

The Royal Wolverhampton NHS Trust

Cannock Chase Hospital

Quality Report

Brunswick Road Cannock Staffordshire WS11 5XY

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Medical care (including older people's care)

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

The Royal Wolverhampton NHS Trust (RWT) is a large tertiary, acute, community and primary care provider, with 808 beds available across its three sites.

The trust three main hospital sites are New Cross Hospital, Cannock Chase Hospital and West Park Hospital.

The trust provides urgent care, medical care, surgery, children and young people services, maternity services, outpatients, diagnostic services, end of life and critical care services. The trust serves a population of over 450,000 across Wolverhampton and surroundings areas.

In addition, the trust manages nine GP practices in and around the Wolverhampton area.

The RWT provides medical care across two sites:

- Cannock Chase Hospital
- New Cross Hospital.

At New Cross Hospital there are 432 medical beds across 20 wards and other reporting units: This includes Cardiology, Elderly care, Renal, Diabetes, Stroke, Cancer, Neurology, Respiratory and Gastroenterology.

At Cannock Chase Hospital there are 27 beds located on Fair oak ward, a care of the elderly and rehabilitation ward.

The trust (New Cross Hospital and Cannock Hospital) had 59,533 medical admissions from April 2017 to March 2018. Emergency admissions accounted for 18,253, 907 were elective, and the remaining 40,363 were day case.

Admissions for the top three medical specialties were:

- General medicine: 28,754
- Clinical haematology: 8,297
- Clinical oncology (previously radiotherapy): 8,254

Inspection of the medical services at New Cross Hospital, took place in February 2018.

The trust consists of three hospital sites and includes several GP practices.

New Cross Hospital provides a range of services including Emergency care, Medical Care, surgery, outpatients and diagnostics services, maternity, and critical care services. Other services including specialist care are also provided at the hospital. There are specialist facilities for cardiac and stroke patients provided by the regional heart and lung centre.

Cannock Chase Hospital provides medical care, surgical services and a range of outpatient services and diagnostic services.

Rehabilitation and community inpatient services are provided at West Park Hospital.

This inspection was focussed on the care of the elderly ward at Cannock Chase Hospital. This was due to be inspected as part of the Royal Wolverhampton NHS Trust inspection that took place in February 2018, however was excluded due to an infection prevention and control concern causing the ward to be closed to visitors. A report for the February 2018 inspection can be found on the CQC website. The medical ward at Cannock Chase Hospital is known as Fair oak Ward, it has 27 beds split between both male and female patients. The beds are in bays containing four beds and allocated as single sex areas, there are three single occupancy rooms.

The ward accommodates elderly care patients and those in need of rehabilitation. Referrals are generally made from within the trusts two other locations, New Cross Hospital and West Park Hospital.

Summary of findings

We visited the Fair oak Ward at Cannock Chase Hospital, unannounced, on 24 July 2018.

We spoke with 13 members of the medical team including a consultant and junior doctors, a matron, nurses, health care assistants, physiotherapists and members of the domestic staff team.

We spoke with 11 patients and 4 visitors.

We looked at the records for 11 patients in total.

Our key findings were as follows:

- We saw improvements in processes to protect patients from harm compared with the previous inspection.
- Staff understood the procedure to raise concerns, reports incidents and near misses and told us they were supported to do so.
- Areas were clean and regular audits were carried out. Action plans were put in place to make improvements where required.
- Patient notes were multi-disciplinary and had name and date stamps throughout all entries, indicating which member of staff had seen the patient.
- The trust had been working to improve the implementation of the sepsis pathway since the last inspection. On this inspection we found that management of sepsis had improved.
- The ward carried out various local audits, including auditing their own documentation to check that care plans were being completed correctly.
- Senior service leaders regularly reviewed the effectiveness of care and treatment through local and national audit.
- Staff were supported to undertake professional development training to enhance their knowledge and skills and were well supported with their training and development.
- Patient information huddles were held each day on each ward so that information could be shared with all relevant staff involved in the care and treatment of the patient.
- Nursing and medical staff ensured that patients received timely pain relief.
- Patients' nutritional needs were assessed and care plans developed.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.
- We observed both nursing and medical staff interacting with patients with dignity and respect.
- Patients told us they felt involved in their care and they were given enough information.
- Staff supported patients' emotional needs and responded to their care and treatment in different ways and according to their social, religious and spiritual needs.
- Families were encouraged to be part of the rehabilitation process and could support patients whilst on the ward.
- There was a robust discharge procedure which used a checklist to aid staff in monitoring discharges.
- Relatives of patients were included in the planning of care and the consultant or a senior member of staff would try to see relatives or loved ones, within 48 hours of an admission to the ward.
- Patients told us the therapy was "brilliant" and that there was a range of activities to suit individual needs.
- Staff told us complaints management had improved and they received feedback from complaints across the trust and discussed these at team meetings.

Summary of findings

- Training and development for staff was a priority for the trust and we saw examples where staff had been involved in developing training.
- There was a local vision and strategy for medicine which was linked to the trust's overall vision.
- Nursing forums had been introduced throughout the trust to allow staff to discuss issues openly and offer views on potential solutions.
- Shared governance meetings were held monthly where staff sent a representative from the ward to attend.
- The Fair Oak Ward team were shortlisted for the “enhancing patient dignity” category at the 2018 nursing times awards.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- review security arrangements around the access to the ward.

In addition the trust should:

- ensure it continues to work to reduce the number of patients sustaining falls.
- review training schedules and prioritise basic life support and tissue viability and pressure injury management training.

Professor Edward Baker
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

**Medical care
(including
older
people's
care)**

Rating

Good



Why have we given this rating?

- We saw improvements in processes to protect patients from harm compared with the previous inspection. There was an improvement in the number of incidents reported and staff told us that they were encouraged to report incidents.
- Staff understood the procedure to raise concerns, reports incidents and near misses and said they were supported to do so.
- Areas were clean and regular hygiene audits were carried out and action plans put in place to make improvements where required.
- Patient notes were multi-disciplinary and had name and date stamps throughout all entries, indicating which member of staff had seen the patient.
- The trust had been working to improve the implementation of the sepsis pathway since the last inspection. we found that management of sepsis had improved.
- The ward carried out various local audits, including auditing their own documentation to check that care plans were being completed correctly. We found that overall results were positive.
- We saw senior service leaders regularly reviewed the effectiveness of care and treatment through local and national audit.
- Staff were supported to undertake professional training to enhance their knowledge and skills and said they felt well supported with their training and development.
- Patient information huddles were held each day on each ward so that information could be shared with all relevant staff involved in the care and treatment of the patient.
- Nursing and medical staff ensured that patients received timely pain relief.
- Patients' nutritional needs were assessed and care plans developed.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005 and the deprivation of liberty safeguards (DoLS).
- We observed both nursing and medical staff interacting with patients with dignity and respect.

Summary of findings

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- Staff supported patients' emotional needs and responded to their care and treatment in different ways and according to their social, religious and spiritual needs.
- Families were encouraged to be part of the rehabilitation process and could support patients whilst on the ward.
- There was a robust discharge procedure which used a checklist to aid staff in monitoring discharges.
- Relatives of patients were included in the planning of care and the consultant or a senior member of staff would try to see relatives or loved ones, within 48 hours of an admission to the ward.
- Patients told us that the therapy was "brilliant" and that there was a range of activities to suit individual needs.
- Staff told us that the way complaints were managed had improved and they received feedback from complaints across the trust and discussed these at team meetings.
- Training and development for staff was a priority for the trust and we saw examples where staff had been involved in developing training.
- There was a local vision and strategy for the medical service which was linked to the trust's overall vision.
- There had been an introduction of nursing forums throughout the trust to allow staff to discuss issues openly and offer views on potential solutions.
- Shared governance meetings were held monthly where staff sent a representative from the ward to attend.
- The Fair oak ward team were shortlisted for the "enhancing patient dignity" category at the 2018 nursing times awards.

However:

- The access on Fair oak ward was not always secure and people could enter or leave the ward easily, without being noticed. Staff told us that at busy times there might not be staff monitoring the entrance to the ward, although there was swipe entry access.

Summary of findings

- Not all staff were up-to-date with their mandatory training, only 53% of eligible staff had completed level 3 in basic life support and 87% in tissue viability and pressure injury management training.
 - There was a high number of incidents of falls recorded which made up 54% of all the recorded incidents on Fair oak ward.
 - Some staff said that, on occasions, they still felt disconnected to New Cross Hospital.
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Cannock Chase Hospital

Detailed findings

Services we looked at

Medical care (including older people's care);

Detailed findings

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Background to Cannock Chase Hospital

The Royal Wolverhampton NHS Trust took over some of the services from Mid Staffordshire NHS Trust in November 2014. Cannock Chase Hospital came under the management of the trust.

The level of deprivation in Wolverhampton is higher than the England average.

This inspection was focussed on the medical care ward at Cannock Chase Hospital and forms part of the Royal

Wolverhampton NHS Trust inspection that took place in February 2018. Due to unforeseen circumstances this ward was not inspected as planned in the earlier inspection.

The ward is known as Fairoak ward and has 27 beds split between both male and female patients. The beds are in bays and there are four single occupancy rooms.

The ward accommodates elderly care patients and those in need of rehabilitation. Referrals are generally made from within the trusts two other locations, New Cross Hospital and West Park Hospital.

Our inspection team

The inspection was focussed on Fairoak Ward.

Our inspection team consisted of two CQC inspectors and a specialist advisor on site and led by an inspection manager

The inspection team was overseen by Victoria Watkins, Head of Hospital Inspections - Care Quality Commission.

How we carried out this inspection

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

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

- Is it well-led?

We used information that had been provided by the trust as part of an annual information request, to assist with this inspection. Information from the inspection that took place in February 2018, was also used to inform this focussed inspection. More recent information was also requested to support this visit to Fairoak ward.

Detailed findings

We visited the medical ward of Cannock Chase Hospital, unannounced, on 24 July 2018.

We spoke with three members of the medical team including a consultant and junior doctors. We spoke with one matron, a sister, three nurses, two health care assistants, two physiotherapists and a member of the domestic staff team.

We spoke with 11 patients and 4 visitors.

We looked at the records for 11 patients in total.

Facts and data about Cannock Chase Hospital

Cannock Chase Hospital is part of the Royal Wolverhampton NHS trust and is approximately 10 miles from the New Cross Hospital site. It provides medical care, surgical services and a range of outpatient services, which includes general surgery, orthopedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy).

The trust provided a shuttle bus service for patients and staff travelling between New Cross Hospital and Cannock Chase Hospital.

There are two main wards located at the hospital with 27 inpatient beds on the surgical ward and 27 inpatient beds on the medical ward, caring for the elderly. There are also facilities for day case surgery and several outpatient clinics.

In February 2018, we were unable to inspect the medical ward due to an infection prevention and control concern causing the ward to be closed to visitors.

Medical care (including older people's care)

Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

Information about the service

The Royal Wolverhampton NHS Trust took over some of the services from Mid Staffordshire NHS Foundation Trust in November 2014. Cannock Chase Hospital came under the management of RWT.

The level of deprivation in Wolverhampton is higher than the England average.

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The ward accommodates elderly care patients and those in need of rehabilitation. Referrals are generally made from within the trusts two other locations, New Cross Hospital and West Park Hospital.

Summary of findings

- We saw improvements in processes to protect patients from harm compared with the previous inspection. There was an improvement in the number of incidents reported and staff told us that they were encouraged to report incidents.
- Staff understood the procedure to raise concerns, reports incidents and near misses and said they were supported to do so.
- Areas were clean and regular hygiene audits were carried out and action plans put in place to make improvements where required.
- Patient notes were multi-disciplinary and had name and date stamps throughout all entries, indicating which member of staff had seen the patient.
- The trust had been working to improve the implementation of the sepsis pathway since the last inspection. We found that management of sepsis had improved.
- The ward carried out various local audits, including auditing their own documentation to check that care plans were being completed correctly. We found that overall results were positive.
- We saw senior service leaders regularly reviewed the effectiveness of care and treatment through local and national audit.

Medical care (including older people's care)

- Staff were supported to undertake professional training to enhance their knowledge and skills and said they felt well supported with their training and development.
- Patient information huddles were held each day on each ward so that information could be shared with all relevant staff involved in the care and treatment of the patient.
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- Relatives of patients were included in the planning of care and the consultant or a senior member of staff would try to see relatives or loved ones, within 48 hours of an admission to the ward.
- Patients told us that the therapy was "brilliant" and that there was a range of activities to suit individual needs.
- Staff told us that the way complaints were managed had improved and they received feedback from complaints across the trust and discussed these at team meetings.

- Training and development for staff was a priority for the trust and we saw examples where staff had been involved in developing training.
- There was a local vision and strategy for the medical service which was linked to the trust's overall vision.
- There had been an introduction of nursing forums throughout the trust to allow staff to discuss issues openly and offer views on potential solutions.
- Shared governance meetings were held monthly where staff sent a representative from the ward to attend.
- The Fair oak ward team were shortlisted for the "enhancing patient dignity" category at the 2018 nursing times awards.

However:

- The access on Fair oak ward was not always secure and people could enter or leave the ward easily, without being noticed. Staff told us that at busy times there might not be staff monitoring the entrance to the ward.
- Not all staff were up-to-date with their mandatory training, only 53% of eligible staff had completed level 3 in basic life support and 87% in tissue viability and pressure injury management training.
- There was a high number of incidents of falls recorded which made up 54% of all the recorded incidents on Fair oak ward.
- Some staff said that, on occasions, they still felt disconnected to New Cross Hospital.

Medical care (including older people's care)

Are medical care services safe?

Good



We rated safe as good because:

- We saw improvements in processes to protect patients from harm compared with the previous inspection. There was an improvement in the number of incidents reported and staff told us that they were encouraged to report incidents.
- Staff understood the procedure to raise concerns, reports incidents and near misses and said they were supported to do so.
- Areas were clean and regular audits were carried out and action plans put in place to make improvements where required.
- Patient notes were multi-disciplinary and had name and date stamps throughout all entries, indicating which member of staff had seen the patient.
- The trust had been working to improve the implementation of the sepsis pathway since the last inspection.

This was an improvement in rating from our 2015 inspection where we rated safe as requires improvement.

However:

- Not all staff were up-to-date with their mandatory training, only 53% of eligible staff had completed level 3 in basic life support and 87% in tissue viability and pressure injury management training.
- There was a high number of incidents of falls recorded which made up 54% of all the recorded incidents on Fair oak Ward.
- The access and egress on Fair oak Ward was not always secure and people could enter or leave the ward easily without being noticed.

Incidents

- We saw improvements in processes to protect patients from harm compared with the previous inspection. These included falls assessments and the introduction of mood assessments, where required. There was an improvement in the number of incidents reported and staff told us that they were encouraged to report incidents.

- The trust used an electronic incident reporting system for reporting all incidents. The system could be accessed by staff through the intranet and trust website.
- Staff understood the procedure to raise concerns, reports incidents and near misses and said they were supported to do so. There was an open culture where staff were encouraged to report incidents and near misses. Staff told us that learning took place from reporting incidents.
- Lessons from incidents were part of governance and quality meetings with examples of root cause analysis (RCA) actions being discussed. Managers would share the information through team meetings and the notes from these were displayed in staff areas. We saw minutes from the governance report for the period between January 2018 through to July 2018 which demonstrated actions from incidents were discussed to prevent reoccurrence.
- From April 2017 to June 2018, the trust reported no incidents classified as never events in medicine. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There had been 86 incidents reported in connection with the ward, between December 2017 and June 2018. Falls were the highest number of incidents reported with 54% of the total for Fair oak Ward. There had been a weekly review set up to put measures in place to prevent patient falls. The matron reviewed all serious incidents, which included fall related incidents, and actions were discussed at the trust falls review meeting and with staff.
- Mortality and morbidity reviews took place for all relevant incidents across the trust. These were held monthly and specific information about Cannock Chase Hospital, including Fair oak Ward, were discussed and actions shared with staff via governance meetings.
- Staff understood the Duty of Candour (DoC) regulations and the procedure for following it. Managers were responsible for ensuring that patients and relatives were informed following an incident, but staff said they would always inform patients and relatives. The Duty of Candour is a regulatory duty that relates to openness

Medical care (including older people's care)

and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

Safety thermometer

- The ward we visited had a safety dashboard and safety thermometer clearly displayed near its entrance, in an area visible to visitors. The safety dashboard displayed information on infection rates and incidents involving patient harm.
- The NHS safety thermometer is a nationally recognised NHS improvement tool for monitoring, measuring and analysing patient harm and harm free care. It looks at risks such as falls, venous thrombolysis (blood clots), pressure ulcers and catheter related urinary tract infections.
- Data for the trust showed 71 pressure injuries, 17 falls and 5 catheter urinary tract infections in medicine between June 2017 and June 2018. Data for the individual hospital sites was not provided.

Mandatory training

- Staff were supported to keep up-to-date with mandatory training and we saw information displayed in staff areas, reminding staff to ensure this was completed.
- The majority of staff across the medical directorate were compliant with mandatory training. The trust target was 95% and Fair Oak Ward had achieved overall 96% at the time of this inspection. An action plan was in place which identified cover to release staff for training, if the target was not being achieved.
- Compared to the 95% trust target, the medical care service on Fair Oak ward was compliant at 96% and in all but two of the mandatory courses. However, only 53% of eligible staff had completed level 3 in basic life support and 87% in tissue viability and pressure injury management training. We spoke with the matron and saw a plan to ensure that staff could access the training for future dates.
- Patients were being kept safer by the monitoring of nurses to ensure trained staff were on duty. This was put in place until the training in basic life support has increased.
- Staff we spoke with told us that they were up-to-date with mandatory training and would receive reminders from ward managers about the training expiry date.

Safeguarding

- There were processes in place to keep patients safe and safeguarded from abuse, using local safeguarding procedures whenever necessary. Staff understood how to recognise abuse and how to report or escalate concerns.
- The majority of staff had received appropriate safeguarding training as 97% of staff had been trained in safeguarding children and adults, level 1 and 100% at level 2. This was above the target set at 95% for the trust. Staff that were required to be level 3 had received training and was at 100% for the ward.
- Staff understood how to recognise abuse and how to report or escalate concerns and told us that a safeguarding lead was available within the trust to offer support.
- Staff had access to the trust's safeguarding policies on the trust intranet. Staff demonstrated how to access and use these policies.

Cleanliness, infection control and hygiene

- The service controlled infection risk well.
- Areas were clean and regular audits were carried out and action plans put in place to make improvements where required. Results from the monthly audits were shared with staff through the governance reports.
- Results from local audits indicated compliance between 92% and 98% for the period December 2017 to June 2018.
- Cleaning took place at regular intervals throughout the day and staff recorded this on the cleaning schedule. We saw that the housekeeping staff were visible throughout all areas of the hospital.
- We saw staff using appropriate personal protective equipment such as disposable aprons, gloves and facemasks, when providing treatment for patients. We saw staff cleaning their hands before and after every patient contact.
- Staff encouraged visitors to wash their hands upon entry to the ward. Sinks and hand gels were available near to the entrance of the ward.
- Staff received infection prevention and control (IPC) training as part of their mandatory training and we saw they had good adherence to infection control procedures. At the time of inspection, 100% of staff assigned to the ward (33) had completed hand hygiene training.

Medical care (including older people's care)

- Staff used side rooms as isolation areas for patients that had been identified as an increased infection control risk, for example, patients with methicillin-resistant staphylococcus aureus (MRSA).

Environment and equipment

- Emergency resuscitation equipment was easily accessible on the ward. We checked the emergency trolleys and saw daily checks had been completed and recorded daily, medicines and consumables were in date and secured.

All equipment we checked was up-to-date with electrical testing. This included equipment that had been identified in the last inspection as not being tested. The access on Fair Oak Ward was not always secure and people could enter or leave the ward easily, without being noticed. Staff told us that at busy times there might not be staff monitoring the entrance to the ward. Patients could leave the ward unnoticed and members of the public could enter using a door release switch. A security aid, such as a swipe card or number pad, was not in use at the time of inspection.

- Staff told us they had good access to equipment, such as hoists and pressure relieving aids, to do their job. There was enough equipment available to meet the needs of the patients on the ward.
- We saw that staff had received relevant training in the use of equipment and in manual handling procedures. The compliance level for mandatory manual handling training was at 97% for staff on the ward.

Medicines

- Medicines were stored appropriately and securely. Access to all medication was limited to the appropriate person and checks were in place to ensure control was maintained. We saw that controlled drugs (CDs) were stored with access restricted to authorised staff and accurate records were maintained daily.
- We checked 11 patient's prescription charts and found no discrepancies and patient's allergy status was completed in all cases
- We saw patients receiving medicines and found the process to be safe with two members of staff administering CDs in line with national guidance. Staff interacted well with patients and checked patient identification before giving out medication.

- We saw nurses wearing disposable red aprons which had "do not disturb" printed on them while preparing and administering medicines.
- A clinical pharmacist visited the ward several times a day and for five days a week. They were involved in discussions with doctors and nurses about patients' individual medicine requirements and included information given to patients about medication before discharge.
- Pharmacy support for wards was available on-site Monday to Friday from 9am to 5pm, with a pharmacist available on-call service outside of these hours.

Records

- We looked at 11 sets of patient notes during our inspection. We saw nursing and medical notes were kept together and all entries were legible, complete and clearly signed and dated. This was in line with national guidance.
- Patient notes were multi-disciplinary and had name and date stamps accompanying all entries, indicating which member of staff had seen the patient.
- We saw that all notes being used, were in chronological order and easy to navigate.
- Staff, including the ward clerk and on occasions a consultant, conducted regular records audits. They had taken place to review the quality of record keeping and we saw that the quality was good and had been consistent over the six month period before inspection.
- Although tissue viability and pressure injury management training was below the trust target for completion, we saw assessments of pressure injuries documented in patient notes. These included plans to ensure the correct mattress was in use and regular repositioning of patients occurred.

Assessing and responding to patient risk

- The trust had been working to improve the implementation of the sepsis pathway since the last inspection. We reviewed 11 sets of notes and assessments and pathways for sepsis were appropriately completed for those patients.
- We saw that risk assessments were carried out for all patients to ensure the correct level of care was provided. Pressure injuries and falls management was robust and we saw evidence of individual risk assessments and care plans to manage vulnerable patients. We saw a range of assessments being used which included falls,

Medical care (including older people's care)

malnutrition universal screening tool (MUST), mood scores, pain scores and bed rail assessments. These were used to inform the individual care plan for each patient.

- The trust had 'Falls lead' nurses in place that facilitated falls-related learning across all sites.
- The trust used a national early warning system (NEWS) to highlight significant changes in a patient's medical condition. We observed NEWS scores were used to monitor patients in case of deterioration in health.
- There had been recent changes in the mortality review process across the trust. Sepsis was now examined in more detail, by a sepsis lead, as part of the mortality review process.

Nurse staffing

- Staffing levels and skill mix for nursing staff were planned, implemented and continually reviewed to help keep patients safe. The ward did not use agency staff and extra cover was provided by bank staff.
- Nurse to patient ratio was monitored and kept within the guidelines for rehabilitation wards. However, staff told us that this was difficult to achieve on occasions when there were more than one patient that required one to one nursing.
- At the time of inspection, the service was suitably staffed to meet the needs of patients.
- We saw the planned and actual staffing levels displayed at the entrance to the ward and the nurse in charge was clearly noted. At the time of our visit the actual levels of staff met the required number as planned.
- The trust had an on-going recruitment drive. There had been four vacancies within medicine at Cannock Chase Hospital, at the beginning of 2018 and all had been filled by the time of this inspection.
- For the period between January 2017 and December 2017 the turnover rate for nursing and midwifery staff was 11.8% for the trust. This was about the same as the national average.

Medical staffing

- A consultant was available on the ward from Monday to Friday, with on-call cover for evenings and weekends. Middle grade and junior doctors were available seven days a week based on a rota to cover the hospital. A senior registrar, usually an anaesthetist, was available on site at all times and could attend the ward within a maximum of 30 minutes of being called.

- Staffing mix and medical staffing levels met planned staffing levels on the medical ward.

For the period between January 2017 and December 2017 the turnover rate for medical and dental staff was 7.9% for the trust. This was about the same as the national average.

Major incident awareness and training

- Major incidents were coordinated at the main New Cross Hospital. Staff on Fair Oak Ward were not trained in the management of major incidents but were aware that they ward may be used to relocate patients in the event of a major incident.
- Staff were aware of procedures to follow in the event of a fire and evacuation of the hospital or ward and 91% of staff had received up to date fire safety training.
- Patients were individually assessed to take into consideration their mobility and capability to evacuate in the event of a fire.

Are medical care services effective?

Good



We rated effective as good because:

- The ward carried out various local audits, including auditing their own documentation to check that care plans were being completed correctly.
- We saw senior service leaders regularly reviewed the effectiveness of care and treatment through local and national audit.
- Staff were supported to undertake professional training to enhance their knowledge and skills and said they felt well supported with their training and development.
- Patient information huddles were held each day on each ward so that information could be shared with all relevant staff involved in the care and treatment of the patient.
- Nursing and medical staff ensured that patients received timely pain relief.
- Patients' nutritional needs were assessed and care plans developed.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.

This rating was the same as the rating for our previous 2015 inspection.

Medical care (including older people's care)

Evidence-based care and treatment

- The service provided care and treatment based on national guidance published by the National Institute for Health and Care Excellence (NICE). Staff had access to relevant guidelines through the trust intranet and copies were also available on the ward. For example, we saw staff using guidelines for the management of pressure injuries.
- Patients' needs were assessed and plans were in place. Patients care plans and pathways were structured with clear goals in place for individual patients.
- The medical service across the trust participated in national clinical audits, to measure the effectiveness of care and treatment provided. These included the diabetes audit (NaDIA) and the Sentinel Stroke National Audit Programme (SSNAP). At times, Fair Oak Ward contributed less to some audits than the main medical care wards across the trust, due to having patients with specific needs.
- The ward carried out various local audits, including auditing their own documentation to check that care plans were being completed correctly and five sets patient notes were audited every month.
- In respect of pressure injuries, 'scrutiny and accountability' meetings were held weekly within the trust, often at New Cross Hospital. Avoidable skin damage was discussed with heads of nursing, matrons and the trust's tissue viability specialist team. Learning was then communicated across all sites via team and governance meetings.

Nutrition and hydration

- Patients' nutritional needs were assessed and care plans developed. Special diets were catered for and staff assisted patients who needed help to eat and drink. Dieticians and nutritional specialists were available for advice and support where required, for example if an emergency swallow assessment was required, staff were on call for advice. In the event of a patient requiring specialist treatment an individual plan was in place to transport patients to New Cross hospital.
- Patients' nutritional needs were assessed on admission using a nationally used assessment tool.
- We saw patient's food charts completed correctly with entries for every mealtime and there was information

available to staff, about diet. We reviewed five patient records and found that malnutrition universal screening tool (MUST) risk assessments were completed appropriately.

- We observed staff assisting patients to eat and drink and patients were encouraged to use the communal area to dine with each other.
- Patients told us that the food was "good" and that there always seemed to be a choice of meals.
- In the recent patient survey, 100% of the patients surveyed, reported that the choice of meals was suitable, compared to the England average of 54.7%.

Pain relief

- Nursing and medical staff ensured that patients received timely pain relief. Staff did not routinely use a specific tool to measure patients' pain but, as part of the rehabilitation process, they monitored and regularly conversed with patients about their level of pain. Staff had received awareness training in dealing with patients with dementia and adapted to suit the individual needs of the patient.
- We saw patients being asked if they needed pain relief and patients told us they were regularly asked about this. They said that they would get pain relief promptly once it had been requested.
- Staff were able to contact a pain specialist in the event of an emergency or to seek advice.

Patient outcomes

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They measured patient outcomes and took part in national and local audits. We saw examples of regular local audits that were conducted on the ward. A monthly antibiotic audit was completed, usually by the consultant or a member of the medic team.
- Where patient outcomes did not meet national targets, the trust introduced action plans to improve, and compared local results with those of other services to learn from them. This was shared in order to include patients that might be cared for at any of the hospitals within the trust and included Fair Oak Ward.
- The 2016 National Diabetes Inpatient Audit identified six inpatients with diabetes at Cannock Chase Hospital. All six patients reported that they were satisfied or very satisfied with the overall care of their diabetes while in

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hospital, which places this site in the best quartile. However this should be seen in the context that all six patients included in the audit for this hospital were type 2 diabetes whose diabetes was controlled without insulin.

- From July 2016 to June 2017, patients at Cannock Chase Hospital had a lower than expected risk of readmission for both elective and non-elective admissions when compared to the England averages.

Competent staff

- Staff were competent and trained to carry out their roles and meet the needs of patients. Most staff, 32 out of 33 eligible for appraisal, had received an appraisal in the last 12 months.
- Only one member of nursing staff had not had an appraisal within 12 months, this was due to be completed in August 2018.
- Staff were supported to undertake professional training to enhance their knowledge and skills and said they felt well supported with their training and development. Funding had been made available to enable some staff to gain further qualifications.
- Staff were sometimes moved from one department to another in order to develop their skills. For example, we saw that the ward manager had been working on an elderly care ward at New Cross Hospital. This enabled skills and experience to be shared across different sites.
- Staff were encouraged to take part in audits and one nurse told us that they had won an award from the trust following a local audit that had been conducted.
- Training and development for staff was a priority for the trust and we saw examples where staff had been involved in developing training. In addition, a talent grid had been implemented to ensure that staff were appropriately supported for their career development.
- Nurses told us that they were supported with the revalidation process. Revalidation was introduced by the Nursing and Midwifery Council (NMC) in April 2016 and is the process that all nurses and midwives must follow every three years to maintain their registration.

Multidisciplinary working

- Staff worked effectively as one multidisciplinary team (MDT) to ensure patient's needs were met. The communication between nursing and medical staff was good. We saw on several occasions where a patient was discussing their care jointly with doctors and nurses.
- Allied health professionals such as physiotherapists, dieticians, occupational therapists and speech and language therapists were an active part of patients' recovery and took part in ward rounds and treatment plans. Staff were generally available Monday to Friday and plans were put in place for weekends when staff were not always available.
- Patient information huddles were held each day on each ward so that information could be shared with all relevant staff involved in the care and treatment of the patient. We saw one of these huddles where each patient was discussed in detail and decisions were made about care and treatment. Handover sheets were used to log information about the patients that had been discussed.
- Staff worked together to support a patient's discharge and to ensure appropriate measures were in place. This included trying to avoid transfers or discharges occurring in the evening or late at night. Weekend discharges were discouraged, unless a full MDT plan had been created and staff had fully assessed the patient.

Seven-day services

- A consultant-led ward round or patient review was completed daily from Monday to Friday. Plans were put in place on a Friday for the weekend to cover each patient's needs or to escalate any concerns that might occur over the weekend.
- In the event of an emergency, processes were in place to initiate a transfer to New Cross Hospital. If a sudden acute episode occurred, then an ambulance would be called using a 999 call.
- Physical therapies were limited at the weekend and the programme for rehabilitation was designed to work from Monday to Friday. Patients would be involved in games and less physical activities during the weekend.
- Pharmacy staff were available within the hospital during the weekend and emergency cover was provided with an on call pharmacist available outside normal hours.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. All nursing staff had completed training on the Mental Capacity Act (MCA) or Deprivation of Liberty safeguards (DoLS). This was at 100% against the trust target of 95% for all eligible staff.
- Staff could demonstrate a good knowledge of the process and triggers for patients. Issues were discussed at staff huddles or in detail with the consultant. A 24 hour diary was sometimes used to monitor patients' wellbeing.
- Staff told us that during the week a consultant would lead the MCA assessments and that a lead nurse could be contacted for further advice if required.
- We saw examples where patients were assessed for DoLS because of their tendency to wander off the ward areas. Assessments had been completed and patient notes updated. Patient needs were discussed at ward round and staff huddles.
- Staff demonstrated how they accessed MCA, DoLS and safeguarding policies through the trusts intranet. A dedicated mental health intranet site was in place to provide staff with resources to support mental health patients and leaflets were available for patients and families to access.
- Nursing and medical staff treated patients with dignity, respect and kindness. Relationships and interactions between staff and patients were positive and patients felt supported and said staff cared about them.
- Specific care packages were used for patients who were at the end of their lives for example the 'Swan pathway'. This ensures patients nearing the end of their life receive an integrated approach to their end of life and bereavement care.
- Friends and Family Test response rate for medicine at the trust was 27% from December 2016 to November 2017. This was better than the England average of 25%. Cannock Chase Hospital: 30% (441 responses).

Emotional support

- Staff supported patients' emotional needs and responded to their care and treatment in different ways and according to their social, religious and spiritual needs.
- Patients told us that they could ask for emotional support from a member of staff, at any time. A multi-faith minister or chaplaincy team manager was available and there was a private prayer and contemplation room. All faiths and cultures could be accommodated, to reflect the needs of patients.
- Patients and their family told us that they were included in any decisions and treated as part of the decision making process. Family members were supported in actively participating in the care for their loved ones. Families were encouraged to be part of the rehabilitation process and could support patients whilst on the ward.
- Family members told us that the consultant or one of the team would offer support in dealing with the difficult aspects of caring for a loved one.

Understanding and involvement of patients and those close to them

- Patients told us they felt involved in their care and that they were given enough information. They said that doctors and nurses explained everything clearly to them.
- Family members were encouraged to help with care and were included in meetings with staff, to discuss the care plans of patients.
- Visiting times were flexible to enable family members to assist in some aspects of care and to support at mealtimes.

Are medical care services caring?

Good 

We rated caring as good because:

- We observed both nursing and medical staff interacting with patients with dignity and respect.
- Patients told us they felt involved in their care and that they were given enough information.
- Staff supported patients' emotional needs and responded to their care and treatment in different ways and according to their social, religious and spiritual needs.
- Families were encouraged to be part of the rehabilitation process and could support patients whilst on the ward.

This was the same as the 2015 inspection rating for caring which was previously rated as good.

Compassionate care

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- Facilities, such as communal dining areas, were provided to help family members be involved in patient rehabilitation.

Are medical care services responsive?

Good



We rated responsive as good because:

- There was a robust discharge procedure which used a checklist to aid staff in monitoring discharges.
- Relatives of patients were included in the planning of care and the consultant or a senior member of staff would try to see relatives or loved ones, within 48 hours of an admission to the ward.
- Patients told us that the therapy was “brilliant” and that there was a range of activities to suit individual needs.
- Staff told us that the way complaints were managed had improved and they received feedback from complaints across the trust and discussed these at team meetings.

This rating was the same as the 2015 inspection rating which was also good.

Service delivery to meet the needs of local people

- We saw a flexible approach to visiting times for patients living with dementia or other vulnerabilities. Family members could arrange to visit at any time to support patients and discuss care arrangements.
- The trust had a dementia outreach team based at New Cross Hospital and dementia “champions” throughout the trust on all sites. In most cases the patients on Fair Oak Ward, would have been transferred from New Cross Hospital having been assessed by the dementia outreach team, but the dementia lead nurse was available for advice at any time.
- The trust had an average length of stay of 7.9 days for the period between April 2017 and March 2018. The average length of stay for medical elective patients at Cannock Chase Hospital was 3.9 days, which was lower than England average of 4.2 days.

Meeting people's individual needs

- Relatives of patients were included in the planning of care and the consultant or a senior member of staff would try to see relatives or loved ones, within 48 hours of an admission to the ward.

- Ward managers allowed flexible visiting hours to meet the specific needs of patients and in doing so there were no protective meal times in place.
- The trust had implemented the ‘SWAN’ pathway which included advanced care planning for patients at the end of their life. We saw one patient that was due to be discharged, being supported by staff on the ward. The patient spoke highly of the care they had received.
- Families were involved in providing information about patient's likes, dislikes and preferences.
- Staff had access to both translators and a language line, for patients whose first language was not English. We saw information provided in other languages, but staff told us that they could access more specific information if required.
- A chaplaincy and multi faith service was provided that covered all popular denominations and could offer support and advice to anyone. There was a prayer room and quiet area that could be used within the hospital.
- Social workers were involved in setting up processes in the community to help with patient discharge. This included ordering equipment which may be needed by patients following discharge. We saw a social worker during the inspection that had come to discuss the discharge of a patient.
- Areas were accessible by wheelchair users and disabled toilets were available in wards and public areas.
- Patients told us that the therapy was “brilliant” and that there was a range of activities to suit individual needs. Patients could access various activities, which included cookery sessions and social interaction sessions.
- Physical activity was encouraged and we saw that patients were mobilised in line with their planned therapy regime.
- We saw a programme of learning and training events for staff to attend, about patients with dementia. Most staff had attended or were scheduled to attend the training.
- Booklets entitled “about me” were used for patients with dementia to note specific information about them, that would help staff to provide the best care for an individual.
- The ward had a well maintained garden and outside area. We saw several outside activities taking place or being set up for patients to use as part of their rehabilitation. There were facilities to do some exercise and other areas for patients to sit.
- We saw a well maintained aviary containing a variety of birds for the patients to enjoy.

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Access and flow

- We saw a draft operational policy, outlining the criteria for admission to Fair Oak Ward and the responsibilities of staff to care for patients undergoing rehabilitation. Patients were assessed using this criteria to enable the most appropriate care to be given.
- Staff followed the trust's admission and discharge procedures and every admission was reviewed for suitability. However, on occasions there have been patients admitted to the ward that fell outside of the criteria due to pressures in other areas of the trust. In most cases the consultant would review patients prior to admission to ensure that the patient needs could be met on Fair Oak Ward.
- There was a robust discharge procedure which used a checklist to aid staff in monitoring and auditing discharges. The ward had an MDT approach to enable the process to be developed to individual patient needs. During our visit a social worker attended to discuss the discharge of a patient with complex needs.
- From July 2016 to June 2017, patients at Cannock Chase Hospital had a lower than expected risk of readmission for both elective and non-elective admissions when compared to the England averages.
- From December 2016 to November 2017 the trust's referral to treatment time (RTT) for admitted pathways for medicine was consistently better than the England average.

Learning from complaints and concerns

- Staff told us that the way complaints were managed had improved and they received feedback from complaints across the trust and discussed these at team meetings. We saw where minutes of staff meetings contained information about complaints raised.
- Patients were able to give feedback verbally or by using a book to record comments. There was information available for a patient to make a formal complaint and we saw patient advice and liaison service (PALS) information leaflets on the ward.
- Numbers of complaints for Fair Oak Ward were low. There had been one written complaint and one safeguarding issue, compared to 48 compliments, received between December 2017 and June 2018.

- If any concerns were raised during conversations with staff, they were discussed at the daily huddles or escalated to the consultant. Staff told us that complaints were rare and that the culture was to discuss them openly with colleagues and patients.

Are medical care services well-led?

Good



We rated well-led as good because:

- Training and development for staff was a priority for the trust and we saw examples where staff had been involved in developing training.
- There was a local vision and strategy for medicine which was linked to the trust's overall vision.
- There had been an introduction of nursing forums throughout the trust to allow staff to discuss issues openly and offer views on potential solutions.
- Shared governance meetings were held monthly where staff sent a representative from the ward to attend.
- The Fair Oak Ward team were shortlisted for the "enhancing patient dignity" category at the 2018 nursing times awards.

This rating was an improvement from the 2015 inspection rating for well-led, which was requires improvement.

However:

- Some staff said that, on occasions, they still felt disconnected with New Cross Hospital.

Leadership

- The service leaders had the skills, knowledge, experience and capacity to lead the service and provide high quality sustainable patient care. Senior staff were able to describe the challenges that the ward was facing. For example, the number of vacancies that the ward had.
- Senior leaders were visible on the ward and approachable to staff. Staff told us that the senior team could be approached at any time. Many described there being an open-door policy and we were told board members would visit ward areas.
- We saw evidence of support from the ward manager, who had a "hands on approach" to supporting the staff

Medical care (including older people's care)

and patients on the ward. Everyone we talked to spoke highly of the ward manager and their commitment to Fair oak ward. We were given examples where they had raised money as well as the profile of the ward.

- Staff told us consultants and senior nurses were an important part of the team and they were well supported by managers. One member of staff said that the consultant was available on the telephone at any time, day or night.
- There was a culture of learning and staff told us that they were encouraged and supported to develop their skills.

Vision and strategy

- The trust had a clear vision for the service and workable plans to implement it. This had been developed with involvement from staff, patients, and key groups representing the local community. This was an improvement from our previous inspection where ward staff were unclear about the vision and strategy for the service.
- There was a local vision and strategy for medicine which was linked to the trust's overall vision. For example, objectives for dementia care were driven by the trust's vision of becoming a truly dementia friendly organisation that strives to consistently deliver high quality care that meets the needs and expectations of patients and their carers
- Staff on Fair oak Ward were clear about the local visions and were involved in the development of initiatives.

Culture

- The trust proactively engaged and involved all staff. Service leaders ensured that the voices of staff were heard and acted on to shape services and culture. For example, staff could add anything to the governance meeting agenda including positive patient feedback.
- The trust had a Freedom to Speak up Guardian (FTSUG) in place who staff could liaise with directly or through their line managers.
- Staff told us they were encouraged to report incidents and spoke of how they would be open and honest with patients when something went wrong.
- There were processes to support staff and promote their positive wellbeing such as 'ward of the month'. This encouraged pride and positivity in the organisation and focused attention on the needs and experiences of patients.

- There had been an introduction of nursing forums throughout the trust to allow staff to discuss issues openly and offer views on potential solutions.
- The trust had a Duty of Candour policy in place. Training was not mandatory, but guidance had been provided explaining the requirement and the process to follow. Staff understood the process and were able to describe the importance of being open and honest to patients and their families.

Governance

- Handover meetings, team meetings and managers meetings fed into the monthly medical department governance meetings. Local audits, performance indicators, incidents, updates from other departments and meetings and complaints all formed part of the agenda of these meetings.
- Divisional governance meetings were held for each area to feed into and staff received feedback from the meetings. We saw several months of governance meeting minutes that demonstrated concerns were discussed and facilitated the sharing of lessons learned from around the trust.
- Shared governance meetings were held monthly where staff sent a representative from the ward to attend. This included all bands of staff from band two upwards. Information was shared with staff during verbal handovers and notices posted on boards in staff areas.

Managing risks, issues and performance

- Senior ward staff knew what was on their risk register and matrons visited wards to discuss risks with ward managers.
- Risks were discussed and updated at the monthly governance meetings and staff could describe the risks on the local register. Patient falls were noted as a continuous risk and actions were in place. For example, improved assessments were being introduced to aid staff in managing patients.
- We saw that concerns about the maintenance of floors and skirting had been raised and logged as a local risk. This was because of a delay in repairing the affected area and an increased infection control risk.
- Other risks had been discussed at local governance meetings and were noted by the ward. None of the risks on Fair oak Ward had been escalated to the trustwide risk register, at the time of inspection.

Medical care (including older people's care)

Managing information

- Staff at all levels had access to the hospital's guidelines, policies and procedures through the internet and from a selection of printed copies available on the ward.
- Patient records were in paper form and managed by the ward clerk. Notes from other hospitals or wards were transported with the patient and checked on initial admission to assess quality. In some cases the notes were divided into location specific order to help with the reviewing of the patient's admission.

Engagement

- Monthly staff meetings were held and well attended. Staff told us that they were able to discuss any concerns they had and could get feedback from other trustwide concerns. Although there had been an improvement since the last inspection, some staff said that, on occasions, they still felt disconnected with New Cross Hospital.
- The hospital was described as an important part of the community and we saw that the trust was proud of the services provided throughout Cannock Chase Hospital. Patients told us that the reputation of the hospital was good and that local news coverage was usually positive. We saw newspaper articles about some of the fundraising that had taken place for Fair oak Ward.

- A garden party was set up for patients to celebrate the Queen's birthday in 2016. The ward manager had received a letter from Buckingham Palace, recognising the considerable effort in setting up the event and thanking them for taking part.
- Patients and staff were encouraged to discuss ideas for events to raise the profile of the ward. Fundraising had taken place to help improve and maintain some of the facilities for patients. We saw several fundraising schemes advertised throughout the hospital and staff would often complete sponsored events, such as walks, in aid of the ward.
- Regular feedback was given to staff informing them of the events taking place on the ward and notifying them of the compliments received. We saw a number of "thank you" cards displayed and some families had made donations to the ward.

Learning, continuous improvement and innovation

- The use of name and date stamps for all clinical staff to use in patient records was introduced to improve the quality of records. This has been fully embedded since the last inspection.
- The Fair oak Ward team were shortlisted for the "enhancing patient dignity" category at the 2018 nursing times awards.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The trust must review security arrangements around the access to the ward.

Action the hospital **SHOULD** take to improve

- The trust should ensure it continues to work to reduce the number of patients sustaining falls.

- The trust should review training schedules and prioritise basic life support and tissue viability and pressure injury management training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

15(1)(b) security

The access on Fair oak ward was not always secure and people could enter or leave the ward easily, without being noticed. There were no security measures or restrictions on who could enter the ward.