

South Tees Hospitals NHS Foundation Trust

Redcar Primary Care Hospital

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)
RTR18	Redcar Primary Care Hospital	Community health inpatient services	TS10 4NW

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?

Good



Summary of findings

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Summary of findings

Overall summary

At our last inspection in December 2014, we identified concerns around staff not receiving appropriate training and support through the completion of mandatory training, particularly the relevant level of safeguarding training. Additionally we found that patient records were not always accurate and complete.

During this inspection risks to patients were assessed and managed to ensure safe delivery of care.

Staff responded appropriately to safeguarding concerns. There were systems and processes for the monitoring of medicines and infection control.

Staffing levels were adequate to meet patient demands; staffing was monitored and reviewed daily.

Staff had received appropriate training and support through the completion of mandatory training, so that they were working to the latest up to date guidance and practices, with appropriate records maintained.

Staff understood their responsibilities to raise concerns and to record safety incidents. There were systems for reporting and learning from incidents.

Opportunities were available to learn from investigations and the service was aware of areas in which it needed to improve.

Summary of findings

Background to the service

The Redcar Primary Care Hospital provided community health inpatient services. The services were based on one ward with 31 beds. All beds were in single rooms with en suite shower rooms.

The ward focused predominately on elderly rehabilitation and palliative care but could provide care for any adult patients for a wide range of conditions. Occupational therapists and physiotherapists were based within the service.

When we inspected the trust in December 2014 we rated community inpatient services as 'requires improvement in the safe domain' with the service rated as 'good' for, 'effective', 'caring', 'responsive' and 'well-led'. This inspection focussed only on the safe domain.

During our inspection in June 2016, we observed care delivered by nurses and health care assistants at Redcar Primary Care hospital. We spoke with four members of staff including the ward manager, nurses and health care assistants. We looked at five sets of patient records.

Our inspection team

Our inspection team was led by:

Chair: Amanda Stanford, Head of Hospitals Inspections, Care Quality Commission

Inspection Lead: Helena Lelew, Inspection Manager, Care Quality Commission

The team included CQC inspectors and a variety of specialists including an A&E nurse, a doctor in medicine, a nurse in medicine, a community nurse specialising in end of life care, a paediatric nurse, hospital managers and a nurse specialising in outpatient care.

Why we carried out this inspection

We inspected the trust from 8 to 10 June 2016 and undertook an unannounced inspection on 21 June 2016. We carried out this inspection as part of the Care Quality Commission's (CQC) follow-up inspection programme to

look at the specific areas where the trust was previously rated as 'requires improvement' when it was last comprehensively inspected on the 9-12 and 16 December 2014.

How we carried out this inspection

To get to the heart of patients' experiences 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?

The inspection team inspected the following core services at James Cook University Hospital and The

Friarage Hospital:

- Urgent and emergency care
- Medical care (including older people's care)
- Services for children and young people (James Cook only)
- End of life care
- Outpatient services

The community health services were also inspected for the following core services:

- Urgent care centres

Summary of findings

- Community services for adults

Prior to the announced inspection, we reviewed a range of information that we held and asked other

organisations to share what they knew about the hospital. These included the clinical commissioning

group (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges, Overview and Scrutiny Committees and the local Healthwatch.

We held a listening event on 1 June 2016 at The James Cook University Hospital 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.

We carried out the announced inspection visit from 8 to 10 June 2016 and undertook an unannounced inspection on 21 June 2016.

Good practice

- The trust was developing a detailed programme around patient pathways/flow/out of hospital models. This included developing a detailed admission avoidance model to establish pilot schemes in acute, mental health, community and primary care services.

This would ensure patients were virtually triaged earlier in their pathway rather than being admitted to A&E. This would support patients closer to home and in more appropriate facilities, and reserve acute capacity for patients who required it.

South Tees Hospitals NHS Foundation Trust

Community health inpatient services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

At our last inspection in December 2014, we identified concerns around staff not receiving appropriate training and support through the completion of mandatory training, particularly the relevant level of safeguarding training. Additionally we found that patient records were not always accurate and complete, particularly fluid balance records, venous thromboembolism (VTE or blood clot) assessments and malnutrition universal screening tool (MUST) scores.

At this inspection, we found that improvements had been made in these areas and rated safe as good because:

- Risks to patients were assessed and managed to ensure safe delivery of care. This included regular assessments of fluid balance records, venous thromboembolism assessments and malnutrition universal screening tool scores.
- Staff responded appropriately to safeguarding concerns. There were systems and processes for the monitoring of medicines and infection control. Staff had received the correct level of training in these areas.

- Staffing levels were adequate to meet patient demands; staffing was monitored and reviewed daily.
- Equipment was available for patients and appropriate safety checks were in place. Staff had received appropriate training and support through the completion of mandatory training, so that they were working to the latest up to date guidance and practices, with appropriate records maintained.
- Staff understood their responsibilities to raise concerns and to record safety incidents. There were systems for reporting and learning from incidents.
- Opportunities were available to learn from investigations and the service was aware of areas in which it needed to improve, such as falls.
- Staff were aware of the duty of candour process and this was embedded in the service.

Detailed findings

Safety performance

Are services safe?

- Data from the patient safety thermometer showed there were six recorded falls with harm and 30 pressure ulcers (levels 2 to 4) reported between the period March 2015 and March 2016.
- Data for April 2015 and February 2016 showed 82% of patients were assessed for their level of risk for development of a pressure ulcer within six hours of admission (298 patients were assessed against 364 patients who were eligible).
- Work to improve pressure ulcer management was continuing in the trust and included: implementation of prophylactic dressings: new intentional rounding documentation, (a structured process where nurses on wards carry out regular checks with individual patients at set intervals); roll out of “number of days without a pressure ulcer”; and involvement with the regional pressure ulcer collaborative.
- Between April 2015 and February 2016, 89% of patients were assessed for nutritional requirements and 93% of patients received a falls risk assessment within 24 hours of admission.

Incident reporting, learning and improvement

- There had been no never events between March 2015 and February 2016. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Between April 2015 and March 2016 there were 182 incidents reported for Redcar Primary Care Centre. The majority of incidents were categorised as insignificant incidents or no actual harm.
- There were no serious incidents reported from April 2015 to March 2016.
- An electronic incident reporting system was in place and staff knew how 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 confirmed they received feedback.

Duty of Candour

- Staff were familiar with the process for duty of candour. Staff understood what was meant by openness and transparency and had completed training as part of their induction process.

- We saw two examples of duty of candour in practice and saw documentation of an apology, root cause analysis, action plans and lessons learned. These documents were detailed and thorough.

Safeguarding

- At our last inspection in December 2014, we identified concerns around staff not receiving appropriate training and support through the completion of mandatory training, particularly the relevant level of safeguarding. At this inspection, we found that all staff on the team received safeguarding training in line with their role. Completion of safeguarding training adults level 2 was 100%, against a trust target of 90%. All staff had completed childrens safeguarding level 1 training.
- Systems were in place to protect people in vulnerable circumstances from abuse. Staff were knowledgeable about their roles and responsibilities in relation to ensuring vulnerable adults and children were safeguarded. Staff understood what constituted a safeguarding concern and could demonstrate the processes to raise a safeguarding alert.
- When we spoke with nursing staff, they demonstrated a good level of knowledge in relation to safeguarding triggers, forms of abuse and the processes to be followed.
- The trust employed a professional lead for safeguarding adults, a disability liaison nurse and a professional lead for mental capacity, deprivation of liberty and the Mental Health Act.

Medicines

- We checked several of the medicines in the cupboards and all were in date. Staff rotated medicine stock regularly. Prescriptions were securely stored.
- The annual medicines storage and security audit of all clinical areas in the trust had been completed in March 2015 and showed good compliance with the trust’s standards.
- Medication errors were monitored monthly as part of the performance dashboards. There were no reported medication errors over the previous 12 months.
- Fridge temperatures were regularly checked and were at the correct temperature.
- We observed medication being administered with care and attention.

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- We reviewed four medication administration records. These were completed accurately and no errors were noted.
- There were arrangements in place to ensure patients received time-sensitive medication appropriately.

Environment and equipment

- Staff informed us that they had appropriate facilities and sufficient equipment to care for patients on their wards.
- Records showed equipment was safety tested.
- Resuscitation trolleys were checked daily on the ward. The log showed it was signed for each day and was up to date. There was a medical device register.
- We observed that all hoists, electrocardiogram (ECG) and electronic blood pressure machines had evidence of in-date maintenance.
- All equipment was detailed on a noticeboard with staff signatures indicating they were competent to use the equipment.
- Patient-led assessment of the care environment (PLACE) audit 2015 showed the hospital scored 77% for condition, appearance and maintenance.

Quality of records

- We looked at five patient records. We found that record keeping was good. Care plans were in place and individualised, there were risk assessments based on individual patient needs, and action plans, which were monitored.
- There was a monthly documentation audit which looked at the quality of record keeping. Results from audits were of a high standard and where improvement was identified, action plans were created and implemented to improve the standard.
- At our last inspection in December 2014, we found that patient records were not always accurate and complete, particularly fluid balance records, venous thromboembolism (VTE or blood clot) assessments and malnutrition universal screening tool (MUST) scores. At this inspection, there were improvements in records and we saw risks to patients were assessed and managed to ensure safe delivery of care.

Cleanliness, infection control and hygiene

- There were no cases during 2014/15 of Methicillin Resistant Staphylococcus Aureus (MRSA) or Clostridium Difficile in community inpatient services.

- Infection control information was visible in all ward and patient areas.
- Wards and patient areas were visibly clean. We observed staff wash their hands, use hand gel between patients and comply with 'bare below the elbows' policies.
- Infection control audits showed 100% compliance for the cleanliness of commodes, 100% compliance for hand hygiene and 100% compliance in the cannula audits for the months of April to July 2015.
- We saw the use of person protective equipment (PPE) when dealing with patients on most occasions. However, there were two occasions during our inspection when PPE was not in use during delivery of care.
- Staff did not always adhere to the trust policy of using 'I am clean' stickers on all equipment. However we did observe that the equipment was clean.
- During the inspection, we saw that the sluice was clean and waste disposal was in use in line with relevant guidelines and protocols.
- The management of sharps was satisfactory and appropriate.
- Community Inpatients was included in the Patient-led assessment of the care environment (PLACE) audit 2015. Overall, the hospital scored better than the England average for cleanliness (100% compared to England average of 97.5%).

Mandatory training

- Staff were given sufficient time to attend training and additional on-site training was being organised to ensure that staff and service needs were being met.
- Staff completed a 'core 7 mandatory training package'. Data showed that the majority of staff had completed training. Where targets were not being met there were plans to ensure staff attended by the end of the year. Senior staff had clear objectives to achieve annual targets for mandatory training and this was a trust priority and had been reported in the risk register.

Assessing and responding to patient risk

- Internal transfer standardised operational procedures and ambulance service bypass and inclusion protocols were in place for assessing and dealing with deteriorating patients.
- Records showed completed malnutrition universal screening tools (MUST), Braden (tool used to assess risk of patient developing a pressure ulcer) and falls

Are services safe?

assessments. Initial NEWS scores (assessment of respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate, and level of consciousness) and pain assessments were well documented.

- Between April 2015 and February 2016, 94% of patients received a VTE risk assessment within 24 hours of admission.
- Physiological observations were documented and legible on the physiological observation chart.

Staffing levels and caseload

- There was no acuity tool specific to community. The trust used the Safer Nursing Care Tool to assess the nursing numbers in providing safe care and to identify minimum staffing levels. Data showed 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 the time.
- We found staffing levels were sufficient to ensure that patients received safe care and treatment. Nursing staff on the ward told us they felt they had sufficient staffing

to prioritise good quality care when needed and that they had a process in place to escalate staffing concerns should they arise. There were daily handover meetings where staffing levels were discussed.

- The vacancy rate at the time of the inspection was 10% overall against planned establishments. Trust staff covered shortfalls by working additional shifts when required and the hospital utilised the nurse bank. There was no agency nursing staff deployed in the wards we visited.
- There were no concerns raised regarding allied health professional coverage. One physiotherapist was on site every morning, Monday to Friday.
- Medical cover for community hospitals was provided by primary care. Weekly consultant ward rounds were held for the consultant beds.

Managing anticipated risks

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