

## Defence Medical Services

# Honington Regional Rehabilitation Unit

## Inspection Report

Regional Rehabilitation Unit  
RAF Honington  
Bury St Edmunds  
Suffolk  
IP31 1EE

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us from the provider and patients.

### Ratings

Overall rating for this service	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Outstanding 

# Summary of findings

## Overall summary

### Letter from the Chief Inspector of Hospitals

We carried out an announced comprehensive inspection at Honington Regional Rehabilitation Unit (RRU) on 13 February 2019.

Defence Medical Service is not subject to the Health and Social Care Act 2008 and is not subject to the CQC's enforcement powers. The CQC undertook this inspection as an independent body.

**Our key findings across all the areas we inspected were as follows:**

#### **We found that this service was safe in accordance with CQC's inspection framework**

- There was an effective system available for staff to report significant events, incidents, near misses and concerns. Staff understand their responsibilities to raise concerns and record these. Incidents were reviewed, thoroughly investigated and closed by the service lead.
- Essential systems, processes and practices ensured patient safety.
- Risks to patients who used services were assessed and their safety monitored and maintained. Staffing levels, skill mix and caseloads were planned and reviewed to ensure people received safe care and treatment at all times, in line with relevant tools and guidance.
- The unit had adequate arrangements to respond to emergencies and major incidents.

#### **We found that this service was effective in accordance with CQC's inspection framework.**

- Patient's needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence-based guidance. Relevant and current evidence-based guidance had been identified and developed for defence rehabilitation services and was used to direct how services, care and treatment were delivered.
- There was a clear approach to monitoring and benchmarking the quality of the service and outcomes patients received following an episode of treatment. Validated patient reported outcome measures (PROM) were used for all patients attending the RRU.
- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis.
- The service provided regional in-service training. Staff from the RRU attended training along with staff from the wider military system including the PCRf and external services.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way, through the unit's patient record system and their intranet system.

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- The service identified patients who may be in need of extra support and signposted them to relevant services. There were helplines and welfare phone numbers on display for patients in the waiting area. Staff talked to patients during appointments about other services they could access to help them manage their condition, and improve the outcome of rehabilitation.

**We found that this service was caring in accordance with CQC's inspection framework.**

- Interactions we observed between staff and patients were friendly and caring. Staff were helpful and courteous, and treated patients with respect.
- Patients told us they felt involved in decision making about the care and treatment they received and felt listened to and supported by staff. They also told us they had sufficient time during initial assessments and ongoing consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised to each individual patient.
- Staff communicated with patients in a way which they would understand their care and treatment. Staff generally recognised when patients needed additional support to help them understand and be involved in their care and treatment. We saw staff talking to patients about their care and took the time to ensure they understood what they were saying.

**We found that this service was responsive in accordance with CQC's inspection framework.**

- The unit used information about the needs of the Population at Risk (PAR) within the Area of Responsibility (AOR) to inform how services were planned and delivered. The service was delivered in a way which enabled them to meet the needs of the PAR, particularly those with complex needs, long-term or career-limiting conditions.
- The unit provided assessment and treatment services between 8am and 5pm from Monday to Thursday and from 8am to 1:30pm on Friday
- The unit had a system for handling concerns and complaints. There was a designated responsible person who handled all complaints in the unit. The complaints policy and procedures were in line with recognised guidance and DMS processes.
- The unit did not always meet key performance indicators. However, they had worked to identify issues which impacted on this target and improving waiting times was part of their quality improvement plan.

**We found that this service was well-led in accordance with CQC's inspection framework.**

- There was a clear vision and a mission statement set out for the service, by staff, with quality and safety the top priority.
- The service had an overarching governance framework, which supported the delivery of the strategy and good quality care. There were structures and procedures to ensure responsibilities were clear and that quality, performance and risks were understood and managed by staff at all levels.
- Managers in the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They prioritised safe, high quality and compassionate care.
- Staff actively sought feedback from patients and made changes to the service as a result of feedback.
- There was a focus on continuous learning and improvement at all levels within the service.

**We identified the following notable practice, which had a positive impact on patient experience:**

- We saw some consistently positive examples of patients being involved in their care. Staff took time to ensure patients had a good understanding of their condition using diagrams, diagnostic images and anatomical models. They had a holistic view of patients and assessed the full impact of an injury on the patient.
- We received positive feedback from patients about their experience of the multi-disciplinary injuries assessment clinic (MIAC) clinics and courses at the RRU. Patients gave us specific examples of how staff had helped them to understand and manage their condition.
- The RRU team was coherent and had a shared vision of the service they wanted to provide for patients. They were driven to provide care in line with evidence based practice in order to deliver the best outcomes for patients.

**Recommendations for improvement**

We found the following areas where the service could make improvements:

- The service should consider checking all staff are bare below the elbows, with minimal jewellery in line with best practice guidelines and the infection control policy.
- The service should consider using patient outcome measures to drive improvements within the service.
- The service should continue with quality improvement project to reduce the waiting list for access to MIAC.

**Professor Ted Baker**  
Chief Inspector of Hospitals

# Regional Rehabilitation Unit – Honington

## Detailed findings

### Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently, DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General's office.

### Background to the service

The RRU is a Defence regional facility which provides medical opinion and delivers treatment for patients with moderate musculoskeletal (MSK) injuries. There are 14 RRUs across the UK and British Forces Germany. RRUs deliver intermediate care and provide the main conduit to secondary care rehabilitation. Each RRU will support a number of identified primary care rehabilitation facilities (PCRFs). This support ranges from the receipt of referrals through to providing advice with regards to clinical governance and delivery.

Regional Rehabilitation Unit (RRU) Honington is located in Suffolk within the Defence Primary Healthcare East region. The RRU is located within the wider RAF Honington station, which is home to RAF force protection, and is the main training base for the training of RAF regiment soldiers and officers. RRU Honington supports five PCRFs within the region, and covers a population at risk (PAR) of approximately 5,000.

RRU Honington helps to support the following five PCRFs within the east region:

- 1) **PCRF Chicksands:** Chicksands has a population of approximately 1,000, with its main role being to train Intelligence personnel. The PCRF is staffed by two civilian physiotherapists, providing two WTE of physiotherapy cover, and one full time military exercise rehabilitation instructor (ERI).
- 2) **PCRF Swanton Morley:** Swanton Morley is home to the Queens Dragoon Guards, who are an infantry regiment, with a population of approximately 500. The physiotherapy is provided via an NHS contract, via which two NHS physiotherapists each provide two morning clinics.
- 3) **PCRF Marham:** RAF Marham is home to two types of fighter aircraft (F35s and Tornados) and has a population of approximately 1,000 personnel. The PCRF is staffed by two military and one civilian physiotherapists, and four exercise rehabilitation instructors (ERIs).
- 4) **PCRF Wyton:** RAF Wyton is home to a number of military intelligence groups with a population of approximately 500. Its physiotherapy service is provided by one full time civilian physiotherapist and one full time military ERI.

5) **PCRf Honington:** RAF Honington is the training base of the RAF regiment with a population of approximately 2,000. Physiotherapy services at the PCRf include three physiotherapists (one military and two civilian) and three ERIs.

RRU Honington receives referrals from patients who are under the care of one of the regional PCRfs, and require further assessment and input. Patients referred with general MSK problems are initially seen within the multi-disciplinary injuries assessment clinic (MIAC), whilst those with specific biomechanical issues can be seen directly by a band seven podiatrist who will deliver clinics at either the RRU or regionally through a peripatetic service. The Regional Podiatry Service (RPS) will provide a highly skilled and specialist lower limb biomechanical assessment and treatment, together with the provision of both off-the-shelf and custom-made orthotics from a Ministry of Defence approved supplier as required. The RPS is commanded by and accommodated at the RRU.

Within the MIAC, a joint assessment is carried out by a doctor (either a sport and exercise medicine consultant or a GP with a special interest in MSK Injuries) and a senior physiotherapist. Following the assessment, the MIAC team formulate a treatment plan, which may involve further investigations (The RRU provides the gateway to rapid access imaging). RRUs also have access to on-site diagnostic ultrasound scanning for immediate clinical guidance. The MIAC can also refer patients into secondary care (which can include: The Defence and National Rehabilitation Centre; Stanford Hall, fast track orthopaedic surgery, or other secondary care opinions such as orthopaedic opinion, pain management, etc), provide a three-week rehabilitation course, give ultrasound guided injection, and / or advice and guidance and continued rehabilitation at unit (PCRf) level.

Following the MIAC assessment, if it is deemed that further, more intensive rehabilitation is required, a referral will be made onto one of the facilities' three-week intensive rehabilitation courses. RRU Honington runs two rehabilitation courses concurrently, followed by a one-week administration period, during which administration from the concluding course is completed, and preparations for the upcoming course are made. Three different types of courses are provided at RRU Honington. These include a lower limbs course, a spines course and an upper quadrant course.

*(Source: Regional Rehabilitation Unit- Information pack)*

## Our inspection team

Our inspection team was led by a CQC inspection manager. The team included one inspector and three Defence Medical Services (DMS) Specialist Advisors in Rehabilitation.

## How we carried out this inspection

Before visiting, we reviewed a range of information about the unit. We carried out an announced inspection on 13 February 2019. During the inspection, we:

Spoke with ten staff, including physiotherapists, exercise rehabilitation instructors (ERIs), administrators, and the service leads. We were able to speak with patients who were on courses or receiving treatment on the day of the inspection.

We looked at information the service used to deliver care and treatment. We reviewed patient notes, complaints and incident information.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

## What people who use the unit say

The RRU issues patient satisfaction surveys on the second to last day of the course with a requirement to be handed in by the last day. Patients are asked to respond with 'strongly disagree, disagree, neutral, agree, strongly agree' to a series of questions regarding their whole experience and then to rate the overall cleanliness and overall quality of service from one (poor) to 10 (good). The RRU has used this form since January 2017.

Patients are also asked to rate each element of the course on how they felt it offered value to their rehabilitation. Patients are asked to score each element of the course from one to five ('very poor' to 'very good').

The results from the 2018 patient satisfaction survey relating to course administration were largely positive with the majority of questions, scoring highest in the 'Strongly Agree' column. The results for the questions relating to the clinical content of the course were also positive, with all the questions overall responding highest in the 'strongly agree' column.

Overall the general impression of the cleanliness and quality of service provided was very good with the majority of patients (98%) scoring eight and above for the cleanliness and 98% of patients scored eight and above for overall quality of service received.

When looking at the satisfaction scores relating to individual elements of the course, scores were largely positive with all but one area, scoring on average above the expected standard of 'Good'. The one element of course that scored below 'Good' was goal setting with an average score of 3.96.

As part of our inspection, we also spoke with five patients. They were consistently positive about their experience at the RRU, which reflected the outcomes of the patient satisfaction questionnaires completed by patients on finishing their rehabilitation at the RRU. Patients told us they were able to access the service easily and had been included in the development of their goals and treatment plans. They told us staff explained their condition and treatment in terms they could understand. Patients also told us instructors were very helpful and did not feel isolated or unsupported at any point during their rehabilitation.

Good



## Are services safe?

### Our findings

**We found that this practice was safe in accordance with CQC's inspection framework**

#### **Safe track record and learning**

**There was an effective system available for staff to report significant events, incidents, near misses and concerns. Staff understand their responsibilities to raise concerns and record these. Incidents were reviewed, thoroughly investigated and closed by the service lead.**

- Staff reported incidents to a senior member of staff when they occurred and they were recorded on an electronic reporting system. The details of the incident, the date it occurred, the outcome of the investigation and actions taken as a result were also recorded on the electronic reporting system. In addition, a spreadsheet of all incidents was maintained, which all staff could access.
- Details of incidents which had occurred were shared at monthly staff meetings, minuted and shared via email to all staff and on a noticeboard in the administrative area of the RRU.
- Staff knew what constituted an incident and knew how to report an incident. Staff were also able to give us examples of changes which had been made as a result of an incident occurring. For example, they told us a patient was delayed in receiving a scan because they needed a blood test before the scan, had not been done. The referral system was changed so that on identifying a patient needed a certain type of scan, a blood test would also be automatically requested.
- RRU Honington had identified and recorded 13 incidents on the electronic reporting system between January 2018 to December 2018. Two incidents were recorded as resulting in minimal harm. These included one a delay to treatment and one a planned disruption to the computer system, which resulted in two MIAC clinics being cancelled with rescheduling of 10 patients.
- The duty of candour relates to openness and transparency. It requires staff to be open, transparent and candid with patients when things go wrong and offer an apology to the patient as soon as the incident had been identified, irrespective of who was to blame. There were no incidents reported which would have required the application of duty of candour to have been completed. Staff we spoke with had a good understanding of the duty of candour and we saw posters displaying duty of candour and an explanation of what it was around the RRU.

## Overview of safety systems and processes

**Essential systems, processes and practices were in place to ensure patient safety. The service provided mandatory training in key skills to all staff and made sure everyone completed it. Patients were protected from abuse and avoidable harm and the service controlled infection risk. The service had suitable premises and equipment and looked after them well.**

- Staff received mandatory training in safety systems, processes and practices. Training compliance was set at 100% for the RRU.
- Training provided was a combination of face to face and e-learning and some staff had completed train the trainer courses. Courses included, but were not limited to, health and safety, infection prevention and control, fire safety, basic life support, data protection and safeguarding children.
- An overview of mandatory training compliance was stored electronically. A lead member of staff had a designated role to monitor mandatory training compliance at the RRU. Training was usually completed by staff in the allocated governance weeks. Staff told us they had no difficulties accessing or completing training.
- Data provided showed that as of January 2019, 20 of the 27 courses had been carried out by all eligible Defence Primary Health Care (DPHC) staff. Overall, the completion rate across all training modules was high, with an overall completion rate of 96.0% across all modules.
- The training information as of January 2019 showed that 22 of the 25 courses had been carried out by all eligible civilian staff. Overall, the completion rate across all training modules was high, with an overall completion rate of 94.0% across all modules.
- The training information as of January 2019 showed that 13 of the 15 courses had been carried out by all other staff who did not fit into the categories above. Overall, the completion rate across the staff group all training modules was high, with an overall completion rate of 91.1% across all modules.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Staff received safeguarding training to level two in line with national guidance. The guidance recommends staff should be trained to one of five levels of competency, depending upon role and interaction with adults and children. Staff within the service received safeguarding children level 1, 2 or 3 dependent on their interaction with children in line with the requirements of the intercollegiate guidance, *Safeguarding children and young people - roles and competences for healthcare staff* (2014).
- Data indicated that 92% of eligible staff had completed safeguarding children level one training, this equated to one member of staff not completing the training. 90% of eligible staff had complete safeguarding children level two training, this equated to one member of staff not completing the training. One hundred percent of eligible staff had completed safeguarding level three training.
- Staff understood their responsibilities and adhered to safeguarding policies and procedures. Staff knew the clinical lead was the first point of contact for any safeguarding concerns they may have had, and were aware of the additional support provided by the medical facility onsite. We saw posters displaying contact details of key personnel in the event of safeguarding query in the RRU which staff could access easily. There had been no safeguarding issues raised by staff at RRU Honington.
- Systems, processes and practices kept patients safe. All staff had a Disclosure and Barring Service (DBS) check and their professional registration and expiry date was reviewed. Information was held electronically and a check of the professional register or equivalent had been completed for all staff. All staff had an up to date DBS check.

- Chaperone posters were displayed around the RRU. We saw posters on notice boards in the gym and in the clinic room highlighting the opportunity for patients to have a chaperone present for any appointments they attended.
- The service had suitable premises and equipment and looked after them well to ensure the safety of staff and patients. There was a wide range of equipment to aid patient's recovery and rehabilitation.
- Within the main RRU building on the ground floor, there was a reception and waiting area, for patients to book in a wait to be called for their appointment. There was a MIAC clinic area for assessment and treatment, and separate administrative areas, offices and a rest room for RRU staff.
- On the first floor there was a further office an open gym and a gym for cardiovascular work, which contained a variety of equipment, weights machines, balance and proprioceptive equipment.
- There was a separate annexe, which contained two further gyms, which had a variety of equipment, a cubicled treatment area, seminar room and changing rooms.
- Equipment was stored tidily with some on designated racks and off the floor to assist adequate cleaning of the facilities.
- Arrangements for the maintenance and use of equipment ensured patient safety. Equipment was used, maintained and serviced in line with manufacturers' instructions. An electronic inventory log was maintained and held information as to when maintenance had taken place for the equipment at the RRU. The log showed servicing was in date. We looked at a variety of equipment and saw servicing stickers, which indicated equipment had been serviced in the last 12 months in line with manufacturer's guidelines and the servicing log.
- Issues with equipment were reported verbally to the team leaders on site. This resulted in the equipment being put out of use and a request for a repair was booked. A response was provided within 24 hours to acknowledge the initial email of request for repair and equipment was fixed within seven days. Records were maintained on an electronic spreadsheet.
- Electrical testing of equipment at the RRU was maintained to ensure it was safe for use. We saw stickers on a variety of electrical equipment, which identified these checks had taken place.
- Staff ensured patient safety when introducing patients to the equipment. All patients were provided with a demonstration of the equipment they needed to access to support their rehabilitation programme. Patients were advised to not use equipment if they had not received a demonstration and a trial use of the equipment.
- Resuscitation equipment was available in the waiting area of the RRU and was checked daily to ensure it was ready for use in an emergency. We reviewed the checklists and saw that all checks had been complete. An automatic external defibrillator (AED) was also available on the trolley.
- Additional information was also provided next to the resuscitation equipment to provide easily accessible information to staff in case an emergency situation arose. Information available included flowcharts to support staff with the use of the AED. We checked the AED which was charged and ready for use. There was also a range of consumables on the trolley which were in date.
- Staff had access to a first aid kits in each gym area and clinical areas. Each had a checklist to indicate it had been checked daily. We checked the contents of several of the first aid kits and consumables were in date.
- A swimming pool was available for RRU staff to provide hydrotherapy sessions to patients, which was located near to the RRU. A separate team maintained the pool located on the base, which was maintained to military standards.

- Standards of cleanliness and hygiene were maintained at the RRU. All areas we visited were visibly clean and tidy. Equipment was safely stored off the floor and in designated areas to ensure the safety of patients and staff in the gym and treatment areas.
- There was a cleaning schedule to indicate which areas needed to be cleaned each day on the door of the cleaner's cupboard. All areas we visited had a cleaning checklist to indicate that area had been cleaned every day. All checks were complete and indicated that cleaning was being carried out in line with the cleaning schedule. In addition, spot checks were carried out regularly to ensure standards of cleanliness were maintained and we saw these were being completed regularly.
- The cleaners used a coloured mop system, which meant different areas were cleaned with a different coloured mop system, which is in line with best practise.
- Results from the 2018 patient satisfaction survey indicated that, overall, the general impression of the cleanliness and quality of service provided was very good with the majority of patients (98%) scoring eight and above for the cleanliness.
- Staff cleaned equipment in between each patient use. In addition to this, an equipment cleaning checklist was completed to indicate staff had cleaned equipment at the end of each day. We saw these had been completed daily in all areas we visited.
- The unit had an infection control and prevention policy which was dated June 2018 and was in line with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and the National Institute of Health and Care Excellence guidelines. All staff had signed a covering sheet at the front of the policy to indicate they had read it. In addition, we saw an infection control handbook, dated March 2018, which detailed correct practises for staff to follow.
- A member of staff at the RRU was the infection prevention and control (IPC) clinical lead for the unit. We saw the terms of reference for this link practitioner. Staff could approach them to discuss any issues around infection prevention and control and staff were aware of who held this role. The annual IPC audit had been completed in March 2018. We saw the unit had been scored in individual areas and had achieved 100% in waste management and personal protective equipment and food hygiene. The service scored 95.5% in patient equipment and 93% in the swimming pool. The areas identified for improvement were actioned immediately following the audit. For example, ensuring all staff had completed training following an infection control audit.
- There were handwashing sinks and alcohol-based hand sanitising gel within all areas we visited, and we saw there was soap and paper hand towels available next to the sinks. In the infection prevention and control audit in March 2018, it was identified that the sink in the MIAC clinical area did not meet infection, prevention and control standards. A business case was being put through to get this rectified and had not been resolved at the time of inspection.
- During our inspection, we saw the majority of staff either washing their hands or using the hand sanitising gel correctly, in line with the 'five moments of hand hygiene' and National Institute for Health and Social Care Excellent (NICE) quality standard (QS) 61, statement three.
- Although most staff we observed in clinic undertook the five moments of hand hygiene and were bare below the elbows, we saw one member of staff who was not bare below the elbow. During the infection, prevention and control (IPC) audit in March 2018 it was identified that hand hygiene was not being fully complied with.
- The service had a clinical waste management policy dated January 2018 and staff followed guidance for the storage and disposal of waste. Waste was separated in different coloured bags to identify the different categories of waste. This was in accordance with Health Technical Memorandum (HTM): Safe Management of Healthcare Waste, control of substances hazardous to health (COSHH), and health and safety at

work regulations. A clinical waste management audit was carried out in July 2018 and the unit scored 100%.

- Sharps were disposed of in sharps box. The sharps box was held in the clinic room and brought into MIAC room when the doctor carried out injection therapy. Sharps boxes were appropriately labelled, dated and signed. We observed member of staff performing an injection technique and had concerns about their management of sharps, which we fed back to the operational commander. Following the inspection, the team leader told us action had been taken and they had a poster made up to remind all staff of the main infection control points and was to be displayed within clinical areas. The team were also planning to develop a standard operating procedure (SOP) regarding the handing of needles, produce a poster to be displayed in clinic areas and hold a of copy of the SOP in the office along with an electronic copy available via the online workbook.
- The service used the defence medical information capability programme (DMICP) to store and access electronic patient records. This allowed staff to access patient records, in line with their role and the level of access they would need to see information needed to treat the patient. All staff had completed training in DMICP.
- Patient records were organised, up to date and shared and stored appropriately. We reviewed five patient records for patients attending the multidisciplinary injury assessment clinic (MIAC) and rehabilitation courses. Records included referral information, patient assessments, consent and treatment plans which were all complete. Outcome measures were completed at the initial assessment and goal setting was clearly in line with treatment aims. The unit carried out a documentation audit of 90 records in 2018, which was in line with Health and Care Professions Council's Standards of performance, conduct and ethics, Department of Health (2003), the Data Protection Act (1998), the human rights act (1998) and the public records act (1958). Thirty-two indicators were looked out for the 90 records and scored 100% on all bar three occasions, when the audit recorded 66% for those three indicators. Following the audit, leaders spoke to members of staff about the indicators that had not achieved 100% to identify areas for further development.
- Medicines required for injection therapy and associated anaphylaxis were locked in a fridge within the MIAC clinic area. Keys to the fridge were kept in a locked cupboard. Only staff who were authorised to access medicines could do so in line with the medicines management procedure. Although the medicines were not required to be locked in the fridge, they were because this was a lockable unit. Staff had identified the clinic room became hot in the summer and were concerned medicines would reach a temperature too hot for them to be effective. This had been put on the risk register. Staff monitored the temperature of the room there was a process to contact the pharmacy technician for advice, if the temperature rose above 25 degrees centigrade.

### Monitoring risks to patients

**Risks to patients who used services were assessed and their safety monitored and maintained. Staffing levels, skill mix and caseloads were planned and reviewed to ensure people received safe care and treatment at all times in line with relevant tools and guidance.**

- The RRU reported that as of January 2019, there was a second in command (2iC) post and one regional trade specialist advisor (RTSA) vacancy at the RRU.
- Staff employed at the unit included one operational commander, one RTSA, two MIAC doctors providing 24 hours of service, four physiotherapists, two band seven and two

band six, one podiatrist, two exercise rehabilitation instructors (ERI) and two administrators.

- For the period from February 2018 to January 2019, the service reported that there were no sickness days for the following staffing groups, physiotherapists, podiatrists, RTSA, or the operational commander (OC). For the same period, the trust reported that there were two sickness days for exercise rehabilitation instructors (ERIs). This equates to an annual sickness rate of 0.4% for this staff group.
- For the period from February 2018 to January 2019, four members of staff left the RRU. These included two physiotherapists, one ERI and the OC.
- Comprehensive risk assessments regarding service provision were carried out using a clear methodical approach and actions to mitigate any risks had been identified. These documents were held electronically and there was also a paper copy maintained at the unit. We reviewed several risk assessments. Each had a description of the identified risk, a risk rating, actions to mitigate the risk, timeframe and date in which the risk required a review.
- Control of Substances Hazardous to Health (COSHH) requires employers to control substances that are hazardous to health. These can take many forms and include chemicals, mists, vapours, fumes, gases and asphyxiating gases and germs that cause diseases. We saw that COSHH substances were stored in a locked cupboard and had up to date risk assessments completed. In addition, pool water was checked three times a day by the pool maintenance teams. If the pool water was found to contain levels of chemicals higher than was required or bacteria, the pool would be shut whilst staff rectified the problem. The RRU team told us they would hold alternative treatment sessions in the gym.
- Pool sessions were run with one member of staff to a maximum of 15 patients, this was in line with the defence medical rehabilitation ratio. In addition, the service had restructured some course elements to allow one ERI to be lifeguarding while the other was teaching. We saw the risk assessment for the pool, which included all elements of risks to patients and staff and each risk had a risk rating. This was in line with, Health and safety in swimming pools (HSG 179), 2018. Which states a risk assessment must be undertaken to determine the level of supervision required.
- Staff practised pool evacuation every six weeks to ensure they were able to respond to an emergency in a timely way.
- Staff could identify and respond appropriately to patients whose health was at risk of deteriorating and managed changing risks to patients who used services. Staff had access to and automated external defibrillator (AED) at the unit. All staff bar one had complete basic life support, anaphylaxis and AED training.
- Although the AED in the RRU was checked daily, we saw that the AED in the pool had not been checked since December 2018. Although the RRU was not responsible for this piece of equipment we informed the operational commander about this. Following inspection, we were told an AED checklist had been implemented and was being used each time RRU staff used the pool.
- The unit had its most recent fire risk assessment completed in August 2018. Weekly and monthly checks were carried out at the RRU by the building custodians. We saw fire doors were closed around the unit and intumescent strips were intact on the door surrounds we checked. Fire safety training has been completed by 90% of staff.

## Arrangements to deal with emergencies and major incidents

**The unit had adequate arrangements to respond to emergencies and major incidents.**

- Potential risks for the service were anticipated and planned for, in advance. The unit had a local business continuity plan, which had been reviewed in October 2018. The business continuity plan was specific to RRU Honington and identified the main threats and risks to the service, staff and patients. It detailed how a major incident would be managed both inside and outside of normal working hours. The document outlined how the service would continue to run and alternative locations that could be used. It included detailed procedures to follow for specific scenarios and a site recovery plan.
- The RRU had suffered a failure of IT systems in December 2018. Staff told us they immediately know what to do and rescheduled patients when they could, where they unable to be seen at the unit.

## Are services effective? (for example, treatment is effective)

Good



### Our findings

#### Effective needs assessment

**We found that this practice was effective in accordance with CQC's inspection framework**

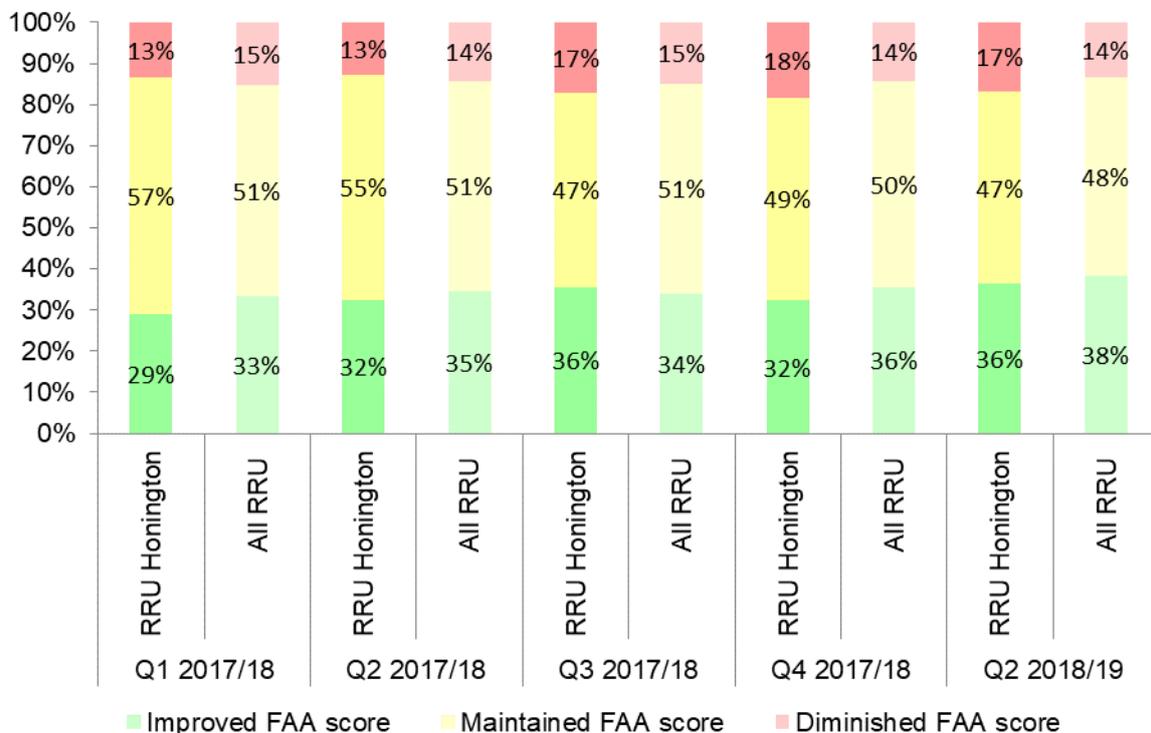
**Patient's needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence-based guidance. Relevant and current evidence-based guidance had been identified and developed for defence rehabilitation services and was used to direct how services, care and treatment were delivered.**

- We saw evidence of a comprehensive assessment at the patient's initial consultation at the MIAC which included a medical history to establish individual needs and a plan of treatment.
- Rehabilitation was delivered in line with evidence based practice guidance on treating musculoskeletal conditions and provided a holistic approach to rehabilitation. Courses provided bespoke, personalised treatment programmes for patients, which included attending condition specific exercise rehabilitation and education sessions. The education sessions for the course were based on best practice guidance. These had been written centrally and had to cover a range of information to accommodate for different levels of baseline knowledge and understanding between the patients. These education sessions were due to be reviewed to ensure the content was user friendly and delivered at level patients could understand and engage with.
- Staff had access to best practice guidelines to inform the care and treatment they provided to patients. A number of staff at the unit were involved in best practise working groups. In addition, the service had a service development plan for the coming year to utilise the expertise within the RRU and review best practise guidelines.
- The service had a comprehensive audit programme covering an area of topics such as, infection, prevention and control, documentation, referrals, review of course content and patient satisfaction. We saw the results of some of these audits and changes which had been made as a result of them, for example, additional training being provided.
- Pain was assessed and managed according to each individual patient and patients felt their pain was managed well. Pain was assessed using a visual analogue scale (a straight-line scale from one to ten which could be used to rate their level of pain) when patients were assessed, and in response to treatments so staff could monitor the effect of these on pain. We saw evidence in the notes we reviewed that pain was discussed and featured as part of the patient's assessment in the clinics we observed. Patients told us staff asked about their pain during sessions and altered exercise programmes accordingly.

## Management, monitoring and improving outcomes for people

**There was a clear approach to monitoring and benchmarking the quality of the service and outcomes patients received following an episode of treatment. Validated patient reported outcome measures (PROM) were used for all patients attending the RRU.**

- The evidence available demonstrated that patients' needs were being met. The RRU collected data from an outcome measure completed on initial contact and discharge from the RRU. The measure used was functional activity assessment (FAA) score. This included outcome scores for all discharges (care pathway complete and care pathway continuing).
- Changes in functional activity assessment (FAA) score between initial contact and discharge contact were collected from DMICP. This included outcome scores for all discharges (care pathway complete and care pathway continuing).
- The results for RRU Honington and the RRU average are displayed in the chart below:



*(Source: Regional Rehabilitation Unit Dashboards Q1 2017/18 – Q2 2018/19)*

- There was no data collected for any of the RRUs in quarter one of 2018/19 as the RRU dashboard was being reconfigured.
- Over the five quarters RRU Honington has had similar FAA score performance to the RRU average.
- Quality information was collected and reviewed for individual patients, and to evaluate the service provided at the RRU. A range of standardised outcome measures were also used pre and post treatment at the RRU for patients, which were specific to the condition of the patients. However, when asked how this information was going to be used to evaluate the service provided at the RRU, staff were unsure.
- Objective measures were routinely used pre and post treatment to identify improvements which had been made to the individual patient's condition following the course of treatment. These measures were patient specific to provide an objective measure

associated with the patient's injury. Objective measures used included the single leg bridge, straight leg raise, single leg seated press, multi stage walking test, inverted row and the plank.

- Patients had their needs assessed, their care planned and delivered and their care goals identified when they started treatment at the RRU. Prior to starting the course, the patient would be assessed usually by two clinicians to identify their individual needs. During this session, short medium and long-term goals would be set in conjunction with what the patient wanted to achieve. Goals set were specific, achievable, measurable and had at timeframe for completion. This enabled a treatment programme to be designed specifically to meet the individual needs of the patient.
- Staff ensured treatment was reviewed and optimised for patients, by reviewing goals and objective measures at each treatment session.

## Effective staffing

**Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis.**

- There was a policy available for staff for the statutory professional registration of healthcare professionals in the defence medical services (JSP 950 leaflet 5-1-5). This covered the requirement for professional registration, confirmation of registration on and during appointment, and a list of registered healthcare professionals who could be employed by the Ministry of Defence.
- Registered professionals were supported to meet the requirements of their professional registration. A register of professional registration was maintained for staff working at the RRU. Staff also undertook a number of work based activities including regional and in-service training, peer review and leaders supported staff to attend and complete individual-specific training. This ensured they met the requirements of their continuing professional development.
- The learning needs of staff were identified and regional in-service training (RIST) was held at the RRU. Topics for in service training were decided between the clinical lead physiotherapist and the staff. Staff from the RRU attended the training along with staff from the wider military system including the PCRf and external services including consultants and radiologists from the local hospital used by the RRU to further intervention for patients if required.
- The RIST program was made up of four training days throughout each year, which were open to ERI's, Physiotherapists and Doctors within the regional PCRf's and Station Medical Centres (SMCs), as well as all clinicians at RRU Honington. Each training day involved a key note speaker. The remainder of the day was made up of a variety of musculoskeletal topics. We saw a sample of a RIST which included regional updates and forums for ERIs and physiotherapists. This multidisciplinary in-service training enabled greater discussion about treatment of various conditions to optimise care and treatment for patients.
- RRU Honington held its own bimonthly in-service training program, which covered various musculoskeletal topics. We saw in-service training topics included, specific joint assessments, exercise prescription, electrotherapy (electrotherapy is the use of electrical energy as a medical treatment), the management of specific conditions, motivational interviewing, hand hygiene and patient satisfaction.
- In addition to this, clinicians carried out peer to peer review. This provided an opportunity for staff to have their practice critically appraised to identify any areas which the needed to develop. This ensured high quality care and treatment was provided for patients.

- Staff were supported to deliver effective care and treatment through opportunities to undertake training, learning and development. Staff were supported and encouraged to attend additional military and external training to enhance their knowledge and skills. For example, one member of staff at the unit was in the later stages of an MSc in Sport and Exercise Medicine. When attending additional training, staff then shared this learning during sessions with other staff at the unit to develop knowledge and skills of all of the staff at the unit. This meant all staff at the unit benefitted from the shared learning.
- Locum staff working at the unit were included in all learning and development opportunities available to permanent staff including in service training and peer review.
- Rehabilitation was delivered by staff using a combination of ERIs and physiotherapists. Different components of the course were delivered by either the ERI or physiotherapist individually, or as a pair when required. Approach to treatment was based on the skills of staff, and this also allowed time for staff to treat patients on a one to one basis when required.
- The learning needs of staff were identified through an appraisal system. At the time of the inspection, 100% staff had completed an appraisal, which was in line with their target. Staff were responsible to arrange their appraisal. This was due to the different requirements for military and civilian staff regarding specific times of the year when these needed to be completed.
- Newly appointed staff were part of a mandatory induction programme. The induction ensured staff were familiar with the environment and their role and responsibilities on starting work at the unit. We spoke with staff who told us their induction had helped them become familiar with the environment and become part of the team quickly.

### Coordinating patient care and information sharing

**The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the unit's patient record system and their intranet system.**

- All staff at the RRU, including those from different services were involved in assessing, planning and delivering patients care and treatment. Joint assessments allowed care and treatment to be optimised for patients, due to the provision of a more co-ordinated approach to management of the patient's condition. For example, staff jointly carried out initial patient assessments developing treatment plans for patients attending the course, and the doctor and clinical lead physiotherapist held a joint MIAC clinic. There was also a joint clinic with the physiotherapist, doctor and podiatrist held at the unit.
- Staff had the information they needed to deliver effective care and treatment to patients. Each member of staff had access to the electronic records system which held a contemporaneous, multidisciplinary records of the care and treatment of individual patients at the unit.
- Information needed to deliver effective care and treatment was available and accessible to staff in a timely way. The clinical lead physio told us that there were good relationships with local PCRFs which referred patients to the RRU. The clinical lead would always call the referrer if a discussion was required about a patient with a complex presentation and additional information was required.
- Arrangements for developing the knowledge and skills with external services, part of the wider system managing military patients, enhanced the likelihood of patients experiencing better outcomes from their treatment. The RRU had close links with civilian consultants from the local hospital which patients from the RRU were referred to for medical intervention outside of the military. Staff from the hospital attended the regional in-service training sessions with RRU and PCRf staff to discuss care pathways and care and

treatment needs for specific conditions. These discussions were aligned to the demanding operational needs of the military personnel which for the hospital staff was essential to understand the demands of individual roles and the impact their interventions had on patients.

- Staff completed a handover following the course to transfer patients care back to the PCRF. This handover was completed electronically using the electronic records system. This included a summary of the patient's condition, how they had progressed throughout the course and any long term outstanding goals.
- The unit had a fast track agreement with an independent hospital. So, if a patient needed to be referred onto another service quickly, for example for a scan or surgery, this could be done.
- Patients received clear information prior the course to fully inform them about the treatment they would receive and what was expected. Patients told us this information had been useful and informative.

### Consent to care and treatment

#### **Staff sought patients' consent to care and treatment in line with legislation and guidance.**

- Staff understood relevant consent requirements and sought patients' consent to care and treatment in line with legislation and guidance.
- Verbal consent was sought from patients at the start of treatment. We observed individual patient treatment sessions when patients provided verbal consent to their assessment and treatment. Of the five sets of patients records we reviewed, all of the patients had consented to their care and treatment at each treatment session.
- Patients were supported to make decisions about consenting to care and treatment. Written consent was obtained for treatments which involved a high level of risk. Patient records for patients which had undergone either shockwave therapy (electrotherapy treatment for soft tissue and bone conditions) or injection therapy contained a consent form identifying benefits, risks and contraindications of treatment. All consent forms were signed and dated by the individual receiving the treatment and then scanned onto the electronic record system.

### Supporting patients towards optimal function

**The service identified patients who may be in need of extra support and signposted them to relevant services. There were helpline and welfare phone numbers on display for patients in the waiting room. Staff talked to patients during appointments about other services, they could access to help them manage their condition and improve the outcome of rehabilitation.**

- Patients were encouraged from the start to take ownership of their rehabilitation and promoted self-management from an early stage in the course. The course was designed to directly involve patients in setting short and long-term goals. Patients were supported to take responsibility for their rehabilitation with the view to ongoing self-management on completion of their course at the RRU in order to achieve their longer-term goal.
- Rehabilitation courses included education and information sessions to support patients in developing skills to help manage their own condition. For example, education about pain and pacing activities was delivered so patients could use these principles for their ongoing rehabilitation once they had left the course. Patients on the MIAC course also

received an educational element as part of their rehabilitation, which was bespoke to the patients' individual needs and also aligned to their operational requirements.

- Patient goals were specific so they could achieve what was required from their treatment. Goals were often focused on work-based activities to make sure patients were physically fit to return to the high demands of their operational duties following their rehabilitation.
- Information was available to support patients to manage their own health and wellbeing. In the waiting room there was information leaflets to provide advice and signpost patients to other mechanisms of support with issues such as drinking, mental health problems and stress control management.

Good



## Are services caring?

### Our findings

**We found that this practice was caring in accordance with CQC's inspection framework**

#### **Kindness, dignity, respect and compassion**

**Interactions we observed between staff and patients were friendly and caring. Staff were helpful and courteous and treated patients with respect.**

- Patients were treated with compassion. Staff discussed treatments with patients and felt enabled to adapt individual treatments in response to patient feedback. Staff were supportive in their approach to patients. They motivated and empowered them to fully participate in activities to their own ability and drive their own rehabilitation.
- The results from the 2018 patient satisfaction survey relating to course administration were largely positive with the majority of questions, scoring highest in the 'Strongly Agree' column. The results for the questions relating to the clinical content of the course were also positive, with all the questions overall responding highest in the 'strongly agree' column.
- When looking at the satisfaction scores relating to individual elements of the course, scores were largely positive with all but one area, scoring on average above the expected standard of 'Good'. The one element of course that scored below 'Good' was goal setting with an average score of 3.96. The chart below shows the average scores for each element course at RRU Honington.
- All interactions between staff and patients were appropriate and respectful. Staff built up a rapport with patients quickly and we observed friendly communication, with them engaging in day to day conversation. Patients told us their care was 'second to none'.
- Staff demonstrated a good rapport with patients. We observed staff interacting with patients and providing encouragement and praise during the sessions.
- Patients told us the joining instructions for the course were easy to understand. They told us the results of diagnostic tests were explained in a way they could comprehend.
- Staff were passionate and motivated to see their patients benefit from their rehabilitation. It was evident from all interactions between patients and staff, and the way staff spoke about the patients, that provision of high quality care was the main focus.
- Patient's personal, cultural, social and religious needs were understood and respected. Individual needs of patients and the occupational needs of their employment were considered when devising treatment plans.
- All patients told us they felt they were happy with the amount of privacy they had during the treatment session and felt their information was treated confidentially.
- We saw there was an issue with confidentiality in the MIAC clinic, as curtains divided the cubicles and staff need to walk through the clinic to reach an office. This meant

consultations could be overheard. However, patients felt this was not an issue, as staff offered them a more private area if required.

### Care planning and involvement in decisions about care and treatment

**Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during initial assessment and ongoing consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.**

- Staff were able to form close professional relationships with the patients due to the nature of their work. Over the course duration of three weeks, they were able to spend time talking to patients about their care, treatments goals and progress. Staff showed an encouraging, and supportive attitude towards patients.
- Patients were encouraged to be active partners in their care. Patients we spoke with told us they felt involved in their care and the language used to provide explanations and instructions was simple. They told us they felt reassured by this.
- We observed staff clearly demonstrated exercises to patients and took the time to explain the relevance of the exercise and how this would benefit the patient. Staff took the time to correct the technique used by patients, to ensure the exercises would have optimum impact on the patient.
- There were opportunities for patients to ask questions and be involved in their care and treatment. Due to the nature of the treatment model at the RRU, there were opportunities for staff to work 1-1 with patients. This provided a safe environment for patients to ask questions about their treatment. This in turn would help to facilitate patients to take control to manage their rehabilitation independently with guidance from the staff.
- Patients we spoke with told us the course team was 'outstanding' and they encouraged independence and regular feedback about the service.

### Patient and family support to cope emotionally with care and treatment

**Staff communicated with patients in a way that they would understand their care and treatment. Staff generally recognised when patients and relatives needed additional support to help them understand and be involved in their care and treatment. We saw staff talking to patients about their care and made time to ensure they understood what they were saying.**

- It was evident staff clearly understood the impact which patients care, treatment or condition had on their wellbeing. Staff spoke clearly about the needed to make sure patients were receiving care and treatment at the right time, to optimise their chance for recovery.
- Staff gave clear explanations of an injury with the use of an anatomical model. Staff also described treatments and possible side effects to patients. They always checked patients had understood what they had been told and gave them time to ask any questions they may have had.
- We saw evidence of staff taking patient's mental health into consideration in records we reviewed. They had signposted them to other health professionals who could also help with their mental health issues. They reviewed their emotional well-being at each subsequent visit and recorded the additional support that was being received.

- Staff supported patients to manage their emotional needs and understood the impact of injuries on their ability to perform their normal day to day activities and their wellbeing.
- Patients were encouraged to link with other course participants while they were completing their rehabilitation. Patients had the opportunity to stay in RRU accommodation on site, which provided them with the opportunity to socialise together during the course, during meal times, and in the evening.

# Are services responsive to people's needs?

Good



## Our findings

**We found that this practice was responsive in accordance with CQC's inspection framework**

### Responding to and meeting patients' needs

**The unit uses information about the needs of the Population at Risk (PAR) within the Area of Responsibility (AOR) to inform how services are planned and delivered. We found they had a plan, which enabled them to meet the needs of the PAR, particularly those with complex needs, long-term or career-limiting conditions.**

- RRU Honington provided services to meet the needs of the military population and occupational needs of their employment within the geographical area of responsibility. The RRU provided a service to five Primary Care Rehabilitation Facilities (PCRFs) within the region.
- If problem was a more general musculoskeletal issue, patients would be seen in a Multidisciplinary Injuries Assessment Clinic (MIAC).

The MIAC was run by a doctor and a physiotherapist and offered one or more of:

- 1) Management advice to PCRF
  - 2) Referral on for further investigations.
  - 3) Ultrasound guided injection.
  - 4) Referral on for intensive rehabilitation at the RRU.
  - 5) Referral on for secondary care opinion.
- If the problem related to specific biomechanical issues of the foot, ankle or lower limb they would be reviewed by a band seven podiatrist who provided a management plan which may involve one or more of:
    - 1) Advice to the PCRF on patient management.
    - 2) Orthotics or biomechanical intervention.
    - 3) Referral onto Intensive Rehabilitation Course.
    - 4) Referral into MIAC if needed.
  - Following the MIAC assessment, if more intensive rehabilitation was required, a referral would be made onto one of the three-week intensive rehabilitation courses. RRU Honington ran three rehabilitation courses. This was followed by a one-week administration period, during which administration from the concluding course was completed, and preparations for the upcoming course were made. Three different types of courses were provided at RRU Honington, a lower limbs course, a spines course and

an upper quadrant course. Due to the population served, a lower-limbs course was run on each cycle, while the upper quadrant and spines courses alternated.

- If the RRU was unable to meet the needs of the patients through the clinics and courses, patients were referred on to ensure they received appropriate treatment. For example, patients could be referred onto specialist services within the military such as the DMRC, or NHS if this was in the best interests of the patient.
- The service could also refer patients to a local independent hospital for surgical investigations or diagnostic imaging.
- Services were planned to take into account the holistic needs of different people including those in vulnerable circumstances. The RRU had close connections with local mental health teams and occupational health nurses. This was a requirement due to the large number of complex patients requiring specialist input, suffering from anxiety and depression. This enabled the RRU to have a holistic understanding as to whether the patient was ready to return to work. This enabled the RRU team to work closely with the chain of command involved with the individual to establish an appropriate strategy to return the patient to active duty when appropriate to do so.
- A shared drive to meet individual patient needs and optimise their chance of recovery had created opportunities for learning between the RRU, the wider military DMS system it supported and local hospital. It was the role of the band seven clinical lead at the unit to provide clinical support to PCRFS across the region. In order to provide additional support and the clinician had facilitated opportunities for learning. These included staff at the local hospital attending in-service training provided by the RRU and local PCRFS. In turn, staff from the RRU and PCRFS had the opportunity to observe treatment and surgery at the local hospital. This shared learning provided a better understanding as to the challenges they faced to meet individual patient needs and patient and military expectations.
- Facilities and premises were suitable to meet the needs of a range of people who use the service. The RRU had a wide range of fitness, strength and conditioning equipment to meet the specific rehabilitation needs of the PAR.

### Access to the service

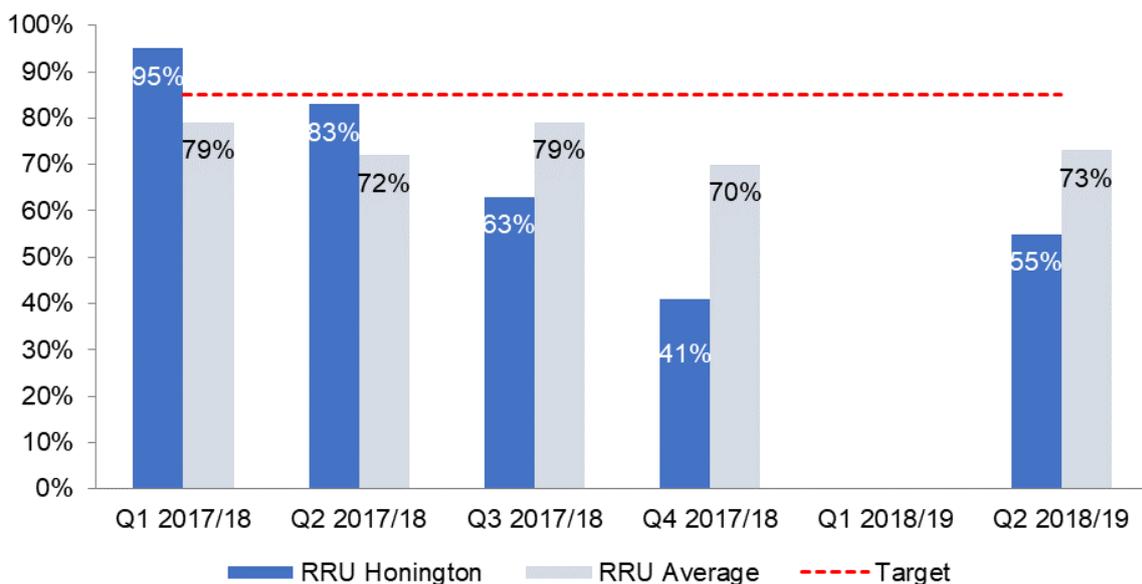
**The unit provided assessment and treatment services between 8am and 5pm from Monday to Thursday and from 8am to 1:30pm on Friday.**

- Patients had access to initial assessment, diagnosis or urgent treatment in a way which suited them, but the unit did not always achieve DMS targets for access to services.
- Reduction in patient waiting times was part of the quality improvement plan. The service had assessed its use of follow up appointments to see if all patients needed to have a follow up appointment. They felt reducing follow up appointments would allow more new patient appointments. The service planned to identify those who may require a post treatment follow up appointment at the assessment and instead offer them an 'SOS' appointment for a limited period after which they would be discharge if no contact was made. The team then planned to re-audit the service to see if appointment times had been saved.
- The quality improvement plan was implemented in January 2019 and data provided to us indicated that the implementation of the plan had a positive effect on the waiting list, as indicated in the table below.

Month	Average wait time in days (referral to MIAC)	Seen within 20-day KPI (%)	Seen outside of 20-day KPI (%)
Sep 18	22	27 (68%)	18 (32%)
Oct 18	19	44 (61%)	28 (39%)
Nov 18	21	41 (64%)	23 (36%)
Dec 18	31	9 (23%)	29 (77%)
Jan 19	19	34 (70%)	14 (30%)
Feb 19	19	55 (77%)	16 (29%)

- The improvement following the implementation of the plan, indicated the service was progressing toward being fully compliant with the KPI (85% seen within 20-days). The unit was on track to meet the KPI by April 2019 we would have > 85% of new referrals seen within 20 days from referral.
- From quarter one 2017/18 to quarter two 2018/19, RRU Honington received a mean average of 78 new referrals for MIAC services per quarter (excluding quarter one 2018/19). The target for accessing MIAC services within 20 working days of referral is 85%. RRU Honington had not met the target since quarter one 2017/18. The RRU has performed also worse than the RRU average in all quarters from quarter three 2017/18.
- There was no data collected for any of the RRUs in quarter one of 2018/19 as the RRU dashboard was being reconfigured.

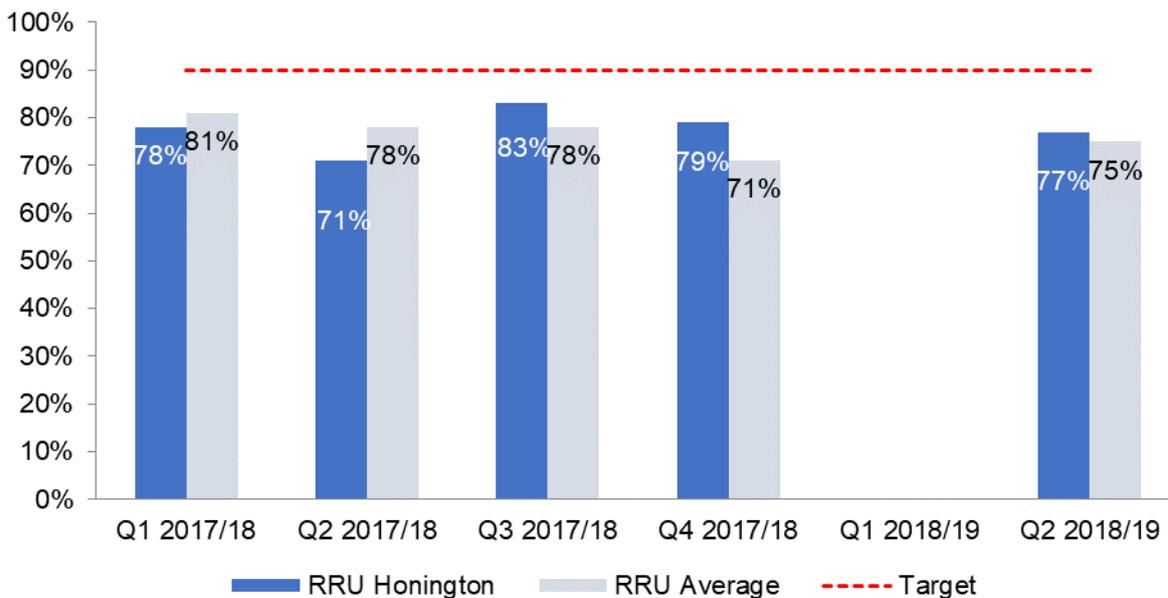
**Access to MIAC or IAC services for first referral within 20 working days**



(Source: Regional Rehabilitation Unit Dashboards Q1 2017/18 – Q2 2018/19)

- RRU Honington received a total of 47 new accepted referrals from quarter one 2017/18 to quarter two 2018/19 (excluding quarter one 2018/19). There was no data available for any of the RRUs in quarter one of 2018/19 as the dashboard was being reconfigured.
- The target for accessing an RRU course was for 90% of patients to be offered a course starting within 40 working days of the MIAC appointment. RRU Honington had not met the 90% target in any of the quarters from quarter one 2017/18 to quarter two 2018/19. The RRU has performed better than the RRU average in all quarters from quarter three 2017/18 to quarter two 2018/19

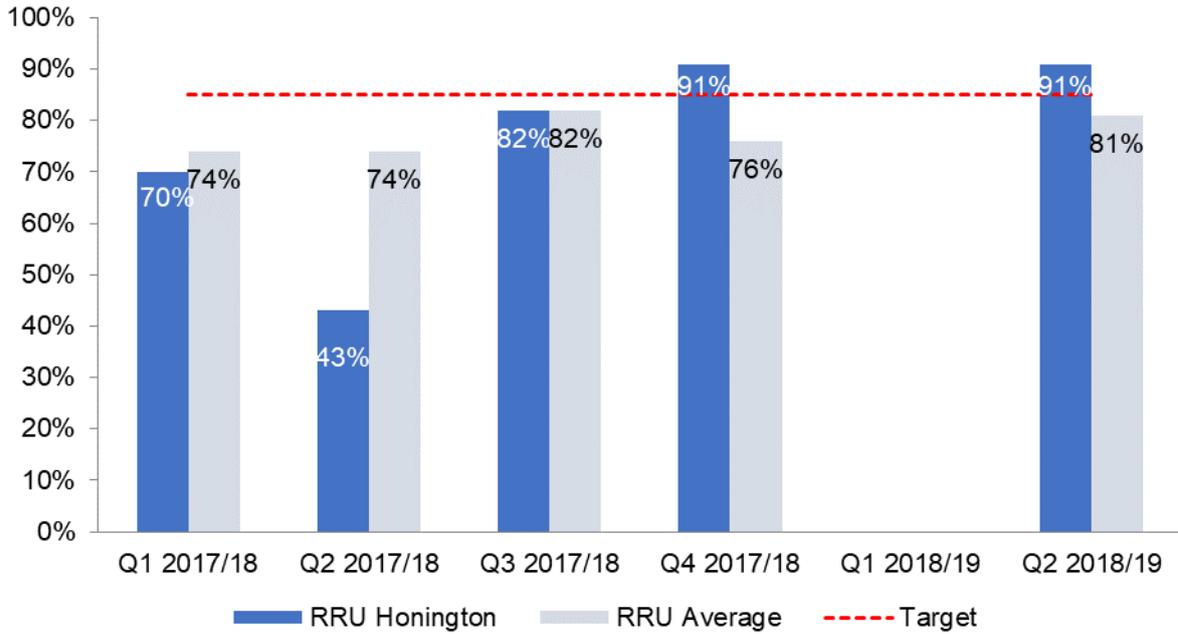
**All patients offered an RRU course starting within 40 working days of MIAC appt**



(Source: Regional Rehabilitation Unit Dashboards Q1 2017/18 – Q2 2018/19)

- From quarter one 2017/18 to quarter two 2018/19, RRU Honington received a mean average of 48 new accepted referrals for a podiatrist appointment per quarter.
- The target for accessing a podiatrist is for 85% of patients to be offered an appointment within 20 working days of a referral to the Regional Podiatry Service. RRU Honington had met this target in the last two quarters of available data (quarter 4 2017/18 and quarter two 2018/19). Performance had also been better than the RRU average over the same time period.
- There was no data available for any of the RRUs in quarter one of 2018/19 as the dashboard was being reconfigured.

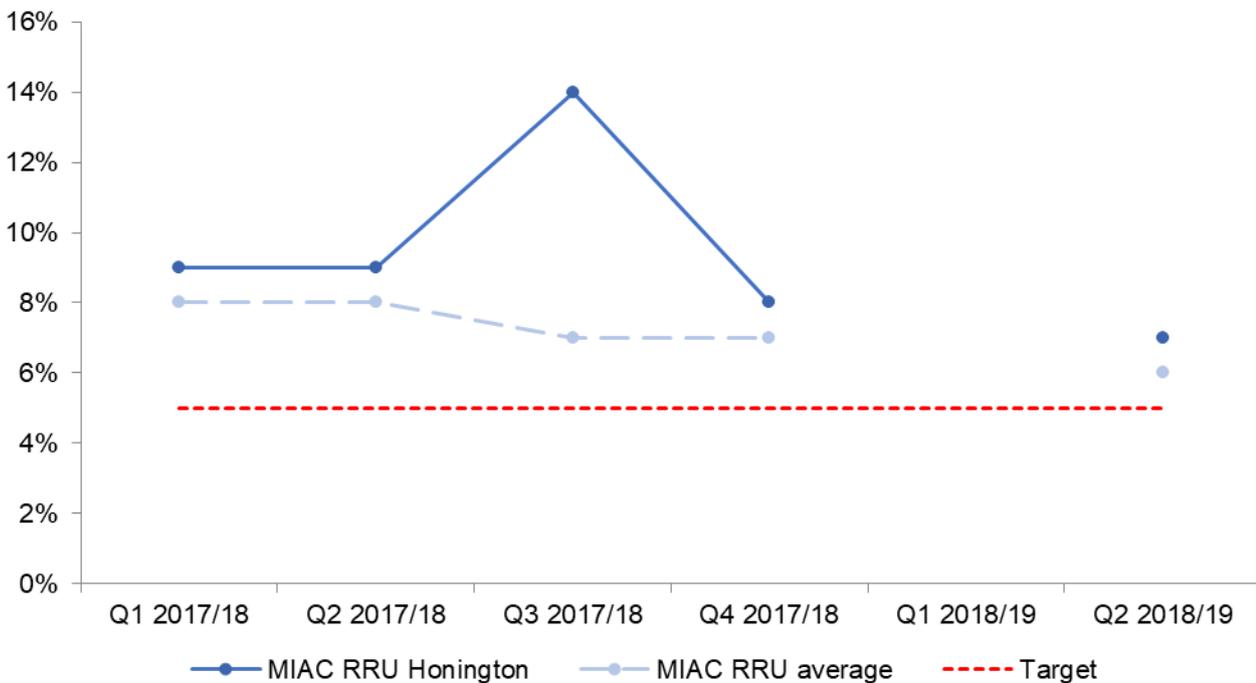
### Access to podiatrist for first appt within 20 working days



(Source: Regional Rehabilitation Unit Dashboards Q1 2017/18 – Q2 2018/19)

- The target for short-notice cancellation rates (cancellations with notice of less than one working day) is 5% or less.

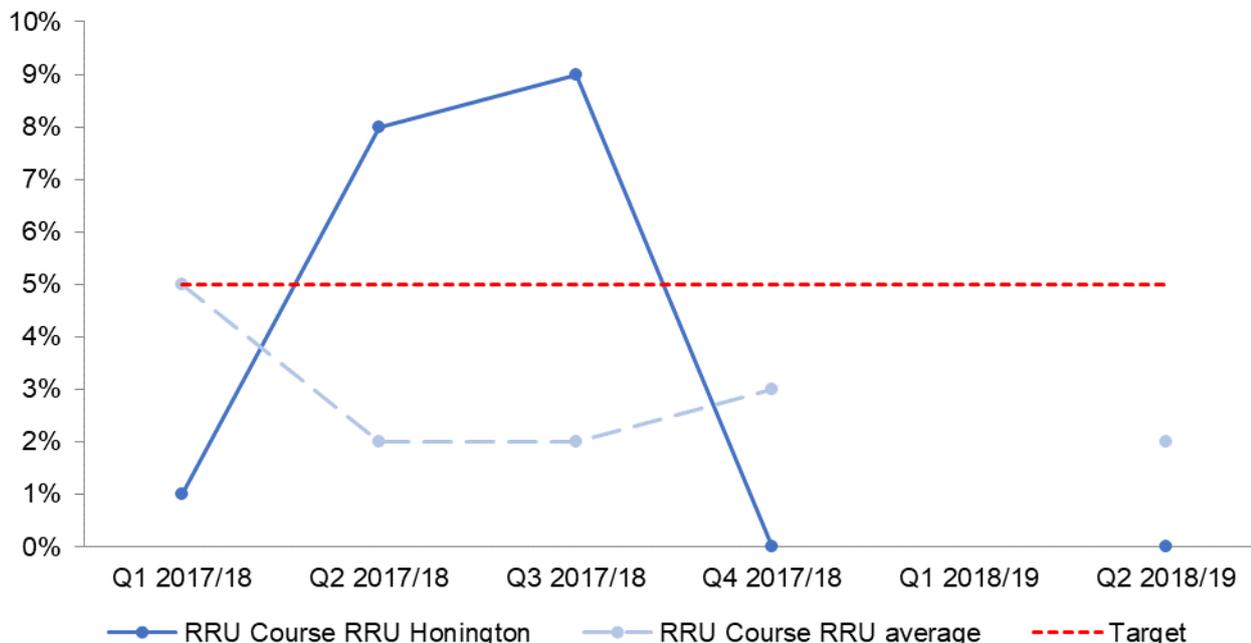
### Cancellations with less than one working day notification - MIAC



- The MIAC short notice cancellation rate at RRU Honington ranges between 7% and 14% over the period from quarter one 2017/18 to quarter two 2018/19. The cancellation rate at RRU Honington was greater than the RRU average and the target rate in all five quarters of available data.

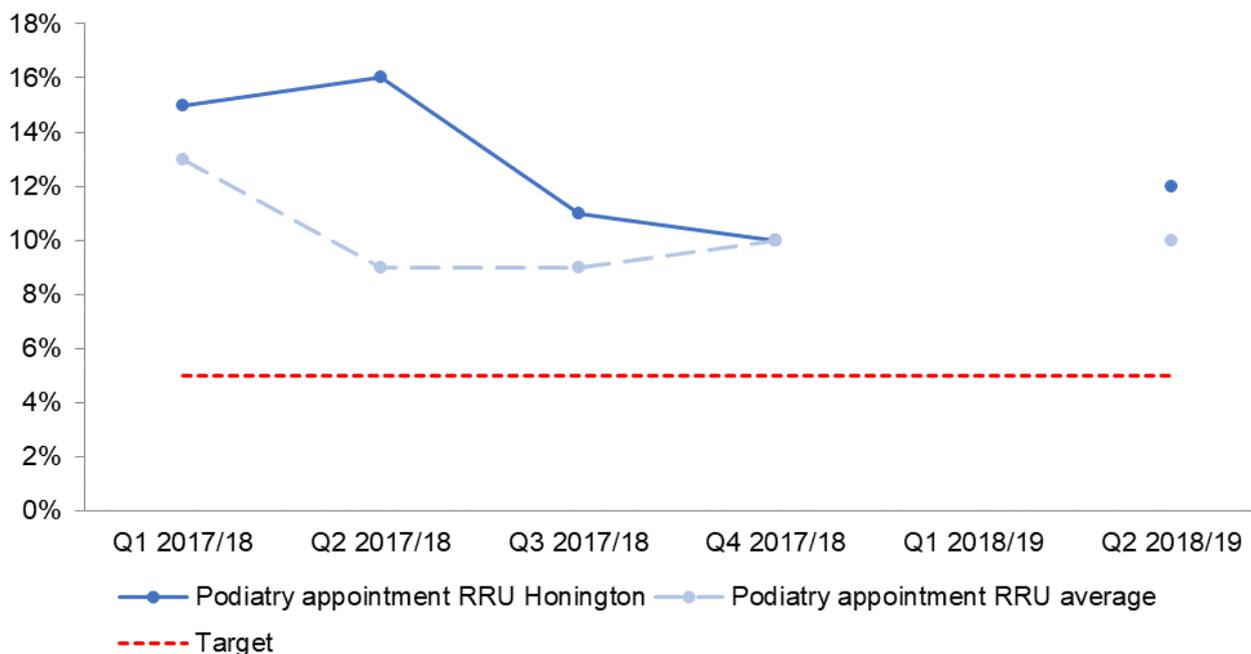
- There was no data available for any of the RRUs in quarter one of 2018/19 as the dashboard was being reconfigured.

### Cancellations with less than one working day notification - RRU course



- The RRU course short notice cancellation rate at RRU Honington was reported as 0% for the last two quarters of available data (quarter four 2017/18 and quarter two 2018/19), which is better than the RRU average.
- There was no data available for any of the RRUs in quarter one of 2018/19 as the dashboard was being reconfigured.

### Cancellations with less than one working day notification - podiatry



*(Source: Regional Rehabilitation Unit Dashboards Q1 2017/18 – Q2 2018/19)*

- The podiatry appointment short notice cancellation rate at RRU Honington had been worse than the RRU average in all five quarters of available data, other than quarter four 2017/18 where the cancellation rate was the same as the RRU average. The short notice cancellation rate has been higher than the 5% target in all five quarters.
- There was no data available for any of the RRUs in quarter one of 2018/19 as the dashboard was being reconfigured.
- The service received referrals electronically using the specified pathway initiated by the primary care unit. Electronic referrals were monitored throughout the day by the administration team, and were triaged on the same day by the service or clinical lead.
- Leaders and clinicians had developed referral guidelines which were developed to assist practitioner's decisions, when considering referring a patient for assessment at the RRU.
- The service prioritised care and treatment for patients with the most urgent need. Referrals were classed as urgent and routine, and triaged by the clinical lead physiotherapist. Urgent referrals could be seen at the first available clinic within five working days whilst routine referrals were seen within 20 days.
- Referrals were allocated according to clinical and/or military needs. Referrals would be classed as urgent if the information identified red flags (symptoms indicating a more serious pathology) or if the patient was due to be deployed. The lead clinician would let the referrer know the outcome of the decision and would telephone a referrer when the referrals was inappropriate or there was an unusual clinical presentation. Staff told us the communication between themselves and the PCRFS was good and they would discuss any queries about referrals openly.
- The administration team oversaw the appointment system. Patients were allocated an initial appointment and called to confirm the appointment time and day. If this was not convenient, the appointment could be altered to suit the needs of the patient. Patients were given a choice of dates and time in line with availability to access the courses or follow up appointments. Patients were able to book follow up appointments or book onto courses following their initial appointment so they were clear when they were next attending. This also ensured there was no delay between the initial appointment and patients starting on a course or attending a follow up appointment.
- There was a clear process for patients who did not attend appointments. For patients who did not attend, the appropriate professionals were informed at the RRU and the referring PCRFS and this was recorded in the patient's records. A further appointment would then be made with the patient. If they did not attend this appointment, they would then be discharged from the RRU and referred back to the referring clinician at the PCRFS.
- Patients had access to fast track diagnostic imaging for identifying and monitoring diseases or injuries, if required, at a local private hospital. In addition to this, staff could refer patients, via the fast track system for surgery.
- Services were planned to take account of the needs of different patients. All reasonable efforts and adjustments were made to enable patients to receive their care or treatment. The unit was accessible for patients. We saw accessible toilets and ramps were available for wheelchair users.
- We saw clear signage around the RRU and posters displaying a variety of advice and signposting patients to other services.
- A poster detailing interpretation services was clearly visible in the reception area and signposted patients how to access advice leaflets in different languages.

## Listening and learning from concerns and complaints

**The unit had a system for handling concerns and complaints.**

**There was a designated responsible person who handled all complaints in the unit. The complaints policy and procedures were in line with recognised guidance and DMS processes.**

- Concerns and complaints were listened and responded to and used to improve the quality of care. There was a policy available to provide guidance for staff about complaints made about healthcare services provided by the defence (JSP 950 leaflet 1-2-10). This covered how the complaint was to be dealt with, including the stage of communication and investigation. The policy stated informal verbal complaint would be dealt with locally by the end of the next working day.
- As of January 2019, there were two complaints recorded in the complaints register provided by the RRU. One complaint from January 2017 related to the patient feeling that the RRU contradicted the opinion of orthopaedics, and the other from December 2018 related to the length of time between the first presentation of symptoms and the start of their treatment/course. The two complaints were recorded as either an informal complaint or a concern with no wish to complain.
- Patients were clear how they could raise concerns and complaints. Patients were able to describe how they would provide feedback or make a complaint. Information was also provided as to how to make a complaint in the RRU.

## Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Outstanding



## Our findings

**We found that this practice was well-led in accordance with CQC's inspection framework**

### Vision and strategy

**There was a clear vision and a mission statement set out for the service, with quality and safety the top priority.**

- The mission statement for RRU Honington was, 'to deliver high quality rehabilitation services, that accelerate the personnel's recovery towards fitness, enhancing the operational effectiveness of the Armed Forces'.
- Staff had contributed to the mission statement and it was clear from speaking to staff and their interaction with patients, they had a clear understanding of the importance of providing high quality, personalised rehabilitation to patients.
- The strategy for all defence medical services detailed in the defence rehabilitation concept of operations document had been developed centrally. The unit had also a quality improvement plan which aligned with the strategy. The quality improvement plan set out specific areas of planned service improvements, for example around communications, information for patients and receipt of diagnostic results. We saw that each action had a target completion date and progress was monitored.
- The RRU had a service development plan for 2019. This included utilising the clinical expertise available within the team to develop clinical reasoning skills and review the rehabilitation course content. Further developments included facilitate the training of those staff interested in undergoing formalised ultrasound imaging training, to produce best practise guidelines and to support all the PCRFS they worked with.

### Governance arrangements

**The service had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured responsibilities were clear and that quality, performance and risks were understood and managed.**

- There was an effective governance framework to ensure quality, performance and risk were understood and managed. There was an overarching ministry of defence (MOD) corporate governance policy (JSP 525). This covered the structure of MOD governance, governance principle, roles and responsibilities, governance control processes and risk

management processes. The policy was not specific to the RRU but provided context and guidance about how MOD governance processes worked.

- Governance arrangements at RRU Honington were systematic and reflected best practice. We saw the unit had a comprehensive governance documentation and oversight system, which was referred to as the workbook. All staff could access the workbook and all staff were aware of the governance system through weekly team meetings and monthly governance meetings.
- We reviewed the governance workbook which included the risk register, quality improvement programme actions and progress, mandatory training compliance, professional registrations, complaints, incidents, standard operating procedures and meeting minutes. There was an interconnection with audits, meeting minutes and action, which included hyperlinks between relevant documents.
- The unit had a weekly meeting, where information from the station executive meeting was shared, staff checked the diary for the next two weeks and areas related to governance were discussed, which included incidents and patient feedback. We saw minutes of meetings which indicated this was occurring regularly. Staff told us they felt these meetings were a whole team affair and everyone was engaged and participated in discussions.
- Governance meetings were held every month. Standing agenda items included incidents, the risk register, an action plan review, standard operating procedure review, mandatory training review, equipment updates, infection control and Caldicott and quality improvements.
- A common assurance framework (e-CAF) assessment was a live document used to support the delivery of good quality care. The self-assessment e-CAF framework was based on eight domains. These included safety, clinical and cost effectiveness, governance, patient experience, accessible and responsive care, care environment and amenities, public health, and occupational health. The unit self-assessed as having full assurance in three out of eight domains and substantially assured in five domains.
- There were systems and processes to identify, manage and mitigate risks associated with the unit. The unit maintained a risk register which identified 20 risks at the time of inspection. The top two risks were a failure of the information technology systems and the lack of a permanent MIAC doctor. Each risk was given a category and rated on impact and likelihood of it occurring. The original rating was documented and the category was reviewed in line with actions taken regularly. Management plans and mitigating actions had been identified to manage the risk. A responsible person had also been designated to oversee and manage the risks.
- Staff at the unit had a good understanding of the risk register as it was discussed regularly at meetings. They gave examples of risks on the register and how they were managed.
- There was a systematic programme of clinical and internal audit used to monitor quality and identify areas for improvement. An audit log was maintained which identified which audits were to be completed, how often, when they needed to be reviewed and who was responsible for the audit. Audits had been completed for clinical records reviews, patient satisfaction of the courses and infection control. For 2018, 11 audits had been completed and a further two were due for completion between January and March 2019.
- We reviewed the infection, prevention and control and the documentation audit. Actions had been identified as result of the audits. Staff confirmed the actions had been completed and the audit would be completed again, within 12 months from the original audit to ensure quality standards were being maintained.
- The service was provided with a quarterly dashboard, which detailed performance information on a number of key performance indicators. This included referral numbers,

time taken to offer an appointment, numbers of patients who failed to attend or cancelled appointments, waiting times, and clinical outcomes. Each indicator was shown next to the average performance across the other RRU's. This meant an overall comparison could be made to benchmark how well the unit was performing.

- Staff were clear about their roles and understood what they were accountable for, including any additional roles and responsibilities they held. For example, all staff at the unit had secondary lead role in areas such as clinical governance, complaints, infection, prevention control and equipment care.

## Leadership and culture

**The management in the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.**

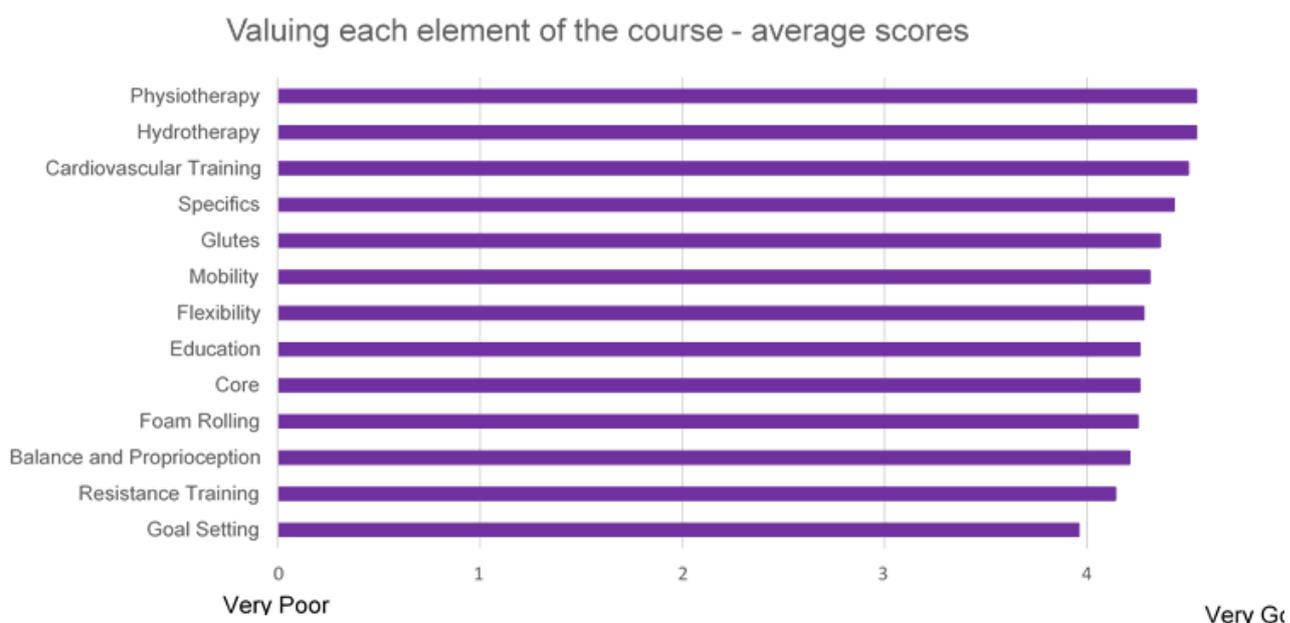
- Leaders had the skills, knowledge and experience to carry out their roles effectively. The service lead, despite being in post for three months at the time of our inspection, had skills knowledge and leadership skills from role held across their military career. Staff spoke very highly of the leadership from the service lead and how they were supported and empowered to develop their knowledge and skills.
- Leadership and culture at the unit reflected the vision and values of the DMS, and were driving a wider systems approach to improve the quality of care for patients in the area. Leaders and staff demonstrated how committed they were working to improve the quality of care by developing the knowledge and skills of the local PCRFs and supporting them to evolve. The regional in-service training events enabled staff to get support from their peers and the clinical lead at the RRU with the aim of optimising care and treatment for patients.
- There was a culture of strong team working both internally between RRU staff and externally with other organisations to ensure the best care and treatment was provided for patients. Staff supported each other on a daily basis and worked together to provide high quality care for patients.
- Staff told us of the supportive relationships in the RRU and of the opportunities they had as a team to review the care and treatment being provided to individual patients. Staff also worked closely with external providers of care for military staff, including consultants and radiologists from a local hospital. External staff regularly attended regional in-service training led by the RRU. This provided external staff with the opportunity to better understand the military requirements following the outcome of surgery and medical intervention to enable military personnel to get back to full operational activity. This enabled better team working due to all clinicians having a better understanding of the expectations of military requirements.
- Staff felt respected, valued and leaders encouraged supportive relationships between staff. Staff felt they could raise any worries or concerns and that these were always listened to and acted on. All staff at the unit, along with the service lead spoke of an open-door policy.
- Leaders were visible and approachable and staff were confident to speak up and raise concerns if required. The service had a military hierarchy of staff who delivered the services. Despite this, all staff felt confident and safe to speak openly about any concerns they had.
- Promoting the safety and wellbeing of staff was emphasised at the unit. Staff told us they looked after each other and set up healthy competition when they trained together at the

unit. They also told us of the relaxed working environment and the supportive working relationships they had with each other.

## Seeking and acting on feedback from patients and staff

### Staff actively sought feedback from patients and made changes to the service as a result of feedback.

- A defence medical services patient questionnaire was used to gather views and experiences from patients following their treatment. Questions were focused on the clinical staff, administrative staff, cleanliness of the department, the quality of the service, and comments on patients' experience.
- Feedback was collected and used to adapt and develop the way the course ran. On completion of a course, all patients completed an end of course evaluation patient feedback questionnaire.
- When looking at the satisfaction scores relating to individual elements of the course, scores were largely positive with all but one area, scoring on average above the expected standard of 'Good'. The one element of course that scored below 'Good' was goal setting with an average score of 3.96. The chart below shows the average scores for each element course at RRU Honington.



(Source: RRU additional data submission - complaints log)

- We saw examples of 'you said, we did' displayed on noticeboards in waiting areas, which was the service's response to patient feedback. A patient commented that they would like a communal area to be available prior to the start of a course, and staff arranged this so an area was available. Another commented that it was difficult to find the RRU once on the base. As a result of this, clearer signage was put up to make it easier for patients to find.
- Staff were encouraged to give feedback and discuss any concerns or issues with colleagues and management. There was an open-door policy and staff felt comfortable to raise any issues or concerns with the service lead. They felt they were always listened to and well supported.

- Staff felt actively engaged with the planning and delivery of the service and shaping of the culture. The service lead echoed how the staff had been involved in developing the mission statement of the RRU.
- The culture at the unit was developed around providing a personalised patient focussed service to meet the needs of each individual, in a timeframe which met their military operational requirements.

### Continuous improvement

**There was a focus on continuous learning and improvement at all levels within the service.**

- There was a service improvement plan which involved utilising the clinical expertise with the RRU to drive service improvement. The programme had clear objectives, a method of improvement, and who was responsible for each element of service improvement. There were clear areas identified for development which included; clinical, audit, governance, research and considered the deployability of staff.
  - Staff at the RRU were committed to supporting research into musculoskeletal conditions, and encouraged its staff to continuously develop their areas of clinical expertise.
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