

South Tees Hospitals NHS Foundation Trust

RTR

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)
RTR27	Carter Bequest Primary Care Hospital		
RTRX6	East Cleveland Primary Care Hospital	<Placeholder text>	<Placeholder text>
RTRAQ	Guisborough Primary Care Hospital	<Placeholder text>	<Placeholder text>
RTR07	Friary Community Hospital	<Placeholder text>	<Placeholder text>
RTRX5	Lambert Memorial Community Hospital	<Placeholder text>	<Placeholder text>
RTR18	Redcar Primary Care Hospital	<Placeholder text>	<Placeholder text>







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

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

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

Summary of findings

Ratings

Overall rating for the service		Good	
Are services safe?		Requires improvement	
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

Incidents were reported and investigated. There was evidence of learning and that changes had been implemented. The rate of harm-free care, from April to October 2014, was between 95% and 100% for all community hospital wards. Staff applied the principles of the recently introduced Duty of Candour legislation.

There were safeguarding policies and procedures which were understood and implemented by staff. Compliance with safeguarding training was inconsistent; the number of staff who had received safeguarding children level 2 training and safeguarding adults level 1 training was below the trust's targets. There was some evidence that training records were not accurate. The compliance with mandatory training ranged from 67% to 83%.

Medicines were stored and managed appropriately. Medication errors were monitored monthly. The clinical environments were visibly clean. Staff applied infection control principles. There had been one reported incident of *Clostridium difficile* (C. difficile) and no hospital-acquired Methicillin-resistant or Methicillin-Sensitive *Staphylococcus Aureus* (MRSA or MSSA) year to date (2014/15).

Records were stored appropriately and most were appropriately completed, however, we identified gaps or errors in some locations, particularly in the fluid balance records, venous thromboembolism (VTE or blood clot) assessments and malnutrition universal screening tool (MUST) scores. We found that nursing assessments and risk assessments were undertaken and, where risks were identified, appropriate action plans were mostly in place.

Staffing levels were planned according to patient need with a registered nurse to patient ratio of at least 1:8 during the day and 2:12 at night. This was achieved most of the time. Where issues with staffing levels that could affect patient safety were identified, we saw there was a positive response by managers to maintain safe levels. Adequate medical cover arrangements were in place at all community hospitals.

Staff had access to evidence-based policies and guidance and we saw evidence that these were implemented in

most cases. Clinical audits were carried out regularly with good levels of compliance recorded. Action plans were in place to address areas for improvement. Information was shared across the teams.

Data showed that between 33% and 89% of staff had received an annual appraisal. Plans were in place to address the areas where there were shortfalls.

We found effective multidisciplinary working across the hospitals. There were systems in place to support information-sharing, such as team meetings and multidisciplinary board rounds (meetings usually held, with a white board, away from the bedside so that teams can prioritise patient reviews and other issues, such as discharge planning).

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood their responsibilities regarding consent for patients who may lack mental capacity.

We spoke with 45 patients and 11 relatives during our inspection. They all spoke positively about the care they had received while at the community hospitals. Most patients understood the care that was planned and felt involved in decision-making. We saw evidence that staff provided emotional support in response to patient need.

Patients were treated as individuals and we saw examples of patients' diverse needs being met. We saw that systems and equipment were put in place to support individuals' needs.

Admission and discharge were organised and managed by the single point of contact within the Integrated Medical Care Centre in liaison with ward consultants and local GPs. Clear admission criteria were used and staff told us these were applied to ensure that patients received the right care at the right time. We saw evidence of delayed transfers of care. Trust-wide data showed that 32% (6,248) of the delays from April 2013 to July 2014 were attributed to the completion of assessments, against an England average of 19% for completion of assessments.

There was evidence that complaints and concerns were responded to, monitored and that lessons were learned and shared.

Summary of findings

There were planned ward closures and service changes in Middlesbrough and Redcar and Cleveland which had caused some uncertainty. In North Yorkshire, staff had a clear vision for their current service. However, staff at Lambert Memorial Community Hospital were less clear about the longer-term vision and strategy for the service.

There were effective governance, risk management and quality measurement processes in place which were consistent across the community hospitals as part of the

wider care centres. Staff were positive about the clear management structure. However, there remained uncertainty around the future direction and leadership roles at one location.

There was an apparent open, honest and transparent culture. Where concerns were raised, managers were quick to act and support staff.

There was good staff engagement. Patients were encouraged to provide feedback and results were displayed on the wards.

Summary of findings

Background to the service

South Tees Hospitals NHS Foundation Trust runs The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton, providing district general hospital services for the local population as well as delivering community services in Hambleton, Redcar, Richmondshire, Middlesbrough and Cleveland. The trust also provides a range of specialist regional services to 1.5 million people in the Tees Valley and parts of Durham, North Yorkshire and Cumbria. The trust employs approximately 9,000 staff and has a purpose-built academic centre with medical students and nursing and midwifery students undertaking their clinical placements on site.

Community health inpatient services were provided across the South Tees Hospitals NHS Foundation Trust by six inpatient community hospitals. These were the Friary Community Hospital (18 beds), Lambert Memorial Community Hospital (14 beds), Guisborough Primary Care Hospital (18 beds), Redcar Primary Care Hospital (31 beds), Carter Bequest Primary Care Hospital (24 beds) and East Cleveland Primary Care Hospital (18 beds). There was also a day surgery unit at Redcar Primary Care Hospital. A total of 2,142 people were cared for in the community hospital beds during 2013/14.

Carter Bequest Primary Care Hospital in Middlesbrough provided inpatient care by consultants from the James Cook University Hospital, GPs and community matrons in the Middlesbrough area. They predominantly provided rehabilitation and palliative care.

East Cleveland Primary Care Hospital in Brotton provided consultant- and GP-led inpatient care. They also predominantly provided rehabilitation and palliative care.

Guisborough Primary Care Hospital provided consultant-led inpatient care and predominantly provided rehabilitation and palliative care.

Lambert Memorial Community Hospital in Thirsk provided 14 inpatient beds under the care of acute hospital physicians and GPs. The services included general rehabilitation, palliative care, assessment of present and future care needs and diagnostics.

Redcar Primary Care Hospital provided predominantly rehabilitation and palliative inpatient care. The day surgery unit provided surgery for patients requiring minor surgical procedures under local anaesthetic.

Friary Community Hospital provided 12 inpatient beds for GP use and six for intermediate care. Patients were admitted for a variety of reasons, for example, acute illness, palliative/terminal care and rehabilitation. The trust worked jointly with North Yorkshire County Council social services to provide an intermediate care facility.

There were proposals to change some of the service provision. The NHS South Tees Clinical Commissioning Group (CCG) had been working in partnership with the South Tees Hospitals NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust and local authorities in Middlesbrough and Redcar and Cleveland to improve services for the vulnerable, elderly and those with long-term conditions. This included reconfiguring the bed base at the primary care hospitals. It was planned that the wards at Guisborough Primary Care Hospital and Carter Bequest Primary Care Hospital would close. This had been subject to a public consultation in 2014.

Our inspection team

Our inspection team was led by:

Chair: Sandra Christie, Director of Nursing, Wirral Community NHS Trust

Team Leader: Julie Walton, Head of Hospital Inspection, Care Quality Commission (CQC)

The team included CQC inspectors and a variety of specialists, including a health visitor, school nurse and children's therapist.

Summary of findings

Why we carried out this inspection

South Tees Hospitals NHS Foundation Trust was inspected as part of the scheduled programme of

comprehensive inspections. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

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 inspected the community health inpatient services across the trust's locations.

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 on 9 to 12 December 2014. 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 patients' care or treatment records. We met with service users and carers, who shared their views and experiences of the core service.

Staff encouraged all patients to complete a questionnaire prior to discharge. Results were displayed on the wards and were good overall. Patients had commented that staff had been kind, considerate and caring.

We spoke with 45 patients and 11 relatives during our inspection. They all spoke positively about the care they had received whilst at the community hospitals. Patients told us they were treated with kindness, dignity, respect and compassion.

We held a listening event on 2 December 2014 in Middlesbrough to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection. The team would like to thank all those who attended the listening events.

What people who use the provider say

We spoke with 45 patients and 11 relatives during our inspection. They all spoke positively about the care they had received while at the community hospitals. Patients told us they were treated with kindness, dignity, respect and compassion.

Good practice

We saw the use of stamps which detailed registered nurses names and personal identification numbers against their signature. This meant it was clear which staff member had made the record.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST or SHOULD take to improve

The trust must:

- Ensure that the number of staff who received safeguarding children level 2 training and safeguarding adult level 1 training meets trust targets.
- Ensure that staff have received mandatory training.
- Ensure that patient records are accurate and complete, particularly fluid balance records, venous thromboembolism (VTE or blood clot) assessments and malnutrition universal screening tool (MUST) scores.
- Ensure that staff have received an annual appraisal.

- Ensure that hazardous substances are secured, particularly at Lambert Memorial Community Hospital.
- Ensure that staff follow the escalation policy when a patient's condition deteriorates.

The trust should:

- Continue to work with stakeholders to reduce the number of patients with delayed transfers of care.
- Engage with staff at Lambert Memorial Community Hospital regarding the longer-term vision and strategy for the service.
- Ensure that equipment, particularly mattresses and crash mats, at Lambert Memorial Community Hospital are used for the intended purpose.
- Collate information on readmissions to the acute hospitals as part of monitoring the effectiveness of the service at the community hospitals

South Tees Hospitals NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Requires improvement



Are services safe?

By safe, we mean that people are protected from abuse

Summary

Incidents were reported, reviewed and investigated. There was evidence of learning and changes had been implemented as a result of incidents that had occurred. Staff knew and understood their responsibilities and applied the principles of the Duty of Candour legislation.

The rate of harm-free care, from April to October 2014, was between 95% and 100% for all community hospital wards.

There were safeguarding policies and procedures which were understood and implemented by staff. Compliance with safeguarding training was inconsistent and varied from 36% to 100%.

Medicines were stored and managed appropriately. Medication errors were monitored monthly as part of the performance dashboards and appropriate action taken to prevent recurrence.

The clinical environments were visibly clean. Staff applied infection control principles. Infection control audits had

been completed and showed 87% to 100% compliance with the standards. There had been one reported incident of C. difficile and no hospital-acquired MRSA or MSSA year to date (2014/15).

The compliance with mandatory training ranged from 67% to 83%. Staff reported that non-compliance was due to a range of issues, including insufficient training places, a time delay in updating centrally held records and delays in obtaining smart cards to access e-learning.

Records were stored appropriately and most were appropriately completed, however, we identified gaps in some locations, particularly in the fluid balance records and VTE assessments. We found that nursing assessments and risk assessments were undertaken and, where risks were identified, appropriate action plans were mostly in place.

Staffing levels were planned according to patient need, with a registered nurse to patient ratio of at least 1:8 during the day and 2:12 at night. This was achieved most of the time. Where issues with staffing levels that could affect

Are services safe?

patient safety were identified, we saw there was a positive response by managers to maintain safe staffing levels. Adequate medical cover arrangements were in place at all community hospitals.

Detailed findings

Incident reporting, learning and improvement

- An electronic incident reporting system was in place and staff knew how to use it. Within the inpatient services, 27 serious incidents had been reported across the community hospitals between 1 October 2013 and 30 September 2014.
- Pressure ulcers were the most common incident. The trust's target for 2014/15 was to eliminate avoidable category 3 and 4 pressure ulcers over 3 years and reduce the number of avoidable category 2 pressure ulcers by 50%.
- The number of patient falls was low throughout the year, except for December 2013. The trust's annual report for 2013/14 showed a reduction in the number of falls resulting in a fracture, with five reported in community hospitals, compared to nine in 2012/13.
- Incidents were reviewed and investigated. There was evidence of local learning and changes had been implemented as a result of incidents that had occurred.
- Staff received feedback on incidents they reported and most were aware of incidents that had happened across the trust and the lessons learned.
- Monthly matrons meetings and bimonthly governance meetings were held which included reviewing incident trends, root cause analyses (which are investigations to determine how and why patient safety incidents happened) and learning.
- Each ward had a reporting dashboard which showed how the ward had performed on key risk areas.
- The rate of harm-free care, year to date up to October 2014, was between 95% and 100% for all community hospital wards.

Carter Bequest Primary Care Hospital

- The wards used a monthly reporting dashboard that included outcomes for the NHS Safety Thermometer (an improvement tool for measuring, monitoring and analysing patient harms and harm-free care). The average harm-free care for the year to date was 95.5%, with the previous two months at 100%.

- Staff reported incidents using the electronic incident reporting system.
- Junior staff reported concerns to the ward manager or qualified staff and any trends noted were discussed at regular team meetings.
- Incidents were discussed at ward manager level with the clinical matron and escalated through the governance team.
- Staff reported that they received feedback on incidents and lessons learned through the community integrated care team meetings and this was disseminated through ward team meetings and in general communication with staff at all levels.
- We saw evidence of learning following an incident which resulted in a trust-wide risk alert notice. Staff were aware of the incident and there were no current issues.

Friary Community Hospital

- The wards used a monthly reporting dashboard that included the NHS Safety Thermometer outcomes. The average harm-free care for the year to date was 98.8%, with the previous two months at 100%.
- Staff reported incidents using the electronic incident reporting system.
- Junior staff reported concerns to the ward manager or qualified staff and any trends noted were discussed at regular team meetings.
- Incidents were discussed at ward manager level with the clinical matron and escalated through the governance team.
- Staff reported that they received feedback on incidents and lessons learned through the community integrated care team meetings and this was disseminated through ward team meetings and in general communication with staff at all levels.
- We saw evidence of learning regarding falls. A trust-wide falls team had been established and the ward had adopted several measures to prevent falls, including actions taken following a thorough falls assessment on admission.

Guisborough Primary Care Hospital

- The wards used a monthly reporting dashboard that included the NHS Safety Thermometer outcomes. The average harm-free care for the year to date was 95.3%, with five out of the previous 12 months at 100%. This

Are services safe?

data was shared with the whole team at ward meetings and broken down in to visual displays for staff, for example, the Safety Cross system (used to illustrate the number of days without pressure ulcers and falls).

- Staff reported incidents using the electronic incident reporting system.
- Junior staff reported concerns to the ward manager or qualified staff and any trends noted were discussed at regular team meetings.
- Incidents were discussed and a root cause analysis was carried out at ward manager level with the clinical matron and escalated through the governance team.
- Staff reported that they received feedback on incidents and lessons learned through the community integrated care team meetings and this was disseminated through ward team meetings and in general communication with staff.
- We saw evidence of learning following an incident where the ward sister attended a clinical governance meeting to discuss the case, implement staff support and training, and review the outcomes. Staff were aware of the incident and had learned from it and there were no current issues.
- Staff talked about evidence of learning regarding falls. A trust-wide falls team had been established and the ward had adopted several measures to prevent falls, including actions taken following a thorough falls assessment on admission.

Lambert Memorial Community Hospital

- Staff reported incidents using the electronic incident reporting system. All members of staff had access to the system and were able to use it via a link to the trust system available in the matron's office. The matron reported there could be delays in incidents being recorded centrally. However, she received 'real-time' information via mobile technology and responded in a timely manner.
- A copy of the completed incident report was kept in patients' notes.
- The ward manager and matron reviewed all reported incidents to ensure they were appropriately investigated. They provided feedback to staff, including by email, and staff confirmed this.
- Information about incidents that had happened elsewhere in the trust and any lessons that may be learned were shared at team meetings.

- A performance dashboard that included safety incidents was produced monthly and discussed at monthly matron meetings and clinical governance meetings attended by the head of nursing. The average harm-free care for the year to date was 100%.

Redcar Primary Care Hospital

- Staff reported incidents using the electronic incident reporting system. All members of staff had access to the system and were able to use it.
- The ward manager and matron reviewed all reported incidents to ensure they were appropriately investigated and provided feedback to staff. Staff on the ward and in the day surgery unit confirmed they received feedback, including by email.
- Information about incidents that had happened elsewhere in the trust and any lessons that may be learned were shared at team meetings.
- The ward used a reporting dashboard that included the Safety Thermometer outcomes. The average harm-free care for the year to date was 95.2%. This dashboard also included safety incidents. It was produced monthly and discussed at monthly matron and clinical governance meetings attended by the head of nursing.
- Safety information was shared at 'comms cell' meetings held on the ward. Staff reported that the frequency of these had reduced due to staffing restraints.

East Cleveland Primary Care Hospital

- Staff reported incidents using the electronic incident reporting system. All members of staff had access to the system and were able to use it.
- An incident occurred during the inspection. This was reported and managed appropriately.
- The ward manager and matron reviewed all reported incidents to ensure they were appropriately investigated and provided feedback to staff.
- Information about incidents that had happened elsewhere in the trust and any lessons that may be learned were shared at team meetings. A daily board round or 'safety pod' was held and safety information shared.
- The ward used a monthly reporting dashboard that included the Safety Thermometer outcomes. The average harm-free care for the year to date was 95.5%.

Are services safe?

- This dashboard also included safety incidents, was produced monthly and discussed at monthly matron and clinical governance meetings attended by the head of nursing.

Duty of Candour

- Staff at all the community hospitals applied the principles of the Duty of Candour legislation, although they did not always recognise the term. Staff demonstrated that the day-to-day attitude of transparency, honesty and openness was shared by the whole team.
- The electronic incident reporting system provided a prompt for staff to inform relatives of any incidents.

Safeguarding

- Staff we interviewed were aware of the correct safeguarding process to follow and were able to outline the policy and methods for escalation of concerns. Staff gave examples of recent safeguarding alerts they had made.
- All staff had received safeguarding children level 1 training, with the exception of the Friary Community Hospital. The recorded compliance rate at Friary hospital was 50%.
- Between 36% and 92% of staff had received safeguarding children level 2 training. The trust's safeguarding children training strategy 2013–16 stated that all clinical staff, including nurses working in adult community services, who have any contact with children, young people or parents/carers, required level 2 training.
- Between 69% and 84% of staff had received safeguarding adult level 1 training. The trust's safeguarding vulnerable adults policy stated that all staff required level 1 training.

Carter Bequest Primary Care Hospital

- Staff were aware of the correct safeguarding process to follow and were able to outline the policy and methods for escalation of concerns. All knew how to raise a safeguarding alert and gave us an example of a recent safeguarding alert.
- Between 80% and 100% of staff had received appropriate safeguarding training.

Friary Community Hospital

- Staff were aware of the correct safeguarding process to follow, were able to outline the policy and methods for escalation of concerns, and all knew how to raise a safeguarding alert.
- Central records showed that 50% and 64% of staff had received safeguarding children level 1 and level 2 training respectively. Records showed that 77% of staff had received safeguarding adults level 1 training.

Guisborough Primary Care Hospital

- Staff were aware of the correct safeguarding process to follow and were able to outline the policy and methods for escalation of concerns. All staff knew how to raise a safeguarding alert. Staff gave examples of safeguarding alerts made and how they had a positive effect on care and safety for patients and the team.
- All staff had received appropriate safeguarding training on-site from the safeguarding lead, and qualified nursing staff were competent at level 3.

Lambert Memorial Community Hospital

- There were safeguarding policies and procedures which were understood and implemented by staff.
- Records showed that, while all staff had received safeguarding children level 1 training, only 36% had received level 2 training. The managers were aware that training need to be updated and planned to address this.
- More than 80% of staff had received safeguarding adults level 1 training.

Redcar Primary Care Hospital

- There were safeguarding policies and procedures which were understood and implemented by staff.
- Staff had received safeguarding children training.
- We found that 78% of staff had received safeguarding adults level 1 training.

East Cleveland Primary Care Hospital

- There were safeguarding policies and procedures which were understood and implemented by staff.
- Staff had received safeguarding children training.
- We found that 69% of staff had received safeguarding adults level 1 training.

Medicines management

Are services safe?

- The annual medicines storage and security audit of all clinical areas in the trust had been completed in the community hospitals in March 2014 and, overall, showed good compliance with the trust's standards.
- Medication errors were monitored monthly as part of the performance dashboards.
- The majority of medicines were administered correctly and appropriately.
- The controlled drugs registers were found to be accurate with no omissions.
- Drugs fridge temperatures were checked daily and results were within parameters.
- We identified one drug administration error during our inspection. This was responded to appropriately.

Carter Bequest Primary Care Hospital

- Medicines were well-managed. The pharmacist visited the ward twice a week to check stock. Drug alerts were shared and regular audits were carried out.
- The controlled drugs register was found to be accurate with no omissions.
- Storage and security of controlled drugs was well-managed by the ward staff.
- Drugs fridge temperatures were checked daily and results were within parameters.

Friary Community Hospital

- Medicines were well-managed. The pharmacist visited the ward weekly to check stocks. Drug alerts were shared and regular audits were carried out. A routine daily delivery was made and urgent requests were catered for.
- The controlled drugs register was found to be accurate with no omissions.
- Drugs fridge temperatures were checked daily and results were within parameters.
- GPs prescribed for their own patients and the senior sister was a nurse prescriber.
- Ward staff stated that the Friarage Hospital pharmacy provided good local support to the ward.

Guisborough Primary Care Hospital

- Medicines were well-managed. The pharmacist visited the ward weekly to check stocks. Drug alerts were shared and regular audits were carried out. A routine daily delivery was made and urgent requests were catered for.

- The controlled drugs register was found to be accurate with no omissions.
- Drugs fridge temperatures were checked daily and results were within parameters.
- There had been five recorded medication errors over the previous 12 months.
- The medical team and GPs prescribed for their own patients and the nurse practitioner followed the trust's guidelines on nurse prescribing.
- Following the closure of a ward, medicines had been amalgamated and, despite returning many items to pharmacy, there were still excess stocks of pharmacy supplies. These were safely managed and secured.

Lambert Memorial Community Hospital

- Medications were stored appropriately.
- The controlled drugs register was found to be accurate with no omissions.
- Drugs fridge temperatures had been checked almost daily and results were within parameters.
- Pharmacist support was provided to the ward twice a week.
- There had been two recorded medication errors over the previous 12 months.
- We reviewed three medication administration records. These were appropriately completed.

Redcar Primary Care Hospital

- We observed medication being administered with care and attention.
- We reviewed three medication administration records. No other errors were noted.
- There were arrangements in place to ensure patients received time-sensitive medication appropriately.
- There were no reported medication errors over the previous 12 months.
- We saw 'do not disturb' tabards were worn by staff while administering medication.
- The ward employed a nurse practitioner who was a non-medical prescriber. Medical staff were also available to prescribe required medication.
- Within the day surgery unit, medication was appropriately stored.

East Cleveland Primary Care Hospital

- We observed medication being administered with care and attention.

Are services safe?

- We noted an error in the timing of administration of one medication during our inspection. This was responded to promptly and actions immediately put in place to prevent recurrence.
- We reviewed five medication administration records. Most medicine charts were completed, but two drugs were noted as not being signed as given.
- There were no reported medication errors over the previous 12 months.
- Controlled drugs were appropriately stored. Registers were found to be accurate with no omissions.
- Drugs fridge temperatures were checked daily and results were within parameters.
- The ward was supported by a matron who was a non-medical prescriber.

Safety of equipment

- Sufficient equipment was available to meet patients' needs.
- Equipment was checked and maintained.

Carter Bequest Primary Care Hospital

- The resuscitation trolley was checked daily, defects noted and actions were taken accordingly. The correct drugs were available and in date.
- A piece of equipment (a mask) had been missing from the trolley for three weeks during November 2014 due to an issue with supply.
- There was consistent evidence of portable appliance testing (PAT) on equipment.
- Sufficient equipment was available, including electrocardiogram (ECG) blood pressure machine and hoists.

Friary Community Hospital

- The resuscitation trolley was checked daily, defects noted and actions were taken accordingly. The correct drugs were available and in date.
- There was consistent evidence of PAT testing on equipment.
- Sufficient equipment was available including ECG, blood pressure machine, hoists and slings.
- The blood glucose monitor was quality controlled with daily checks.
- Admission for patients who had previously fallen at home or in hospital was monitored and bed alarms were routinely used for the first 24 hours of their stay.

Guisborough Primary Care Hospital

- The resuscitation trolley was checked daily, defects noted and actions were taken accordingly. The correct drugs were available and in date.
- There was consistent evidence of PAT testing on equipment.
- Sufficient equipment was available including ECG, blood pressure machine, defibrillator, hoists and slings.
- Bed alarms were used for the first 24 hours following admission to monitor patients who may have become confused due to the change in routine or background noise on the ward.

Lambert Memorial Community Hospital

- The resuscitation trolley was checked daily.
- There was consistent evidence of PAT testing on equipment.
- Sufficient equipment was available to meet patients' needs. However, it was noted that mattresses rather than purpose-built crash mats were used for patients at risk of falls. This was not consistent across the community hospitals.
- We found that the cleaners' room was unlocked. An internal cupboard was also unlocked which contained substances hazardous to health. The matron took immediate action to address this.

Redcar Primary Care Hospital

- The resuscitation trollies were checked daily.
- Staff stated there was sufficient equipment available to meet patients' needs. Specialised sensor equipment was used for patients at risk of falls. Staff were instructed how to use this.
- There was consistent evidence of PAT testing on equipment.
- Staff received training on medical devices. All equipment was detailed on a noticeboard with staff's signatures indicating they were competent to use the equipment.
- Adequate equipment was available in the day surgery unit. Equipment was managed well and stocks controlled. Staff reported no issues with access to appropriate equipment and supplies.

East Cleveland Primary Care Hospital

- The resuscitation trolley was checked daily.

Are services safe?

- There was consistent evidence of PAT testing on equipment.
- Sufficient equipment was available to meet patients' needs.

Records and management

- Records were stored appropriately and readily available when requested.
- We looked at 27 records. Most records were appropriately completed, however, we identified gaps in some locations, particularly in the fluid balance records and VTE assessments.
- Documentation audits were carried out monthly and action plans were used to identify compliance issues and improvements made.

Carter Bequest Primary Care Hospital

- We looked at five patient records in detail and found that individualised care plans were all completed and up to date.
- Pain assessments were completed and analgesia was given when pain was reported. However, it was noted that, when one patient was given analgesia for pain, there was no evaluation of its effectiveness. This was pointed out and actioned immediately.
- During our visit, an anomaly in a patient's identification details was noted, escalated and rectified in the central records system. Duty of candour was demonstrated when the family were informed.
- Documentation audits were carried out monthly and action plans were used to identify compliance issues and improvements made.

Friary Community Hospital

- We looked at three patient records in detail and found that individualised care plans were all completed and up to date. Care plans reflected the needs of the patient. Pain assessments were completed and analgesia was given when pain was reported
- Assessments were undertaken and reassessments were carried out as patients' conditions and abilities changed.
- Documentation audits were carried out monthly and action plans were used to identify compliance issues and improvements made.
- Evaluations showed active management of risks and reviews within appropriate timescales.

Guisborough Primary Care Hospital

- We looked at seven patient records in detail and found that individualised care plans were all completed and up to date. Care plans reflected the needs of the patient.
- Pain assessments were completed and analgesia was given when pain was reported.
- Assessments were carried out, taking into consideration patients' ability to recall information, and reassessments carried out as patients' conditions and abilities changed.
- Documentation audits were carried out monthly and action plans were used to identify compliance issues and improvements made.
- Evaluations showed active management of risks and reviews within appropriate time scales.

Lambert Memorial Community Hospital

- We looked at three patient records. All records had a nursing assessment and risk assessment.
- Appropriate care plans and risk assessments were in place.
- There were records that showed intentional rounding (also known as comfort rounds or round-the-clock care) had been implemented appropriately.
- We found gaps, particularly in the fluid balance details, in two records. There were no calculated totals of the fluid intake and no recommended daily intake recorded.
- Documentation audits were carried out monthly and action plans were used to identify compliance issues and improvements made.

Redcar Primary Care Hospital

- We looked at seven patient records. All records had a nursing assessment and risk assessment.
- We noted minor errors in four out of the seven records. For example, MUST score inaccurately calculated, resulting in delayed referral to the dietician.
- Goal-based care plans were mostly in place. We found that one record did not contain a care plan for an identified risk, but there was a record of actions and appropriate care provided.
- Documentation audits were carried out monthly and action plans were used to identify compliance issues and improvements made.

Are services safe?

- We saw the use of stamps which detailed registered nurses names and a personal identification number against their signatures. This made it clear who had made the record.
- We reviewed two records with the day surgery unit. They were appropriately completed and included the World Health Organization (WHO) surgical safety checklist, operation notes and discharge guidance.

East Cleveland Primary Care Hospital

- There was variation in the records used. We looked at four patient records and found gaps in three of them. For example, VTE assessments were not completed in two records as there was no record regarding risk status or prophylaxis, although prophylactic treatment was prescribed. Also, there was no nutritional care plan, referral to dietician was one week late and there was lack of detail of nutritional supplement intake in another record.

Cleanliness, infection control and hygiene

- The clinical environments were visibly clean.
- Staff applied infection control principles and were seen to wash their hands and use hand gel appropriately.
- Personal protective equipment was available and used.
- Infection control audits had been completed and showed 87% to 100% compliance with the standards.
- There had been one reported incident of C. difficile and no hospital-acquired MRSA or MSSA year to date (2014/15).

Carter Bequest Primary Care Hospital

- The environment and equipment was regularly checked and we found all areas to be clean and equipment was correctly labelled.
- All staff washed their hands or used hand gel appropriately.
- Infection control principles were adhered to and there was good management of dirty linen.
- We saw that there was an MRSA care pathway in place which had been followed correctly and appropriately implemented in a timely way for a patient admitted with MRSA.
- An infection control audit had been undertaken in September 2014 which showed 87% compliance with standards. An action plan had been implemented.

- There had been one reported incident of C. difficile but no reported incidents of hospital-acquired MRSA or MSSA year to date (2014/15).

Friary Community Hospital

- The environment and equipment was regularly checked and we found all areas to be clean, with equipment correctly labelled as such. Domestic staff had access to and used the correct colour-coded equipment in accordance with national guidance.
- All staff washed their hands or used hand gel appropriately.
- The ward housekeeper made rounds with hand wipes to ensure all patients had clean hands before serving lunch.
- Infection control principles were adhered to throughout the ward and there was good management of dirty linen.
- A 'Clean your hands' audit was undertaken in April 2014, with 100% compliance found.
- There were no reported incidents of hospital-acquired MRSA or MSSA or C. difficile year to date (2014/15).

Guisborough Primary Care Hospital

- The environment and equipment was regularly checked and we found all areas to be clean, with equipment correctly labelled as such. Domestic staff had access to and used the correct colour-coded equipment.
- All staff washed their hands or used hand gel appropriately.
- Infection control principles were adhered to throughout the ward and there was good management of dirty linen.
- An audit had been undertaken in September 2014 which showed 100% compliance with infection control standards.
- There were no reported incidents of hospital-acquired MRSA, MSSA or C. difficile year to date (2014/15).

Lambert Memorial Community Hospital

- The environment and equipment were regularly checked and we found all ward areas to be clean with equipment correctly labelled as such.
- We found wet mops left in buckets in the domestics' cupboard. This issue was raised at the time of inspection and attended to immediately by staff.
- Staff washed their hands and used hand gel appropriately.

Are services safe?

- Personal protective equipment was available and used.
- An audit had been undertaken in September 2014 which showed 100% compliance with infection control standards.
- There were no reported incidents of hospital-acquired MRSA, MSSA or C. difficile year to date (2014/15).

Redcar Primary Care Hospital

- The ward and day surgery environments were visibly clean. The building was maintained by an external company.
- Staff washed their hands and used hand gel appropriately.
- Personal protective equipment was available and used.
- An audit on the ward had been undertaken in September 2014 which showed 100% compliance with infection control standards.
- There were no reported incidents of hospital-acquired MRSA, MSSA or C. difficile year to date (2014/15).
- Used surgical equipment was stored appropriately prior to transfer for decontamination.

East Cleveland Primary Care Hospital

- The areas on the ward that were in use were visibly clean and maintained.
- Staff washed their hands and used hand gel appropriately.
- Personal protective equipment was available and used.
- An audit on the ward had been undertaken in September 2014 which showed 93% compliance with infection control standards.
- There were no reported incidents of hospital-acquired MRSA, MSSA or C. difficile year to date (2014/15).

Mandatory training

- The compliance with mandatory training ranged from 67% to 83%, as detailed in the table below.

Primary Care Hospital

Percentage compliance

Guisborough

77.40%

Redcar: Zetland Ward & Urgent Care

81.02%

East Cleveland: Tocketts Ward

78.78%

Carter Bequest

78.97%

Friary

82.62%

Lambert Memorial

66.76%

- Staff reported that non-compliance was due to a range of issues, including insufficient training places, a time delay in updating centrally held records and obtaining smart cards to access e-learning.
- Most staff were booked on update training.

Carter Bequest Primary Care Hospital

- Mandatory training of ward staff was well-managed, although the ward sister reported that sometimes there were insufficient places available for staff training. Records showed that 80% of staff had attended basic life support training.
- Training records were discussed with the ward manager and it was noted that electronic records were often out of date. For example, the records showed that six staff had outstanding mandatory training. However, one person was on long-term sick leave, one on maternity leave, one moved to another ward and one person was newly employed. This meant that only two staff required mandatory training updates and we saw records to show that these had been booked to take place at the next available trust training day.
- NHS Professionals (NHSP) staff, who provide the nursing bank staff, received induction and mandatory training from both organisations. If NHSP staff's mandatory training was not up to date, they were barred from taking hospital shifts.

Friary Community Hospital

- Mandatory training of ward staff was well-managed, although the ward sister reported that sometimes the e-learning platform was not always available.

Guisborough Primary Care Hospital

- Mandatory training of ward staff was well-managed, although the ward manager reported that only 77% of staff had had been recorded as having received

Are services safe?

mandatory training updates by October 2014. We were told that training information held by the trust could be up to six weeks out of date and that this was being managed by the ward manager and recorded by the ward clerk to ensure all staff attended training.

- Staff were given sufficient time to attend training and more on-site training was being organised to ensure that staff and service needs were being met.
- 100% of staff had received basic life support training and the registered nurses had completed advanced life support training so that every shift had at least one person trained in advanced life support.

Lambert Memorial Community Hospital

- Records showed that around 67% of staff had received up-to-date mandatory training.
- The matron stated that they were aware of the need to update training and this was being organised.

Redcar Primary Care Hospital

- Records showed that about 81% of staff had received up-to-date mandatory training.
- Staff reported good access to training.

East Cleveland Primary Care Hospital

- Records showed that about 79% of staff had received up-to-date mandatory training.
- The ward sister said the system had changed and staff required smart cards to access e-learning. Staff had to individually collect these from the acute hospital and this had led to delays.
- We saw that most staff were booked on update training.

Assessing and responding to patient risk

- Nursing assessments and risk assessments were undertaken and, where risks were identified, appropriate action plans were mostly in place.
- Charts showing the National Early Warning Score (NEWS) for acutely ill patients were in place and mostly completed appropriately. It was noted that the escalation guidance was not readily available to staff, although they said they could access it on the intranet.
- During our inspection, we saw staff recognise and respond appropriately to the deterioration of a patient.

Carter Bequest Primary Care Hospital

- Nursing assessments and risk assessments were completed consistently and, where risks were identified, appropriate action plans were in place. For example, falls risk assessments were completed and actions were taken.
- The ward sister explained post-falls management and patient safety first.
- NEWS charts were used appropriately to identify acutely ill patients, with evidence of understanding and use of thresholds and triggers. Patients were reassessed at appropriate intervals and a sepsis tool was in place. The NEWS scores were audited monthly.

Friary Community Hospital

- Nursing assessments and risk assessments were completed consistently and, where risks were identified, appropriate action plans were in place. For example, MUST scores were recorded with dietician reviews within appropriate timescales and there was evidence of regular reassessment and actions taken.

Guisborough Primary Care Hospital

- Nursing assessments and risk assessments were completed consistently and, where risks were identified, appropriate action plans were in place.
- NEWS charts were in place and mostly completed appropriately. NEWS scores were audited monthly and results were 100%, except for a single month, since its implementation. This had been investigated and it was found that the result of an observation had been recorded and acted on appropriately, but the nurse had not added it to the NEWS chart.
- The stroke therapy team had risk-assessed the kitchen area and noted that there was no call button. They had agreed how to minimise the risk.

Lambert Memorial Community Hospital

- Nursing assessments and risk assessments were undertaken and, where risks were identified, appropriate action plans were mostly in place.
- NEWS charts were completed appropriately.
- During our inspection, a patient's condition deteriorated. Staff responded promptly and appropriately.

Redcar Primary Care Hospital

Are services safe?

- Nursing assessments and risk assessments were undertaken and, where risks were identified appropriate, action plans were mostly in place.
- NEWS charts were mostly completed appropriately.
- The NEWS scores and escalation were audited monthly. Results showed that scores were documented, however, there had been at least one case where escalation had not occurred in accordance with guidance. We also found one such instance during our inspection. There was no explanation provided.

East Cleveland Primary Care Hospital

- We found that nursing assessments and risk assessments were undertaken and, where risks were identified, appropriate action plans were mostly in place.
- NEWS charts were completed appropriately.
- The NEWS scores and escalation were audited monthly. Results showed that scores were documented, however, there had been at least one case where escalation had not occurred in accordance with guidance.

Staffing levels and caseload

- Staffing levels were planned according to patient need, with a registered nurse to patient ratio of at least 1:8 during the day and 2:12 at night. This was achieved the majority of time.
- Where issues with staffing levels that could affect patient safety were identified, we saw there was a positive response by managers. For example, where concerns were raised at Lambert Memorial Community Hospital, action had been taken to maintain safe staffing levels. Also, across all hospitals, we saw that additional staff were used to provide closer supervision for patients when this was required.
- Sufficient medical cover arrangements were in place at all community hospitals.

Carter Bequest Primary Care Hospital

- For September 2014, the actual staffing level rates were recorded as 98.7% for registered nurses on days and 100% on nights, 93.9% for healthcare assistants on days and 98.9% on nights. Staffing shortfall was managed in advance by using bank (overtime) staff from NHS Professionals.
- Medical cover was provided by a senior registrar and a nurse practitioner who both shared their time between this hospital and Redcar Primary Care Hospital.

Consultant rounds took place four days per week and an on-call geriatrician was available. Additional support could be accessed via the stroke ward (Ward 28) at James Cook University Hospital, Middlesbrough.

Friary Community Hospital

- For September 2014, actual staffing level rates were recorded as 104.4% for registered nurses on days and 100% on nights, 121.4% for healthcare assistants on days and 119.4% on nights. Additional staff had been rostered if patients have complex or additional needs.
- No agency or bank nurse staff were used.
- Medical cover was provided by local GPs. Additional support could be accessed via the Friarage Hospital, Northallerton.

Guisborough Primary Care Hospital

- For September 2014, actual staffing level rates were recorded as 113% for registered nurses on days and 98.4% on nights, 92.4% for healthcare assistants on days and 101.8% on nights. Staffing shortfall was managed by sharing staff with East Cleveland Primary Care Hospital and using staff from NHS Professionals.
- Medical cover was provided by a consultant geriatrician and a nurse practitioner. Additional support could be accessed via the care of the elderly team and the stroke ward (Ward 28) at James Cook University Hospital.
- Staff sickness had been a cause for concern, at 18% a few months before our inspection, but, following implementation of an improved off-duty system and better use of staff break times, the sickness rate had fallen to below 4.2%. There were no staff off sick during our inspection.

Lambert Memorial Community Hospital

- For September 2014, the average actual staff fill rate was between 95% to 100% for all shifts. This provided a 1:7 nurse to patient ratio.
- However, due to staff vacancies and sickness, there were identified staff shortages during December 2014. These had been escalated and a decision to close up to eight beds to maintain safe staffing levels had been agreed. This was to be implemented at the time of our inspection.
- There was sufficient medical staff cover. An acute care physician visited twice a week to review patients, an advanced nurse practitioner was available and designated GPs visited three times a week.

Are services safe?

Redcar Primary Care Hospital

- For September 2014, the average actual staff fill rate was between 88% and 100% for all shifts.
- At the time of inspection, due to vacancies and long-term sickness, five beds were closed to maintain safe staffing levels. Recruitment was underway.
- Staff felt there were sometimes insufficient numbers of staff, but that patient care was not compromised. At the time of our inspection, the ward was busy, yet patients' buzzers were answered within a few minutes.
- Additional staff were employed where it had been identified that patients required more constant observation.
- Medical cover was provided by a consultant geriatrician, a middle-grade doctor and a nurse practitioner. These staff covered the community hospitals in Middlesbrough, Redcar and Cleveland.
- Within the day surgery unit, staff were rostered from theatre teams at James Cook hospital to work in the unit according to the operating lists. Staff said they felt there were sufficient staff to deliver the service.

East Cleveland Primary Care Hospital

- For September 2014, the average actual staff fill rate was between 94% to 100% for all shifts.
- Staffing was based on a ratio of one registered nurse to eight patients.
- Staff felt there were usually enough staff to provide appropriate care to patients.
- Senior staff confirmed there were escalation processes in place to either obtain more staff or close beds, depending on the safety of the patients.

Managing anticipated risks

- Business continuity plans were in place and staff were aware of these.
- Carter Bequest Primary Care Hospital was old and the ward had been regularly refurbished. However, surface undulations in the floor continued to present a trips and falls risk. Staff had identified this and put actions in place to mitigate the risk.
- Fire risk assessments had been carried out and evacuation protocols agreed.
- The Friary Community Hospital was a listed property and was not purpose-built for healthcare purposes. The ward was situated on the first floor and the lift had broken down on more than one occasion. At the time of our visit, the lift had been replaced and there were contingency plans put in place and agreed with the emergency services.
- Due to the layout of the ward at the Friary hospital (including an open staircase which was recorded on the trust's risk register) there were strict admission criteria and all admission requests were checked before accepting patients. The trust and local GPs respected and adhered to this policy.
- At Guisborough Primary Care Hospital, security and access at night had been reported and recorded on the risk register. Action had been taken to mitigate the risk.
- Fire alarm tests were carried out weekly.

Major incident awareness and training

- Major incident and business continuity plans were in place. Staff received information on these on induction and demonstrated an awareness of these.

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

Staff had access to evidence-based policies and guidance and we saw evidence these were implemented in most cases.

Patients' needs were assessed and care was planned to meet them. We saw that some of the evidence-based tools, such as MUST were not accurately completed which resulted in some delays in care.

Clinical audits were carried out regularly, with good levels of compliance recorded. Action plans were in place to address areas for improvement. Information was shared across the teams.

Staff, including bank staff, had received trust and local induction training. Staff competencies were assessed and the trust had recently implemented a standards of care and training passport called 'Educating to Care' that enabled staff to record professional registration details, mentorship activities, clinical skills practice, medical devices training, specialist and mandatory training.

Data showed that between 33% and 89% of staff had received an annual appraisal. Plans were in place to address the areas where there were shortfalls.

We found effective multidisciplinary working across the hospitals. There were systems in place to support information-sharing, such as multidisciplinary board rounds and team meetings.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood their responsibilities regarding consent for patients who may lack mental capacity.

Detailed findings

Evidence-based care and treatment

- Staff had access to evidence-based policies and guidance on the trust's intranet and website. Current guidance and information was also displayed on the staff noticeboards.

- Patients had been assessed using nationally recognised tools. For example, the physiotherapists used the Tinetti test to assess gait and balance.
- National Institute for Health and Care Excellence (NICE) guidance was shared in team meetings and new information and guidance was disseminated from trust level by the matron.
- Care pathways were used, such as the fractured neck of femur pathway, to inform care.
- Therapists used an electronic health record system which supported the use of evidence-based templates for assessment and reporting.

Pain relief

- A pain assessment tool was in place and all patients had a pain assessment completed and were offered analgesia when they reported pain. On most occasions this was evaluated following administration to check the efficacy of the medication.
- At Carter Bequest Primary Care Hospital we saw a patient's pain was taken into account and they were offered analgesia prior to commencing physiotherapy.
- At the Friary Community Hospital, a patient's pain was also discussed with them during care.
- Staff demonstrated a good understanding of pain relief. For example, a nurse practitioner discussed their understanding of the analgesic ladder with the inspection team.

Nutrition and hydration

- Patients were assessed using the MUST scores. We noted some errors in calculation of the scores, two of which had led to delays in referral.
- Care plans were mostly in place to address nutritional needs.
- Food and snacks were available and specialist diets, such as texture modified diets, were available.
- Catering varied across the hospitals, with some cooking on-site and others using cook-freeze where food was prepared, frozen then re-heated when required.
- Catering staff demonstrated an understanding of the patients' needs.

Are services effective?

- Most hospitals had a dining room, but patients' use of these varied.
- Patients were offered hand wipes prior to mealtimes.

Carter Bequest Primary Care Hospital

- All patients had nutrition and hydration needs assessed and charts were completed.
- MUST scores were used and nutritional needs were met.
- Staff were observed checking that food and drinks were within reach of patients and adjusted furniture as necessary.
- Mobile and rehabilitating patients were encouraged and supported to eat meals in the dining room. This was achieved with respect and dignity for individuals' needs and abilities.
- Patients reported that the food was of good quality and that they enjoyed eating meals.

Friary Community Hospital

- The patients told us that they enjoyed the food, that it was well-presented and that they looked forward to meal times.
- Patient meals were prepared and cooked on-site and staff showed pride in serving them.
- Patients' likes and dislikes were recorded and catered for along with special diets.
- Patients were encouraged and supported to eat and drink respectfully and inconspicuously.
- Patients had access to water and were offered frequent drinks.
- A hydration best practice toolkit was displayed and staff were aware of it. We saw evidence that this was implemented.
- Fluid charts were maintained and accurate for fluid quantity where possible.
- The chef from the local hospice provided and delivered specialist meals.

Guisborough Primary Care Hospital

- All patients had nutrition and hydration needs assessed and charts were completed.
- MUST scores were used and evaluated and nutritional needs were catered for by staff.
- Housekeeping staff were observed serving meals and checking that food and drinks were within reach of patients and adjusted furniture as necessary.

- Patients were encouraged and supported to eat their meals. This was achieved with respect and dignity for individuals' needs and abilities.
- Patients reported that the food was of good quality and that they enjoyed eating meals.

Lambert Memorial Community Hospital

- We looked at three sets of records. Patients had a MUST score recorded at least weekly.
- In two of the records, fluid balance charts were not fully completed; there was no total of the input and output or planned intake. For example, one patient had an input of 885ml and an output of 1500ml, but this had not been noted. The patient's weight was planned to be taken daily but had not been recorded for three days.
- Food was supplied to the hospital from the Friarage Hospital. Specialised diets were available.
- Staff serving food had received a handover from nursing staff regarding patients' requirements.
- We observed patients being supported to eat their meals and have drinks.

Redcar Primary Care Hospital

- MUST scores were used as part of the nutritional assessment. We looked at six patient records. In one, the MUST had been recorded incorrectly. This resulted in a one-week delay in the required interventions and referrals being put in place. There was no nutritional care plan.
- Food was cooked on-site. Food temperatures were checked at the start and end of the service.
- A three-weekly menu cycle was in place. Patients were supported with menu choices by catering assistants.
- Catering staff checked with nursing staff before clearing patients' trays to enable food charts to be completed.
- Protected mealtimes were in place.
- One fluid balance chart, for a patient who had a limit on how much they could drink for clinical reasons, had their intake totalled. This was within the restriction.

East Cleveland Primary Care Hospital

- One out of the five records we reviewed had an incorrect calculation of the MUST score which led to a one-week delay in referral to a dietician.
- A red tray system was in place to ensure patients who needed assistance were identified and supported.
- Equipment was available to support independent eating.

Are services effective?

- The day room was laid out for mealtimes, however, it was noted that no patients used this facility during the inspection.

Approach to monitoring quality and people's outcomes

- Clinical audits were carried out regularly with good levels of compliance recorded. For example, an audit of hydration across the community hospitals was undertaken in March 2014. An action plan was implemented to address shortfalls and a re-audit had been planned but not yet undertaken.
- We saw evidence of completed audit cycles, for example, a pain management audit. An audit had been undertaken in May 2013, an action plan implemented and a re-audit completed in May 2014. Revised action plans were being implemented.
- There was a programme of monitoring and audit undertaken by the clinical matrons at least monthly, which informed ward-level dashboards. This included information on falls, infections, pressure ulcers, MUST completions, Safety Thermometer data, NEWS audits and VTE risk assessment audits.
- Wards shared the information with the team at boards rounds and 'comms cell' meetings, where the ward team met to discuss safety concerns, feedback and quality outcomes.
- Patients had individual assessments and care plans that specified the aims of care. These were individually monitored and evaluated. Multidisciplinary meetings were held to discuss patients' progress and plans of care.

Competent staff

- Staff, including bank staff, had received trust and local induction training.
- Staff competencies were assessed and the trust had recently implemented a standards of care and training passport called "Educating to Care" that enabled staff to record professional registration details, mentorship activities, clinical skills practice, medical devices training, specialist and mandatory training.
- Data showed that between 33% and 89% of staff had received an annual appraisal. Plans were in place to address the areas where there were shortfalls.

Carter Bequest Primary Care Hospital

- Staff competencies were assessed and recorded by the ward manager.
- Data showed that 74% of staff had received an annual appraisal.
- Staff had supported the winter pressures ward at James Cook University Hospital which meant that their skills in acute nursing were kept up to date.

Friary Community Hospital

- Healthcare assistants attended a 'therapy week' where therapists had developed competencies so that staff could understand and support patients and develop their skills.
- Clinical supervision for the ward sister was led by the service manager and took place monthly.
- The ward offered placements for student nurses.
- The ward had identified link nurses for pain, dementia, infection prevention and control, diabetes, nutrition, medical devices, mattresses, continence and catheter care. The ward had implemented a focus week system where a topic would be highlighted and information on NICE guidance, best practice, pathways and training were prioritised by the whole team. This was evident throughout the inspection and all staff were aware of, and showed interest in, the project.
- Data showed that 89% of staff had received an annual appraisal.

Guisborough Primary Care Hospital

- Healthcare assistants attended an away day to help support and value staff and develop their skills. They took part in teambuilding activities and the opportunity to discuss their concerns and aims.
- Clinical supervision for the ward sister took place monthly with the clinical matron.
- Staff development reviews were viewed as a good opportunity to discuss roles and opportunities, considering current changes. Data showed that 39% of staff had received an annual appraisal.
- Staff accessed a two-week stroke competency training course delivered by the stroke unit staff.
- The ward offered placements for student nurses and student paramedics.
- Staff had supported the winter pressures ward at James Cook University Hospital which meant that their skills in acute nursing were kept up to date.

Lambert Memorial Community Hospital

Are services effective?

- Data showed that 33% of staff had received an annual appraisal. The management team were aware of this and had identified actions to address the shortfall.

Redcar Primary Care Hospital

- Data showed that 72% of staff had received an annual appraisal.
- The ward had identified link nurses, such as for falls prevention. Staff confirmed that they attended meetings and shared information routinely with the team as part of the 'comms cell' or 'Know how you're doing' ward briefings.
- Staff confirmed they were supported to undertake additional, relevant training.
- We spoke with staff who said they had been supported by the trust to do training and become registered staff and were supported through a period of preceptorship practical experience and training.

East Cleveland Primary Care Hospital

- Data showed that 41% of staff had received an annual appraisal.
- We spoke with therapists who confirmed they had received an annual appraisal, regular supervision and felt well-supported.

Multidisciplinary working and coordination of care pathways

- Staff reported effective multidisciplinary working across the hospitals.
- Therapy staff, such as physiotherapist and occupational therapists, were present on each of the wards.
- Regular formal multidisciplinary meetings were held and daily updates were shared, for example using board rounds.
- Standardised information boards on each ward showed patients' progress and plans using visual icons. This supported the whole team to understand and coordinate the care planned for each patient.

Carter Bequest Primary Care Hospital

- Multidisciplinary team meetings took place on a weekly basis. These included input from therapists and social work teams.
- Staff used care pathways, such as the stroke pathway, and staff were trained in stroke management.

- The occupational therapist used goal-setting for rehabilitating patients. This was documented in the patient's record following the multidisciplinary team meeting.
- The speech and language therapist regularly visited the ward and was supporting a patient at the time of the inspection.

Friary Community Hospital

- Multidisciplinary team meetings took place on a weekly basis. These included input from therapists and social work teams. The mental health specialist visited every two weeks.
- There was good interaction between the therapy and nursing teams. Therapists were present and contributed in the staff handover.
- Staff used care pathways, such as the stroke pathway, and staff were trained in stroke management.
- The occupational therapist used goal-setting for rehabilitating patients. This was documented in the patient's record following the multidisciplinary team meeting.
- The speech and language therapist regularly visited the ward and was supporting a patient at the time of the inspection.

Guisborough Primary Care Hospital

- Multidisciplinary team meetings took place on a weekly basis. These included input from therapists and social work teams.
- There was excellent interaction between the therapy and nursing teams. Therapists were fully integrated into the ward team and contributed in the board rounds and staff handover.
- Staff used care pathways, such as the stroke pathway, and staff were trained in stroke management.
- Therapists, including the dietician, used goal-setting for rehabilitating patients which was documented in the patient records.
- Two therapy teams worked in partnership with the nursing staff; a rehabilitation team and a stroke team. The stroke team used a dedicated area with kitchen, dining and lounge areas and a gym.
- The dietician and a speech and language therapist made regular visits to the ward.

Lambert Memorial Community Hospital

Are services effective?

- Physiotherapy and occupational therapy staff were based at the hospital.
- Weekly multidisciplinary meetings were held and often included the local district nursing team.

Redcar Primary Care Hospital

- Multidisciplinary team meetings took place twice weekly.
- Daily multidisciplinary board rounds were held to share information and plans for each patient. These were well-attended.

East Cleveland Primary Care Hospital

- Multidisciplinary team meetings took place twice weekly.
- Daily multidisciplinary board rounds were held to share information and plans for each patient.
- Staff reported that communication for patients under the care of their GP was more problematic due to the availability of the GPs.

Referral, transfer, discharge and transition

- The Integrated Medical Care Centre provided a single point of referral and the teams had the opportunity to check information available about all patients before accepting them for admission.
- There was clear admission criteria for patients. Staff said this was followed and they were able to meet patients' needs.
- An electronic discharge (e-discharge) system had been implemented across the community hospitals within the Teeside area. This had been audited and showed good levels of compliance, with action plans for identified areas of improvement.

There were delayed transfers of care; during the inspection this was particularly evident at Lambert Memorial Community Hospital. Trust-wide data showed that 32% (6,248) of the delays from April 2013 to July 2014 were attributed to the completion of assessments, against an England average of 19% for completion of assessments.

Carter Bequest Primary Care Hospital

- Discharge planning was integral to the care of patients on the ward and at the entrance we found a notice that said, "Your discharge journey starts here".

- Families were offered the opportunity to spend a day on the ward to learn to care for the patient once they were ready to be discharged. Home visits were organised for the patients to help assess the environment and identify any potential problems prior to a formal discharge.
- The length of stay was up to six weeks, depending on the speed of rehabilitation. Most discharge delays were due to patient choice and the need for physical adjustments to be carried out in patients' homes.
- Patients were given information on how to contact the ward if they required support after discharge.
- We found good integrated working with the local mental health trust when patients needed to be transferred to their service.

Friary Community Hospital

- A discharge checklist was in use and patients received an information pack on what to expect around discharge.
- Staff had developed a discharge quiz to improve knowledge and interest among the team.
- A home visit for a patient ready for discharge was discussed at the nursing handover. The team took into consideration the patient's mood, wellbeing, safety and mobility needs.
- The intermediate care team followed up all patients after discharge.
- GPs prescribed medication when preparing for discharge and the ward team had a good relationship with the local chemist who provided pill organiser boxes on request. Nursing staff checked all medication on discharge.

Guisborough Primary Care Hospital

- Most patients were transferred from the stroke ward or elderly care at James Cook University Hospital.
- The ward clerk ensured that sufficient information was passed on prior to transfers from the acute setting. This helped to identify patients who could be discharged straight home rather than be transferred to the community ward.
- Staff told us that they were working to improve discharge delays and had made arrangements for on-site staff training around internal communications and information on previous admissions via clinical record tracking.

Are services effective?

- A patient preparing for discharge was discussed at handover and the team took into consideration the patient's mood, wellbeing, safety and mobility needs.
- Patients were given information on how to contact the ward if they needed support after discharge.

Lambert Memorial Community Hospital

- Patients were transferred to the hospital from the acute hospitals or the community.
- At the time of inspection, all of the patients were ready and awaiting discharge from the hospital. Two out of the 12 patients had agreed dates for discharge. Some delays occurred due to waiting for care home beds and completed assessments.
- Patients who were due to be discharged were aware of their discharge plans.

Redcar Primary Care Hospital

- Patients were transferred to the hospital from the acute hospitals or the community.
- Discharge plans were agreed with the multidisciplinary team. A social worker visited the ward on a regular basis.
- Discharge information was sent electronically to the GP.
- Therapy staff contacted the patient post-discharge to ensure the discharge was safe.

East Cleveland Primary Care Hospital

- Patients were transferred from the James Cook University Hospital or the community.
- The ward manager or sister liaised with the single point of contact centre prior to patients being admitted to ensure that patients' needs could be appropriately met.
- Discharge information was sent electronically to the GP.
- Therapy staff contacted the patient post-discharge to ensure the discharge was safe.

Availability of information

- The multidisciplinary teams had access to the information they required to support patient care.
- GP letters were sent on discharge, in most cases these were sent electronically. Following the introduction of the e-discharge system in community hospitals, there had been an improvement in the timeliness and the recording of key items of information required by GPs.

Carter Bequest Primary Care Hospital

- On discharge, patients received written instructions about their ongoing therapy, prevention of infection and pressure ulcer awareness.
- Patients were always admitted with medical records from the acute site wards or GP records which were archived on-site so that documentation on previous admissions was readily available.
- Patient information notices and leaflets were displayed, although good quality copies of forms were not always available.

Friary Community Hospital

- Patient records were stored at the Friarage Hospital and, if they did not accompany the patient, they could be requested and delivered quickly, usually by taxi.
- Access to the trust's intranet had only been available for the week prior to our inspection at Friary Community Hospital, but staff were already using the service to access information on clinical guidelines and pathways and a new e-learning module on the safe use of insulin.

Guisborough Primary Care Hospital

- Patient records accompanied the patient on transfer from the acute site but, if not, they could be requested and delivered quickly, usually by taxi.
- Staff used the trust's intranet to access data, including wider information on clinical guidelines and pathways and e-learning modules.
- The directorate manager held drop-in sessions which staff had attended. Locality meetings were held monthly.

Lambert Memorial Community Hospital

- The hospital was not on the same computer network as the rest of the hospital which sometimes led to delays in receiving information, such as incident reports. Systems were in place to minimise risk.
- Staff reported they had access to patients' records for continuity of care.

Redcar Primary Care Hospital

- Patients' records were readily available.
- Staff had access to the hospital network so they could access information readily.
- Therapists utilised an electronic patient record system. This enabled communication with community-based colleagues.

Are services effective?

East Cleveland Primary Care Hospital

- Patients' records were readily available.
- Staff had access to the hospital network so they could access information readily.
- Therapists utilised an electronic patient record system. This enabled communication with community-based colleagues.

Consent

- At all hospitals, we saw that staff involved patients in their care and obtained verbal consent before carrying out any interventions.
- Deprivation of liberty safeguards were in place, with supporting documentation and review plans.
- Staff understood their responsibilities regarding consent for patients who may lack mental capacity and the actions that could be taken to prevent unnecessary restraint.
- We saw evidence that best interest assessments had been undertaken appropriately.

Are services caring?

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

Summary

We spoke with 45 patients and 11 relatives during our inspection. They all spoke positively about the care they had received while at the community hospitals. Patients told us they were treated with kindness, dignity, respect and compassion. We observed this during our inspection.

Privacy, dignity and wellbeing scores ranged from slightly below to above the average for England (88%) in the patient-led assessments of the care environment (known as PLACE), June 2014.

Staff knew how to access interpreter services and we saw evidence that they took care to understand the patient's personal needs and cultural preferences.

Most patients understood the care that was planned and felt involved in decision-making. We saw evidence that staff provided emotional support in response to patient need.

There was a focus on rehabilitation on many of the areas we visited. Patients were supported to self-care, while being provided with support when necessary.

Detailed findings

Dignity, respect and compassionate care

- We spoke with 45 patients and 11 relatives during our inspection. They all spoke positively about the care they had received while at the community hospitals.
- Patients told us they were treated with kindness, dignity, respect and compassion. We observed this during our inspection.
- Privacy, dignity and wellbeing scores ranged from slightly below to above the average for England (88%) in the PLACE assessment, June 2014.

Carter Bequest Primary Care Hospital

- We spoke with 12 patients and two visitors who all told us that the care they received from all staff was excellent and that patients felt safe and cared for during their stay.
- We observed staff speaking with patients in a sensitive and compassionate manner. Staff knocked on doors before entering and used privacy screens where available.

- We looked at 11 completed patient feedback questionnaires which showed that these patients were all likely or extremely likely to recommend the ward to their friends and family. All gave positive comments about care.
- Privacy, dignity and wellbeing scored the same as the average for England (88%) in the PLACE assessment, June 2014.

Friary Community Hospital

- We spoke with nine patients and three visitors who all told us that the care they received from staff was excellent and that patients felt safe and cared for during their stay.
- Patients and visitors told us that all staff, including therapy staff, were respectful of their needs and preferences and took time to understand their personal requirements and to explain the care being administered.
- We observed staff speaking with patients in a sensitive and compassionate manner. Staff knocked on doors before entering and used privacy screens where available.
- We observed a member of staff supporting a patient to walk to the bathroom by speaking quietly and using bed screens while preparing the patient to get out of bed. They explained to the patient what they were doing, giving clear instructions and did not rush the patient.
- Privacy, dignity and wellbeing scored 94%, above the average for England (88%) in the PLACE assessment, June 2014.

Guisborough Primary Care Hospital

- We spoke with eight patients and three visitors who all told us that the care they received from all staff was excellent and that patients felt safe and cared for during their stay.
- We observed staff speaking with patients in a sensitive and compassionate manner. Staff knocked on doors before entering and used privacy screens where available.
- Privacy, dignity and wellbeing scored 87%, just below the average for England (88%) in the PLACE assessment, June 2014.

Are services caring?

Lambert Memorial Community Hospital

- We spoke with five patients and three relatives who all spoke positively about the care they or their family members had received.
- We observed staff treating patients with dignity and respect.
- Privacy, dignity and wellbeing scored 83%, below the average for England (88%) in the PLACE assessment, June 2014.

Redcar Primary Care Hospital

- We spoke with six patients who all spoke positively about the care they received. We observed that patients who needed assistance, such as with eating, were supported with care and dignity.
- We observed staff treating patients with dignity and respect. The ward had individual rooms which aided privacy.
- Privacy, dignity and wellbeing scored 90%, above the average for England (88%) in the PLACE assessment, June 2014.

East Cleveland Primary Care Hospital

- We spoke with five patients who were all very positive about the care they received was excellent.
- Patients told us that the staff were very kind and offered help whenever they needed it.
- One patient commented how the staff were excellent and that the standard and tone were set by the senior nurses.
- Privacy, dignity and wellbeing scored 86%, just below the average for England (88%) in the PLACE assessment, June 2014.

Patient understanding and involvement

- Staff could access interpreter services when required.
- Patients reported being involved in decision-making and demonstrated that they understood the care planned and provided.

Carter Bequest Primary Care Hospital

- Staff told us how they cared for patients who could not speak or understand English. They used interpreter services and took care to understand patients' personal needs and cultural preferences.
- Patient records showed that family members had been involved in individualised care planning. One patient's

family told us that they had been invited to the ward to help prepare for the patient's discharge. They had been given information on discharge plans and allowed time to ask questions about what would happen.

- There was a range of good quality information leaflets for patients and families to read and take home.

Friary Community Hospital

- The ward had cared for patients from the local army barracks. They had understood and provided for the patients' individual preferences or spiritual needs.

Guisborough Primary Care Hospital

- Staff told us that they used interpreter services and took care to try to understand each patient's personal needs and cultural preferences.
- Patient records showed that family members had been involved in individualised care planning. There was a range of good quality information leaflets for patients and families to read and take home.

Lambert Memorial Community Hospital

- Patients confirmed they and their representatives had been involved in decision-making about their care.
- Most patients we spoke with understood the care that was planned.

Redcar Primary Care Hospital

- Patients said they felt involved in decision-making regarding their care.

East Cleveland Primary Care Hospital

- Patients said they were involved in their care and always asked what they wanted.
- Patients we spoke with had a good understanding of their planned care.
- Patients and relatives were not routinely involved at the multidisciplinary team meetings, but were offered discussions about their care.

Emotional support

- We saw evidence that staff provided emotional support in response to patient need.

Carter Bequest Primary Care Hospital

Are services caring?

- Patients felt emotionally supported. One patient told us about an event that had caused them distress and how the ward staff had supported them during and following the event. This was documented and upheld by staff.

Friary Community Hospital

- Staff allowed time for patients to discuss anxieties and supported them to talk about problems with empathy.

Guisborough Primary Care Hospital

- Staff allowed time for patients to discuss anxieties and supported them to talk about problems with empathy.

Lambert Memorial Community Hospital

- Patients felt emotionally supported. We saw positive interactions with patients with complex needs.

Redcar Primary Care Hospital

- Patients told us that staff had supported them in adapting to changes in their health and spent time with them.

East Cleveland Primary Care Hospital

- Patients felt emotionally supported. We saw positive interactions with patients with complex needs.

Promotion of self-care

- There was a focus on rehabilitation on many of the areas we visited.
- Patients were supported to self-care, while being provided with support when necessary.

Carter Bequest Primary Care Hospital

- The team cared for many patients who had experienced strokes and they ensured that patients were as involved as possible in making decisions about their care and that they felt empowered to care for themselves as soon as they were able.

Friary Community Hospital

- Patients were encouraged and supported to make decisions and care for themselves where possible. One patient pointed out a poster in the bathroom that said “calls prevent falls”. They explained that staff encouraged patients to try to help themselves but to make sure they knew how to ask for help at any time.

Guisborough Primary Care Hospital

- Patients were encouraged and supported to make decisions and care for themselves where possible. They explained that staff encouraged patients to try to help themselves but to make sure they knew how to ask for help at any time.
- Patients told us that the therapists came to encourage them at the bedside as well as taking them to other areas of the ward to work in groups. They said that this helped them to make an effort to leave their own area and make friends and see how others were getting on.

Lambert Memorial Community Hospital

- Most patients were admitted to support their rehabilitation. Patients were encouraged to self-care and received therapy sessions.

Redcar Primary Care Hospital

- Most patients were admitted to support their rehabilitation.
- Patient-centred goals were set which promoted independence.
- Patients told us that they were encouraged to self-care, but provided with support when needed.

East Cleveland Primary Care Hospital

- Patients were encouraged and supported to make decisions and care for themselves where possible.
- We saw staff organising equipment to enable one patient to maintain their independence.

Are services responsive to people's needs?

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

Summary

Services in Middlesbrough and Redcar and Cleveland were subject to proposed changes to improve services for the vulnerable, elderly and those with long-term conditions. This included reconfiguring the bed base at the primary care hospitals.

Staff demonstrated a good understanding of the local population.

Patients were treated as individuals and we saw examples of patients' diverse needs being met. We saw that systems and equipment was put in place to support meeting individuals' needs.

Admission and discharge were organised and managed by the single point of contact within the Integrated Medical Care Centre in liaison with ward consultants and local GPs. Clear admission criteria were in place and staff told us these were applied to ensure that patients received the right care at the right time.

There was evidence that complaints and concerns were responded to, monitored and that lessons were learned and shared.

Detailed findings

Planning and delivering services which meet people's needs

- Carter Bequest Primary Care Hospital, Guisborough Primary Care Hospital, Redcar Primary Care Hospital and East Cleveland Primary Care Hospital provided services predominantly to people living in Middlesbrough and Redcar and Cleveland.
- There were proposals to change some of the service provision. The NHS South Tees Clinical Commissioning Group had been working in partnership with the South Tees Hospitals NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust and local authorities in Middlesbrough and Redcar and Cleveland to improve services for the vulnerable, elderly and those with long-term conditions. This included reconfiguring the bed

base at the primary care hospitals. It was planned that the wards at Guisborough Primary Care Hospital and Carter Bequest Primary Care Hospital would close. This had been subject to a public consultation during 2014.

- The day surgery unit within Redcar Primary Care Hospital provided specific surgical procedures and provide appropriate services to people, often nearer to home.
- The Friary Community Hospital and Lambert Memorial Community Hospital provided services predominantly to people living in North Yorkshire. The service was planned to care for adults following stroke, palliative care patients and patients who remained under the care of their GP.
- Staff demonstrated a good understanding of the local population.
- Information on readmissions to the acute hospitals was not readily available. Staff did not feel it was a concern. We were told the information was in the process of being collated.

Equality and diversity

- Patients were treated as individuals and families were welcomed to the ward environment.
- Most visiting times were scheduled to fit in with local transport availability and ward staff allowed flexible visiting times according to personal circumstances. We saw that staff had made arrangements for the family of a patient with specific cultural and language needs to visit for longer periods to enable the patient to settle in to the ward environment and routine.
- The chaplain visited regularly and maintained links with all religious denominations to provide for all spiritual needs.
- Premises were accessible and we saw that people who used wheelchairs were supported appropriately.

Meeting the needs of people in vulnerable services

- The hospitals had introduced the Forget Me Not dementia care scheme, dementia friends and dementia care champions on the ward. Link nurses were identified and available on most wards. We saw some examples of the environment being modified to meet vulnerable

Are services responsive to people's needs?

people's needs. For example, at the Friary Community Hospital there was dementia-friendly clock in the day room and activities available for patients to use during their stay.

- Where patients had particular needs, staff gave examples of liaising with specialist workers.
- At Guisborough Primary Care Hospital, staff told us that they had worked with a local housing association to make discharge plans for homeless patients.
- Staff felt that they provided a good link between acute services and the community and had good connections with specialist teams, such as the continence team, who followed-up patients' progress at home.
- As part of the national Commissioning for Quality and Innovation (CQUIN) framework for dementia, the ward informed patient's GPs if screening had identified the patient was living with dementia. The trust had achieved compliance in all three stages – find, assess and refer – of the CQUIN for dementia for the first six months of 2014/15.
- The ward provided families with information on support available such as leaflets from Carers Together (an independent carers' association), social services contacts and respite care information.
- Specialist equipment, such as for bariatric (weight-loss) patients, was available.

Access to the right care at the right time

- Admissions and discharges were organised and managed by the single point of contact within the Integrated Medical Care Centre in liaison with ward consultants and local GPs.
- Clear admission criteria were in place and staff told us these were applied to ensure that patients received the right care.
- Patients and staff told us that they were happy to be on a ward close to home and families.

Complaints handling (for this service) and learning from feedback

- Patient feedback was encouraged on discharge and the patients told us that they could ask questions or raise concerns with any member of staff at any time during their stay.
- Formal complaints and patient advice and liaison service (PALS) enquiries were recorded on the ward quality dashboard. We saw there had been no formal complaints between April and October 2014.
- Complaints were recorded centrally and action plans were tracked.
- We saw that, where complaints were multi-centred, staff worked across the areas to respond and learn from the issues raised.
- Learning from complaints was shared at the team meetings and 'comms cell' meetings.

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

Staff were aware of the trust's vision and values and these were incorporated into the staff development review process.

There were planned ward closures and service changes in Middlesbrough and Redcar and Cleveland which had caused some uncertainty. Within North Yorkshire, staff had a clear vision for their current service. However, staff at Lambert Memorial Community Hospital were less clear about the longer-term vision and strategy for the service.

There were effective governance, risk management and quality measurement processes in place which were consistent across the community hospitals as part of the wider care centres.

Staff were positive about the clear management structure and told us that this had led to improved integration of community services with the acute trust staff and departments. However, there remained uncertainty around the future direction and leadership roles at this location.

There was an apparent open, honest and transparent culture. Where concerns were raised, managers were quick to act and support staff.

There was good staff engagement. Patients were encouraged to provide feedback and results were displayed on the wards.

Detailed findings

Service vision and strategy

- The vision and values were displayed on noticeboards, on the staff intranet and formed the basis of the staff development review and appraisal process.
- There were proposals to change service provision which affected community hospitals in Middlesbrough and Redcar and Cleveland. This included the wards at Guisborough Primary Care Hospital and Carter Bequest Primary Care Hospital and developing services further at Redcar Primary Care Hospital and East Cleveland Primary Care Hospital. Staff were aware of the proposed changes.

- Staff at Carter Bequest Primary Care Hospital and Guisborough Primary Care Hospital understood the trust's overall vision but were less clear on the future strategy regarding community services. The wards were planned to close and staff felt that the future of the service was unclear and job security for staff was uncertain.
- Staff at Redcar Primary Care Hospital and East Cleveland Primary Care Hospital understood that there were planned service development changes which could include increased bed numbers and changes to patient care pathways.
- Within North Yorkshire, staff at the Friary Community Hospital told us that they feel supported and valued by the trust and had a clear vision for their service. However, while staff at Lambert Memorial Community Hospital understood the current service strategy, they were less clear about the longer-term vision and strategy for the service.

Governance, risk management and quality measurement

- The governance, risk management and quality measurement processes were consistent across the community hospital wards as part of the wider Integrated Medical Care Centre.
- There was a clinical governance manager who reviewed trends and serious incidents and risk alerts were disseminated to staff.
- Staff felt able to raise issues surrounding incidents and concerns at directorate level. Staff were encouraged to assess and score risks as 'high', 'medium' or 'low' and were able to access guidance information.
- Governance meetings were held at directorate level and staff felt involved and valued at this forum. Risks were discussed and escalated to the trust-wide risk register as required.
- Risk management meetings were held monthly and the Integrated Medical Care Centre staff were well-represented and felt supported by the directorate manager and matrons.
- Ward managers had access to the risk registers.

Are services well-led?

- We found examples across the hospitals of risks being identified and action taken to address the risk. Examples included purchasing or hiring equipment to meet patient need and taking action and implementing contingency plans when the lift was not working at Friary Community Hospital.
- Clinical matrons had an identified role in patient safety and quality measurement. They undertook monthly audits that were collated, reported and shared via the clinical performance dashboards. Trends were identified and acted on. However, there were some areas where the assurance mechanisms had not addressed inconsistent practice such as with the consistent completion of records and issues with training and appraisal.
- The day surgery unit at Redcar Primary Care Hospital was part of the Trauma & Anaesthetics Centre. The governance, risk management and quality measurement were consistent with the trust-wide processes.

Leadership of this service

- There had been a restructure in September 2014 with the creation of the Integrated Medical Care Centre led by a director. Staff were positive about the clear management structure and told us that this had led to improved integration of community services with the acute trust staff and departments.
- A ward manager and ward sister provided leadership at a ward level. They were supported by clinical matrons.
- Clinical matrons provided clinical leadership. Their areas covered the community hospital, acute hospital wards and community nursing teams as part of the integrated model of care. Most staff viewed this as positive. However, leadership at Lambert Memorial Community Hospital had been subject to recent changes. A ward sister had recently been appointed and the clinical matron was based at the hospital and provided clinical leadership and support. There remained uncertainty around the future direction and leadership roles at this location.
- Where concerns were raised, managers were quick to act and support staff.
- Staff felt that the clinical matrons provided good support and were visible. More senior managers, such as the head of nursing and deputy directorate manager, were effective and supportive in line management.

- We saw examples of promoting the safety and wellbeing of staff. For instance, at Guisborough Primary Care Hospital individual needs of staff were taken into account duty rotas needed to be changed to ensure that all staff had the same opportunities, experiences and development, and were able to work cohesively as a team. Some staff had worked permanent night shifts for a long period of time and were encouraged to discuss anxieties and perceptions before commencing shift rotations.
- The day surgery unit at Redcar Primary Care Hospital was part of the Trauma Care Centre. The leadership of this services was across the sites. Staff spoke positively about leadership of the service.
- Staff reported that the senior managers and executive team, particularly the chief executive, were well-respected and visible. Most community hospital staff felt engaged with the wider trust.

Culture within this service

- There was an open, honest and transparent culture. This was noted by the inspection team from information, actions and listening to staff carrying out their duties.
- Staff we spoke to were positive about the service, the teams and the provision of care to patients.
- Staff said they felt empowered and supported to provide good quality and effective care.

They told us that they are encouraged to put the patient at the centre of everything they did.

- Information was shared and staff spoke positively about the chief executive's blog and trust-wide emails. Staff commented that they felt the executive team had a good understanding of the pressures on the service.

Fit and proper person requirement

- Staff understood the fit and proper person requirement for staff at board level and stated that staff at all levels must meet the requirements. Recruitment processes ensured this.

Public and staff engagement

- Staff felt involved and were encouraged to give feedback on patient care, both informally and in team meetings. There were some uncertainties due to the proposed changes to services, but most staff felt informed about these.



Are services well-led?

- Although there was no national requirement for community hospitals to adopt the NHS Friends and Family Test, the wards did encourage all patients to complete a questionnaire prior to discharge. Results were displayed on the wards and were good overall. Patients had commented that staff had been kind, considerate and caring.
- We spoke to a volunteer at Carter Bequest Primary Care Hospital who came to talk and encourage patients. They were positive about the staff and culture of the ward.
- The Friary Community Hospital had very good local links in the town of Richmond and a local charitable trust had regularly donated large sums of money for equipment.

Innovation, improvement and sustainability

- There were examples of practice development in the acute setting being transferred into the community wards. For example, a noise monitor had been used on the medical ward to measure noise and activity in relation to increased patient confusion and subsequent falls. The resulting knowledge was used in the community to help staff understand that a quieter environment could prevent incidents.
- Staff had been invited to work on the acute ward at James Cook University Hospital in order to improve skills, relationships and integration of community services and staff. Although this project had caused anxiety around change for some staff, they did report it as a good experience and both acute and community teams had appreciated the diverse range of skills that the community nurses displayed.
- At the Friary Community Hospital, the multidisciplinary team had set up a 'Hot Clinic' which aimed to provide a rapid response service for inpatients and outpatients. It aimed to help prevent admissions and facilitate discharges. The clinic was being run on a trial basis for six months before evaluating its value.
- At Guisborough Primary Care Hospital, the stroke therapy team had set up a breakfast club where patients who had had a stroke were invited to attend, supported to prepare their own breakfast in the therapy kitchen and to communicate with other patients. We observed patients taking part in activities, including massage, writing skills, computer skills and physiotherapy. We were told that this club was intended to reduce isolation and depression.
- The ward staff had also worked to reduce the continence products budget and looked into how patients were assessed, continence care pathways, mobility assessments and patient choice. They asked an external company to demonstrate correct products to use to maintain patients' dignity and for best effectiveness. On discharge, the company wrote to GPs to inform them of products used by each patient and to continue assessment of individual needs. This was a new project and the budget was still being monitored to determine the impact.
- At Redcar Primary Care Hospital, there was a 'mobility garden' with slopes and stairs. This was used to assess patients who had previously been referred to community services for assessment.
- 'Comms cells' were used to brief staff on safety issues and cascade learning.

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider must:

Ensure staff receive appropriate training and support through appraisal including the completion of mandatory training, particularly the relevant level of safeguarding so that they are working to the latest up to date guidance and practices, with appropriate records maintained.

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The provider must:

Ensure that patient records are accurate and complete, particularly fluid balance records, venous thromboembolism (VTE or blood clot) assessments and malnutrition universal screening tool (MUST) scores.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must:

Ensure that hazardous substances are secured, particularly at Lambert Memorial Community Hospital.

Ensure that staff follow the escalation policy when a patient's condition deteriorates.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.