

Spiral Health C.I.C

# Spiral Health CIC

## Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations.

### Overall summary

The unit provided good person-centred care. Nurses and allied health professionals worked together to meet the needs of the patients and staffing levels were appropriate.

Patients were listened to and were involved in decisions about their care. The culture of the unit was open and staff were happy to report incidents. Senior staff were visible on the unit.

Risk assessments were not always completed and care plans were not always adhered to. There were gaps in information in the care plans. Some audits were carried out but there was not a comprehensive audit programme in place.

Patient records were not stored securely and confidentiality was not maintained.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service needed to make a number of improvements to ensure the safety of people using the service at all times.

There was no comprehensive system to monitor patient safety for the Rossall unit. Actions taken were in response to incidents however there was no overview of risk management.

Patients were put at risk of harm as risk assessments were not always completed. There were gaps in recording of information in some patients' records. Some care plans had not been adhered to which had resulted in patient harm. Patient records were not stored securely and some of the records were not stored individually meaning that confidentiality could be breached.

The actions taken to reduce the risk of a patient developing a pressure ulcer were not adequate for all patients and this had resulted in patient harm.

The unit was visibly clean and tidy and in a good state of repair. Staff were observed following appropriate infection control practices. The unit management had taken action, working with staff and patients, to reduce the risk of falls.

There was evidence of multi-disciplinary working and the pre-assessment process carried out by the nurses was robust.

### **Are services well-led?**

While some audits were being carried out, there was not a robust programme of audits to assess, monitor and improve the service. The identification and management of risk was poor and inconsistent.

The culture of the unit was very open and staff were happy to report near misses. Patients were listened to and changes were made as a result of patient involvement. The organisation was committed to staff development and to solving workforce issues by training and development of staff and by recruiting staff from abroad. Additional support was being provided to these staff to ensure retention. The executives and non-executive members of the board were visible in the organisation and visited the unit regularly.

# Spiral Health CIC

## Detailed findings

### Services we looked at

Medical care

# Detailed findings

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## Background to Spiral Health CIC

Spiral Health Community Interest Company (CIC) provides nurse-led therapy units and the Rossall Hospital site is one of three facilities in the North West. The others are based at Bispham Unit near Blackpool and the Preston Unit situated on the Royal Preston Hospital site.

## Our inspection team

Two inspectors carried out an unannounced inspection on 5 August 2015 between 9am and 5pm. This inspection was in response to concerns that the number of patient falls with harm had increased and to assess the criteria for admission to the unit. We inspected the service to answer two of the five key questions;

Is the service safe?

Is the service well led?

## How we carried out this inspection

We reviewed information before the inspection sent to us by the service, service users and their representatives and other statutory services such as the local authority or NHS staff. This information told us about significant events that had occurred such as safeguarding investigations, falls, complaints and concerns.

We spoke with the matron of the unit and three nurses. We also spoke to the doctor, an occupational therapist, a

physiotherapist, the tissue viability nurse and the discharge co-ordinator. We spoke with the chief executive officer of Spiral health, the human resources business partner and the Director of operations/chief nurse.

As this inspection was a focused responsive inspection in response to concerns no ratings have been given but regulatory action has been taken.

# Detailed findings

## Facts and data about Spiral Health CIC

The unit has 20 beds and is a nurse/ therapy led unit. It is operational 24 hours per day. Medical cover is provided 9am to 5pm Tuesday and Thursday and 1pm to 5pm on Friday. Outside these hours between Monday to Friday telephone advice could be obtained by a registered medical officer. Out of hours cover is through Fylde Coast Medical Services who provide telephone advice or visits if necessary. There is no onsite pharmacy.

The unit has a service level agreement with Blackpool Teaching Hospitals NHS Foundation Trust and we were

told approximately 90% of referrals come from the trust. Referrals are also accepted from GP's and community matrons. Sub-acute patients are assessed by a nurse from Spiral health while in hospital or in their own home before being accepted at the unit. Rehabilitation services are provided by nurses, physiotherapists and occupational therapists. Some staff, such as the tissue viability sister, work across the three sites.

# Are services safe?

## Our findings

### Summary

The service needed to make a number of improvements to ensure the safety of people using the service at all times.

There was no comprehensive system to monitor patient safety for the unit. Actions taken were in response to incidents however there was no overview of risk management.

Patients were put at risk of harm as risk assessments were not always completed. There were gaps in recording of information in some patients' records. Some care plans had not been adhered to which had resulted in patient harm. Patient records were not stored securely and some of the records were not stored individually meaning that confidentiality could be breached.

The actions taken to reduce the risk of a patient developing a pressure ulcer were not adequate for all patients and this had resulted in patient harm.

The unit was visibly clean and tidy and in a good state of repair. Staff were observed following appropriate infection control practices. The unit management had taken action, working with staff and patients, to reduce the risk of falls.

There was evidence of multi-disciplinary working and the pre-assessment process carried out by the nurses was robust.

### Incidents

- There was no record of identified risks, such as unlocked doors into empty parts of the building, with strategies for prevention and reduced occurrence.
- There was a lack of analysis of data from reported incidents. Managers were unaware of incident trends which should have resulted in investigation and shared learning.
- Incidents were reported to the matron by all grades of staff. Feedback was informal and was disseminated through meetings which were not specifically for this purpose.
- Drug errors were reported as an incident but missed medication was not so there was incomplete information about medicine errors being collated. The medications policy and procedure stated that missed medication should be reported as an incident

- The patients' notes included flow charts for falls risks including actions to be taken if the patient was unable to consent or did not have the capacity to consent

### Safety thermometer

- Although the hospital were not using the safety thermometer they were using a quality board. This was a notice board that displayed information about quality every month and was up to date. It displayed information about falls and the hand hygiene audit scores. The board showed that four patients had fallen in the last month with two near misses. Complaints and compliments were also displayed.
- In response to the number of falls on the unit posters were displayed using the caption "don't be afraid to use the bell" and were present around the unit and in all the bathrooms. Falls prevention classes were held weekly and patients were encouraged to participate.

### Cleanliness, infection control and hygiene

- All areas were visibly clean and hand washing facilities were available in all clinical areas. Antibacterial hand gel was also available across the unit and there was signage about hand washing displayed.
- The unit had a weekly visit from the infection control team from Blackpool Teaching Hospitals NHS Foundation trust. This was part of the service level agreement monitoring. A monthly ward environmental audit had been recently introduced and included a covert hand washing audit where patients were given cards and asked to record staff hand washing. The environmental audit had highlighted a number of minor issues such as inappropriate storage of items, dusty skirting boards and staff not washing their hands if they sneezed into them. This has been fed back to staff using the quality notice board.
- Infection prevention training was mandatory and records showed 100% of staff were up to date with this training.
- Personal protective equipment was available to all staff across the unit. Staff were seen using gloves and aprons when required.
- All sharps bins were labelled and dated and signed when sealed ready for collection.
- The unit had policies and procedures in place to ensure patients with MRSA (Methicillin resistant staphylococcus aureus) were cared for appropriately. There had been a number of admissions of patients with MRSA.

# Are services safe?

## Equipment and environment

- The unit was single storey making it suitable for wheelchairs and accessible for people with reduced mobility. It was visibly tidy and in a good state of repair.
- The nurses' administration area was in the centre of the ward so staff could observe patients in the communal and dining areas. The nurses could see into the corridor along which patients' beds were situated in one, two or four bedded rooms. All were same sex bays.
- The single rooms accommodated patients who needed to be in a separate area, for example, if there was an infection risk.
- The dining area was clean with a number of small tables with seating for four patients at each table. We saw the meal times to be a sociable occasion.
- The gymnasium was light and airy and well equipped with beds, walk bars and steps.
- A small well equipped therapy kitchen was used for the assessment of patients' kitchen skills. It was clean and tidy.
- The treatment room contained an Electrocardiogram (ECG), a first aid kit, a grab bag with emergency equipment and a variety of dressings. There was a defibrillator which was checked daily. All equipment was clean and well kept. No medicines were kept in the treatment room.
- Walking frames, wheelchairs and other equipment including mattresses were safely stored.
- Commodes were kept in the sluice room. Clean commodes were identified using tape and a clean commode audit was undertaken every month. There was 100% compliance with this audit.

## Medicines

- Staff were aware of medicines management policies including the self-medication policies which were available in the nurses' office.
- Medicines management training was available for qualified staff. 100% of the staff were up to date with this training.
- The unit had no onsite pharmacy. Patients were admitted with their own medicines which were stored in lockable cupboards next to their bed. However, there was no system to record how much medication a patient had brought with them which prevented any audit of medicines since there was no starting balance recorded to monitor usage.

- On admission nurses assessed the ability of patients to administer their own medication based on a robust risk assessment. This included the patient's physical and mental ability to understand when and how to take their medicines, the condition of the packaging, legibility of labels and potential side effects. This led to a three stage self-administration procedure which ranged from staff administration to patients holding their own keys for the lockable storage. This was part of the rehabilitation for patients to administer their own medicines at home.
- Patients had the information they required about their medicines. There was a medicines information card in each patient's notes which contained information about medicines, dosage and the reason for the medicine use.
- We observed medicines being administered to patients. For one patient the nurse had dispensed medicines from the lockable cupboard into a pot and left it on the patient's table. They recorded that the patient had taken their medicines but failed to ensure this. The recording of the medicines having been administered and taken by the patient when they had not meant registered nurses were not always adhering to the Royal College of Nursing guidelines for the safe administration of medicines.
- We looked at seven medicine administration records for individual patients and found that they contained patient identifying information, were legible and allergies were noted and recorded.
- There was one patient who may not have received their medicines as prescribed. We found that one medication had not been signed for by staff and there was no code entered as to why the medication had been omitted.
- Additional stocks of medicines were securely stored and unused medicines were sent back to the Blackpool Teaching Hospitals NHS Foundation Trust in sealed bags using internal transport. A pharmacist came every three months from the hospital to destroy any unused controlled drugs or more often if necessary.
- There was a locked fridge for medicine storage. The fridge temperatures were at an appropriate level according to the records; however the room temperature had been recorded at 29°C to 30 °C for several days. This did not meet with the medications policy and procedure which stated that the temperature

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in the room should be 25°C. The storage temperature can affect the stability and effectiveness of medicine. No action had been taken as a result of this high temperature.

- Controlled drugs were handled and recorded by two members of staff according to the Medications policy and procedure.
- Cleaning chemicals, in tablet form, were found in the controlled drugs cupboard. The storage of hazardous chemicals with medicines does not meet the Control of Substances Hazardous to Health (COSHH) guidance. The tablets were moved to a more suitable storage area before we left the building.
- An external contractor had been employed to audit the medicines management systems. This had resulted in additional medicines management training for staff which was due to start in August 2015.
- We saw that oxygen cylinders were safely stored with appropriate signage present.

## Records

- Patients were not admitted unless an assessment had been completed and recorded. Before a patient was admitted they were assessed at the hospital or at their home by a registered nurse from Spiral Health. This thorough assessment was recorded and provided to staff prior to admission. This was then followed by an admission assessment on arrival. If patients were referred by a GP or community matron, information was faxed prior to admission. Medical records from Blackpool Teaching Hospitals NHS Foundation Trust also accompanied the patient.
- We reviewed seven patient records. The records and care plans were multi-disciplinary and included information about rehabilitation goals and action plans to achieve these goals. However, falls assessments and MUST (malnutrition universal screening tool) assessments were not always carried out potentially leaving patients open to harm; care plans were not always adhered to and there were discrepancies between the pre-assessment and the assessment completed on admission. Examples included; one care plan stated food intake should be recorded. We saw that their food intake had been recorded on the 30 July 2015 but not again until 04 August 2015. The record did not

contain any explanation for the gap in the recording of food and fluid intake. One patient record had one meal documented but this was not dated and the fluid balance chart was not dated.

- There was lack of adherence to a care plan completed by the tissue viability nurse for a patient at high risk of developing a pressure ulcer. The positional change record for this patient showed they had not been assisted to change their position for up to 10.5 hours on two occasions although the plan indicated a need for position changes every two to four hours. This patient had developed a pressure ulcer whilst in the care of the staff at the unit which meant they were not providing adequate care to prevent harm.
- Medical records were not securely stored. Records were kept in an open trolley near to the nurses' administration area which could be openly accessed.
- The confidentiality of patients' records was not maintained as the Spiral health records for all the patients in one bay area were stored together in the same file.
- There was no audit of patient records to ensure accuracy and completeness.
- The management was introducing new records for patient's notes in August 2015 and we were told all staff would receive training to ensure accurate completion.
- All records were returned to the Blackpool Teaching Hospitals NHS Foundation trust following discharge. However, this included notes for patients who had never received care from the trust and there was no information sharing agreement in place. This meant confidential medical records were shared without the patients consent.

## Safeguarding

- Staff had an understanding of the need to ensure vulnerable people were protected from abuse and they knew how to respond to any allegations of abuse which included reporting to the local authority.
- Safeguarding training was mandatory for all staff and training records showed that 100% of staff were up to date. Administration staff completed level 1 training and other staff level 2 or 3 as necessary for their role. As part of induction, staff received training in both safeguarding for adults and children.
- 73% of the qualified nurses and the doctor had completed training on the mental capacity act and Deprivation of Liberty safeguards. The information



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provided by the service did not include if the therapists had also completed the training. Those we spoke with were aware of how the mental capacity of patients impacted on their role.

## Mandatory training

- Mandatory training for all staff included confidentiality, record keeping, information governance, infection prevention, risk management, safeguarding, fire safety, moving and handling and basic life support. All staff were up to date with mandatory training. Staff had access to training at Blackpool Teaching Hospitals NHS Foundation trust which was an extra source of training.
- Induction training for new staff was provided by Spiral Health over two days. This covered all the mandatory training except the practical basic life support skills which was provided at the Blackpool Teaching Hospitals NHS Foundation Trust. Mandatory training was supported by a handbook.
- Training records were kept electronically on the e- roster system. This meant that managers could access training records easily.
- A programme of training was provided by the tissue viability nurse. This training was not mandatory. 59% of staff had attended this training. One of the regular agency staff was paid to attend this.

## Assessing and responding to patient risk

- We attended a daily handover meeting where the condition of patients was discussed. A paper copy of these changes was made available to all staff attending the handover meeting. In addition to this, weekly multi-disciplinary meetings were held about patients' progress and their discharge.
- We saw that patient's physical condition was monitored if the staff considered them to be at risk of their health deteriorating. This included monitoring and recording of blood pressure and level of consciousness following a fall.
- We spoke to the doctor about the management of DNACPR (Do not attempt cardiopulmonary resuscitation). The doctor understood the requirements of the decision and acknowledged that it would be monitored and reviewed as appropriate. This would be recorded in the patient's medical notes. Advice and support would be sought from the patient's consultant

or GP if a DNACPR decision was to be considered. This showed staff considered a patient's rights to choose not to be resuscitated and had mechanisms in place to manage this appropriately.

## Nurse staffing

- The nurse staffing levels on the unit at the time of our inspection were appropriate and met the needs of the patients.
- A staffing board displayed information about the actual staffing on the unit for each shift against the expected staffing levels.
- Agency staff were utilised, particularly at night, from a variety of agencies. These staff were familiar with the unit as they had worked on a regular basis when cover was required which gave continuity for other staff and patients.
- Spiral Health employed physiotherapists, occupational therapists and assistant practitioners across the three sites. Training was provided for the assistant practitioners who support the therapists. The assistant practitioners worked under the supervision of the therapists.
- A tissue viability nurse was employed for two days a week across all three sites.
- A registered mental health nurse has been employed at the hospital; this has improved the care of patients with dementia and other cognitive issues.
- Spiral health had found it difficult to recruit qualified staff and had travelled to Italy, successfully recruiting six nurses. There is automatic recognition of the nursing qualification from the Nursing and Midwifery Council and the staff had had a period of supervision and practical induction. Spiral health had funded English classes for the Italian staff.
- Spiral health were funding two of the health care assistants (HCA) to complete nurse training with a commitment to work for Spiral after the completion of the training.
- Although staff recruitment had been a problem the recruitment processes were robust and not every member of staff was retained following the probation period.
- Additional staff were brought in one morning a week during the weekly discharge meetings due to the high staff involvement in the meetings.

## Medical staffing

## Are services safe?

- There was a resident medical officer who provided medical cover for the unit two and a half days per week. Staff were able to call the doctor on other days if necessary. The doctor was present during our visit, having changed their work pattern due to demands of the unit.
- Out of hours medical cover was by using the emergency on call community doctors available through the 111 service or 999 if there was a medical emergency.
- The doctor liaised with medical staff at Blackpool Teaching Hospitals NHS Foundation Trust and patients would be transferred back to the trust if their condition deteriorated.

### **Major incident awareness and training**

- A fire drill had not been held at the unit for several months. We were concerned as there was a great deal of building work going on with parts of the building being closed off. There was no risk assessment of the possible implications of this.
- It was recorded in the unit's fire risk assessment that they were not up to date with the fire drill. The fire risk assessment was dated 3/7/2015. This showed that the fire drills were not carried out at an appropriate interval.

# Are services well-led?

## Our findings

### Summary

While some audits were being carried out, there was not a robust programme of audits to assess, monitor and improve the service. The identification and management of risk was poor and inconsistent.

The culture of the unit was very open and staff were happy to report near misses. Patients were listened to and changes were made as a result of patient involvement. The organisation was committed to staff development and to solving workforce issues by training and development of staff and by recruiting staff from abroad. Additional support was being provided to these staff to ensure retention. The executives and non-executive members of the board were visible in the organisation and visited the unit regularly.

### Vision, strategy and innovation

- Spiral health are a community interest company with a service level agreement to provide services for Blackpool Teaching Hospitals NHS Foundation Trust.
- The building which Spiral Health currently occupied had been sold. An alternative location had been identified in central Fleetwood. The vision for the service following this move had not been shared with the staff.
- The organisation had found it difficult to benchmark itself as there are very few community interest companies providing this type of service. They had contacted a hospital in Grimsby and would be working with them in the future.
- There were monthly quality and safety walkabouts from board members.
- The Unit received additional temporary funding last winter from Blackpool Teaching Hospitals NHS Foundation trust and a therapy at home service was started. This was successful and evaluated positively but they were unable to continue the service once the funding had ceased. The Units were considering developing this service in the future.
- The Unit supported Blackpool Teaching Hospitals NHS Foundation trust last winter by increasing their bed numbers to 24. The trust were able to free up acute beds by discharging patients to the service.
- The organisation was committed to developing its staff with accredited and non-accredited training.

### Governance, risk management and quality management

- There was no comprehensive audit programme which meant that not all processes, procedures and outcomes for patients were assessed and monitored in order to understand the quality of the service provided and where improvements may be required.
- The matrons from the three Spiral hospital sites worked as an operational group and had completed audits in some aspects of nursing care, infection control, hand washing and the environment. The outcomes of these audits and resulting actions were not discussed as part of the quality and safety meetings.
- There was a monthly quality and patient safety meeting which was attended by the quality manager and other senior staff members. Agenda items included clinical incidents, complaints and policies and procedures. Notes of the meetings showed that actions identified were not always followed up. The meeting held on the 13th July 2015 stated that “medicine pots are being left on tables.” The action was that a memo was to be sent to all qualified staff. We observed that staff were leaving medication in pots on patient’s tables during our inspection.
- Dealing with incidents was responsive to each individual incident. There was no process in place to manage patient safety by identifying trends and subsequent actions to reduce the recurrence of incidents.
- Complaints and compliments were highlighted on the quality notice board and the unit worked with Patient advice liaison service (PALS) at Blackpool Teaching Hospitals NHS Foundation trust if the complaint was as a result of care or treatment provided by the trust.
- Monthly contract meetings were held with Blackpool Teaching Hospitals NHS Foundation trust as part of their SLA agreement. The meetings were led by a clinical manager from the trust.
- There was on-going extensive building work at the Unit. Prior to the visit, we had requested risk assessments about the effects of the building work on the hospital. This information was not provided and was not available at the time of the inspection.

### Leadership/culture of the service

- The board had monthly walkabouts and the Chief Executive Officer held coffee and cake mornings for staff.

## Are services well-led?

This was an opportunity for them to discuss any ideas or concerns they may have about the service. Staff told us the senior management were visible in the unit and approachable.

- The matron and the senior nursing staff were visible in the clinical areas of the unit and the matron was involved in the nursing care of the patients.
- The organisation had invested in leadership training from Lancaster University and coaching support for the matrons to improve their performance.
- The culture was very open and staff were happy to report incidents, near misses and any other issues.
- The staff were professional and dedicated. There was an atmosphere of friendliness and staff worked with patients to achieve their rehabilitation goals.
- All the staff were members of Spiral health, a community interest company. This meant that every staff member was also a member of the company which provided them with some ownership for the success of the organisation.
- A member of staff was elected to be on the board of Spiral health.
- There was a workforce group with representatives from each of the units who discussed staff terms and conditions.
- Staff had the convenience of accessing their working rosters from their mobile phones or tablet devices through the electronic roster system.
- A festival of ideas was held to generate suggestions for activities for staff including a staff ball.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- The provider must ensure that patient records are stored securely and safely.
- The provider must ensure that patient records are complete and up to date.
- The provider must ensure that they utilise audit to monitor the quality and safety of the service.

### Action the hospital **SHOULD** take to improve

- The provider should review the up-take of tissue viability training, ensuring it is taken by relevant staff.
- The provider should consider using a risk register for the hospital with actions and review dates.
- The provider should ensure they meet the requirements of fire safety legislation.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>12(2)(b) doing all that is reasonably practicable to mitigate any risks</b></p> <p>The regulation was not being met because some of the patients had developed a pressure ulcer when a risk has been identified through assessment. Patients care plans had not always been followed.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>17(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)</b></p> <p>The regulation was not being met because there was no comprehensive programme of audit in place to monitor the quality and safety of the service provided. There was no mechanism for monitoring outcomes and any resulting actions.</p> <p><b>17(2)(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</b></p> <p>The regulation was not being met because patient records were not accurate and up to date. There was</p>

This section is primarily information for the provider

## Requirement notices

information missing from care plans, risk assessments, monitoring charts and medicine administration charts. Patient records were not stored securely and confidentially according to the regulation.