

Defence Medical Services

Tidworth Regional Rehabilitation Unit

Inspection Report

Tidworth Regional Rehabilitation Unit
Super Gym
Jellalbad Barracks
Tidworth
Hampshire
SP9 7DX

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2019

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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?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Summary of findings

Overall summary

Letter from the Chief Inspector of Hospitals

We carried out an announced comprehensive inspection at Tidworth Regional Rehabilitation Unit (RRU) on 9 September 2019 and 17 September 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. We do not have a legal duty to rate but we have highlighted good practice and made recommendations on issues which the service could improve.

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

We found that this practice was safe overall in accordance with CQC's inspection framework, but the withholding of information from patients relating to the medicines issues where duty of candour should have been applied did not provide us with assurance that if similar incidents occurred, patients would be informed.

- Staff understood their responsibilities and adhered to safeguarding policies and procedures.
- Standards of cleanliness and hygiene were maintained, and staff adhered to infection prevention and control policies and procedures. Risks to patients who used services were assessed and their safety monitored and maintained. Comprehensive risk assessments were also completed for various aspects of service delivery.
- Patient records were organised, up to date and shared and stored appropriately however, the storage of patient outcome measures meant patient identifiable information was not always stored securely.
- There was an effective system available for staff to report significant events, incidents, near misses and concerns.
- However, there was a lack of understanding of duty of candour and a lack of openness and transparency with patients when things went wrong.

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

- Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence-based guidance. Relevant and current evidence-based, best practice guidance had been identified and developed for Defence Rehabilitation services and this was used to direct how services, care and treatment was delivered.
- 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 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.

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

- Interactions between staff and patients were friendly and caring. Staff were helpful and courteous and treated patients with respect and provided patients with the support and reassurance they needed to help optimise their potential for making a full recovery.
- From the beginning of the course, patients were encouraged to be active partners on their care and treatment. Patients told us staff were clear and ensure they understood what they were doing to optimise engagement with their rehabilitation.
- Staff understood when patients needed support and reassurance with their treatment plans.

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

- Service delivery was planned to ensure it was responsive to patients within the area of responsibility. The RRU used information about the needs of the PAR within the Area of Responsibility (AOR) to inform how services were planned and delivered.
- Key performance indicators were not always met. However, there was an acute awareness of the challenges impacting on KPI performance and action had been taken to improve performance.
- There were challenges to service delivery, including manning and infrastructure, however, staff were aware of this and worked hard to overcome these challenges.
- The adoption of a system wide approach and involvement of local primary care rehabilitation facilities (PCRFs) was integral to how services were planned and delivered and had been recently developed by the RRU.
- There was a thorough system to manage complaints.

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

- There was a clear vision and a mission statement set out for the service, and a local strategy developed in conjunction with the staff ensuring quality and safety were 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.
- Although there has been instability regarding senior management at the RRU, the acting OC had successfully led the service prioritising safety, quality and compassionate care.
- Staff spoke of a supportive culture and one of feeling respected and valued team members. Staff wellbeing was also apparent and high on the agenda.
- 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 quality improvement within the service.

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

- The adoption of a system wide approach and involvement of local PCRFs was integral to how services were planned and delivered and had been recently developed by the RRU. This enabled joined up working to meet the needs of individual patients in a timely way.
- Despite this being their first leadership position in the role of acting Officer in Command RRU (OC RRU), it was clear that this member of staff had been successful in their role. Evidence we saw during the inspection showed that the challenges posed by the RRU had been embraced and proactively managed and mitigated during this period. It was also evident they had clear oversight of governance across the RRU ensuring the quality and safety of the service for the patient during this period.

Recommendations for improvement

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

- Ensure that staff working in the RRU have a clear understanding of the duty of candour.
- Make sure that there is openness and transparency with patients when things go wrong which involve them.
- Make sure information belonging to patients is stored securely to maintain confidentiality.
- Continue to work on closing the loop with audits so there is a clear documented evidence that recommendations from audits have been acted on and implemented.

Professor Ted Baker

Chief Inspector of Hospitals

Regional Rehabilitation Unit – Tidworth

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

Regional Rehabilitation Unit (RRU) Tidworth is a facility provided by the Defence Primary Healthcare (DPHC) Unit delivering intermediate rehabilitation within the Defence Medical Rehabilitation Programme (DMRP). The regional rehabilitation unit (RRU) is located at Tidworth in Hampshire and provides clinical management of musculoskeletal conditions to the military population within a defined geographical area. There are 15 RRUs across the United Kingdom.

RRU Tidworth cover the central and Wessex region and its population at risk (PAR) is expected to increase in September 2019 to 24,800, due to an Army wide rebasing project. RRU Tidworth currently supports a population of from 19,800 where the majority of the population include Infantry, Artillery, Medical, Cavalry (tanks), Royal Logistics, and Engineers, Military Intelligence, Signals, Comms Engineers, Army Air Corps. This is broken down as follows:

- Lyneham
- Abbey Wood
- Corsham
- Warminster
- Larkhill
- Blandford
- Bovington
- Middle Wallop
- Tidworth
- Shrivenham

The RRU also supports other units that do not have their own PCRf:

- RAF Boscombe Down,
- Army HQ Andover,
- Bulford,
- Netheravon,

- Upavon
- Colern

Multi-disciplinary Injury Assessment Clinic (MIAC)

Clinical assessment at the RRU is delivered through the MIAC. This is a combined clinical assessment by a specialist GP trained in Sports and Exercise Medicine (SEM) to diploma level, a physiotherapist (clinical specialist) and at times, an exercise rehabilitation instructor (ERI). The MIAC is a critical element of clinical assessment and planning in the defence medical rehabilitation programme (DMRP). The MIAC will identify patient requirements and allocate appropriate early treatment based on clinical need, operational issues and individual circumstances. The role of the MIAC is to determine:

- An accurate diagnosis.
- The need for further investigation.
- An appropriate treatment plan agreed with the patient.
- The patient's fitness for group-based exercise therapy.
- The requirement for onward referral.

All patients being referred to the RRU for the first time should be seen in either MIAC or IAC. This is to ensure that there is an appropriate clinical plan for the patient and that the patient's case is being actively managed with interaction with relevant agencies.

Injury Assessment Clinic (IAC)

An IAC comprising of a physio and at times, an ERI, can be used for the assessment of patients with a confirmed diagnosis or the review of those returning after investigation or outpatient treatment where the management plan has already been agreed at the MIAC.

Onward Referral

The RRU provides the gateway to onward referral to secondary care including:

- DMRC Stanford Hall
- Fast Track orthopaedic surgery
- Other secondary care and opinion such as orthopaedic opinion, pain management, etc.

Clinical Investigations

The RRU provides the gateway to rapid access imaging. RRUs also have access to on-site diagnostic ultrasound scanning for immediate clinical guidance.

Residential Therapy

This is for patients whose condition necessitates a period of intensive daily rehabilitation (such as post orthopaedic surgery), whose condition may be exacerbated by travel or who cannot effectively perform their role or find protected time whilst in full time employment. Patients may be admitted for three weeks into homogenous patient groups for rehabilitation of specific conditions (e.g. back pain) or into general groups with a range of differing injuries.

Regional Podiatry Service (RPS)

The aim of the RPS is to provide a clinical biomechanical podiatry service to all entitled service personnel within the RRU catchment area. The majority of patients with biomechanical problems are managed effectively within Primary Healthcare (PHC) at the primary care rehabilitation facilities (PCRFS). Where this management is unsuccessful, or a Podiatrist/Biomechanical specialist opinion is required, the 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 an MOD approved supplier as required. The RPS is commanded by

and accommodated at the RRU. It consists of one PT/FT Band 7 podiatrist/physiotherapist (biomech) who will deliver clinics at either the RRU or regionally through a peripatetic service.

The service lead (OC), Regional Trade Specialist Advisor (RTSA) and Band 7 clinical specialist provide a regional SME and professional POC, conducting liaison visits with the satellite physio departments within region, providing support and guidance on HG or military processes, specific equipment care processes. The RTSA also provides ERI mentoring in the region to all civilian, military and locum ERIs. All new joiners in the region are invited to attend a day at RRU to meet personalities, be provided training on DMICP, shadow course and MIAC in order to ensure joined up care between PCRf and RRU.

Access to the service is through referral from other services in the DMRP and patients receive an initial joint assessment by a doctor (a specialist GP trained in sports and exercise medicine) and a clinical specialist physiotherapist, in the Multidisciplinary Injury Assessment Clinic (MIAC) located at the RRU. Patients can access one to one treatment and rehabilitation courses to treat their conditions. Courses run for two or three weeks. Patients are expected to attend for the duration of the course and can live on site or off-site locally. During courses, patients can access one to one treatment at the same time.

The RRU is staffed by a Military OC, 2 clinical specialist physiotherapists, physiotherapists, MIAC doctor, Regional Trade Specialist Advisor (RTSA)/lead ERI, ERIs, a Biomechanical Specialist and administrators. We carried out a comprehensive announced inspection of this service. RRU Tidworth has not been inspected by CQC previously.

Our inspection team

Our inspection team was led by a CQC inspector. The team included two inspectors, and two 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 9 September 2019 and 17 September. During the inspection, we:

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

Looked at information the service used to deliver care and treatment.

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

Patient survey results were collected and reviewed following each course. Results from an additional January 2019 patient survey carried out on 77 MIAC patient entries looked at the survey which compared the patient expectation (where recorded) with the treatment plan that resulted from the appointment.

The survey results identified that the majority of patients visited the clinic with a clear expectation. About 30% of patients did not have an expectation as to the outcome of their appointments and on some cases an expectation was not recorded. Just under half of all appointments (44%) had a high level of agreement between patient expectation and MIAC new patient appointment outcome. Patients who expected a management plan, uncertain/open minded or not recorded were recorded as N/A as invariably these patients would have accepted whatever plan was resulting from the clinic or had no view on what plan was resultant from the clinic (47%). Only 9% were deemed to be of low agreement. In the cases of low agreement this appeared to be in cases where patients with mechanical low back pain were requesting MRI scans in contravention with published NICE guidance.

The RRU concluded that patient expectation and clinical need do not always match and in some cases, there was clear and clinically indicated reasons for implementing a plan that was at odds with the patient's expectations. The report stated that although patient expectations may not necessarily dictate healthcare outcomes, they should still be recorded, respected and discussed in clinic as part of the patient management and where appropriate expectation management should be confronted.

In a patient survey of MIAC patients carried out between January and July 2019 showed that 97% of patients would recommend the service to family and friends, 92% feel listened to 95% feel involved in their care, 96% felt appointment time was convenient and 95% felt the location was convenient.

In a patient survey from patients attending the course between April and June 2019 showed that 96% would recommend the service to family and friends, 92% feel listened to 95% feel involved in their care, 93% felt appointment time was convenient and 88% felt the location was convenient.

(Source: RRU Tidworth Patient Expectation Survey)

As part of our inspection, we also spoke with 10 patients. Patients were positive about their experience at the RRU and spoke of the staff being 'amazing.' Patients told us they were able to access the service easily and had been included in the development of their bespoke goals and treatment plans. Patients told us instructors were very helpful, provided thorough explanations to make sure they understood their individualised exercise programme.

Are services safe?

Our findings

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

The shortcomings did not have a significant impact on the safety and quality of clinical care

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 person in charge of the RRU. Staff knew what constituted an incident and knew how to report an incident. They were also able to give us examples of changes which had been made as a result of an incident occurring.
- A spreadsheet of all incidents was maintained. This incident log was held electronically and provided a brief overview of the incident, when the incident was submitted, and the outcome of the root cause analysis and actions taken as a result.
- There had been 14 incidents reported between September 2018 and August 2019. Trends and themes included seven incidents relating to clinical administration. There were also three incidents classified as medicine errors relating to storage temperatures.
- Once incidents had been identified, lessons were learnt, and action was taken to improve safety at the Regional Rehabilitation Units (RRU). We saw evidence from meeting minutes that information about incidents was shared at the monthly governance meeting and staff were able to tell us about incidents and learning which had occurred at the RRU. Information was also shared via email to all staff and on a noticeboard in the administrative area of the RRU.
- We reviewed the three incidents relating to the medicine's storage temperature breaches. The incidents contained a thorough root cause analysis, and record of how this issue was escalated, the support and advice sought from internal and external parties and the actions taken and ongoing actions to manage the issue. One of the incidents identified that 13 patients had been given the medicine which had breached its storage temperature by 0.3 degrees. The root cause analysis identified that duty of candour had been applied following this incident.
- 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.
- When we asked to see evidence of the application of the duty of candour relating to this incident, we were told that duty of candour had not been applied and a decision had been taken to not inform the 13 patients of this incident. We saw evidence of this in an email relating to the incident. The rationale for not informing the patients was to not cause alarm

and stop the patients from thinking the treatment would not be effective. The regional pharmacist had said that the medicine may cease to work due to being exposed to storage temperatures higher than the recommended levels. The incident was documented in the patient's electronic patient record and the patients were being monitored by the RRU for adverse effects. We were told the patient would only be told about the incident if they returned to the RRU with a problem which may have arisen as a result of the incident. These actions did not demonstrate an open and transparent approach with the patient regarding the incident which had occurred. We were not assured that if another incident occurred that the duty of candour would be applied.

- There was a general lack of understanding of the duty of candour. We reviewed another incident where the podiatrist did not have access the doctors notes for the patient therefore they did not have access to relevant information to further inform treatment for the patient. The incident investigation identified all appropriate actions to escalate the issue and rectify this had been taken. However, the incident form also identified that duty of candour had been applied. The incident report contained no information that there would be a requirement to apply the duty of candour for this incident. Staff at the RRU did not receive training in the duty of candour.

Overview of safety systems and processes

- Essential systems, processes and practices were available to ensure patient safety. Staff received mandatory training in safety systems, processes and practices and there was high compliance amongst clinical staff at 96.3%. As of August 2019, out of the 26 training courses, clinical staff were fully compliant for 19 out of the 26 courses. These included basic life support, manual handling, fire safety awareness and healthcare governance awareness. Training courses where not all clinical staff were compliant included office safety, infection prevention and control and display screen equipment training. The compliance for these courses was 88.9%. This only equated to one out of the nine members of staff not being compliance with this training. This member of staff had only just started working at the RRU.
- The three members of administrative staff were 100% compliant in all 22 training courses they had to complete. The only member of senior staff was complaint with all of the 23 required mandatory training courses.
- 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 written into the service delivery plan.
- 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). Compliance with safeguarding training for adults and children level two was 77.8% (equating to two members of staff not being compliant).
- The RRU were supported by the local medical facility on site at RRU Tidworth by a member of staff who had received level three safeguarding training. This set up was common across the RRUs.

- 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. In addition, staff were aware of the Multi-Agency Safeguarding Hub (MASH) which was the single point of contact for all safeguarding concerns regarding children and young people in the locality. Staff gave us examples of concerns they had about individuals and the action they had taken to ensure safeguards were in place.
- Chaperone posters were displayed around the RRU. We saw posters on notice boards in the gym and in the clinic rooms highlighting the opportunity for patients to have a chaperone present for any appointments they attended.
- Systems, processes and practices kept patients safe. All staff were Disclosure and Barring Service (DBS) checked and their professional registration and expiry date was reviewed. This ensured all staff at the RRU were safe and fit to practice. All staff had an up to date DBS check. This meant we were assured systems, processes and practices related to DBS checks kept patients safe. Information was held electronically, and a check of the professional register or equivalent had been completed for all staff.
- 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, separate clinic rooms, an administrative area and an office. However, the rest area for RRU staff was within a corridor and did not staff a private area for relaxation. In addition, there was gym and a gym for cardiovascular work, which contained a variety of equipment, weights machines, balance and proprioceptive equipment.
- 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. A comprehensive equipment database 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 to the team leaders on site. This resulted in the equipment being put out of use and a request for a repair was booked. Records on issues logged were maintained on the equipment database, which showed the problem recorded, the date it was logged, the action which had been taken and the date the issue was resolved. This was in line with the service's Equipment Care standard operating procedure, dated January 2019.
- 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.
- An automatic external defibrillator (AED) was available and easily accessible in the entrance corridor 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.

- Additional information was also provided next to the resuscitation equipment to provide easily accessible information to staff in case an emergency 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.
- In the main treatment area, we saw emergency drugs were available and kept in a locked box. We reviewed the contents and saw all drugs were in date.
- 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. Cleaning was carried out by an external contractor.
- Staff cleaned equipment in between each patient use.
- The unit had an infection control and prevention policy which was dated February 2019 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.
- A member of staff at the RRU was the infection prevention and control (IPC) clinical lead for the unit. Staff could approach them to discuss any issues around infection prevention and control and staff were aware of who held this role. The most recent IPC audit had been completed in April 2019. We saw the unit had been scored in individual areas and had achieved 100% in sharps management and personal protective equipment. The service scored 90% for environment and 97.5% in hand hygiene. The areas identified for improvement were actioned immediately following the audit. For example, ensuring staff had completed hand hygiene training following the infection control audit. However, there was no formalised documented action plan to show when the recommendations had been acted on and implemented.
- 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.
- During our inspection, we saw 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.
- Sharps were disposed of in sharps boxes. The sharps boxes were held in the clinic rooms and treatment areas. Sharps boxes were appropriately labelled, dated and signed.
- 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 require to view information needed to treat patients.
- There was a policy available to ensure safe management of individual patient records JSP 950 leaflet 1-2-11. The policy outlined the management of records from their creation to destruction.
- Records audits were carried out at the RRU and included the ERI notes audit and podiatry notes audit. The podiatry notes audit was carried out on a sample of 10 patient records between April to August 2019. Seven components were assessed, which included, mandatory compliance, subjective assessment, objective assessment, analysis, treatment planning, treatment implementation/ intervention and transfer of care/ discharge. Of these seven components, 100% compliance was noted for five out of the seven areas. Compliance ranged between 80% and 90% in some areas of the subjective assessment and treatment planning. Recommendations to address areas where compliance was not 100% had been identified. These included feedback to staff and a re-audit in six months.

- 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.
- Medicines required for injection therapy were kept locked in a cupboard in the treatment area. Only staff who were authorised to access medicines could do so in line with the injection therapy and medicine's management procedure dated February 2019. Staff monitored the temperature of the cupboard as well as the minimum and maximum temperatures reached every morning and afternoon. This ensured that even when staff weren't present to check the temperature, they were assured the room had not become too hot or too cold. There was a process to contact the pharmacy technician for advice, if the temperature rose above 25 or below 8 degrees centigrade. This was part of the new standard operating procedure introduced as a result of the medicines incidents.

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. However, there had been some staffing challenges at the RRU.
- As of July, there was an establishment of 19 whole time equivalent (WTE) staff at RRU Tidworth, however, there was a vacancy rate of 19.3% between August 2018 and July 2019. There were vacancies across a number of different roles including MIAC doctor, course physiotherapists and ERI's podiatry and management roles. Locum cover had been provided for the physio, ERI and for just 8 hours of MIAC doctor cover. Between August 2018 and July 2019, there was a 36.1% turnover rate across all the staff at the RRU. This equated to 5.5 WTE leavers between this period. Reasons for staff leaving included personal reasons and role development opportunities.
- Comprehensive risk assessments regarding service provision were carried out using a clear methodical approach and actions to mitigate any risks had been identified. Risks completed for the service included acupuncture and cryotherapy. These documents were held electronically and there was also a paper copy maintained at the RRU. 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.
- The staff to patient ratio on the courses was determined to ensure the safety of patients. The ratio of staff to patients was two staff for 15 patients. 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 necessary. Courses were delivered by both a physiotherapist and ERI.
- 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 at the RRU.
- 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.

Arrangements to deal with emergencies and major incidents

The RRU had adequate arrangements to respond to emergencies and major incidents.

- Potential risks for the service were anticipated and planned for, in advance. The RRU had a local business assurance and resilience plan. This document was in date and due for review on January 2020. The business continuity plan was specific to RRU Tidworth and identified the main threats and risks and how a major incident would be managed both inside and outside of normal working hours. The document provided guidance on alternative locations and outlined how the service would continue to run in an emergency situation.
- There was also an emergency action plan designed specifically for the RRU to deal with all incidents which required the evacuation of the building. This document outlined the processes and procedures staff had to follow in the event of this occurring.
- Fire doors were closed around the unit and intumescent strips were intact on the door surrounds we checked. All fire extinguishers checked, had been serviced within the last 12 months.

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. These guidelines determined the necessary assessments and treatments required for specific conditions.
- Rehabilitation was delivered in line with evidence-based practice guidance on treating musculoskeletal conditions and provided a holistic approach to rehabilitation. The education sessions for the course were based on best practice guidance and had been written centrally to cover a range of information to accommodate for different levels of baseline knowledge and understanding between the patients.
- Staff had access to best practice guidelines to inform the care and treatment they provided to patients. Specific guidelines had been produced to cover a range of conditions seen at the clinic, for example, the management of shoulder pain and the management of back pain. The document contained flow charts identifying specific care pathways. Each document identified specific clinical features which may be found for different presenting conditions and identified the approach to management of the

condition which needed to be taken by the RRU. The document also identified red flags (serious pathology) which would need immediate attention and escalation if identified. References to the guidelines and evidence which had been used to develop the documents was also identified within the document.

- 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.

Management, monitoring and improving outcomes for people

- Validated patient reported outcome measures (PROM) were used for all patients attending the RRU,
- 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. Staff reviewed this information soon after completion of the post treatment measure. This enabled them to review the scores and consider if any changes or improvements could be made. In addition to this, the team were starting to review outcome scores again at a three-month period, to see if improvements were maintained.
- The RRU completed an audit to determine compliance in carrying out functional testing on patients attending for lower limb courses. The audit also looked at how many patients started walk-run programmes or impact training, with or without functional testing as recommended by the 'Lower Limb Progressive Testing Rehabilitation Protocol' guidelines. The audit retrospectively reviewed 97 patient notes for patients who attended the lower limb course between January and June 2018. Results showed that the RRU was not compliant with completing functional testing. From the review, it was assumed that 31 patients could have been appropriate for functional testing, however, this was not completed. Recommendations were identified to improve compliance. These included in-service training, a discussion with staff regarding the standardisation guidelines and protocols for functional testing, and documentation around decision making rationale if functional testing is not complied with.
- 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 their 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 by the physio and ERI to identify their individual needs. During this session, short medium and long-term goals were set in conjunction with what the patient wanted to achieve. Goals set were specific, achievable, measurable and had a timeframe for completion. This enabled a treatment programme to be designed specifically to meet the individual needs of the patient.

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. A

policy was in place 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.

- Sickness rates at the RRU were low. From January 2019 to July 2019, the RRU reported seven sick days for clinical staff and 10 sick days for administrative staff. This equated to a sickness rate of 0.4% and 2.6% for clinical staff and administrative staff respectively.
- Registered professionals were supported to meet the requirements of their professional registration. A register of staff professional registration was held, and they undertook a number of work-based activities including training and peer review. This ensured they met the requirements of their continuing professional development.
- A peer review took place between exercise rehabilitation instructors (ERI) and physiotherapy staff including staff of different grades and disciplines. This provided an opportunity for staff to have their practice critically appraised to identify any areas which they needed to develop to ensure high quality care and treatment was provided for patients. We saw the peer review log for the course physiotherapists for 2019. This set out the time period when the peer reviews needed to take place, a reminder of the documentation to use and the requirements to carry out an effective peer review. We saw a completed peer review record for staff between May 2018 and July 2019.
- Staff received in-service training to develop their knowledge and skills to optimise care and treatment for patients. The training was provided by staff from the RRU and external speakers depending upon the topic being covered and the best person to provide the training. Topics for the regional in-service training (RIST) 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. This included PCRf staff and staff from external services, including consultants and radiologists from the local hospital used by the RRU to refer patients if required.
- The RIST program was made up of four training days throughout each year, which were open to ERIs, physiotherapists and doctors within the regional PCRfs as well as all clinicians at the RRU. 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. Recent in-service training topics included a pain roadshow, a journal article review and feedback from a short course attended by a member of staff from the RRU. This multidisciplinary in-service training enabled greater discussion about treatment of various conditions to optimise care and treatment 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.
- All staff at the RRU received additional training which was unique to their role and responsibilities. For example, the whole service attended GDPR training and emergency procedures training, whilst just clinical staff attended training on tendinopathies (a tendon disorder) and the administration staff attended customer care training.
- The learning needs of staff were identified through an appraisal system. As of July 2019, all staff who required an appraisal had received one. 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 was overseen by either the RTSA or the business manager and ensured staff were familiar with the environment and their role and responsibilities on starting work at the RRU. The induction covered topics such as administration and personnel issues, security, operations, infrastructure and logistics, and plans and policies. The new member of staff

was also provided with an information booklet with the associated information related to each of the items covered as part of the induction.

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 RRUs patient record system and their intranet system.

- All staff at the RRU, including those from different services were involved in assessing, planning and delivering patient 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, physiotherapists and ERIs jointly carried out initial patient assessments developing treatment plans for patients attending the course, whilst the doctor and clinical lead physiotherapist held a joint MIAC clinic.
- 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 record of the care and treatment of individual patients at the RRU.
- Patients received clear information prior the course to fully inform them about the treatment they would receive and what was expected.
- The unit had a fast track agreement with an independent hospital. If a patient needed to be referred onto another service quickly, for example for a scan or surgery, this could be done.

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. Patients were also supported to make decisions about consenting to care and treatment.
- Written consent was obtained for treatments which involved a high level of risk. For example, we reviewed a patient record who had undergone shockwave therapy (electrotherapy treatment for soft tissue and bone conditions) which 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 self-management was promoted 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 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.
- 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 were able to adapt individual treatments in response to patient feedback. Staff were supportive in their approach to patients and motivated and empowered them to fully participate in activities to their own ability and drive their own rehabilitation.
- 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.
- Staff took the time to interact with patients who used services in a considerate manner during clinic appointments and on the courses. Staff took the time to engage with the patients to provide patients with the support and reassurance they needed to help optimise their potential for making a full recovery.
- Staff were passionate and motivated to see patients benefit from their rehabilitation. From what we observed, and the way staff spoke about their role and the patient, demonstrated how passionate they were about providing care and treatment for the patients.
- 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. From the interactions we observed, we saw staff to the time they needed to engage with patients and did not rush these conversations.
- Staff demonstrated a helpful supportive attitude towards patients. We observed staff interacting with patients and providing encouragement and praise during the sessions. We also saw how staff encouraged patients to help and support each other, as they understood the positive effects group camaraderie could have on each patient.

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 told us they felt listened to and supported and described the staff at the RRU as 'amazing.'
- Patients were encouraged to be active partners in their care. We observed how the biomechanical specialist spent time explaining why each exercise was important and also provided feedback about movement to the patient. The importance of engaging in rehabilitation was also explained along with progression and regression. This ensured the patient was fully engaged and involved in their care and treatment.
- Staff communicated with patients to make sure they understood why they were doing specific exercises. Staff took the time to correct the technique used by patients to ensure they were the exercises would have optimum impact. We also saw how staff clearly explained important exercise principals to patients. This would provide patients with the tools needed to progress themselves and continue with their rehabilitation once they had finished the course at the RRU. Patients told us that communication was clear and they understand why they were doing specific exercises as part of their specific exercise programme.
- There were opportunities for patients to ask questions and be involved in their care and treatment. We observed staff talking through questions and problems with individual patients during the course. This turn would help to facilitate patients to take control to manage their rehabilitation independently with guidance from the staff.

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 supported patients to manage their emotional needs and understood how working in a high-pressured environment could affect engagement with rehabilitation and jeopardise their ability to make a full recovery from injury.
- Patients were encouraged to link with other course participants while they were completing their rehabilitation. This was promoted from the start of the courses. 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.
- Staff recognised when patients needed support and reassurance. We observed a member a staff taking the time to support a patient who was finding their exercise programme challenging.

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 RRU 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.

- Services provided reflected the needs of the military population and occupational needs of their employment within the geographical area of responsibility. The geographical area of responsibility was the region that the RRU covered and the military population within that region. Patients could contribute to an end of course feedback session so concerns could be reviewed and addressed before the next courses started.
- The RRU treated patients from all three military services, however the majority of patients were predominately Army. The RRU ran four courses concurrently. The lower limb, upper limb and spines and generals course ran for three weeks, whilst the specialist hip and groin course ran for two weeks. If the RRU was unable to meet the needs of the patients through the 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, an alternative RRU or NHS if this was in the best interests of the patient.
- The facilities and premises were not owned by the RRU and there was not always sufficient space to accommodate the services being delivered. Although the gym offered a large space with cardiovascular equipment, the building was shared with another military service based on the garrison. This meant, at times the space to run the four courses was limited. This had been identified as a risk on the risk register. However, staff were well aware of the challenge of limited space to deliver the service. Mitigating actions had been taken to manage this risk. These included weekly meetings and regular communication with other military services using the gym, daily internal RRU meetings to optimise the use of available space, and where possible move activities around so not all of the courses required the gym space at the same time.
- Service delivery was due to change due to the future increase of the population at risk (PAR) served by the RRU. The RRU currently served a PAR of 19,800, however this was due to increase by September 2019 due to an Army wide rebasing project. In order to accommodate the increase in the PAR, the RRU was moving to a new site, to a purpose-built building, specifically designed to meet the needs of the patients attending the RRU. The move was scheduled for April 2020. Service delivery would increase to provide five

courses and a 75 bed RRU. This new building would have the space to accommodate the additional patients. The staff at the RRU had had considerable involvements with the equipment and IT needs for inside the building to ensure service delivery would meet the needs of the patients served. There was also due to be an uplift in the number of staff to accommodate the additional service delivery at the RRU. The RRU was unable to take on the additional staff until nearer the time of the move as there was not the infrastructure or requirement for these staff at the current premises.

- There were challenges to the delivery of the MIAC clinic which had been mitigated to ensure the needs of the patients accessing the RRU were met. Recruiting a MIAC doctor had been an ongoing challenge for the RRU. At the time of the inspection, the RRU was only able to secure eight hours a week from a locum doctor. The issue had been escalated to senior management in the DMS. The RRU had worked hard to mitigate risks to patients. Recruitment across a wide range of platforms, including social media, had been used to advertise the role. The RRU had also looked at opening out the role to a local GP with a specialist interest. Additional mitigation included putting on additional IAC clinics where appropriate for patients. There had also been increased communication and support to the local PCRFS and since August 2019 and there had been authorisation to give patients the opportunity to attend another RRU local to their region to receive the care and treatment they required. This issue had been identified on the risk register and staff at the RRU were well aware of the challenges this posed, and the actions being taken to manage it.
- There was not always the backing of the senior DMS to implement alternatives to further mitigate the challenges. The acting OC had requested authorisation to utilise the skills and experience of a band eight physiotherapist to cover the MIAC clinic in the absence of the MIAC doctor. Despite this being a feasible option to improve MIAC service delivery, due to their enhanced knowledge and skills, the request was not authorised.
- Maintaining patient privacy and confidentiality was challenging due to the infrastructure of the building in which the RRU was based. All the staff at the RRU were aware that the ability to provide individual treatment sessions for patients in a place where they could not be overheard was a limitation to the service delivery. Treatment cubicles were next to each other and only separated by a curtain. There were limited private treatment rooms, which were often in use. Staff were clear with patients in the course brief that privacy for individual treatment sessions was a challenge, but that patients had the right to request to be treated in a private area if they wished. The RRU also had the option to take patients over to the medical centre to use any private facilities which may be available.
- The adoption of a system wide approach and involvement of local PCRFS was integral to how services were planned and delivered and had been recently developed by the RRU. This enabled joined up working to meet the needs of individual patients in a timely way. The band seven MIAC clinician had recently spent time working with the regional PCRFS to develop better relationships and lines of communication to optimise care and treatment delivery across the region for patients.
- New processes were trialled and audited to improve and optimise service delivery for patients. A new process had been implemented to better manage the time and resources of the RRU administration staff when booking patients in for appointments. The new process included sending a text message to the patient requesting that they called the RRU to book an appointment within 20 working days. A further text would be sent in 15 working days if the patient had not made contact. Cycle three of the audit to review the new process had demonstrated that the average time from clinician referral to initial appointment had reduced by 15 days. The audit also showed that there was no longer a delay in patients accessing the service due to administration staff not being able to contact patients.

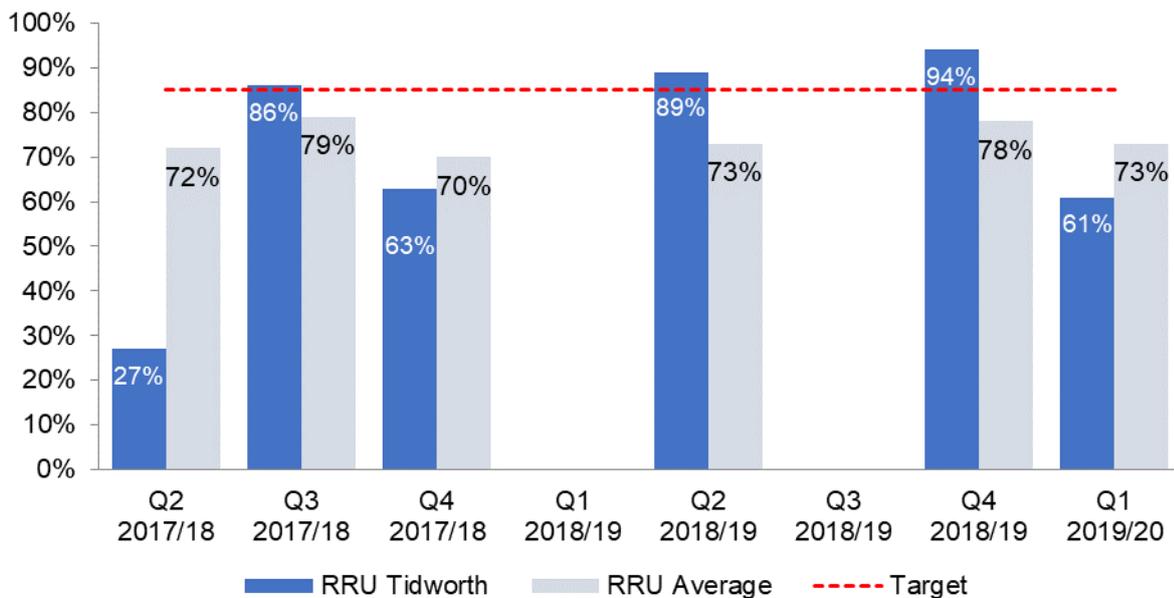
- The RRU was working with the PCRFS to provide better continuity for patients with regard to their exercise programmes. The use of Rehab Guru has been strongly encouraged over the past 18-months. The OC had given direction for the expected use of Rehab Guru within the Region, by the end of 2018. The RRU and PCRF had started to use an electronic system (Rehab Guru), where the patients exercise programme could be shared between the services. This meant there was an increased responsibility from each of the services to provide a seamless, joined up service for patients, where all parties knew what was happening for the patient. The system also provided better governance, clinical and cost effectiveness, standardisation and patient satisfaction. It also helped to optimise the patient's potential to progress with their rehabilitation.
- Compliance with the use of this electronic system was low. A survey was carried out looking at compliance with the system between January and June 2019. A total of 241 patient records were reviewed from across 21 courses held at the RRU between this period. The survey demonstrated between April and June 2019, 34% of patients who attended a rehabilitation course at RRU Tidworth from the referring PCRF had been issued with the required programme using the electronic system. This figure rose to 42% between July and September 2019. Recommendations had been made to improve compliance with the use of this system, which included the provision of education and training sessions for staff locally at the RRU and the local PCRFS. However, despite these actions, these had not been documented or formalised to provide assurance that the actions had been completed.
- Patients were provided with an information sheet once they had booked onto a course. The information included what clothing was required, information about the pre and post course processes and a location map. Other useful information was also available about the accommodation, meals and what to do if the patient was no longer able to attend the course.
- Services were planned to take account of the needs of different people. A verified equality and diversity policy was available for the service, which outlined the requirements to treat all job applicants, staff, patients, or any other person fairly. The policy covered the requirements based on protected characteristics (race, age, sex, sexual orientation, marital status, disability) and any other characteristic defined. Staff completed Equality and Diversity training every three years.
- There were a variety of information boards around the RRU, which contained a variety of information, for staff and patients and in response to patient feedback. We saw information on how to make a complaint, mental health and well-being, which included details of a number of ways to contact other agencies. Staff also displayed audit results, information about equality and inclusivity and patient feedback results.
- Where patient's needs were not being met, this was identified and used to inform how services are planned and developed. Feedback from patients resulted in changes to how the service was planned, developed and delivered. We saw examples displayed on the wall of 'you said, we did,' identifying feedback from patients and how the RRU had acted to improve the delivery of the service. For example, patients had identified they would like more mindfulness in their treatment sessions which had been recognised as an area for development into future courses. Staff told us they had included mindfulness training in their in-service training programme in order for them to provided mindfulness sessions in their future courses. In addition, staff had displayed a wide variety of information about mindfulness and mental health resources for patients to access themselves.

Access to the service

The RRU provided assessment and treatment services between 9am and 5pm from Monday to Thursday and 9am and 2pm on Friday.

- Patients did not always have timely access to initial assessment, diagnosis or treatment. However, patient choice was always put first when arranging appointments for patients.
- From quarter two (July to September) 2017/18 to quarter one (April to June) 2019/20, RRU Tidworth received an average of 186 new referrals for MIAC services per quarter.
- The target for undertaking new patient assessments was set at 85% for initial assessments to be offered within 20 working days of referral. RRU Tidworth exceeded the 85% target in three of the six quarters where data was available. In the three quarters where the target was not met, performance also fell below the average performance for all RRUs. In the most recent quarter (quarter 1 2019/20), 61% of patients who were referred to RRU Tidworth were offered a MIAC/IAC appointment within 20 working days. This coincided with the reduction in locum GP cover. There was no data available for any of the RRUs in quarters one and three of 2018/19 as the dashboards were being reconfigured.

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

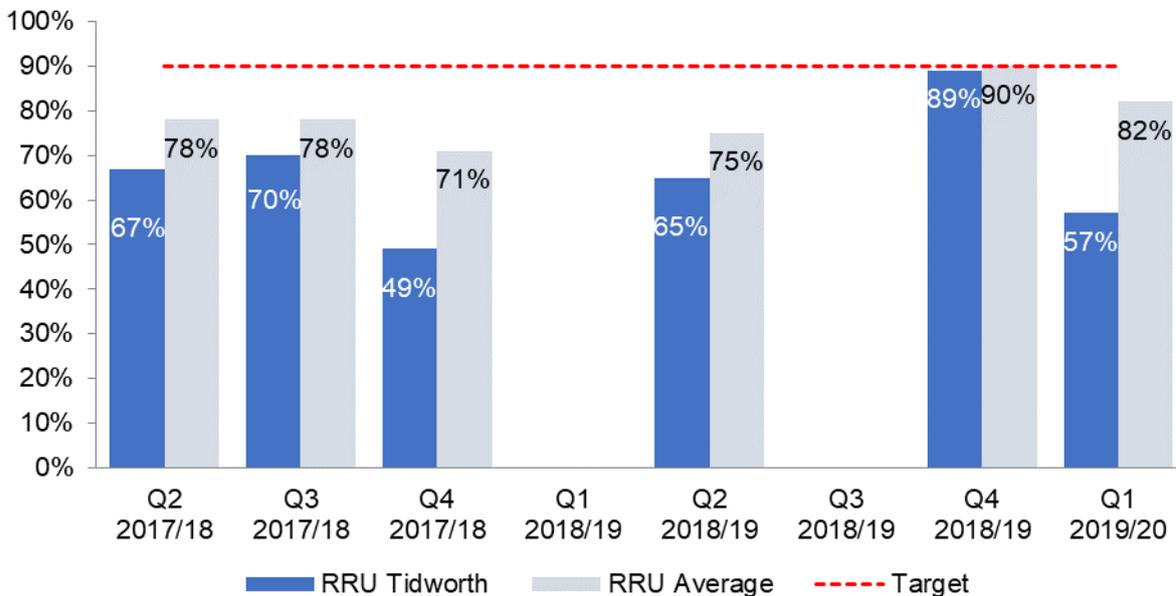


(Source: Defence Rehabilitation Dashboards Q2 2017/18 to Q1 2019/20)

- Access to MIAC clinic had posed a challenge for the service and had been identified as a risk on the risk register. Staff were fully aware of the challenges this created. A number of mitigating actions had been taken to ensure patients received the care and treatment they required. Work was ongoing to recruit to the MIAC doctor post and to manage the problem.
- 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 Tidworth did not meet the 90% target and performed worse than the RRU average in all quarters from quarter 2 2017/18 to quarter 1 2019/20. In the most recent quarter (quarter 1 2019/20), 57% of patients at RRU Tidworth were offered an RRU course within 40 working days of MIAC appointment.
- The acting OC identified two reasons for lack of compliance with this KPI. There was a lack of clarity at which point the data was started from and when this ended. Reasons for

the lack of compliance with the KPI included the delayed review in MIAC due to the lack of MIAC doctor cover and patient choice. Patients had the freedom to choose the most suitable date for them to attend their course. The patient's choice of course start date was not always within the agreed 40 day KPI.

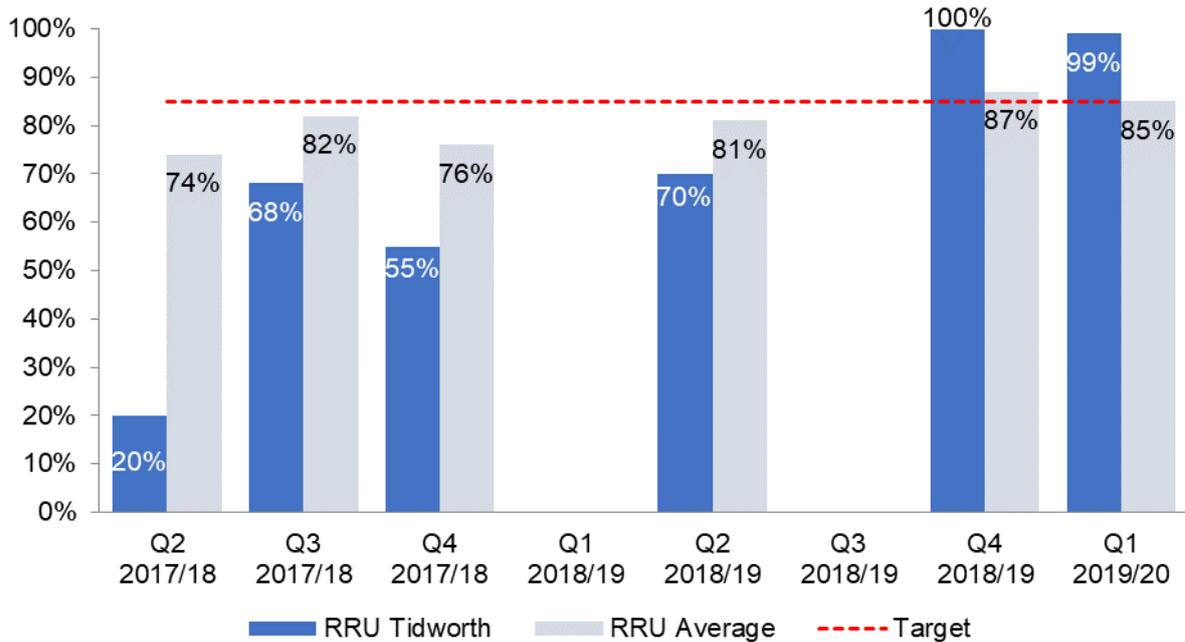
All patients offered an RRU course starting within 40 working days of MIAC appt



(Source: Defence Rehabilitation Dashboards Q2 2017/18 to Q1 2019/20)

- From quarter 2, 2017/18 to quarter 1, 2019/20, RRU Tidworth received an average of 71 accepted referrals for a podiatrist appointment per quarter.
- Offering patient's access to a podiatrist within 20 working days of a referral was another performance target set by the DMS. The target for this was 85%. RRU Tidworth failed to meet the target of 85% and performed worse than the RRU average in all quarters from quarter 2, 2017/18 to quarter 3, 2018/19. This was due to a staffing vacancy. However, in the two most recent quarters, RRU Tidworth has performed better than the target and RRU average. At this point the vacancy had been filled. There was no data available for any of the RRUs in quarters one and three of 2018/19 as the dashboards were being reconfigured.

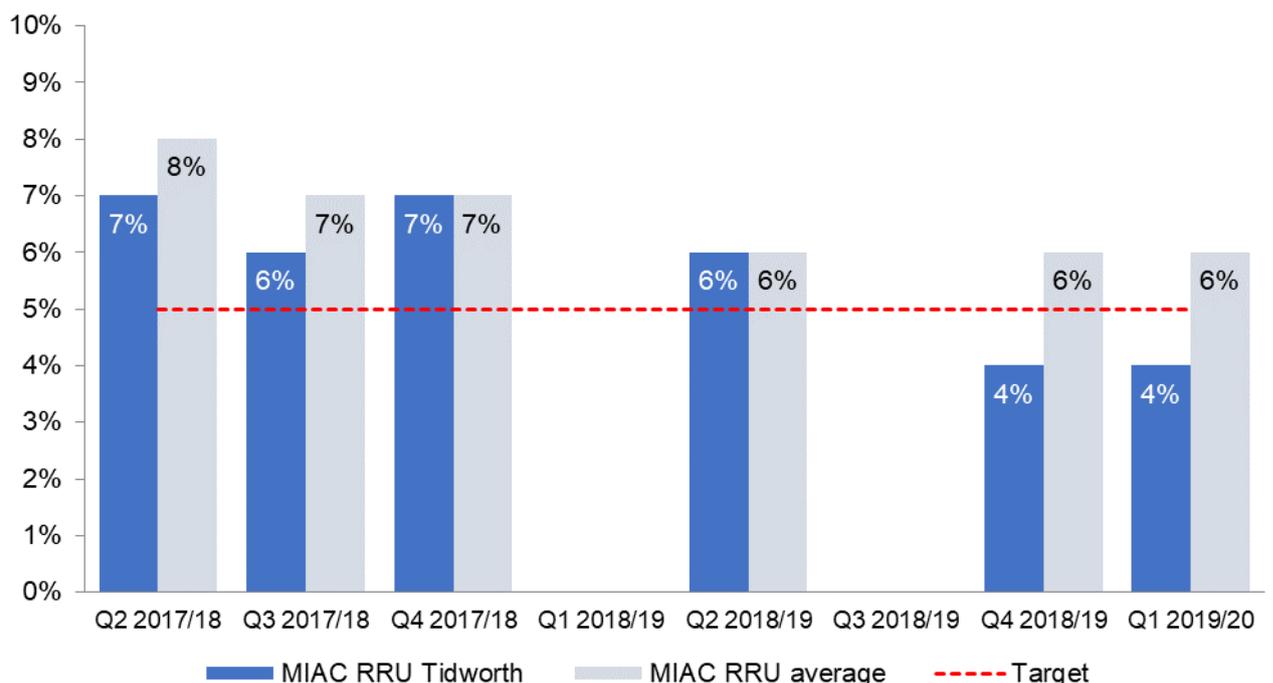
Access to podiatrist for first appt within 20 working days



(Source: Defence Rehabilitation Dashboards Q2 2017/18 to Q1 2019/20)

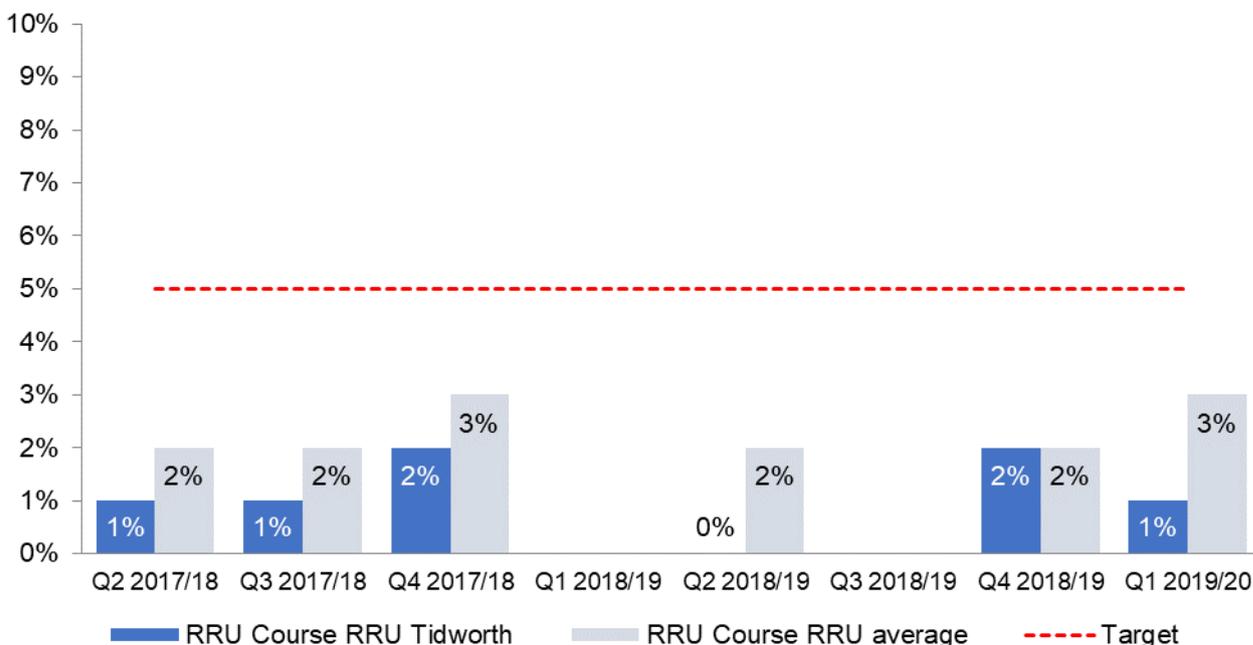
- From quarter 2, 2017/18 to quarter 1, 2019/20 the MIAC short notice cancellation rate at RRU Tidworth ranged between 4% and 7%. The cancellation rate was less than the 5% target and better than the RRU average in each of the last two quarters of available data. There was no data available for any of the RRUs in quarters one and three of 2018/19 as the dashboards were being reconfigured.
- The reason for the lack of compliance with the KPI was not in the control of the RRU. At times, patients called last minute to cancel appointments due to other commitments. If this occurred data would be captured to reflect this, meaning that it would be represented as a failure to meet the KPI, despite his not being the responsibility of the RRU.

Cancellations with less than one working day notification - MIAC



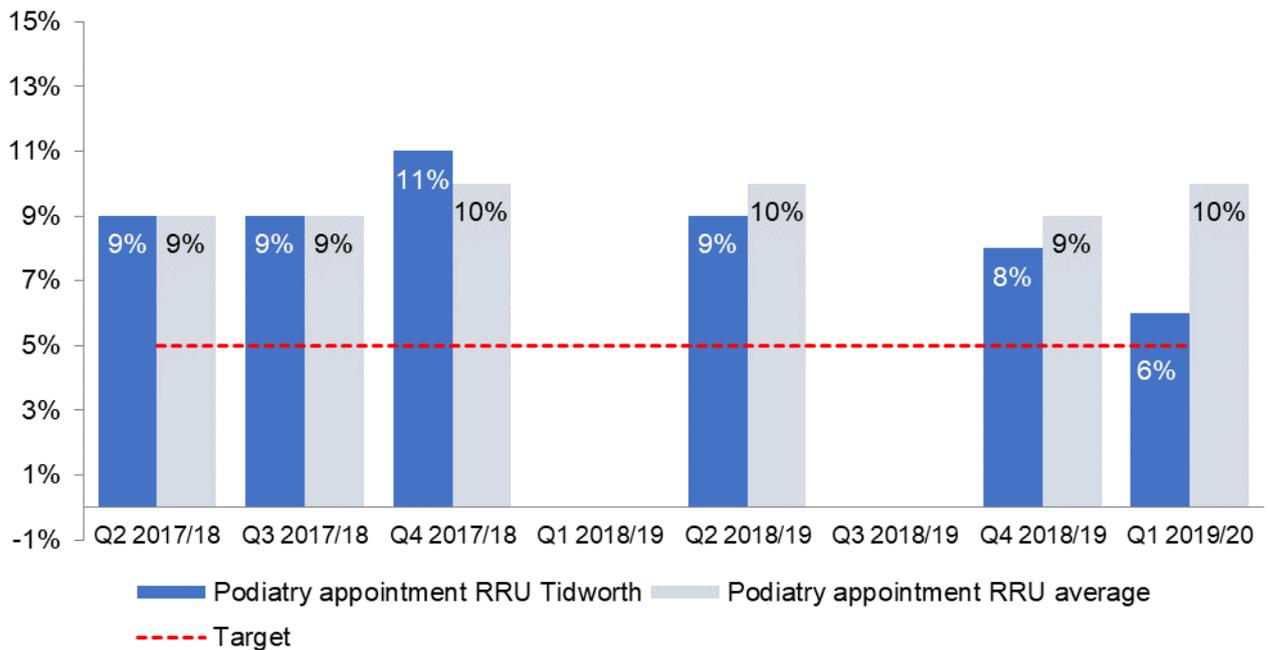
- The RRU course short notice cancellation rate at RRU Tidworth was similar to or better than the RRU average and has been below the target rate of 5% in all six quarters of available data from quarter 2 2017/18 to quarter 1 2019/20. There was no data available for any of the RRUs in quarters one and three of 2018/19 as the dashboards were being reconfigured.

Cancellations with less than one working day notification - RRU course



- The podiatry appointment short notice cancellation rate at RRU Tidworth was worse than the target of 5% in all six quarters of available data from quarter 2 2017/18 to quarter 1, 2019/20. In the most recent quarter, 6% of podiatry appointments at RRU Tidworth were cancelled at short notice. This was less than the RRU average of 10%. There was no data available for any of the RRUs in quarters one and three of 2018/19 as the dashboards were being reconfigured.
- The acting OC told us that this compliance with this KPI was also not in control of the RRU. Patients would often call to cancel appointments at very short notice, following a reminder by the text message service prompting the patient. This would be captured in the data and identify a non-compliance with the KPI.

Cancellations with less than one working day notification - podiatry



(Source: Defence Rehabilitation Dashboards Q2 2017/18 to Q1 2019/20)

- Referrals were received 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. Triage was currently done using a paper-based process, however, shortly after our inspection this process was moving to be electronic.
- The service prioritised care and treatment for patients with the most urgent need. Referrals were classed as urgent and routine and triaged by any member of the MIAC team. Urgent referrals could be seen at the first available clinic within five working days whilst routine referrals were seen within 20 days where available. 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) where the clinician would contact the referrer to determine the most appropriate course of urgent action 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 referral was inappropriate or there was an unusual clinical presentation.
- Patients had access to care and treatment at a time to suit them. The RRU operated between normal working hours Monday to Friday. The administration team oversaw the appointment system. Patients were offered a choice of appointments to best suit their needs and commitments. Patients were given a choice of dates and times in line with availability to access the courses or follow up appointments.
- Administration staff were very aware of the large geographical patch covered by the RRU and where possible, supported patients to book appointments which would not interfere with travelling time or give them more time to get to the RRU if needed.
- There was a clear process for patients who did not attend appointments, which patients were also made aware of when attending the RRU. For patients who did not attend, the appropriate professionals were informed at the RRU and the referring PCRF. A further attempt to make an 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 PCRF.

- Patients had access to fast track diagnostic imaging for identifying and monitoring diseases or injuries, if required, at a local private hospital.
- 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. All reasonable efforts and adjustments were made to enable patients to receive their care or treatment. The RRU was fully accessible for all patients. A verified equality and diversity policy was available for the service, which outlined the requirements to treat all job applicants, staff, patients, or any other person fairly. The policy covered the requirements based on protected characteristics (race, age, sex, sexual orientation, marital status, disability) and any other characteristic defined.

Listening and learning from concerns and complaints

The RRU had a system for handling concerns and complaints.

There was a designated responsible person who handled all complaints in the RRU. 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.
- Between September 2018 to August 2019, the RRU received four complaints. Two were around administration, one about the course accommodation and the other about communication. Two of the complaints were written and two were verbal. Both verbal complaints were managed on the day they were raised, directly with the patient.
- We reviewed two written complaints. Both patients were offered a personal meeting with a clinician from the RRU. We also reviewed the complaint response letters provided to the patient. These provided an apology and an appropriate response to the complaint demonstrating their complaint had been looked into and taken seriously. Both written complaints had been fully resolved.
- Information was available to support patients in making a complaint if they felt the need to do so. The procedure to make a complaint was available for patients in the RRU. Also, information was also provided as to how to make a complaint in the patient's information pack.

Are services well-led?

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

Good



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 as the top priority. The mission statement for the RRU was to 'sustainably deliver safe and effective healthcare which meets the needs of the patient and the chain of command.' The vision and team ethos identified 'a combined approach from the whole RRU team, supporting positive attitude, and striving always to improve quality with the consistent aim to progress service delivery for patients. Through fostering and valuing our team spirit, there will be trust in each other to deliver for the team and the patient. Respect for staff and patients, the maintenance of the highest professional standards and safe, caring delivery.'
- 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 in line with mission statement.
- There was a specific strategy and operational guidance for the defence medical rehabilitation programme. This contained detail on how the local services fitted into the overall strategy and operational framework. The document provided a detailed account of how services ran, what services were included, care pathways, all treatment referral clinical guidelines and facilities.
- The RRU had its own strategy for 2019/2020, which staff from the RRU had been a part of developing. The drive to develop an individual strategy came from the results of the staff survey, making sure staff felt listened to. The main aims of the strategy were to look at service evaluation to look at improving care delivery at the RRU. The strategy to do this included the use of outcome measures, audit, quality improvement, patient feedback and staff engagement. This all fed into the second part of the strategy which centred around ensuring compliance with direction from the DMS in areas such as governance, in-service training and GDPR.
- The strategy for all defence medical services detailed in the defence rehabilitation concept of operations document had been developed centrally. The RRU had also a quality improvement plan. It was clear quality improvement had been integrated into the team and staff told us they had time to take on quality improvement work at the RRU.

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 a system and a process to identify risks associated with the unit.

- 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.
- 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 document had last been reviewed in August 2019. The RRU was fully compliant in four domains, clinical and cost effectiveness, governance, patient focus and care and environment amenities. In three domains, the RRU had rated itself as having substantial assurance in the domains including public health, occupational health and safety. Accessible and responsive care had been rated as limited assurance. This was due to the RRU not meeting its KPIs. The sub sections under the domains which required action to be taken had an associated action plan, a designated person overseeing implementation of the action and identified a timeframe for completion. Actions and their status were discussed as part of the monthly team meeting.
- There were clear arrangements providing good oversight of safety, quality and risk at the RRU. There was a monthly team meeting at which all aspects of safety and quality were discussed. We reviewed two sets of meeting minutes from May and June 2019. We saw that there was a rolling agenda in line with the eight e-CAF domains. This provided a clear structure for the meeting ensuring thorough discussion around quality, safety, performance and effectiveness of the care and treatment provided at the RRU. The meeting minutes provided clear details of the discussions held and the actions identified. However, we did not see evidence that actions from the May meeting were discussed at the June meeting to make sure they had been implemented.
- Staff at the RRU had a good understanding of performance, quality and safety. Real time data around performance, quality and safety were discussed monthly at the governance meeting. Staff were able to clearly articulate incidents which had occurred at the RRU and the action which had been taken following these. Staff were also able to discuss the challenges around compliance with key performance indicators and the actions which had been taken to improve these.
- There was alignment between what staff raised as ongoing concerns and recorded risks. For example, staff identified the infrastructure of the RRU and access to space to run groups and assess patients was not the most appropriate for the service being delivered. This risk was on the risk register and action had been taken to mitigate risks.
- There were systems and processes to identify, manage and mitigate risks associated with the RRU. A risk register was maintained which identified 11 risks. Risks were rated and management plans and mitigating actions had been identified. A responsible person had also been designated to oversee and manage the risk.
- One top risk included the failure to provide a MIAC service without the required MIAC doctor. The reasons for this were due to reliance on Locum staff due to lack of permission to recruit permanent staff into the posts for several years. Locum staff were only temporary and could come and go at their own availability which placed the service provision at risk. The risk had been escalated to regional headquarters. A number of

actions had been taken to mitigate the risk to service provision of the MIAC clinic at RRU Tidworth. A locum doctor had been sought to provide eight hours per week to run a MIAC clinic and additional IAC clinics were running to enable patient assessments to be carried out. Support was being provided from the local PCRFS to manage patients and patients could also be sent to alternative RRUs to access care and treatment. This risk had been recently reviewed in July 2019 and due for a further review in September 2019.

- A further top risk identified on the risk register was room temperature control for ambient drugs. The RRU was open and transparent that prior to the medicine's incidents occurring, there was no oversight or management of medicines. Room temperature monitoring had begun in May 2019, with the support from the regional pharmacist. Actions taken to mitigate the risk which included moving medicines to an air-conditioned room. However, due to failure of the air conditioning system, further temperature breaches occurred in June and July 2019. The impact was monitored by the onsite pharmacist, with a review to continue with the current set up and report air conditioning faults. This risk was due to be reviewed in September 2019. The RRU had been proactive in requesting an internal inspection to review the new systems and processes around the management of medicines to make sure they were compliant with the required standards. A new standard operating procedure for the management of medicines had also been developed to support designated staff with the management of medicines.
- 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 mandatory audits which had to be completed annually. This included a review of infection control processes and environmental reviews. The RRU scored highly in the majority of areas. However, on the few occasions areas for improvement were identified, there was no assurance that any learning identified had been actioned. The RRU was between 90% and 100% compliant in audits looking at the general environment, the use of personal protective equipment and sharps. However, where areas for improvement had been identified, for example, in the management of the patient equipment audit where compliance was 84%, there was not always a documented, formalised action plan to demonstrate who had oversight of the actions and when they had been completed.
- Additional work around audit was being carried out as part of the ongoing quality improvement programme of work, aligned specifically to the RRU's strategy. This audit programme included a range of audits and identified who was responsible for the audit and following up on the outcome. Audits had been carried out to look at the use of the electronic Rehab Guru system (a way of providing more joined up care and treatment for patients transferring between the PCRFS and the RRU), and the new patient waiting times audit cycle. There had been no documented recommendations identified from the patient waiting times audit. This process had been audited three times and the third cycle had demonstrated that the process was well established and proven to be a better use of the administration teams time and resources. Some learning had been taken from the low compliance with the Rehab Guru system, however, there was no action plan to provide a documented audit trail that actions had been implemented.
- 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 RRU was performing.

Leadership and culture

There had been challenges with senior leadership cover at the RRU, leading to a junior member of staff having to act up into a leadership role. Despite this being their first leadership role, evidence demonstrated they had the capability to run the service and ensure high quality care, with support from other local senior leaders.

- Senior leadership had been a challenge at RRU Tidworth for eight months prior to the inspection. The OC and 2IC posts had both become gapped within quick succession of each other, leaving a member of staff, new to a leadership role, to act up into the OC role since March 2019. Despite this being their first RRU leadership position, it was clear from the evidence we saw during the inspection, that the challenges posed by the RRU had been embraced and proactively managed and mitigated during this period. It was clear safety, quality and compassionate care had been prioritised. Other senior staff at the RRU had also stepped up to support the acting OC with the day to day running of the RRU, to ensure continuity of service delivery. The acting OC had praised the support they had received from other senior leaders across the region during their period of acting up.
- A new OC with the skills, knowledge and experience to build on the work carried out by the acting OC had started at the RRU on the day of our inspection. This meant that moving forwards, there would be stability and continuity for the RRU.
- Despite the challenges around the lack of senior leadership at the RRU, staff spoke highly of the acting OC and the supportive culture. Some staff told us they did not feel there had been any disruption despite the instability of the senior leadership. Staff also told us how they worked to support each other to ensure the quality and standard of the service remained high for patients.
- Staff felt respected and valued, and leaders encouraged supportive relationships between staff. Staff felt they could raise any worries or concerns and that these were always listened to. The administration staff told us how they had felt empowered by the acting OC to take on additional roles, and how they had received the support to do this.
- There was a culture of strong team working 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 be part of the care and treatment being provided to individual patients. The administration staff told us how they had built a strong relationship with clinicians over the past six months since they had come into post. They felt communication had flourished, enabling them to provide a more supportive administrative role.
- 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. 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.
- Staff wellbeing was high on the agenda to keep morale up and to ensure a happy workforce. Events such as force development days, the weekly Friday quiz and the Christmas quiz were all an opportunity to support staff in managing their wellbeing.

Seeking and acting on feedback from patients and staff

- A 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. We saw examples of action which the RRU had taken in response to patient feedback. For example, patients felt there was not enough time to get to the pool for hydrotherapy due to the scheduled warm-up being held prior to this at the RRU. Staff

arranged for the warm-up session to be held at the swimming pool location. Also, patients on the spines course wanted to be able to stretch and mobilise during their lunch break. An area in the gym was sought to enable them to do this and patients were now informed of this at the course brief.

- Following the courses, patients attended a verbal feedback session which allowed them to raise concerns or issues about aspects of the course. This supported the RRU to identify areas for improvement for future courses. We saw feedback provided for a course run in May 2019. The feedback identified some actions which included ensuring the cleanliness of the floor and the provision of a facility for patients to do a ward up prior to entering the pool. Despite these actions being identified there was no formal action plan to provide assurance that these had been acted upon in a timely way.
- A staff satisfaction questionnaire was completed in May/June 2019 and received a 60% response rate. The reason for the 40% lack of response was unknown. The main areas of dissatisfaction were around communication, proactivity, delegation of tasks and rewarding performance. Feedback was provided to staff in July 2019 to identify solutions to the issues identified. There were 11 recommendations which came from the staff survey. These included discussions to be held regarding team meeting frequency and any further suggestions to improve communication, ensuring proactivity from all staff regarding RRU tasks, management to ensure equal and fair delegation of appropriate tasks across the whole team and the consistent use of management meetings to review RRU taskings.

Continuous improvement

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

- Quality improvement was high on the agenda at the RRU to ensure care and treatment was optimised for patients. The quality improvement format at the RRU had recently been reviewed and changed so that it aligned with regional audit. There were a number of completed and ongoing projects, for example, patient arrival times at MIAC clinic and the functional testing audit were projects of work looking to improve service delivery at the RRU. An electronic record of ongoing quality improvement work was maintained which identified the project, the desired outcome, the evaluation of impact on practice, subsequent actions taken as a result and a date for review.
 - A recent quality improvement project led by one of the band seven MIAC clinicians had seen the development of a regional clinical support group within the PAR. This project came about due to the gap in the OC post to provide support to the physiotherapists and ERIs across the PCRFS in the wider region. There were a number of aims of the group which included, improving and standardising clinical delivery across the region. The outcome of the quality improvement project had seen regional PCRFS and the RRU communicating more regularly. This had resulted in a more effective use of resources and increased daily telephone contact from regional PCRFS to discuss patient management. There had been a positive impact as a result of this, in the reduction in the time spent writing inappropriate referrals and time lost in the patient's care pathway.
 - The RRU had contributed to supporting ERIs nationally to develop their knowledge and skills. Staff at the RRU had developed a learning package for ERIs who required further development after finishing the ERI course. The course was piloted at the RRU and due to its success, had become a recognised learning package in the DMS.
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