and practice was changed as a result of complaints at some other hospitals.
- We attended a multi-disciplinary meeting at Hinckley and Bosworth Community Hospital where a complaint regarding a delayed discharge due to lack of a care package was discussed. The team discussed the complaint thoroughly and agreed areas where they could have improved communication. A process was put in place to prevent a recurrence and the team acknowledged the impact on the family.
- We saw "You said - We did" boards which detailed the changed made as a result of feedback from patients and members of the public.

Are services well-led?

Requires improvement

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 of findings

Summary

We rated well led as requires improvement because:

- The trust's vision and strategy was clearly displayed within the ward area. However, the community inpatients services' local vision and strategy was less clear and visible.
- Data provided by the trust showed the 2013 NHS Staff survey results were poor, with little improvement from the previous year. The 2013 results showed more staff were working extra hours, staff were less satisfied with the quality of work and patient care they were able to deliver and more staff were suffering work related stress. The trust confirmed 2014 staff survey results showed staff continued to be less satisfied with the quality of work; other areas had improved.
- Vacancy rates and sickness levels put additional pressure on substantive (permanent) staff.
- In one hospital we found patients and visitors were not able to identify all staff supporting them because not everyone had a name badge.

However:

- The audit process identified areas that needed to be improved and action plans were in place to address these.
- Band 6 and 7 nurses were able to share learning by attending a monthly meeting with Matrons. Staff we spoke with told us they enjoyed their job and felt the service was well-led by their immediate manager and their managers were approachable and supportive.
- Staff told us they worked as a team.

Our findings

Detailed findings

Service vision and strategy

- The trust's vision and strategy was clearly displayed within the ward area.
- However, the community inpatients services' local vision and strategy was less clear and visible.

Governance, risk management and quality measurement

- The audit process identified areas that needed to be improved. The health and safety checklist at Evington Centre Leicester General Hospital had listed areas that needed to be addressed and an action plan was in place. The checklist covered topics including fridge temperatures, fire hazards, staff training and checking equipment. The action plan also identified some areas where cleaning issues were found and no floor scrubbing schedules were in place. The health and safety checklist we saw was not dated, however it was sent to staff in February 2015 so was current.
- In one hospital we found patients and visitors were not able to identify all staff supporting them because not everyone had a name badge. Staff told us this was due to the length of time it took for these to be supplied.
- Staff told us they felt the governance was more robust now, particularly in the service line
- All band seven and six nurses were able to share learning by attending a monthly Senior Inpatient Nursing Group (SING) meeting with Matrons. Agenda items included discussing quality reports and any complex situations. Guest speakers were invited and clinical supervisions held. Information from these meetings was cascaded back to ward staff during ward meetings.
- Matrons and band seven nurses were kept informed of service developments via monthly meetings such as operational meetings.
- Staff told us the recruitment process had been improved. They said it used to take a long time from interview to appointment but this had improved following a 'Listening in Action' event.
- Supervision and appraisal were discussed during team meetings. One member of staff told us they had attended their appraisal recently but said they did not feel it was helpful.

Leadership of this service

Are services well-led?

Requires improvement

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.

- Staff told us they felt well supported to carry out their roles. Regular staff meetings were held and staff said reported that communications and relationships are really good.
- Most staff we spoke with felt the leadership at a local level was inspiring. Some staff knew who some of the trust board members were but said they did not see them. Other staff told us the Chief Executive Officer had attended their team meeting and they saw board members visiting hospitals.
- Matrons were responsible for leading in certain areas, such as infection control, health and safety or business continuity.

Culture within this service

- Staff at Feilding Palmer Community Hospital told us they felt valued and enjoyed working together
- Several staff told us they were kept informed by regular emails and a 'People Matters' magazine. Staff were reminded to read their newsletters.
- Staff at Melton Mowbray Community Hospital told us they were 100% supported by their colleagues and manager.
- Staff on phased return to work following a period of sickness told us they were happy with the support provided for their return to work.

Public and staff engagement

- Data provided by the trust showed the 2013 NHS Staff survey results were poor, with little improvement from the previous year. The 2013 results showed more staff were working extra hours, staff were less satisfied with the quality of work and patient care they were able to deliver and more staff were suffering work related stress. The trust confirmed 2014 staff survey results showed staff continued to be less satisfied with the quality of work; other areas had improved.
- Vacancy rates and sickness levels put additional pressure on substantive (permanent) staff.
- However, the staff sickness levels for the trust have been below the national average between May and August 2014.
- We found Fielding Palmer Community Hospital was well supported by a League of Friends. However, we observed one volunteer refuse admission to a relative on the grounds they were ten minutes early.
- Volunteers visited Melton Mowbray Community Hospital daily. Staff proudly informed us that one of the volunteers was awarded the 'Star of the Year' award, which is awarded annually by the NHS. We observed volunteers assisting with getting menus ready and spending time chatting with patients.

Innovation, improvement and sustainability

- Staff told us they were encouraged to suggest ideas for improving the care delivered to patients.
- The Trust told us that they had secured £1m from the 2014-15 Nurse Technology Fund to implement the programme Advancing Nursing Care in Community Hospitals through Technology.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises We found sluice doors were not always kept locked to prevent patients and visitors having potential access to harmful products. This was in breach of regulation 15 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment. The trust must make sure sluice doors are secured.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 (Registration) Regulations 2009 Appointment of liquidators We found qualified nurse staffing levels per shift were not always within safe staffing levels at Rutland Memorial Hospital. We found people who use services were not always adequately protected from the risks associated with the use of bank and agency staff to cover shifts and provide appropriate, consistent care. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) HSCA 2008 (Regulated Activities) Regulations 2014 Staffing. The trust must make sure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to provide appropriate care and treatment. We found not all staff had completed mandatory training in line with trust requirements.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.

The trust must make sure people who use services and others are protected against the risks of unsafe or inappropriate care and treatment due to staff not receiving appropriate support, training and professional development as is necessary to enable them to carry out the duties they are employed to perform.