

Stockport NHS Foundation Trust

RW6

# 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)
RWJX2	Shire Hill Hospital	Community Inpatients	SK137PZ
RWJ03	Cherry Tree Hospital	Community Inpatients	SK27PZ

This report describes our judgement of the quality of care provided within this core service by Stockport 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 Stockport NHS Foundation Trust and these are brought together to inform our overall judgement of Stockport NHS Foundation Trust

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

### **Overall rating for this core service** GOOD

We rated community inpatient services as good in the safe, effective, responsive, caring and well led domain because:

- The ward areas were fit for purpose, clean and spacious.
- Staff followed good hygiene practices and there were good systems for handling and disposing of medicines.
- There was good evidence of multidisciplinary team working with regular meetings held to review patient's ongoing development and needs.
- Staffing levels were adequate although agency staff and staff from the ward would work extra shifts to fill some shifts. Recruitment was ongoing to fill current vacancies
- Compliance with mandatory training was mainly above target for most staff.
- Incidents were reported through effective systems and lessons learnt or improvements made following investigations were shared.
- Staff were aware of their role and responsibilities around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- Staff had access to information they required, for example diagnostic tests and risk assessments.
- Best practice guidance in relation to care and treatment was followed across the service.
- The service participated in national and local audits and action plans were formulated following the results of audits.
- The care provided by the service was patient centred and patients were involved in their care and planning individual goals.
- Patients were observed receiving compassionate care and their privacy and dignity were maintained.
- There was strong local and service level leadership across the service.
- Staff said they felt supported, that morale was good and they felt part of the team.

# Summary of findings

## Background to the service

### Information about the service

Community inpatient services are provided by Stockport NHS Foundation Trust across two sites; Shire Hill Intermediate Care Unit and the Devonshire Care Centre.

Shire Hill Intermediate Care Unit is situated in Glossop and forms part of Stockport NHS Foundation Trust. The unit provides a 36 bedded rehabilitation service to inpatients provided by nursing staff, general practitioners, physiotherapists and occupational therapists. Services within the unit are provided within two 18 bedded units in the same building over two floors, Charlesworth unit and Ludworth unit.

The Devonshire Centre is a 19 bedded Centre situated in Stockport and provides neurological rehabilitation care for patients with an acquired brain injury or who suffer from neurological illnesses living in the Stockport and the surrounding areas. The Centre is specifically designed for patients requiring neuro-rehabilitation and includes a purpose built therapy and pool room. Care is delivered by consultants in rehabilitation medicine, medical staff, nursing staff, physiotherapists, occupational therapists, speech and language therapists and a psychologist experienced in the field of neuro-rehabilitation.

Non acute patients are admitted to both Shire Hill Intermediate Care Unit and the Devonshire Centre according to agreed access criteria.

## Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive community health inspection programme.

## How we carried out this inspection

To get to the heart of the experience of people who use services, 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?

## Areas for improvement

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

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

- Consider action so that trolleys containing patient's notes are kept locked.
- Consider that all staff receive their annual appraisal.
- Consider that all staff receive their mandatory training.
- Consider devising an escalation /transfer policy of the deteriorating patient from both inpatient community locations.

# Stockport 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

We rated the Community Inpatient service at Stockport NHS Foundation Trust as good in relation to the safe domain because:

- We found that people using community inpatient services in both Shirehill Intermediate Care Unit and the Devonshire Care Centre were protected from avoidable harm and abuse.
- The service monitored safety performance closely at ward and service level and data showed a good track record in safety and rates of avoidable harm.
- Staff had access to incident reporting systems and were familiar and confident in using them. Staff were encouraged to report incidents and near misses.
- Staff were aware and able to articulate how they would safeguard children and adults in vulnerable circumstances.
- Infection control and prevention was a priority for staff and was well managed across the service.
- Risks to patients were appropriately identified and actions were taken by staff to minimise these risks.

- Staffing levels were sufficient to meet patients' needs during the inspection and there was evidence that senior staff planned staffing level to meet patient needs.
- An audit was performed across medical services trust wide this included the Devonshire Centre to review reasons for missed doses and drug omissions from October 2014 to November 2015. The results showed some omissions of medications and we found no evidence that there was an action plan in place to address this.
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However:

- Staff did not always clearly write their designation or role when writing in patient records.
- Doors which should have been locked in the Devonshire Care centre were left open on occasion and this posed the risk of unauthorised individuals accessing the ward.
- There were some periods of under staffing in the Shirehill Intermediate Care Unit, however managers had made efforts to address these by recruiting additional staff and using agency and bank staff.

# Are services safe?

## Safety performance

- Safety performance was monitored on an ongoing, regular basis at ward and service level. The service used a dashboard to monitor safety performance on a monthly and weekly basis and was readily available for staff and patients to view.
- The units displayed safety calendars and information of the current safety performance prominently on the wall at the entrance to each unit and in the staff office on each unit.
- Staff used the Safety Thermometer to record and analyse data about patient safety. This is a recognised tool used nationally by NHS organisations to measure the frequency of falls, catheter and urinary tract infections, venous thromboembolisms and pressure ulcers.
- An overview of the safety thermometer showed there had been two patients' falls and one catheter acquired urinary infection recorded for Shirehill Intermediate Care Unit between December 2014 and December 2015. No new pressure ulcers or venous thromboembolisms were reported for the Devonshire Centre during this time.
- For the same period there was one new venous thromboembolism and five catheter acquired urinary tract infections reported for the Devonshire unit. No new pressure ulcers or falls were reported for the centre.

## Incident reporting, learning and improvement

- There was an electronic incident reporting system in place for reporting actual and near miss incidents across the service. Staff told us that they were able to access this system easily and told us that they were encouraged to report any incidents or near misses.
- There were 644 incidents reported between October 2014 and November 2015 across the service with 536 occurring at the Shirehill Intermediate Care Unit.
- Incidents were monitored monthly by service managers and any incidents resulting in harm were investigated appropriately. Where actions were identified following an incident investigation, action plans were developed and monitored to avoid reoccurrence. An example of this was the identification by managers in Shirehill Intermediate Care Unit that falls were main type of incident reported in this unit. As a result they had

implemented an action plan to reduce the occurrence of falls. We observed that there were up to date action plans in place to try and minimise the number of falls in the unit.

- Serious incidents were appropriately reported and investigated fully. There were eight serious incidents reported across community inpatient services between December 2014 and November 2015. We reviewed two incident investigations and found that both incidents were completed fully with clear actions identified. Staff told us they felt they were supported throughout the investigation process of all incidents.
- Lessons learned were clearly documented and shared with relevant staff. Staff told us that they were provided with lessons learned and action plans at team meetings. We also saw evidence of this in the form of minutes of team meeting minutes.
- The service held multidisciplinary mortality and morbidity reviews tri-monthly and the service had identified key themes, for example, poor documentation and access to hospice care. The themes were then discussed at key governance meetings to identify learning areas for each ward. We saw evidence of this in team meeting minutes.

## Duty of Candour

- Staff were aware of duty of candour which is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. We saw evidence that staff had appropriately exercised duty of candour in incident investigation reports. There was also a trust wide duty of candour process with supporting policy in place and this was also included during investigation incident training for staff.

## Safeguarding

- Adults and children in vulnerable circumstances accessing the service were protected from abuse and safeguarded appropriately. Staff were aware and able to articulate how they would safeguard children and adults in vulnerable circumstances.
- The trust had robust safeguarding policies and procedures in place. These policies were based on current guidance and had been updated where appropriate to include legislative changes. Staff were



# Are services safe?

aware of how to refer a safeguarding issue to protect adults and children from suspected abuse. Staff were aware of how they would access the trust intranet page relating to safeguarding.

- The trust had a designated safeguarding team who were available for advice and guidance in working hours. Outside of working hours staff could contact a senior nurse at Stepping Hill Hospital for advice and guidance on any urgent safeguarding issues. All staff we spoke to were aware how to access the safeguarding team both in and out of hours.
- Training rates for staff across the service in relation to safeguarding adults and children were high. Data showed that 94% of staff across the service had completed safeguarding adults level two training and 88.3% had completed level two safeguarding children training. This was above the trusts target of 85 %.

## Medicines

- Medicines were managed, stored and administered appropriately across the service.
- In the Shirehill Intermediate Care Unit staff undertook medicine rounds in 'pods'. This meant that there were two medicine trolleys per unit, one for each half of the unit. Staff told us that this was implemented to try and reduce the length of time patients waited for their medication.
- Controlled drugs require additional checks and special storage arrangements because of their potential for abuse or addiction and also require clear and precise documentation of any wastage. Controlled drugs were stored securely in a locked cupboard and were checked daily. We reviewed logs of these checks which showed daily checking of these medications.
- Recording of daily drug fridge temperatures across the service showed they were within the optimum range of between two and eight degrees and records indicated these fridges were checked regularly.
- There was accurate and legible recording of allergies on all prescription and nursing assessment documents we reviewed.
- Each unit and ward area had hypoglycaemia boxes available for the treatment of patients who may present with a low blood sugar level. These boxes were fully stocked with all medications in date.
- Pharmacists were based at Stepping hill hospital and were available for advice and support by telephone 24

hours a day seven days a week. Patient prescription charts were electronic and were reviewed by pharmacists using the electronic system. A Pharmacist also visited Devonshire Care centre once a week.

- Medication errors and risks identified were discussed at a safe medicines practice group and the medicines management committee. There were 84 medication incidents across the trust reported from November 2014 – December 2015. Three of these were reported within the community inpatient service and all three occurred in Devonshire centre and were all graded as not serious.
- An audit was performed across medical services trust wide this included the Devonshire Centre to review reasons for missed doses and drug omissions from October 2014 to November 2015. The results showed that between 80% and 87.9% of medication was administered, 9.4% to 10.7% were intentional omissions of medication for example due to patient being nil by mouth and 2.3% to 2.8% were omitted unintentionally for example medication was not available or for an unknown reason. We found no evidence that there was an action plan in place to address this.
- All 34 staff based at the Shirehill Intermediate Care Unit were trained in the use of the McKinley syringe driver to ensure safe administration of medications. This is an infusion device called a syringe driver which delivers medication subcutaneously to provide symptom control, particularly for palliative care patients when oral medication is not possible or appropriate.

## Environment and equipment

- Ward areas within Shirehill Intermediate Care Unit and the Devonshire Care centre were visibly clean and tidy and staff had access to the equipment they required to provide patient care.
- The trust scored consistently above the England average for patient-led assessments of the care environment (PLACE) from 2013 to 2015. Scores for Shirehill Intermediate Care Unit for 2015 showed 99.5% compliance for cleanliness, 87.4% for food and hydration, 79% for privacy and dignity and 87% for condition, appearance and maintenance.
- The Devonshire care centre was a purpose built rehabilitation unit which consisted of two four bedded bays, double and single rooms. Double rooms had access to en suite facilities.
- In order to maintain the security of patients, visitors were required to use the intercom system at the

## Are services safe?

entrance to the building to identify themselves on arrival before they were able to access the unit. However we found that the doors leading to the ward area were left open and therefore accessible to all who came through the secure main door. Although those accessing the ward had to walk past the manned main office, there was a risk that staff were unaware of who was accessing the ward at any time. This was highlighted to staff during the inspection.

- Portable oxygen cylinders were stored securely on the corridor. Health and safety best practice guidance is that oxygen cylinders should be stored securely in a well ventilated storage area or compound when not in use.
- Resuscitation equipment was readily available in all ward areas across the service. There were systems in place to ensure it was checked and ready for use on a daily basis. Records indicated that daily checks of equipment had taken place with tamper safe seals intact across the service.
- There were systems in place to maintain and service equipment. Portable appliance testing (PAT) had been carried out on electrical equipment regularly and electrical safety certificates were in date on the equipment we viewed. Hoists had been serviced appropriately.
- Equipment was routinely maintained and serviced. We observed green 'I am clean' stickers displayed on equipment to indicate to staff when equipment was ready for use.

### Quality of records

- Records were written and managed appropriately across the service.
- The service used electronic and paper based records. Paper records were in the form of nursing notes and medical case notes. Nursing notes were kept at the patients' bedside and medical notes kept in record trolleys. The record trolleys in the Shirehill Intermediate Care Unit were unlocked which meant they were potentially accessible to the general public. However at the Devonshire Care Centre patient's records were stored securely in a trolley in the main office where the receptionist sat. At other times when the office was not staffed we were informed the office door was locked.

- We looked at twenty care records across the service and found that all entries were signed, legible and completed fully. In the Shirehill Intermediate Care Unit we found that the staff member's designation was not always clearly written at the end of each entry.
- Records were easy to follow and evidence of multi-disciplinary input was evident and easy to locate.

### Cleanliness, infection control and hygiene

- Standards of infection control and prevention were high across the service and there were systems in place to protect patients from health care acquired infections.
- We found that all areas used to provide patient care across both locations were visibly clean and tidy.
- Hand gel and personal protective equipment was accessible in both locations and we observed that these were utilised by staff and visitors appropriately.
- We observed that staff followed 'bare below the elbows' guidance and washed their hands during and between interventions and tasks.
- Cleaning logs for all areas were displayed, were up to date and completed appropriately.
- Between August 2014 and August 2015, the number of newly identified cases of methicillin resistant staphylococcus aureus (MRSA) and Clostridium Difficile were similar to or better than the England average for the same period. Between April 2014 and November 2015 there were no reports of MRSA or Clostridium Difficile on the Devonshire Unit. For the same period there were no reported cases of MRSA and two cases of Clostridium Difficile were reported for Shirehill Intermediate Care Unit.
- Patients with infections were nursed in appropriately isolated single rooms across the service, which were equipped with hand washing facilities and access to hand gel and personal protective equipment.
- Staff were aware of the current infection control procedures and guidelines and told us that they could access policies and procedures via the intranet. In addition, arrangements were in place for the safe handling, storage and disposal of clinical waste and sharps and we observed staff following these arrangements correctly.
- Hand hygiene audits were completed across the service and results for December 2015 showed 100% compliance and monthly audits monitored ongoing performance and highlighted areas for improvement.

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- An additional annual audit on infection prevention was performed on 29 September 2015 in the Devonshire Care centre. This showed overall compliance of 67.4%. An action plan was developed and implemented; which included additional staff training and increased walk arounds by the ward manager to address the issues raised. Areas of non-compliance included a soiled toilet bowl and some equipment being dusty. During our inspection all areas and equipment were clean.

### Mandatory training

- Staff received mandatory training on a rolling annual programme which included subjects relevant to their role such as; safeguarding, health and safety, fire, manual handling and infection control and prevention.
- Training was provided in a purpose built training centre at Stepping Hill hospital.
- Information provided by the trust at the time of our inspection showed that mandatory training compliance rates across the service were above the trust target of 95% with levels at 100% at the Shirehill Intermediate Care Unit.
- Staff confirmed they received a trust induction on commencing work and this included temporary staff.
- Staff told us they were encouraged and supported to undertake their mandatory training and received reminders to attend training.

### Assessing and responding to patient risk

- Staff undertook appropriate risk assessments and implemented actions to minimise risk to patients accessing community inpatient services.
- We reviewed 20 care records across the service and found that all 20 included a range of appropriate risk assessments and care plans that were completed on admission and reviewed throughout the patient's stay. These included risk assessments for falls, nutritional needs and pressure damage.
- In August 2015 the trust carried out a trust wide spot check audit on 78 staff across 35 wards to clarify if they were aware of two safety alerts which included the community inpatient services. The audit concluded that current systems in place were not effective as 51% of staff said they were unaware of the alerts. The results were presented to the risk management committee and

business group, a risk assessment was implemented with actions to managers to ensure alerts were disseminated to all staff. The trust plan to re audit was in place however a date has not been set.

- We observed that patients who were identified as being high risk of falls wore yellow wrist bands to identify this risk to staff. During our inspection we observed patients who were at high risk of falls wearing yellow wrist bands.
- Staff were able to describe how they would escalate risks to patient safety to managers, including staffing issues and bed capacity issues.
- An early warning score (EWS) system was in use across the service. The EWS system was used to monitor a patient's vital signs identify patients at risk of deterioration and prompt staff to take appropriate action in response to any deterioration.
- We also observed that staff carried out regular monitoring in response to patients' individual needs to identify any changes in their condition quickly. We observed daily completion of early warning scores in patients records in both locations which was recorded as a base line to identify when a patient's condition deteriorated. Guidance was available for staff on when to increase the frequency of observations and escalate concerns about a patient's condition. In addition to this we observed a laminated copy of the EWS pathway was attached to all observation machines.
- An early warning score audit was performed across the trust. The audit showed that following implementation of patient track (a system to record and review patients observations electronically) 2014/2015 all standards were met with 100% compliance compared to a compliance rate between 53% and 98% before the introduction of patient track (2013/2014). This included the Devonshire Care Centre where staff recorded patient's observations on an iPad. The results would automatically alert staff when a patient was requiring further observations or medical attention via the patient track system.
- Shirehill Intermediate Care Unit was not part of this audit as they were not using an electronic records system to record observations. However compliance and completion of early warning scores was audited weekly and between 16 November and 7 December 2015. The results varied from 77% to 89%. As a result of this managers had implemented an action plan which included a new assessment form and training programme. We saw evidence that this was introduced

## Are services safe?

in December 2015 and results from the audit following these actions between 21 December 2015 and 18 January 2016 showed an improving picture of 93% compliance.

- There was no escalation policy in place for staff to follow if a patient's condition deteriorated. However staff told us they were aware of how to manage, and when to escalate, patients who had become more unwell and would dial 999 and transfer to A&E. We saw evidence of incidents reported when this had occurred.
- Medical staff assessed whether patients required VTE prophylaxis treatment and prescriptions would be updated on the electronic prescription system. All patients' prescriptions we viewed showed these assessment and prophylactic treatment was prescribed where appropriate.

### Staffing levels and caseload

- Staffing levels were generally at a level to meet patient needs, with some periods of last minute staff absence.
- Each ward across the service had a planned nurse staffing rota and reported on a daily basis if vacant shifts had not been covered.
- The service undertook a three monthly acuity assessment to ensure staffing levels met patient needs. We observed that the nationally recognised Safer Nursing Care Tool (SNCT) was used to undertake this.
- In the Devonshire Care centre the funded nursing establishment was three qualified nurses and five health care assistants on duty in the mornings and two qualified nurses and five health care assistants on duty staff in the evenings. At night time this reduced to two qualified nurses and two health care assistants.
- We reviewed information relating to how many shifts were filled with registered nurses and found that the shift fill rate for registered nurses at the Devonshire Care centre was high between April 2015 and December 2015. The fill rate for day time shifts ranged between 91% and 100% and at night time the fill rates were between 97 – 100%.
- At the time of inspection trust data shows the vacancy rate for qualified nurses at the Devonshire Care centre was low at 1.39 and 0.75 for health care assistants. We were told that recruitment was underway for these posts.
- Staff sickness from April 2015 to December 2015 at the Devonshire Care centre was between 7.6% and 7.7% for qualified nursing staff. From April 2015 to July 2015 there was 3.6% for health care assistants with no episodes of sickness reported from July to December 2015.
- In Shirehill Intermediate Care Unit the funded establishment was four qualified nurses and six health care assistants on duty in the morning and four qualified nurses and four health care assistants on duty in the evenings. At night-time the number of qualified nurses on duty stayed at four and the number of health care assistants reduced to three.
- We reviewed four weeks of staffing rotas for Shirehill Intermediate Care Unit and found that 19 out of 84 shifts were short of at least one registered nurse. However in all cases efforts had been made to obtain additional staff including the use of agency and bank staff.
- We reviewed information relating to how many shifts were filled with registered nurses and found that the shift fill rate for registered nurses at Shirehill Intermediate Care Unit for the 2015/2016 period and the average fill rate for day time shifts was 93.7% and at night time the fill rate was 99.2%. There were six registered vacancies at Shirehill Intermediate Care Unit at the time of the inspection and staff told us that active recruitment was ongoing to fill these vacancies. Agency and bank staff were used across the service when required or staff from the wards would work extra shifts to fill shifts. Staff told us that they would escalate any shortfall in staffing was escalated to the matron. We saw evidence that these staff received appropriate orientation and induction to the ward areas to ensure they could practice safely.
- Nurse staffing information including planned and actual staffing levels was displayed at all ward entrances across the service. This meant that people and their families who used the services were aware of the staffing levels for that day and whether they were in line with the planned requirement.
- Medical staffing at the Devonshire Care centre and Shirehill Intermediate Care Unit were sufficient to meet patient's needs.
- Two consultants worked on the ward shared over the week (Monday to Friday). A registrar worked on the Devonshire unit Monday to Fridays from 9am until 5pm.

## Are services safe?

Staff had access to the elderly care Doctor on call at Stepping Hill Hospital between the hours of 9am and 9pm every day. In addition staff also had access to the hospital at night system after 5pm.

- The skill mix of medical staff showed the proportion of consultants was higher and junior level grades were the same as the England average.
- At the time of our inspection there were no medical staff vacancies in the Devonshire Care centre. However staff informed us that the centre is currently looking at increasing the hours of the psychologist to full time.
- Day to day medical cover was provided by a local general practitioner (GP) surgery from Monday to Friday. The GP visited for approximately three hours daily. A book logged what tasks and reviews staff required them to complete during their visits, for example medication review.

- Out of hours cover at the Shirehill Intermediate Care Unit was provide by the 'Go to Doc' out of hours GP service.

### Managing anticipated risks

- Staff told us that plans were implemented during winter to cope with seasonal pressures; this included accepting additional patients from different areas.
- There was a business continuity plan for Shirehill Intermediate Care unit and a copy of the plan was displayed in the ward offices. This plan included continuity plans for the winter months and seasonal fluctuations in demand.
- A dynamic assessment action card was in place for any extraordinary event which disrupted the service delivery in the Devonshire Care centre, which included severe staffing reduction.
- There was also a major incident plan in place and this was accessible to staff via the intranet.

# Are services effective?

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

## Summary

We rated the community inpatient services as 'good' for effective because:

- Care and treatment was provided in line with national and best practice guidelines and the service participated in the majority of clinical audits where they were eligible to take part.
- Nutrition and fluid assessments were regularly assessed and patients were well supported in meeting their nutritional and hydration needs.
- There was a focus on discharge planning from the moment of admission and there was good multidisciplinary working to support this. Patients were given patient centred goals using SMART

(Specific, measurable, agreed upon, realistic and time-based) criteria.

- The average length of stay and risk of readmission for elective patients across was about the same or lower than the England average.
- We found that staff had a good understanding and awareness of assessing peoples' capacity to make decisions about their care and treatment and applications for deprivation of liberty safeguarding were completed correctly.
- Patient's care plans and assessments were completed consistently.
- Staff said they were supported effectively and had opportunities to access clinical supervision and relevant training.

However

- Not all staff had received their annual appraisal.
- Data provided showed staff on Devonshire unit had completed mental capacity act training however this did not include figures regarding allied health professionals or junior doctors. Compliance for all staff across medical services was 71.3 % which was below the trust target of 85%.

## Evidence based care and treatment

- We found that the care delivered to patients was evidence-based and in line with key documents such as National Institute for Health and Care Excellence (NICE) guidance.
- Staff were using national and best practice guidelines to care for and treat patients across the service. These included guidelines on diabetes care and nutritional screening.
- Compliance with NICE guidance was monitored at a trust level through a number of audits. One example of this was the 'diabetes task and finish group' which was set up in June 2014 following issues identified at a trust wide level relating to diabetes care. This included the community inpatient services. The group met monthly, reviewed and discussed diabetic incidents and implemented required actions. These included the availability of link nurses and an e-learning package to be shared with staff of all grades. We reviewed documentation in relation to this group and found that all actions were updated as completed at the time of inspection. In October 2015 a trust wide quality governance committee report evaluated that diabetes incident reporting was increasing due to raised awareness of staff and that diabetes care had significantly improved as a result of these measures.
- Local audits were undertaken at ward level and included realistic actions to be implemented. We reviewed examples of these across the service. One example of this was a learning disability snap shot audit undertaken in the Devonshire Care centre. The audit gave an overall score of 76% and a number of recommendations were listed and had been implemented at the time of the inspection.
- Nursing care indicator audits were also completed on a monthly basis in the Devonshire Care centre. These audits reviewed the completion of documentation for falls, fluid balance, general care planning, medication administration, medicines storage and security, moving and handling, nutrition, modified early warning score, privacy and dignity and tissue viability. We reviewed data in relation to these audits and these showed the scores for the Devonshire unit were high in all domains with the overall compliance score of 99.2% in March



## Are services effective?

2015 and 101% in October 2015 against a target of 95%. Results showed that the Shirehill Intermediate Care Unit scored between 96% and 100% during the same time period.

- Patients' needs were assessed on admission and comprehensive care plans were formulated and delivered in line with best practice. We reviewed patient care plans and found that these and risk assessments were completed to identify additional support needs.
- Staff had access to the trust's policies and procedures in both paper form and electronically using the intranet.

### Pain relief

- Pain relief was managed on an individual basis and was regularly monitored and reviewed by doctors. There was evidence in patients records that correct type of pain relief had been prescribed appropriately and was administered when they required pain relief. One example of this was that staff told us that many of the patients in the Devonshire Care centre had neuropathic pain which was managed with specific medication for this type of pain.
- Pain was assessed and scored using the early warning score documentation. Pain relief was administered as early as possible to aid rehabilitation and mobilisation.
- We observed staff asking patients if they required pain relief medication.
- Patients told us that they were asked about their pain and supported to manage it. However one patient in the Devonshire Care centre told us that they had to wait for pain relief during the night.

### Nutrition and hydration

- In all records we reviewed, there was evidence that nutrition and hydration had been assessed and a MUST risk assessment tool completed where appropriate across the service. Patients received assistance with eating and drinking in line with their individual needs.
- We reviewed eight fluid balance charts in the Shirehill Intermediate Care Unit. We found that six were up to date and fully completed but two on one ward had gaps in completion and the totals had not been added up.
- Staff had ready access to speech and language therapy and dietetics and referred patients based on their individual need. In the Devonshire Care centre a dietician also visited the ward every week to review patients.

- Staff were observed assisting patients with food and drink where required.
- Patients told us there was plenty of choice at each meal and that the food was of a good standard.
- Wards across the service had protected meal times (a period of time where all other activities stop if safe to do so. This allows staff to focus on supporting patients with their nutritional needs). However staff reported flexibility to allow relatives to help with eating and drinking as per individual need or request.
- Patients who cannot maintain adequate nutrition with oral intake are fed via a percutaneous endoscopic gastrostomy (PEG). We were told that at times there were patients requiring feeding via a PEG on the unit and staff were trained in this.

### Patient outcomes

- Patients accessing the community inpatients services generally had similar outcomes to patients treated in other trusts of a similar size in England. Patient outcomes were monitored at a ward and trust level across the service.
- The Devonshire centre was part of the Greater Manchester Operational Delivery network which meets once a month to share best practice with other neuro rehabilitation units from Trafford, Wigan and Leigh. In addition to this the centres would peer review each other every two to three years. The ward manager told us that that Devonshire Centre was due to be reviewed in May 2016.
- The average length of stay and risk of readmission for patients across the trust was shorter than the England average.
- The average length of stay for patients admitted to Shire Hill Intermediate Care Unit between July 2015 and December 2015 was 30 days which was in line with the trusts target for this unit.
- Staff at the Devonshire Care centre told us on admission patients were expected to stay on the ward up to 6 months. Patients who exceeded this were discussed at meetings including the Greater Manchester operational delivery network to identify any other options/plan of care. Data provided showed that there were 40 patients discharged from the Devonshire Care centre between 1 June 2015 and 31 December 2015 with an average length of stay of 87 days.

## Are services effective?

- Patients were set achievable rehabilitation goals across the service using SMART (specific, measurable, agreed upon, realistic and time-based) and these were monitored by staff in partnership with patients.
- In the Devonshire Care centre therapists inputted data into UKROC which evaluates development of services by looking at patient's needs. United Kingdom specialist rehab outcomes collaborative (UKROC) is a national data base for collating case episodes for inpatient rehabilitation.
- The Sentinel Stroke National Audit Programme (SSNAP) is a programme of work that aims to improve the quality of stroke care by auditing stroke services against evidence-based standards. The community inpatient services were included in this programme. This highlighted that the service still needed to make improvements to the care and treatment of patients who had suffered a stroke. The latest audit results rated the trusts services overall as a level 'C' for the first April to June 2014 and a decrease in performance to a level 'D' from September 2014- June 2015. The trust had put in place actions to improve the audit results including employing a person to input data in a timely manner. Recent information online shows an audit result of level 'B' from July to September 2015.
- The myocardial ischaemia national audit project (MINAP) provides comparative data around the management of patients suffering from a heart attack to help monitor and improve the quality and outcomes of services. The community inpatient services were included in this programme. The MINAP audit shows the trust was below the England average for all three non STEMI indicators. No actions plans were available to review.
- The National diabetes inpatient audit (NaDIA) measures diabetes management along with patient experience during their hospital stay. The community inpatient services were included in this programme. In 2013 NaDIA showed that the trust scored worse than the median for 14 out of 20 indicators.
- Between April 2014 and March 2015 the SHMI score for Stockport NHS Foundation Trust was 95. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated at the hospital. Risk is the ratio between the actual and expected number of adverse outcomes. A

score of 100 would mean that the number of adverse outcomes is as expected compared to England. A score of more than 100 means more adverse (worse) outcomes than expected.

- The service had agreed Commissioning for Quality and Innovation (CQUIN) payment framework targets with local commissioners to improve quality standards. For example, in relation to pressure ulcers, catheter care and prescribing antibiotics.
- The trust's annual quality report 2014/2015 showed there had been improvement in all targeted areas in line with the CQUIN targets.

### Competent staff

- Patients accessing the community inpatients services were treated and cared for by competent staff with the skills necessary to undertake their role.
- All staff told us that they had received their annual appraisals and that they felt they were adequately supported by their seniors.
- We reviewed documentation in relation to appraisal rates and this showed that 66.67% of nursing staff, 95 % of additional clinic staff and 100% of admin staff at the Devonshire centre had received their annual appraisal by December 2015 (the appraisal year runs from April to April each year). The ward manager at the centre told us all staff currently working had received their appraisal at the time of the inspection apart from one who was not in work at that time. In Shirehill Intermediate Care Unit 100% of nursing staff and 81% of therapy staff had received an appraisal within the last 12 months.
- Staff across the service told us they have comprehensive clinical and non-clinical supervision.
- All staff had access to an in house training programme which developed joint competencies to provide better service provision to patients. Staff said they were supported to access any relevant training to support their personal and professional development.
- The ward manager at the Devonshire Care centre had recently been supported to complete the ward leadership programme provided by the trust.
- Student nurses had placements across the service and students were given a named mentor throughout the placement and there was student notice board with information regarding the placement .The Devonshire unit was nominated for placement of the year in recognition of providing an outstanding learning environment from September to December 2015.



## Are services effective?

- All new staff had a corporate induction and a unit level induction.
- There was a preceptorship programme which supported junior nursing staff. Competency in care procedures were assessed by higher level qualified staff. All new nurses also had supernumerary time as part of their induction programme. Two recently recruited staff confirmed this and said their trust induction had been comprehensive.

### Multi-disciplinary working and coordinated care pathways

- Staff worked well as a multi-disciplinary team to promote early mobilisation and enhance patients' rehabilitation and recovery
- The Multidisciplinary team (MDT) was well established across the service with patients having input from a range of allied healthcare professionals (AHP) including Occupational, physio and speech and language therapists, dietician, social worker and clinical psychologist.
- There was a cohesive and thorough approach to assessing the range of people's needs, setting individual goals and providing patient centred care. Nursing staff worked alongside therapy staff to provide a multidisciplinary approach. All staff we spoke to described good collaborative working practices.
- Patients were reviewed on a daily basis by the therapy and nursing staff Monday to Friday and by nursing staff at weekends and at a twice weekly whiteboard meeting was held in the Devonshire Care centre which included the medical team.
- Case conferences were arranged for all patients admitted to the Devonshire Care unit a month after admission to review patient's progress along with their rehabilitation plan.
- Therapy staff at the Devonshire Care centre worked alongside the STAR team (Stockport Team for Adult Rehabilitation) to ensure continuity of care following discharge.
- Patient records across the service showed joint documentation from nurses, medical staff
- Patients were referred into the community inpatient service from a variety of routes including the community via their GP's and hospitals in the area. Patients were also referred to the Devonshire Care centre from a neighbouring trust that have a specialist neurology unit.
- When patients were referred to the Devonshire centre their condition was reviewed and discussed at MDT meetings to determine if they fitted the admission criteria. Patients suitable for admission were placed on a waiting list until a bed became available. Trust data showed that there were five patients waiting to be admitted at the time of inspection.
- Patient's care and rehabilitation goals were identified using the SMART criteria (specific, measurable, attainable, realistic and timely). On admission patients were given an estimated date of discharge. Staff told us there was an expectation that patients would stay on the unit up to six months.
- MDT meetings were held twice a week at the centre and patient's progress was discussed. Patients who were identified as fit for discharge would then start the process of discharge which could include discharge planning meetings, environment visits, continuing health care assessments and case conferences.
- Staff told us the discharge planning was started in the Devonshire Care centre at an appropriate stage in the patients recovery however patients had to wait for housing or care packages to be set up which had delayed their discharge. Trust data showed at the time of inspection there were four patients that were medically fit and were awaiting discharge. However the reason for delay was not confirmed.
- When patients were referred to Shirehill Intermediate Care Unit they were assessed against the admission criteria for the service to ensure patients could be cared for appropriately. However staff reported that some of the patients recently admitted appeared to have higher dependency needs than had previously been usual.
- Discharge planning commenced on admission and staff worked closely with community colleagues to ensure a smooth and timely transition for patients.

### Access to information

- Staff had access to information they needed to deliver effective care and treatment to patients. All staff we spoke to were aware they could easily access to Trust information including policies, procedures and patient information leaflets on the ward computers.

### Referral, transfer, discharge and transition

## Are services effective?

- There were computers available which gave staff access to patient and trust information.
  - On the wards, files which included minutes to team meetings and previous audits were available to staff and staff were encouraged to read them
  - Information boards were visible in staff areas and these displayed audit information, link nurse details and trust wide correspondence.
  - White boards utilised for handovers also included updated trust wide information as well as any issues raised. This included new policies, any new incidents and trust updates.
- Consent, Mental Capacity act and Deprivation of Liberty Safeguards**
- Staff across the service were knowledge about the key principles of the Mental Capacity Act (2005) and the Deprivation of Liberty safeguards (DoLS) and how these applied to patient care.
  - DoLS are part of the Mental Capacity Act 2005, they aim to ensure that people in hospital are looked after in a way that does not inappropriately restrict their freedom and are only implemented when it is deemed in the best interest of the person and there is no other way to look after them. This includes people who may lack capacity.
  - There was a revised mental capacity act and DoLS policy introduced in November 2015 and this reflected national guidance and legislation.
  - Patients who were subject to a DOLS were documented on the wards whiteboard and discussed at staff handover. We reviewed two patients' records where a DOLS was in place and all documentation was completed accurately.
  - Information we reviewed showed that all nursing, health care staff, administration staff and senior doctors on Devonshire unit had completed mental capacity act training.

# Are services caring?

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

## Summary

We rated as 'good' the community inpatient services for caring because:

- Patients told us staff were caring, kind and respected their wishes.
- We saw staff interactions with patients were person-centred.
- People we spoke with during the inspection were complimentary about most of the staff that cared for them.
- Patients received compassionate care and their privacy and dignity were maintained.
- Patients and their families were involved in their care, and were provided with appropriate emotional support.
- Though the response rate was low (5%) to the Friends and Family Test (FFT), 100% of these said they would recommend the Devonshire Centre and 89.1% would recommend Shirehill Intermediate Care Unit

## Compassionate care

- Care was delivered by caring and compassionate staff. We observed patients being treated with dignity, respect and kindness in a timely manner.
- We spoke to three patients in the Devonshire Care centre who were all positive about their care and treatment. One patient commented they felt that a member of agency staff on the previous night shift was not patient whilst they assisted them to the bathroom. However they were very happy with the overall care provided by all the other staff. We reported this to the nurse in charge who said they would look into this. Two of the three patients we spoke told us they had previously been in the centre and were happy to come back for further care and treatment as they had had such a positive experience.
- All patients we spoke with at Shirehill Intermediate Care Unit spoke positively about the care they received and told us that they felt well supported.
- The service took part in the NHS Friends and Family Test (FFT) and 89.1% of patients who were treated in Shirehill Intermediate Care Unit and 100% of patients in the Devonshire Care centre between July 2014 and June 2015 said they would be 'extremely likely' to

recommend the service to their friends and family. This was based on a total of 46 responses for Shirehill Intermediate Care Unit and five responses for the Devonshire Care centre. Wards displayed this information on boards at the ward entrances.

- We observed staff supporting and encouraging patients' and maintaining their dignity and privacy and providing care in a compassionate and responsive way
- Patients who were at their bedside or in bed had access to call bells and staff responded promptly to these bells.
- The trust performed about the same as other trusts for the majority of questions in the CQC inpatient survey and better in one.

## Understanding and involvement of patients and those close to them

- Patients all had a named nurse, key worker and consultant in the Devonshire Care centre. These were displayed on a whiteboard and above the patient's beds.
- All patients told us that they had received good information about their care and were involved in their plan of care and setting goals across the service.
- There were clear and visible information leaflets at the entrances to the centre and the unit specifically for those accessing that service.
- Visiting times were set in the Devonshire Care centre; however staff told us they were flexible with visiting to meet the needs of the patient. One patient we spoke to was looking forward to their family visiting as they were bringing in a take away for them all to eat as a family.
- Family and patients were routinely involved and kept up to date with care and plans, this was evident in the six records we reviewed and during our inspection we observed a family attending a case conference review.
- Five patients across the service told us that there was good communication with staff and that they were involved in care planning.
- We observed interactions between staff, patients and their relatives which were thorough and opportunities were given to ask questions.

## Are services caring?

- Staff gave verbal advice to patients post-operatively and contact numbers were given prior to discharge if the patient needed any advice in Shirehill Intermediate Care Unit.

### Emotional support

- All staff we spoke to told us that they felt they had time to spend with patients when they needed support.
- Patients in the Devonshire Care centre had access to the services of a psychotherapist once a week to provide psychological and emotional support.
- At Shirehill Intermediate Care Unit Macmillan nurses supported staff with end of life care and were available to support patients at the end of their life and those close to them at these difficult times.
- We observed staff offering emotional support and listening to patients' concerns.
- Staff supported patients and their families to promote self-care and independence. Information was available for patients and relatives to link with support networks such as Age UK.
- The Chaplaincy centre which included a chapel, multi-faith room and counselling room was based at Stepping hill hospital and could be accessed 24/7. The chaplaincy team provided spiritual, religious and pastoral support for patients, visitors and staff across the service when required.

# Are services responsive to people's needs?

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

## Summary

We rated the community inpatient services as 'good' for responsive because:

- Services provided had been developed to meet the needs of the local population that were adequately resourced and provided choice.
- Patients had access to specialist rehabilitation therapy and facilities were appropriate to the patient's needs.
- Patients were given an estimated day of discharge on admission and received ongoing assessment, reviews and individualised care plans throughout their stay.
- Patients who were discharged from the Devonshire Centre into the local area had access to a therapy team who were based at the Devonshire Centre.
- There were specialist nurses who provided support and advice to staff and the service was meeting individual needs for patients living with dementia or a learning disability.
- People were supported to raise a concern or a complaint. Complaints were investigated and lessons learnt were communicated to staff and improvements made.

However

- Complaint resolution plans were not implemented. This was acknowledged by the trust's head of risk and complaints.

## Planning and delivering services which meet people's needs

- The service was adapted and tailored to meet the needs of the diverse local population one example of this was the care provided at the Devonshire Care centre. The Devonshire centre provided specialist rehabilitation services that met the needs of local people who had suffered serious head injuries or who suffered from a chronic neurological illnesses. Patients were from the Stockport, Salford and areas of Manchester.
- The premises and facilities at the Devonshire centre were appropriate for the services that were planned and

delivered at this location. Patients had access to an array of therapy equipment and services within the therapy areas including gyms, stairs, kitchen and bathroom.

- There was a purpose built therapy room and gymnasium specifically designed for patients with neurological rehabilitation needs. In addition to this there was a self-contained flat used to promote patients' independence and confidence but still within a supportive environment and prepare patients for discharge home.
- The majority of care provided at the Devonshire Centre was provided in a single room setting offering an increased level of privacy and promoting independence in preparation for discharge.
- The trust told us that they regularly arranged special evenings for patients within the Devonshire Centre such as 'film' night and arranged take aways for patients.

## Equality and diversity

- Translation services and interpreters were available to support patients whose first language was not English. These translation services could be provided face to face, via telephone or in a written format. Leaflets and information were also readily available across the service and could be requested in other languages or formats.
- Reasonable adjustments were routinely considered and made to meet the needs of patients living with a disability. The majority of areas were wheelchair accessible and there were designated bathrooms for patients living with a disability.
- The trust had a chaplaincy and spiritual care department. The service was provided seven days a week and provided multi faith support to patients.
- In the Devonshire Care centre Patient Led Assessments of the Environment (PLACE) were undertaken; which is a system that assesses the quality of the patient's environment. In 2015 the ward scored below the national average in relation to a number of areas. Action plans were put in place and during our visit we observed



# Are services responsive to people's needs?

that some of these had been actioned for example bathroom doors being a different colour to ensure they were easily identifiable to patients living with a disability or sight impairment.

## Meeting the needs of people in vulnerable circumstances

- The service used a yellow wrist band to indicate that a patient was at risk of falls. This alerted staff to look at the risk assessment and care plan to ensure reasonable adjustments were made to mitigate any risks for patients. During our inspection we observed the system in operation.
- All patients were discussed during the daily hand overs and the weekly MDT, staff told us any risks or additional needs would be highlighted during this time.
- At the Devonshire Care centre patients had access to two gyms areas one for occupational therapy and physiotherapy. Occupational therapy services included hand therapy and in the physiotherapy gym there were stairs, assessment equipment and parallel bars for use with patients living with an amputation or disability.
- Bespoke services available to patient's living with a specific condition such as a stroke or disability included spasticity clinics where Botox was administered and a specialist splinting service for those who required it.
- Doors to the bathrooms and toilet were bright yellow which meant they were easily recognizable to patients. Colour and contrast can be used to help people with sight loss and dementia identify key features and rooms.
- A dementia strategy had been implemented across the trust including the introduction of the 'Forget Me Not' symbol to easily identify patients living with dementia.
- A system was in place that flagged up on the electronic ward record when patients who were aged over 75 years of age who were living with dementia were admitted. Staff could also add the flag manually onto the system if required. There was a clinical lead for dementia who would be alerted via the flagged system if a patient living with dementia was admitted to hospital.
- Patients with learning disabilities who received services from the local authority or were in receipt of Continuing Health Care support were on a register. This was flagged on the electronic records system and e-mails were sent to key individuals when these patients were admitted to wards. The flag could be added manually for those not on the register. We received positive feedback from a

patients relatives regarding meeting the needs of patients with a learning disability. Staff endeavoured to meet the patient and carer's needs by allowing carers to stay and facilitating extra time for treatment.

- There were a range of specialist nurses available for staff and patients to access including dementia and diabetes specialist nurses. These nurses offered specialist advice to staff and reviewed patients. Staff told us they knew how to access these specialists and felt supported by them.
- The wards had designated visiting hours however there was flexibility to ensure patients' needs were met.
- Symbols on white boards behind patients' beds and cubicle doors indicated those at risks of falls, patients living with dementia, or if assistance was required with eating.

## Access to the right care at the right time

- Rehabilitation services at the Devonshire Care centre were not accessible to patients seven days a week. However patients told us they had exercise programmes they could complete at the weekends either independently or with the assistance of nursing staff.
- Medical staff were available in the centre during the day Monday to Friday 9am – 5pm. Staff could also contact the on call doctor or the hospital at night team who were based at Stepping Hill Hospital for advice. Patients would be transferred to Stepping hill hospital if required. Staff would dial 999 in emergencies. A Pharmacist was available via the telephone for advice after 5pm and at weekends.
- Services were available at Shirehill Intermediate Care Unit seven days per week, including access to physiotherapy.
- Go-To-Doc GP Out of Hours service were available and reviewed patients at the weekends and during out of hours as required at Shirehill Intermediate Care Unit.
- Within 24 hours of admission to the unit, a full assessment of the patient's nursing needs was completed by nursing staff. Physiotherapy assessment was carried out within one working day of admission to assess the initial moving and handling needs of the patient, presenting problems, set objectives and plan treatment. Occupational therapy assessment was completed within 72 hours of admission to identify



## Are services responsive to people's needs?

presenting problems and potential barriers to discharge, and develop a treatment plan. A medical assessment was undertaken within 36 hours of admission.

- We found that discharges were arranged at an appropriate time of day, and relevant teams and services were informed.
- There were set admission criteria for both the Devonshire Care centre and Shirehill Intermediate Care Unit to ensure patients could be cared for appropriately. However staff reported that some of the patients recently admitted to Shirehill Intermediate Care Unit appeared to have higher dependency needs than had previously been usual.
- Within 24 hours of admission, [RO1] a full assessment of the patient's nursing needs was completed by nursing staff. Physiotherapy assessment was carried out within one working day of admission to assess the initial moving and handling needs of the patient, presenting problems, set objectives and plan treatment. Occupational therapy assessment was completed within 72 hours of admission [RO2] to identify presenting problems and potential barriers to discharge, and develop a treatment plan. A medical assessment was undertaken within 36 hours of admission [RO3].
- At the time of the inspection there were five patients on the waiting list to be allocated a bed at the Devonshire Care centre and no patients waiting for a bed in Shirehill Intermediate Care Unit.

### Learning from complaints and concerns

- Information on how to raise a complaint was available in leaflet form and staff told us that they provided these to patients as needed.

- Staff understood the process for receiving and handling complaints and were able to give examples of how they would deal with a complaint from a patient.
- Patients were able to make complaints and compliments to the Patient and Customer Service department in person, by telephone, by email, in writing or through the Trust's website
- The Patient and Customer Services Department assessed and responded to each complaint. The trust aimed to investigate and provide a full response to 95% of all complaints within 25, 35 or 45 working days depending on complexity. All formal complaints were delegated to the relevant manager to be actioned. Complaints were recorded on the trust-wide electronic system.
- The trust recorded complaints on the trust-wide system and there was a patient advisory and liaison service (PALS) based at Stepping Hill Hospital and details of this team were readily available in all wards and departments.
- Complaints were also reported on the monthly dashboard, in the quarterly and annual reports which included identified themes and trends were reported annually. Complaints were reviewed and discussed at key governance meetings. However no complaint resolution plans were implemented.
- We reviewed data which showed that three formal complaints had been reported regarding the Devonshire Centre from 1 December 2014 to 23 November 2015. Two of the complaints were regarding staff and poor communication and the third was regarding lost property.
- Compliments and complaints received were shared with staff. Lessons learnt were shared and discussed in team and divisional meetings. We saw evidence of this in team meeting minutes.



# Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Summary

We rated the community inpatient services as 'good' for well Led because:

- The service was well led with evidence of effective communication within the team.
- Senior management were visible and had a clear strategy with actions for improvement.
- Staff knew how their ward performed and were involved in any improvements.
- There was a clear governance structure and risk registers were in place and had actions identified.
- Staff felt supported and able to speak up if they had concerns.
- The service captured views of people who used the services with learning highlighted to make changes to the care provided.
- All staff were committed to delivering good, compassionate care.

## Service vision and strategy

- The trust values were based around putting the patient at the heart of everything they did, safety and communication and the objective was to treat people how they would want to be treated. Staff were aware of the values and objectives and during the inspection we observed staff communicating effectively and compassionately with patients along with demonstrating respect and dignity in a safe environment.
- A five year strategy plan (2014-2019) was in place which aimed to improve the quality of care for patients and families by reducing harm and mortality, providing reliable care and improving the patient experience. An action plan has been implemented focussing on two outcomes, firstly, patients' health and well-being is supported by high quality, safe and timely care and secondly, patients and their families feel cared for and empowered. Objectives included 100% compliance with national guidance on sepsis and to implement the trust's dementia strategy and improve the outcomes for patients with dementia. Senior staff we spoke to were aware of the values and strategic plan.

- Staff felt part of the trust as a whole and were aware of the strategy and values of the trust.

## Governance, risk management and quality measurement

- There was a clear governance reporting structure across the service. The medical divisional quality executive meeting was held on a monthly basis and included the community inpatient services. As part of the meeting there was a review of the risk register, clinical effectiveness, and patient experience. There was also feedback and lessons learnt from other divisions.
- There were local risk registers which highlighted risks across the service. Each risk had the date the issue was raised, the review date, and the assigned person to deal with it along with the initial and current rating. One example of this was the staffing issues at the Shirehill Unit. There were measureable actions listed to deal with this issue and staff told us they felt that staffing had improved in recent months.
- It was clear from the minutes of this quality meeting which we reviewed; that discussion had taken place regarding the risk register, complaints and performance. It was also apparent that learning was shared with staff. Actions from the meeting were clearly documented and updated on a detailed action log. Each action had a target date, assigned person along with evidence of action taken.
- Staff at all levels knew that there was a risk register and senior managers were able to tell us what the key risks were for their area of responsibility.
- We reviewed the minutes from sisters meetings that showed discussion of governance issues and shared action plans.
- There were regular team meetings and huddles to discuss issues and wards displayed information pertinent to governance and risk on notice boards.

## Leadership of this service

- There was strong local and service level leadership and staff spoke positively about their leaders. Staff told us that they felt supported by their managers and felt able to approach senior leaders.



# Are services well-led?

- Staff could explain the leadership structure within the trust and told us that the executive team were accessible to staff.
- Across the service 26% of staff who participated in the NHS staff survey reported good communication from senior management to staff; this is lower than the 2014 national average of 30%.
- Doctors told us that senior medical staff were accessible and responsive and they received good leadership and support.

## Culture within this service

- There was a strong patient centred culture across the service which was open and transparent allowing staff to speak up when they had concerns.
- Staff felt encouraged to raise issues and concerns and felt confident to do so. They stated that the executive team and board members were accessible and responsive and felt supported by their immediate line managers.
- The NHS staff survey 2015 for Stockport NHS trust showed that 71% of respondent's would feel secure raising concerns about unsafe clinical practice.
- We observed good working relationships across the service and it was evident that morale was good and staff felt respected and valued.

## Public engagement

- Patient feedback and opinion was routinely sought and this was shared with staff at regular meetings.
- One example of this was that patients, carers and members of the public could become members of the trust. This gave people the opportunity to give their views on the service and mechanisms such as quarterly newsletters kept them informed of developments within the trust. We saw a winter newsletter for patients and families which shared information specifically about the Devonshire centre including staff news such as retirements, on site improvements and messages received from patients.
- The service participated in the NHS Friends and Family test enabling people to feedback about their care and treatment.
- Patients had access to an inpatient survey via an iPad. In October 2015 277 were completed across the trust and the trust overall received 83% positive feedback.

However the trust noted that improvements were required including patients requiring assistance with food, being offered napkins with their meals and noise at night.

- Annual board meetings agendas and minutes were accessible to the public via the trust website, which also provided details of the forthcoming meeting for the public to attend.

## Staff engagement

- The trust routinely engaged with staff members and staff across the service felt included and part of the trust as a whole.
- The Staff survey 2015 included how staff felt about the organisation and their personal development. 82% of staff across the trust agreed or strongly agreed that they knew who their senior managers were and 60% agreed or strongly agreed that the senior managers communication was effective, this was average compared to other trusts.
- Annual 'Pride of trust' awards were held these celebrated exceptional individuals and teams across the trust, one of which was a 'Patient's choice' award. Patients could nominate a nurse on the trust intranet site.
- Staff reported being involved in discussions around the service and could raise concerns with their managers.
- Staff received regular email communication from the trust providing updates on changes and improvements. There were also regular trust wide staff engagement meetings and all staff felt encouraged to attend.
- Shirehill intermediate Care unit was transferring to another local trust in April 2016. Staff had received information about the transfer and felt involved in this process.

## Innovation, improvement and sustainability

- Staff at the Devonshire centre were developing a joint competency document for all staff. Staff told us the aim is to provide better service for patients along with gaining an understanding each other roles.
- Following patient feedback the trust introduced bright red uniforms to allow easy identification of who was in charge on the ward.
- The trust implemented noise at night standards and we were told these would be audited. However no specific time frame was given.

## Are services well-led?

- The trust had three young ambassadors aged from 11 to 18 years of age, who represent the voice of younger people. Their role was to help improve how NHS organizations keep people informed about its work. This includes advising on parts of the website and open day activities. The role is voluntary which lasted for one year.
- Staff told us they were encouraged to improve and to forward ideas for improvements. This included an updated early warning scores assessment form. They felt their views were listened to.