

Solent NHS Trust

R1C

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)
R1CF5	Jubilee House	Jubilee ward	PO6 3NH
R1CF2	St James Hospital	KIte unit	PO4 8LD
R1C17	St Mary's Hospital	Spinnaker ward	PO3 6AD
R1C34	Royal South Hants Hospital	Lower Brambles ward Fanshawe ward	SO14 0YG
R1C03	Western Community Hospital	Snowdon ward	SO16 4XE

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

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

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

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Summary of findings

Overall summary

Staff understood their responsibilities to raise concerns and report incidents, and evidence learning occurred as a result. Staffing levels were sufficient to provide safe care. The trust employed regular agency and bank staff to mitigate risks to patients when wards were short of staff. Risks to patients were monitored, and arrangements were in place and followed access to medical advice and support when needed.

Staff provided care and treatment that took account of nationally recognised evidence based guidelines and standards. Patient pain was managed effectively, and patient's varied dietary and nutritional needs were met. The trust took part in national and local audits to measure and promote improved outcomes for patients. Staff had a good understanding of their responsibilities to the Mental Capacity Act and applied it appropriately when caring for patients who had reduced capacity and cognition. There was a strong emphasis on multidisciplinary working across all inpatient wards.

Nursing and medical staff were caring, compassionate and patient centred in their approach. We observed staff maintained patient's respect and dignity at all times. Patients were involved in making decisions about their care and treatment.

Admission criteria supported patients to be admitted to the ward that met their individual needs. There was evidence the trust used learning from complaints to improve the quality of care.

There was a clear governance framework to monitor quality, performance and risk at ward level. Staff knew the risks and mitigating actions for their individual wards. Staff felt respected and valued by their immediate and senior managers.

However:

The admission criteria for Spinnaker ward was not always adhered to. Staff told us that at times the local acute trust overruled the admission criteria and sent patients to Spinnaker ward before assessments were completed. Difficulties in accessing social care services resulted in delayed discharges from the wards. Some wards had difficulties in accessing interpreting services, which affected the care and treatment patients received. On some wards medicines were not always stored at the correct temperature: this had the potential to reduce the effectiveness of medicines.

Summary of findings

Background to the service

Solent NHS Trust provides community inpatient services in six wards across five locations. Jubilee ward located at Jubilee House in Portsmouth provides inpatient assessments for patients who require continuing healthcare needs assessment to determine their long-term needs, and provides end of life care for patients who are in the last stages of life. This ward has 25 beds and had an occupancy rate of 93%.

Lower Brambles and Fanshawe ward located at the Royal South Hants Hospital in Southampton provides step down beds for patients admitted from the acute hospital and step up beds from community settings. Fanshawe ward has 19 beds and Lower Brambles had 24 beds. Fanshawe ward had an occupancy rate of 89% and Lower Brambles had an occupancy rate of 90%

The Kite Unit located at St James Hospital in Portsmouth provides neuro-psychiatric rehabilitation for patients with acquired brain injury. This ward has 10 beds and had an occupancy rate of 71%.

Spinnaker ward at St Marys Hospital in Portsmouth provides inpatient rehabilitation for patients with complex physical disability excluding new stroke diagnoses with a mix of step up and step down beds. This ward has 16 beds and had an occupancy rate of 91%.

Snowdon ward at the Western Hospital in Southampton provides rehabilitation treatment for people with physical and cognitive limitations following a recent neurological event or a long-term neurological condition. This ward has 14 beds and had an occupancy rate of 94%.

Across all wards, there is multidisciplinary working, which includes nursing, therapy, medical staff and the patient and their representatives.

Our inspection team

The team that inspected the community inpatient service included two CQC inspectors, an assistant inspector,

three specialist advisors with specialist knowledge of community inpatient care and an expert by experience who had experience of using community inspection services.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services 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?

We carried out an announced inspection from 27 to 30 June 2016 and an unannounced inspection on 8 July 2016.

During the inspection, we spoke with 37 staff including doctors, nurses, healthcare assistants, receptionist,

Summary of findings

managers, matrons, physiotherapists, occupational therapists, social workers and student nurses. We attended six meetings including staff handover meetings.

We reviewed 13 care records and 18 medication records. We spoke with 12 patients, nine family members and carers, and observed 12 episodes of care with patient's consent.

What people who use the provider say

Patients across all wards told us they were treated with kindness and dignity during their admission to the ward.

The most recent NHS Family and Friends Test (FFT) showed 95% of patients would recommend the service. This was above the England average of 87%.

Patient led assessments of the care environment (PLACE) for all the community inpatient locations were above the England average of 87% for privacy, dignity and wellbeing.

The FFT results included patient comments about the service they received. Overall, the comments were very positive about the service across all the inpatient wards. Some of the comments included; "A great deal of

compassion shown by the teams," "I would put my confidence in all of them," "excellent care by all staff on days and nights. Nothing was too much trouble. I felt I was a very important part of the Spinnaker team," and "I like the staff from the housekeeper to consultant. Overall polite, friendly and exceptional at their job."

Patients and relatives at Jubilee ward commented very positively not only on the medical, nursing and therapy staff but also on the domestic, catering and other ancillary staff on site.

Comments we received for patients during the inspection reflected the comments detailed in the FFT results.

Areas for improvement

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

Action the provider **MUST** take to improve

The trust must ensure:

- Medicines are stored at appropriate temperatures to ensure their effectiveness.
- Interpretation services are available to deliver care and treatment appropriately.

Action the provider **SHOULD** take to improve

The trust should ensure:

- Ward staff should understand why they need to record FP10 prescription numbers and what number they need to record.

- The day room on Lower Brambles ward has access to emergency medicines.
- Admission criteria are followed for Spinnaker ward.
- The provision of spiritual and pastoral support in all inpatient areas.
- All equipment is stored in a manner that enables effective cleaning of the environment.
- Equipment that is cleaned and ready for use is clearly identified.
- Work with the local authority takes place to improve access to social work support.

Solent NHS 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 safe as good because:

- Staff understood their responsibilities to raise concerns and report incidents, and there was evidence learning occurred as a result.
 - All clinical areas were visibly clean and appropriately equipped to provide safe care and treatment. Infection prevention and control practice on the wards was good.
 - The trust took action to mitigate most risks the environment posed to patients.
 - Staff were knowledgeable about the trust's safeguarding policy and clear about their responsibilities to report concerns. They understood their responsibilities towards the Duty of Candour legislation.
 - Staffing levels were sufficient to provide safe care. Regular agency staff and bank staff were used to mitigate risks to patients when wards were short staffed.
- Staff assessed and monitored risks to patients. They used the national early warning score to identify patients whose condition might deteriorate. There were appropriate arrangements in place to access medical advice and support when required.

However,

- On some wards the management of medicines did not always fully protect people from harm. On Snowdon ward and Jubilee House, medicines had sometimes been stored in clinical rooms where temperatures were recorded as above the recommended temperature ranges for the safe storage of medicines. The temperature of the medicine fridge on Jubilee ward was recorded as higher than the recommended temperature of 8 degrees Celsius.
- There were no easily accessible emergency medicines in the event of an emergency situation in Lower Brambles ward day room.

Are services safe?

Safety performance

- The trust collected NHS Safety Thermometer data in relation to care provided to patients. This is a monthly snapshot audit of the prevalence of avoidable harms including new pressure ulcers, catheter-related urinary tract infections, venous thromboembolism (VTE), and falls.
- Safety thermometer results were displayed in each of the wards we visited.
- Safety Thermometer data from April 2015 to April 2016 for all trust services showed the trust reported 55 patients had developed a pressure ulcer, 64 patients had a fall that resulted in harm and there were nine patients who had a catheter related UTI.

Safety thermometer information for the months April, May and June 2016 across the inpatient wards showed seven patients had fallen, but had not experienced harm as a result of the fall. The same information showed three patients had developed a pressure ulcer, and three patients had developed a catheter related UTI. No patients had developed a VTE during April, May and June 2016.

Incident reporting, learning and improvement

- Staff on all inpatient wards knew how to report incidents and what type of incidents needed to be reported. Staff received feedback about incidents, which included changes in practices made as a result of learning from incidents.
- Feedback from incidents occurred at a local level in one to one feedback sessions and in team and ward meetings. Ward meetings, service line newsletters and trust newsletters provided feedback and learning from incidents occurring across the trust's community health services. We viewed ward meeting records. These showed learning from incidents was shared across the inpatient and community health care services.
- Staff described changes in practices that had been made in response to incidents. One example was the inclusion of checking sensor mats, whether they were working and whether they were positioned in an appropriate place, in intentional grounding. This was in

response to a patient fall that had occurred because the patient had managed to avoid standing on the sensor mat that would have alerted staff the patient was moving and was at risk of falling.

- From January 2015 to February 2016, the trust reported 11 serious incidents across inpatient services. These included patient developing grade 3 or 4 pressure ulcers, patient falls resulting in harm and ward closures due to outbreaks of diarrhoea.
- Serious incidents were investigated. We viewed records of these investigations, evidencing a thorough investigation was completed and action taken accordingly to reduce the likelihood of similar incidents occurring.
- Staff told us they were encouraged to attend the panels that discussed the serious incidents investigation. Staff commented that the investigations did not attribute blame to staff, but were a process for understanding why the incident occurred and identifying any learning from the incident.

Duty of Candour

- The Duty of Candour Regulation under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires health service bodies to act in an open and transparent way with people when things go wrong.
- All staff we spoke with had an understanding of the Duty of Candour legislation. Ward managers described incidents where Duty of Candour processes had been followed. The patient and their representatives were given details of the incident, the process and findings of investigations and had been given a written apology for the incident. We did not see written apologies, but did see records that detailed written apologies were given by the trust to the patient and their representatives.
- Incident reporting processes prompted staff to consider whether Duty of Candour processes needed to be followed.

Safeguarding

- Staff had access to safeguarding adults and children's policies on the trust intranet site and as paper copies within the ward areas.
- Safeguarding adults and safeguarding children was included in the mandatory training plan for all staff.

Are services safe?

Records for March 2016 showed that across the inpatient wards, compliance with training for safeguarding children level 1 training was between 81% to 92% and for safeguarding vulnerable adults between 65% to 94%. This meant that some areas had not yet met the trust's target of 85% compliance with mandatory training. However, all staff we spoke with had a good understanding about safeguarding procedures. They had an understanding about how to recognise a safeguarding concern and what action to take if they had a safeguarding concern.

Medicines

- Doctors prescribed medicines on prescription and administration charts. Pharmacists and pharmacy technicians supported all wards by providing clinical input and maintaining stock levels. Medicines, including emergency medicines, were available to people when they needed them.
- On most wards, medicines were generally stored correctly. However, on Jubilee ward medicines were stored at too high a temperature in the treatment room and fridge. The treatment room temperature, where medicines were stored, was recorded daily in June (except for 2 days 18 and 19 June.) The records showed the temperature was above recommended temperature of 25 degrees Celsius on six of those days. The record showed staff had escalated this to the maintenance contractors on 20 May, 25 May and 6 June. At the time of the inspection, staff had been advised to ensure the light was switched off when the room was not being used, to help reduce the temperature. However, records showed this was not fully effective at reducing the temperature to the recommended level.
- The medicine fridge on Jubilee ward was not locked as the key had broken off in the lock. Staff told they had been reported this to the maintenance contractors and the lock was due to be replaced. The room where the medicine fridge was located was locked when not use, mitigating the risk of authorised access to the medicine fridge. Records showed staff recorded maximum, minimum and actual fridge temperatures daily. However, records detailed the maximum temperature was above the recommended 8 degrees Celsius every day during June.
- Records showed staff on Snowdon ward did not record the temperature in the treatment room, where medicines were stored, daily. At the time of the inspection, out of 28 days in June, staff had only recorded the temperature for 14 of those days. The records showed the room temperature was above the recommended temperature of 25 degrees Celsius on two days in June and two in May. Records showed staff only took remedial action on one day, when they put a "fan on." This meant staff on Jubilee and Snowdon wards could not be fully assured medicines administered to patients were fully effective because it was not evident medicines were consistently stored at correct temperatures.
- Most nurses administered medicines in a safe manner and signed the prescription and administration chart as appropriate or recorded the reason why people had refused to take medicines. Staff described how to report medicines errors and how processes had been put in place to check there were no gaps on administration records. However, at Jubilee House, we observed practices that failed to ensure medicines were stored securely at all times. During a medicine, administration round the nurse left the drug trolley unlocked outside patients rooms unobserved. On one occasion decorators working in the corridor moved the open drug trolley. We discussed this incident with staff at the time of our inspection. On our unannounced inspection, we noted that the drug trolley was secured when the nurse left it to administer medicines.
- Staff gave patients a discharge 'green card' when they were ready to go home. This listed all the medicines they needed to take at home, what they were for and what time of day they needed to be taken. People told us that they found this very useful.
- Controlled drugs were stored, administered, recorded and disposed of correctly.
- Prescription forms were stored securely and there was a new prescription number tracking system in place. However, not all nurses knew why they needed to track prescriptions or what number they should be recording.
- People had their pain levels assessed and monitored and pain-relieving medicines were tailored to meet their needs.

Are services safe?

- We saw one person on Jubilee ward was not able to communicate in English and staff had not administered important medicines on five of the nine days they had been a patient on the ward. This meant the patients had not had medicines to manage their heart condition, blood pressure, mental health wellbeing and reduce the risk of them developing a VTE. It was not clear from the documents or conversations with staff whether medical staff had been informed of the patient's refusal to take their medicines. The situation had eventually been resolved by finding a member of staff who spoke the same language as the patient.
- The day room for Lower Brambles ward was located on a different level of the hospital from the ward. Although emergency equipment was available in the day room, there was no immediate access to emergency medicines in the event of an emergency situation.

Environment and equipment

- All ward areas followed processes to ensure the environment and equipment was safe for patients and staff to use.
- Electrical equipment was checked by maintenance staff to ensure it was safe to use. On all ward areas, with the exception of Jubilee ward, stickers on electrical equipment evidenced these checks were current and in date.
- Service level agreements were in place with local acute trusts for the maintenance of medical equipment.
- The trust contracted the maintenance of the environment to a private company. Staff reported mixed views about the responsiveness of the maintenance team. However, no examples were given that indicated maintenance issues had a negative impact on the safety of patients or staff.
- If staff identified patient safety was at risk if they left the ward independently, the doors to the ward were secured with a key code system. This was explained to all patients and the key code was offered to patients assessed as safe to leave the ward independently.
- The environment on Lower Brambles ward meant there was not a day room on that floor. The ward's day room was located on a different level of the hospital from the ward area. Emergency equipment and nurse call systems were provided in the day room area. To ensure the safety of patients, the day room was only used if a member of staff was available to supervise patients using the room.
- At a previous inspection of the Kite unit in June 2014, it was identified that the environment of the unit did not fully protect patients from the risk of harm associated with ligature points. Following that inspection, the unit had reviewed the environment with regard to ligature points. Where possible, the trust had taken action to remove or mitigate the risks. However, the needs of patients with cognitive impairment and the aims of the unit to rehabilitate patients to become as independent as possible meant not all ligature risks could be fully removed. An example of this was the use of shower hoses in shower rooms. Staff explained that because of the nature of the brain impairment, many patients would not stand still under a fixed showerhead. The use of a shower hose meant patients could have their personal cleansing needs fully met. Robust risk assessments meant it was clearly identified which patients needed assistance and supervision to ensure the staff protected from risk of harm associated with ligature points.
- Since the inspection of Kite unit in June 2014, the trust had made changes to the environment to address shortfalls that had meant they were not compliant with the Mental Health Act (MHA). The trust had installed "in line of sight" mirrors to enable staff to have a direct line of sight to all areas of the unit. An observation window had been installed in the male and female toilet next to the dining room. A viewing window had been installed in the nursing office. The trust had changed bathing facilities to ensure female patients did not have to pass through the male corridor to access these facilities. There was a separate female lounge.
- At the last inspection of Snowdon ward it was identified the environment did not prevent vulnerable confused patients from leaving the ward. Since the inspection, the trust had implemented a key code system. The doors to the ward were locked and staff explained to patients the reason for this. Staff gave patients the code to exit the ward after they assessed them as having capacity to manage risks associated with leaving the ward.
- All wards had resuscitation equipment. Staff checked resuscitation equipment daily against an equipment

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checklist to ensure essential equipment was available and in working order. Some wards had resuscitation trolleys that were not tagged to ensure they were tamper proof. Staff told us it was not trust policy to have tamper proof resuscitation trolleys. However, on Snowdon ward, staff told us they had ordered a new tamper evident trolley to ensure the equipment was fully secure. On the Kite unit, resuscitation equipment was secured in a locked room that all staff had keys to access

- Staff on the wards had access to standing aids and standing hoists if required by patients. Some wards had overhead tracking hoists to support effective and safe movement of patients.

Quality of records

- We reviewed medical, nursing and multidisciplinary notes across all of the inpatient areas. Patient documentation we reviewed, whether electronic or paper reflected the patients' care requirements, rehabilitation goals and individual preferences. Care records recorded progress and were up to date. Staff reviewed patient care plans regularly and updated them to reflect patient's care needs.
- Records for patients on the Kite unit who were detained under the Mental Health Act (MHA) 1983 showed documentation required by the act was mostly adhered to. This included section 17 leave forms that are legally required to be completed when a patient detained under the MHA is granted permission to leave the hospital for a specified period of time.
- Paper records in all areas were dated, signed and legible.
- Electronic records were secure, with staff having individual access codes to access the electronic system.
- Paper records were held in secure areas of ward, but were easily accessible for members of staff.
- Records were legible and were signed and dated by the member of staff completing the record.

Cleanliness, infection control and hygiene

- All ward areas were visibly clean at the time of the inspection.

- The patient-led assessments of the care environment (PLACE) 2015 overall scores for the trust were 97.67%. Only one location, Royal South Hants Hospital, where Fanshawe and Lower Brambles wards were located, scored below the national average (94.66% against 97.6%). St Marys Hospital (Spinnaker ward), Western Hospital (Snowdon ward), St James Hospital (Kite unit) and Jubilee unit all scored above the national average.
- Infection prevention and control training was part of staff mandatory training. Records provided by the trust for March 2016 showed that across the inpatient wards compliance with this training was between 91% to 97%. This was above the trust's target of 85% compliance with mandatory training.
- The trust used environment audits to identify compliance with infection prevention and control policies. Results were displayed in the ward areas. The trust provided hand hygiene audit results. These showed for December 2015 all inpatient areas with the exception of Kite unit were 100% compliant with hand hygiene practices. Kite unit was 88% compliant.
- During the inspection, we observed staff adhered to bare below elbows and hand washing policies.
- There were handwashing facilities in all clinical areas, including dispensing hand gels.
- Staff had access to personal protective equipment such as gloves and aprons in all clinical areas.
- Patients told us they observed staff washing their hands before and after providing care. They also commented that all equipment was cleaned after use.
- The trust's infection prevention and control report for 1 April 2016 to 30 June 2016 showed that most inpatient wards were 100% compliant with screening patients for MRSA within 24 hours of admission. Kite unit had two patients in that period who were screened later than 24 hours after admission. Fanshawe and Lower Brambles wards had patients readmitted who were not screened for MRSA having previously had negative screens. There had been no cases of hospital acquired MRSA in the same period. In the same period, Spinnaker ward had to close for two days to prevent the transmission of

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norovirus. There had been no cases of clostridium difficile. Staff followed admission protocols that reduced the risk of patients with communicable infections being admitted to the wards.

- However, we observed on Fanshawe ward there was some equipment, such as mattresses and bed bumpers and boxes, stored directly on the floor. This meant it was difficult to ensure cleaning of the floor area was fully effective. On Jubilee ward, we saw used toiletries held in a box that could be accessed by patients and staff. This meant there was risk of cross infection for patients using toiletries that had been previously used by other patients. On our unannounced inspection of Jubilee ward, this practice had stopped.
- Some ward areas used “I am clean” stickers to identify equipment was clean, when it had been cleaned and by whom. However, these were not consistently used across all wards.

Mandatory training

- All staff were required to complete mandatory training. This included information governance, diversity, health and safety, fire safety, moving and handling, dementia and resuscitation.
- Staff told us mandatory training was provided by e learning, although subjects such as resuscitation and moving and handling were provided as face-to-face training.
- Records provided by the trust showed most staff (92%) had completed all mandatory training. This exceeded the trust’s target of 85% compliance with mandatory training. Some staff told us processes for recording completion of mandatory training meant the trust figures did not accurately reflect the actual compliance figures. They indicated a time lag in processes meant trust figures were below actual compliance rates.

Assessing and responding to patient risk

- Staff assessed patients on all inpatient wards for key risks to their health and wellbeing. This included risk assessments for falling, developing pressure ulcers, malnutrition and VTE. Staff recorded this information in patient records and shared the information at handover periods. If risks were identified, plans of care were developed and followed to mitigate the risk.

- Inpatient wards used the National Early Warning Score (NEWS) system to identify patients at risk of deteriorating.
- Snowdon ward had a service level agreement with the local 111 service. This meant they had an enhanced service for their patients who required medical attention.
- All inpatient areas used the trusts emergency telephone number to summon emergency assistance in the event of a patient suddenly deteriorating. For Kite ward, this meant staff could summon urgent assistance for physical or psychiatric emergencies.
- On Snowdon ward and the Kite unit staff were trained in a modified version of Proactively Reducing Incidents for Safer Services (PRISS). PRISS is a type of restraint that is used to restrain people; staff told us the restraint process was modified to be suitable for people with a brain injury. However, staff told us, they had not had to restrain a patient for at least two years. Staff said the trust’s restraint policy required them to use the least restrictive form of restraint and they were only trained to use supine restraint, which is less restrictive than prone restraint. Staff confirmed to us they completed updated PRISS training every 18 months, to ensure their remained competent in these practices.

Staffing levels and caseload

- Information provided by the trust detailed a planned staffing level of one registered nurse to eight patients in the community inpatient wards. Staff on Fanshawe ward told us an acuity tool based on the dependency of patients was used to determine how many staff, registered nurses and nursing assistants (HCAs) were needed.
- Information provided by the trust showed the nurse vacancy rate for community inpatient wards was 13%. Fanshawe ward had the highest registered nurse vacancy rate (22%). Snowdon ward had the highest nursing assistant (HCA) vacancy rate at 20%. Details about staff shortages were included on the trust’s risk register.
- Vacant shifts for all areas were filled by bank or agency staff to ensure staffing ratios were as required. All wards

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told us they tried to use the same bank and agency staff to promote continuity of care for patients. Review of duty rotas showed that regular agency and bank staff were employed to fill vacant shifts.

- Staff on Snowdon ward said that extra HCAs were on duty on shifts where there was only one trained nurse on duty. They said this mitigated any risks to patients.
- Patients across all areas that we spoke with told us nursing staff were very busy, but they did not raise any concerns about the timeliness of staff responding to patient needs. Patients felt their needs were met by nursing staff.
- In line with national shortages, therapy services (occupational therapists and physiotherapists) were short of staff. Therapy staff told this had, at times, had a negative impact on patients who sometimes did not receive the full number of therapy session or had their therapy sessions shortened. However, the therapy teams were monitoring the impact this had on patients. The therapy team on Spinnaker ward, where there was a significant reduction in the number of therapists, told us they did not have any evidence that identified any delay or any lengthening of patients stay due to therapy provision.
- Therapy teams were looking at methods in which the service to patients could be enhanced. This included the use of therapy assistants and empowering patients to continue their therapy independently. Therapy staff on Spinnaker ward told us they were about to pilot a new

therapy model whereby the therapy personnel across the inpatient areas were brought together to work as one team. Patient therapy requirements would be coordinated from a central hub and the work triaged and staff allocated accordingly. We were told the aim of the pilot was to provide the correctly skilled staff member to the patient in a timely manner to maximise patients rehabilitation

Managing anticipated risks

- There were contingency plans in place for staff availability in adverse weather conditions.
- At all locations security staff were available 24 hours a day to support the ward staff in the event of an incident occurring. Staff told us security staff responded promptly when assistance was requested.

Major incident awareness and training (only include at core service level if variation or specific concerns)

- Admission processes detailed that in the event of a major incident the usual criteria for patient admissions to the wards might not be fully followed. Staff had access to the major incident plan on the trust's intranet site.
- Major incident rooms were located at two hospital sites to be used to coordinate a response to major incidents.
- Staff told us fire evacuation practices were carried out annually.

Are services effective?

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

Summary

We rated effective as good because:

- Staff provided care and treatment that took account of nationally recognised evidence based guidance and standards.
- Staff monitored patients pain and patients reported staff managed their pain effectively. Patients had access to a variety of methods for pain relief.
- Patient's nutritional needs were met. The trust provided specialist meals for patients with dietary and cultural needs. Speech and language therapists and dieticians supported patients with specific dietary problems or swallowing difficulties.
- The trust took part in national and local audits to measure and promote improved outcomes for patients.
- Competency based assessments meant staff had the relevant skills and competencies to provide care and treatment to patients.
- There was a strong emphasis on multidisciplinary working across all inpatient wards and units.
- Staff understood their responsibilities to the Mental Capacity Act 2005 and there was appropriate guidance to assess a patient's mental capacity.

However,

- All wards had admission criteria and policies that related to their individual service. However, staff on Spinnaker ward said that at times the local acute hospital over ruled the admission criteria and sent patients to Spinnaker ward before assessments were completed.
- There was mixed experience across the inpatient services with access to social services. On Snowdon and Kite wards, where the patient group was either from the whole of Hampshire or from other areas outside Hampshire, there was no dedicated social worker for the ward.

Evidence based care and treatment

- Staff provided care to people based on national guidance, such as the National Institute for Care Excellence (NICE) guidelines, and were aware of recent changes in guidance. We saw evidence of discussion of NICE guidelines in meetings. For example in records of meetings for the Kite unit, there was reference to development of multiple sclerosis and Parkinson's disease guidelines.
- We spoke with physiotherapy and occupational therapy staff who all described the recognised assessment tools they used, and the recommended therapy sessions for individual patients during the course of rehabilitation.
- Ward staff told us that policies and procedures were available on the trust's intranet. Policies reviewed referred to national and best practice guidance.

Pain relief

- All inpatient wards monitored patient's pain levels using pain scoring tools relevant to the needs and communication abilities of patients. For example on Snowdon ward, a neurological rehabilitation unit, pain was measured using a functional pain score system. In this system, staff used a score range of 0 to 5 to identify the severity of patient's pain. (A score of 0 indicated the patient had no pain. A score of 1 meant the patient had tolerable pain that did not prevent them carrying out any activities. A score of 2 meant the patient had tolerable pain, preventing them from carrying out some activities. A score of 3 meant the patient had intolerable pain but was still able to use a telephone, read or watch television. A score of 4 indicated the pain was intolerable resulting in the patient not able to use a telephone, read or watch television. A score of 5 meant the pain was intolerable to the extent the patient was not able to communicate verbally due to the intensity of the pain.) Pain relief was prescribed and titrated against patient's pain scores.
- We found alternative, non pharmacological pain relieving treatments were used, such as transcutaneous electrical nerve stimulation (TENS) machines.

Are services effective?

- All patients we had conversations with told us their pain was well controlled and that nursing staff administered pain relief in a timely manner.
- Patients told us staff checked with them that the medicine had relieved their pain. We saw records that showed staff assessed the effectiveness of pain relieving medicine.

Nutrition and hydration

- Staff assessed most patients before admission, on admissions and at weekly reviews, for their nutritional needs, preferences and risk of malnutrition. Assessments for risk of malnutrition were completed using a nationally recognised assessment tool.
- Patients had access to dieticians and speech and language therapists for advice and support with specialist diets or swallowing difficulties.
- When patients needed specialist equipment to maintain their nutritional intake, this was obtained before the patient was admitted to the wards. If required, staff received training about the use of the equipment prior to the patient being admitted to the ward.
- Staff monitored fluid intake and output and dietary intake for patients assessed at risk of malnutrition or dehydration to ensure they had a suitable dietary intake and were hydrated. We observed staff correctly recorded this on fluid balance and food intake charts.
- Dieticians and SALT developed dietary and feeding care plans. We saw nursing staff followed these care plans to ensure patients received diet and fluids in a safe and effective manner.

Patient outcomes

- Inpatient wards participated in national and local audit programmes to measure and promote improved outcomes for patients using the service.
- The trust participated in the National Intermediate Care Audit. This is a national audit that assesses progress in services for older people, aimed at maximising independence and reducing use of hospitals.
- Snowdon ward and the Kite unit used a nationally recognised tool for measuring improvements and outcomes for brain injured people. As well as using this data to measure outcomes for their patients and the

effectiveness of their service, the data was submitted to the United Kingdom Rehabilitation Outcome Collaborative (UKROC). Data submitted to UKROC was used to establish a national database for specialist rehabilitation services.

- Local audit programmes were used to measure outcomes for patients and drive improvements to the service. Jubilee ward carried out audits of death using the Royal College of Physicians audit tool. In response to the findings of the audit, an improvement plan was implemented. This included enhancing spiritual and pastoral care and counselling training for members of staff.
- The inpatient team on the two wards at Royal South Hants Hospital, (Lower Brambles and Fanshawe wards), were undertaking an audit to identify specific outcome measures which could be used for quality analysis of activity on the wards.
- Snowdon ward had a clinical and effectiveness plan for 2016 to 2017 to provide information about patient outcomes and the effectiveness of the service. This included measuring whether they were following national guidance such as NICE guidance for monitoring VTEs, and managing prevention and treatment of pressure ulcers and whether they were complying with trust policies about management of medicines.

Competent staff

- Staff told us they received annual appraisals in which they had the opportunity to discuss training needs and career progression. Records provided by the trust showed that in February 2016 93% of community inpatient staff had received an appraisal in the previous 12 months. This was better than the national average of 91%.
- The trust had processes to monitor and ensure all medical staff completed revalidation with the General Medical Council. Data provided by the trust showed that only the Kite unit and Snowdon ward had ward based medical staff. On Snowdon ward, there were two employed medical staff, of which one had completed revalidation. The one member of medical staff employed on Kite unit had completed revalidation. (The usual frequency of revalidation is every five years)

Are services effective?

- Records provided by the trust showed the average rate for staff receiving clinical supervision six times a year was 80%. This ranged from 90% of staff on Snowdon ward to 74% for staff on Lower Brambles ward. However, staff on wards told us clinical supervision was provided if staff requested it. Senior staff told us staff were continually monitored and if they identified a member of staff was struggling with a particular aspect of the job, clinical supervision was provided.
- All new members of staff completed corporate and local induction programmes. All agency and bank staff working on the wards completed a local induction checklist.
- Each ward area developed its own competency-based training for staff. This meant staff developed the competencies required to provide care and support to meet the specific needs of the patients they were caring for. For example, on Snowdon ward, staff completed competency booklets and assessments about rehabilitation awareness and epilepsy. On Jubilee ward, registered nurses completed competency-based training for history taking, physical assessments and end of life care.
- Health care assistants on Fanshawe ward provided support for apprentices working on the ward.
- We saw and heard evidence that relevant processes were followed to manage poor performance of staff. These ensured patients were supported and cared for by competent staff.

Multi-disciplinary working and coordinated care pathways

- Multidisciplinary working was evident across all inpatient areas.
- On all wards, we saw records of multidisciplinary team (MDT) meetings and on Snowdon ward and Kite unit, we attended multidisciplinary team meetings that evidenced a multidisciplinary approach about making decisions with regard to care, treatment and discharge planning for patients. However, on Fanshawe ward, pharmacists told us that due to time pressures they no longer had opportunity to be full members of the

multidisciplinary team. They felt their skills could be better utilised in direct patient care, rather than just prescription chart review, but this was not current practice.

- On Snowdon ward there was a core therapy service (physiotherapy and occupational therapy) six days a week, with evening work until 8pm two days a week. Additional therapy hours were provided as and when needed for patient needs during week and weekends up to 8pm. All patients had a therapy plan developed weekly that was accessible for both the patient and staff. Patients had access to psychology, dietetic and speech and language support as needed.
- A breakfast club for patient's on Fanshawe and Lower Brambles ward enabled the therapy team to assess patient independence, and identify the support and equipment they needed to return to independent living.
- Patients on Kite ward had access to occupational and physiotherapy staff based on the ward.
- On Jubilee ward there was immediate access to the multidisciplinary palliative care team to support patients in the end stages of their illnesses. Across the inpatient wards there was mixed experiences of access to social services. This was dependant on the location and commissioning of each service. For wards such as Spinnaker and Jubilee, the service of the wards was commissioned for the local community and there were social workers attached to the wards. However, for services such as Snowdon and Kite, where the patient group was either from the whole of Hampshire or from other areas outside Hampshire, there was no dedicated social worker for the ward.

Referral, transfer, discharge and transition

- Each ward had an individual admission protocol tailored to the service provided and how the service was commissioned.
- On both Snowdon ward and Kite Unit, two members of staff saw prospective patients to assess their suitability for the rehabilitation services provided on the two wards.
- There was a clear admission criterion for patients on Spinnaker, Lower Brambles and Fanshawe wards, to ensure patients admitted were suitable for the general rehabilitation services provided. However, staff on

Are services effective?

Spinnaker ward told us the admission processes were not always followed as sometimes staff from the local acute hospital insisted they took patients from the acute hospital who had not yet been assessed as suitable for transfer to Spinnaker ward. Staff told us this generally occurred during evenings and weekends. Staff thought the trust did not keep any data to evidence how often this occurred or whether it had any impact on the length of stay for patients on Spinnaker ward. However, the service ran monthly reports that included this information that was submitted to the urgent care metrics board.

- Other than Kite ward, all inpatient wards reported incidents of delayed discharges. The most were for Snowdon ward, where there had been 40 delayed discharges in the last six months. Staff told us the reasons for this were usually delays in available social care support for patients. This included delays of availability of suitable care home facilities for patients whose conditions meant they were no longer able to live at home independently.
- Staff on Snowdon ward, told us at times they had difficulties accessing social workers for patients who lived out of the local area. This meant that at times the nursing staff on Snowdon ward had to fulfil the role of social services staff to support patients with accessing social services and funding in discharge planning.
- Staff on Snowdon ward told us that if a patient was admitted to the local acute hospital for treatment, their bed would remain available for 48 hours. This meant once the patient had the acute episode of illness treated they could return to continue their rehabilitation programme, rather than having to wait for a place to be available again.

Access to information

- There was variety across different wards as to whether care records were kept electronically or whether they were paper copies. Where records were held electronically, staff could access the records. Where paper records were used, these were secure but easily accessible to all staff members who needed to access them.

- Staff followed processes to ensure discharge information was provided in a timely manner to GPs and other health and social care professionals when patients were discharged from the inpatient wards.
- Staff reported no problems with accessing test and laboratory results.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff at all inpatient wards demonstrated, in conversations, a good understanding of the Mental Capacity Act and associated Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. For the period, 1 September 2015 and 1 March 2016 there had been 52 DoLS applications made across the inpatient wards, the highest proportion were at Jubilee House. (Jubilee ward 34, Snowdon 12, Kite 12 and Spinnaker ward 4). At the time of the inspection, there were two patients on Kite ward who did not have the capacity to understand the need for their admission and treatment who had a DoLS authorisation in place so they could receive their care and treatment.
- We observed staff asked for patient's verbal consent before care and treatment was given
- Staff demonstrated a good understanding that peoples' capacity to make decisions can fluctuate. Staff took all opportunities to provide patients with the appropriate environment and conditions so they could make their own decisions about care and treatment. When staff felt patients did not have capacity to make their own decisions or consent to care and treatment, staff carried out assessments of the patient's capacity to make the specific decision, and best interest decisions and DoLS applications were made in accordance with the Mental Capacity Act. This was evidenced through conversations with staff and reviewing patient records.
- Training about the Mental Capacity Act was part of the trust's mandatory training programme. Records provided by the trust showed the inpatient wards had a compliance rate of between 84% to 90% with this training.

Are services effective?

- The trust reported that between 1 August 2015 and 31 January 2016, there were 10 incidents of restraint, involving 10 users at Kite Unit. None of these resulted in the use of prone restraint or use of rapid tranquilisation.

Are services caring?

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

Summary

We rated caring as good because:

- We observed all staff, nursing, medical, kitchen and cleaning staff, treated patients with kindness and compassion during our visit. Staff maintained patients' dignity and respect at all times.
- Feedback from patients about their care and treatment was consistently positive.
- Patients told us they had sufficient information about their treatment and were involved in making decisions about their care.
- Patients said they received good emotional support from staff. Some wards arranged for representatives from support organisations such as the Multiple Sclerosis Society to visit the wards to provide emotional and practice support for patients.

However,

- There was variance in the provision of spiritual and pastoral support for patients. Fanshawe and Lower Brambles wards had no direct access to a chaplaincy service for patients.

Compassionate care

- Patients, across all the wards, told us they were treated with kindness and dignity during their admissions to the ward. They confirmed staff protected their dignity when care and treatment was delivered.
- Comments received by patients included "I feel the nurses are outstanding. The physios are great, and my doctor is good as gold, a real gentleman", "so friendly and supportive to myself, all care made for a perfect rehabilitation experience", "Nothing is too much bother for staff," and "even at night nothing is too much trouble."
- Relatives we spoke with commented that staff were caring and respectful to their family members. A relative at Jubilee Ward told us that they felt "as well looked

after as my family-member; the staff look after me too, and I am so immensely grateful for that. Nothing is too much trouble, from the doctor to the kitchen and cleaning staff".

- All ward areas displayed thankyou cards and comments from patients. Comments from these indicated patients felt they were treated with respect and dignity. Comments included, "Thank you for treating me as a person not just a patient." Data provided by the trust showed that in the period 1 September 2015 and 1 March 2016 inpatient services had formally received a total of 158 compliments.
- The most recent NHS Friends and Family Test (FFT) score showed 95% of patients would recommend the service. This was above the England average of 87%.
- The patient led assessment of care environment (PLACE) scores for all the locations where the inpatient services were situated were all above the England average of 87% for privacy, dignity and wellbeing.
- We observed in all inpatient areas patients privacy and dignity was respected. Patient accommodation was either in single rooms or in shared bays. Shared bays were consistently same sex bays and staff always pulled curtains round the patient when care was being delivered.
- We observed staff interactions with patients showed compassion and care. This included non clinical staff, such as domestic, cleaning and portering staff as well as clinical staff across all locations. We saw staff speaking with patients in a caring and gentle manner, and patients being assisted with their meals in a sensitive and caring manner. Staff sat at the same level as patients, did not rush their meal, asked for and respected patient wishes, such as what food they wanted, whether they wanted gravy and what drink they wanted to accompany their meal.

Understanding and involvement of patients and those close to them

- Patients told us they were kept informed, and doctors and nurses discussed their care with them and their family as appropriate.

Are services caring?

- In all inpatient wards we saw documentary evidence that patients and those close to them were fully involved in the planning of their care and treatment. On Snowdon ward, weekly planning and goal setting was completed with the patient, with their personal therapy plans displayed on their room wall. Formal goal setting was carried out monthly with the patient and family members the patient wished to be there.
 - Discussions with patients in Jubilee ward evidenced they were fully informed about their care and treatment. One patient told us “I’m waiting for an Xray and the staff told me this morning I will have it on Friday.” The patient was fully involved and understood their discharge plans. A relative of a patient on Jubilee ward told us they had asked staff to keep them fully informed about changes in their family member’s condition at any time of the day or night. Staff respected this request and had contacted them at night about changes in their family members’ condition.
 - Discussion with patients on Fanshawe ward and observation of records evidenced patients were fully involved in the development of their plan of care, treatment, goals and discharge plans.
 - Information leaflets appropriate to the purpose of each ward were available for patients to support them in fully understanding their care and treatment.
- Emotional support**
- All patients we spoke with said staff on the wards had provided emotional support to them. This view was also held by relatives we spoke with. Patient feedback displayed on Snowdon ward detailed, “I was so scared when I arrived, but from the moment I was wheeled onto the ward my worries vanished.” A relative of a patient at Jubilee Ward told us “I feel I am supported by the staff, which in turn enables me to support my relative.”
 - The NHS FFT results included comments about the emotional support provided by staff. One relative commented about the staff on Jubilee ward “my [relative] passed away [on Jubilee ward]. Their pain management and death was managed with compassion and competence. My siblings and I were welcomed and helped by the caring staff. This exceptionally traumatic experience was made so much more bearable by knowing we had the 24 hour support of excellent staff.”
 - There was a variance in the provision of spiritual support for patients. At Jubilee Ward, representatives from the local Christian community visited the ward to provide Holy Communion and pastoral care to those who wished it. Other locations did not have direct access to a chaplaincy service for patients who were not able to identify a service of pastoral care for themselves. Staff on Fanshawe and Lower Brambles wards told us the lack of chaplaincy arrangements had been raised to the trust’s patient experience team.
 - Specialist palliative care nurses were available to provide emotional support to patients on Jubilee ward who were in the end stages of their illnesses.
 - There was access to specialist nurses, such as epilepsy nurses and Parkinson’s nurses as staff directly employed either by the trust, or through service level agreements with other local trusts.
 - Snowdon ward arranged representatives from support organisations such as the Spinal Injuries Association and the Multiple Sclerosis Society to support patients with the emotional and physical management of their conditions.

Are services responsive to people's needs?

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

Summary

We rated responsive as good because:

- The provider and clinical commissioning groups determined the range of services provided based on the needs of the local population.
- Services were continually being developed to provide a better service and environment for patients.
- Staff demonstrated knowledge and skills in responding to patients whose illnesses and conditions put them in vulnerable circumstances. Staff understood how to communicate with people who had impaired cognition and capacity.
- The trust considered all complaints and concerns seriously. There was evidence the trust used learning from complaints to improve the quality of care.

However,

- Difficulties in accessing social care services sometimes resulted in delayed discharges from the wards.
- There was a lack of interpreting services for patients on Jubilee ward, which had the potential to have a negative impact on the delivery of care and treatment of patients.

Planning and delivering services which meet people's needs

- Each location was commissioned and staffed to meet the needs of the local and wider population and the specific needs of the patient group that was admitted to the ward. Patients told us the care and treatment provided to them met their specific needs. On some wards, Snowdon and Kite, staff held meetings with patients to seek their views about how the services should develop.
- Jubilee ward provides two roles: to carry out assessments for patients who are deemed to require Continuing Healthcare need assessment to ascertain what the long-term needs of the patient, and to provide End of Life Care for patients who are in the last stages of life. This service was commissioned for people who lived in the Portsmouth area of Hampshire.
- Kite ward provides a Neuropsychiatric Rehabilitation Service for people after a brain injury whose impairments are largely in the cognitive, behavioural or mental health spectrum. There were no geographical boundaries for patients receiving care and treatment in the Kite unit, with each patient being funded by their relevant commissioning bodies.
- Spinnaker ward provides inpatient rehabilitation for patients with complex physical disability excluding new stroke diagnoses. There was a mixture of step-down beds for patients admitted from the acute hospital and step-up beds from community settings.
- Snowdon ward provided rehabilitation treatment for people with physical and cognitive limitations following a recent neurological event or a long-term neurological condition. This service was mainly provided for patients within the Southampton and West Hampshire areas, but could be provided for other Hampshire residents if funding was agreed by the relevant commissioners. Staff told us there had been no issues with funding for treatment at Snowdon for patients who did not live in the local area.
- Lower Brambles and Fanshawe wards at the Royal South Hants Hospital in Southampton provided step up and step down care for patients registered with a Southampton City GP.
- Patient forums on Snowdon ward and patient community meetings on the Kite unit provided opportunity for patients to influence the running and development of the service.
- Services were continually being developed to provide a better service and environment for patients. The outside areas at Snowdon were being developed to enable patients access the garden area. In order to further enhance the service provided at the Kite unit the team were in the process of identifying a site that would meet the needs of patients, allow a flexible mix of female to male ratio of patients and enable closer working with the neurological rehabilitation service provided on Snowdon ward.

Are services responsive to people's needs?

Equality and diversity

- Equality and diversity was included in mandatory training for staff. All staff on Spinnaker and Lower Brambles had completed the training, 97% of staff on Fanshawe, 95% of staff on Snowdon and 93% of staff on Kite had completed the training.
- Most staff told us they had access to interpreting services. However, at Jubilee House we were told they only had access to interpreting for hearing and vocally impaired patients. Staff told us they were trying to source interpreting services for patient whose first language was not English. Lack of language interpreting services had meant staff were not always able to administer prescribed medicines to a patient who did not speak English, as the patient refused the medicines because they did not understand what they were being given.
- Ward and kitchen staff in all locations told us they accessed special dietary and religious diets when needed.
- We saw evidence of staff responding to the needs of patients who had family members with medical conditions, which meant they were unable to visit the patient in hospital. Staff made sure the relative was kept updated about the patient's condition in regular phone calls from themselves and the patient.
- The trust told us it was routine that information provided by the communications and marketing team was also available in an easy read format for patients who had difficulty understanding the written word. We did not see any easy read leaflets during the inspection, but staff told us they could access easy read leaflets if needed.

Meeting the needs of people in vulnerable circumstances

- Discussion with staff evidenced they had an understanding about meeting the needs of patients with complex needs, such as those with a learning disability or living with dementia. Kite unit had been refurbished and decorated in colours schemes that made it easier for people with cognitive impairments to identify door openings.

- Most wards had clear pictorial signage for bathrooms, so patients with cognitive impairments could identify where toilet facilities were.
- Staff on Kite unit and Snowdon ward demonstrated in conversations and observation of interactions with patients they had skills to meet the needs of people who had cognitive and communication impairments.
- At Jubilee ward, the matron had identified the need for staff on the ward to have updated dementia training and was looking at joint training about dementia with the mental health teams. On the same ward we observed good interactions between a member of staff to a patient who was confused and wandering, with the staff member supporting the patient to wander safely at their own pace.

Access to the right care at the right time

- Individual wards had clear admission criteria for the service they provided. Patients who lived in the catchment areas as defined by local commissioning could be admitted if their conditions would benefit from the treatment and care provided by the individual wards. However, in the case of Spinnaker ward the admission criteria was sometimes overruled by the local acute NHS hospital, with patients admitted to Spinnaker ward without being assessed for their suitability for the ward.
- Patients on Snowdon ward had their bed held open for them for 48 hours if they had to be admitted to the local acute hospital for short periods of treatment; this meant they had immediate access to continuation of their rehabilitation treatment once they were discharged from the acute hospital.
- The average bed occupancy across all the trust between 1 August 2015 and 31 January 2016 2016 was 77%. However, the community inpatient bed occupancy for all wards, with the exception on the Kite unit, ranged from 89% to 94%. The high occupancy levels in these wards indicated a service that supported the local and wider health needs in providing a less acute and slow rehabilitation service. Kite unit bed occupancy rate for the same period was 71%. This lower occupancy rate was related to the number of patients referred for the specialist neuropsychiatric rehabilitation service and the clear admission protocols that ensured patients admitted were suitable for the service.

Are services responsive to people's needs?

- Between 1 August 2015 and 31 January 2016, there were a total of 172 delayed discharges across the inpatient wards. The highest number was on Jubilee House where there were a total of 73 delayed discharges. Staff told us this was usually relating to delays in residential care placements and care packages in the patient's own home. This was confirmed in data provided by the trust that showed between April 2015 and March 2016 there was a total of 2332 delayed discharge days with 667(29%) of these due to patients waiting for care packages in their own home and 499 (21%) waiting residential home placements.
- At Jubilee House, staff told us there was a fast track process for patients wishing to die at home, but they explained there were sometimes delays to this whilst care packages were being arranged.
- Records of complaints showed patients received a written response to formal complaints that was signed off by the CEO.
- Staff on the wards described changes made in the service in response to complaints and concerns. Some of these included changes to lighting in winter on Jubilee ward, patients on Snowdon ward being informed about the time of doctors' visits so they could be prepared about what they wanted to ask the doctor, and the trust following plans to have WIFI across the trust for patients to use.
- Conversations we had with patients during the inspection indicated they were confident any concerns raised with members of staff would be dealt with promptly and in an appropriate manner. Some patients described occasions when they had raised a concern and staff took it seriously and responded in a manner that patients were satisfied with.
- We found all wards considered complaints and concerns seriously and where possible took action in response to complaints.
- Records of ward meetings showed complaints and actions that needed to be taken in response to complaints were discussed, and lessons learned and disseminated appropriately.

Learning from complaints and concerns

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 well-led as good because:

- Staff had a good understanding of the trusts vision and values and some wards had developed their own values and vision.
- There was a clear governance framework to monitor quality, performance and risk at ward, service and trust level. Staff knew the risks, and action taken to mitigate these risks for their individual wards.
- Staff said they enjoyed working for the trust. They felt respected and valued by their immediate and senior managers. They said they could access members of the executive board if they needed to.
- The trust gathered patients' views using the NHS Friends and Family Test and through complaints and compliments. They analysed results and made service improvements as a result. Some wards held patient forums to allow patients to express their views and influence the development of the wards.

Service vision and strategy

- Discussion with inpatient service leads identified there was no overall inpatient service wide strategy. They explained this was because services covered by inpatients were so broad that a service wide strategy would not fit all the services provided. However, they explained, individual services had their own strategies and visions.
- We observed wards had developed their own visions, which were displayed in the wards.
- Snowdon ward's vision was "To be a collaborative team providing highly skilled neuro rehabilitation to achieve patient centred goals in a safe and supportive environment."
- Jubilee ward's vision was detailed as a "caring and peaceful environment which will be clean and tidy with knowledgeable staff that are willing to help. There will be good communication whilst showing empathy to patients and visitors. A safe and secure environment

with happy staff where patient care is promoted and staff work as a team. Listening skills to be used. Listen to the needs of patients and visitors while staff act in a professional manner. Mindful that each patient has individual needs and privacy and dignity will be adhered to at all times." Although this was somewhat lengthy, this environment was evidenced during our inspection, and clearly reflected the aspects described. Patient and relative comments were in agreement with this service strategy.

- The trust had its own vision and values. The vision was "to provide great care, be a great place to work and deliver great value for money." The trust's values were honesty, every one counts, accountable, respectful and teamwork. All staff we spoke to knew about them, and had been consulted about these. Staff descriptions and observations of the care and support they gave to patients indicated they incorporated the values into their work.

Governance, risk management and quality measurement

- The trust risk register had four items detailed on it for community inpatient services, the longest of which had been on the risk register since May 2014. The risk register contained little detail about what action was taken to mitigate the risks. However, discussions with members of staff and review of ward and managers meeting records showed risks were kept under review and action taken to mitigate the risks.
- Discussion with staff evidenced the risks identified on the risk register reflected their opinion of risks associated within the ward areas. Two of the risks related to on-going staffing difficulties and two related to maintenance of equipment. Action taken to mitigate risk was included, which included for staffing difficulties on going recruitment and use of regular agency and bank staff.
- There was a clinical governance structure in place. At a senior level, there were Inpatient Service Group meetings and Adults Assurance and Governance

Are services well-led?

meetings held monthly. Records from these showed serious incidents, complaints and compliments, activity performance, waiting lists, staff wellbeing, the risk register and Family and Friend Test results were reviewed. These meetings also included feedback from the trust board's quality and governance meetings. The records of these meetings showed actions to be taken were identified and actions following previous meetings were reviewed.

- Each ward area held their own meetings, records of which showed they reviewed incidents, complaints and compliments, performance and risks, as well as receiving feedback from senior management and trust level governance issues that were relevant to their work

Leadership of this service

- All staff spoke positively about their local leadership. Many staff had worked at the trust for a long time and said it was a good organisation to work for. Staff spoke positively about the teamwork they experienced in their work areas. They said they felt respected and valued by their immediate managers and by the senior management team. The staff on Jubilee ward told us of the support given to them by “the hard working, committed, supportive matron and ward manager”.
- All staff we spoke to knew who the board leadership team were. Planned “board to floor safety walk about” by members of the board team meant it was assured the executive team was visible on the wards. Some staff said they felt the Trust leadership was “substantially Southampton-centric” and thought some senior executives may not fully understand the success of the local senior nursing staff. This matched the description by inpatient service leads of Southampton and Portsmouth service being separate.
- Reports from “board to floor walk abouts” showed the board listened to the views and concerns of staff and identified actions that needed to be taken.
- Staff told us the CEO had an open email so all staff could communicate with her if they wanted to. Staff who had contacted the CEO said she responded to their emails.

- Inpatient leads spoke positively about their engagement with the new medical director. They felt they were finally being consulted with and able to contribute to leadership decisions. Previously, they told us, they had felt very disjointed from board level managers.

Culture within this service

- Results from the 2015 NHS staff survey had five key findings that were better than the national average for combined mental health, learning disabilities and community trusts. However, they had 14 key findings that were worse than the national average.
- However, discussion with staff did not replicate the staff survey data. Most staff said morale had improved; they worked well as a team and felt supported by their immediate managers who led their departments well. There were low staff sickness and vacancy rates across the service with a high record of staff stability between 1 May 2015 – 30 April 2016.

Public engagement

- Patients provided feedback about the service by the use of the NHS Friends and Family Test. Results from these were displayed in the ward areas. Comments included in the FFT were considered at ward and governance meetings to identify areas for improvement and change.
- Some wards, Snowdon and Kite, held patient meetings where patients had the opportunity to express their views about the running of the service and influence changes to the service.

Staff engagement

- Information was shared with the staff teams. Information was displayed in suitable areas of the wards about governance, risks, training and hospital information. Information was shared by email correspondence and information was available on the trust's intranet.
- Staff meetings and handover periods provided opportunity to engage with staff and ensured information was passed on to staff. Records of staff meetings and discussions with staff confirmed this occurred.
- “Board to floor safety walkabouts” gave staff further opportunity to engage directly with the executive aboard team

Are services well-led?

Innovation, improvement and sustainability

- Staff said that they shared ideas and discussed care with colleagues at meetings between teams in different localities.
- Some ward areas had developed their own quality improvement plans. For example, Jubilee House had developed a quality improvement plan, the first goal of which was to improve communication on the ward.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe care or treatment. <ul style="list-style-type: none">• Medicines management were not in line with current legislation• Interpreters services should be available to ensure care and treatment is delivered in a safe way.