**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Nurse Led Therapy Unit

Bispham Hospital, Ryscar Way, Bispham, Blackpool, FY2 0FN

Date of Inspection: 18 December 2013  
Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

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<td>Mrs. Cheryl Margaret Swan</td>
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### Overview of the service

The Nurse Led Therapy Unit in Bispham is a modern facility offering rehabilitation to NHS patients. The unit offers 40 places to people aged 18 upwards of both sexes. The unit offers both shared and single bedroom accommodation. Accommodation is all single sex. The unit offers support for adults to get back on their feet and return home after accidents, surgery or illness. The unit specialises in short stays supporting patients with their identified goals.

### Type of services

- Diagnostic and/or screening service
- Rehabilitation services

### Regulated activities

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
When you read this report, you may find it useful to read the sections towards the back called ‘About CQC inspections’ and ‘How we define our judgements’.

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### Summary of this inspection

**Why we carried out this inspection**

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

**How we carried out this inspection**

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

**What people told us and what we found**

We talked with people in the Nurse Led Therapy Unit. They said the care and support they received was very good. We also spoke with a small number of relatives. They said staff were caring and supportive.

The registered manager was away from the unit on the day we inspected. However other senior staff were able to provide the information we needed. We talked with five people staying in the unit and with the relatives of three people. We also spoke with managers, nursing, care, reception and catering staff.

Patients told us that the staff were excellent and that they received care and support when they wanted it. One person said, "The staff are marvellous. They are always cheerful and willing". A relative told us, "The staff are so caring and supportive. They are able to manage things so well."

Patients spoken with told us that they received very good care and treatment. We observed patients being treated with respect and dignity. We saw that they were involved in decisions about their care and given enough information to make informed choices. We saw satisfactory numbers of staff on the inspection to respond to people's needs.

Care plans were in place and of a satisfactory standard. They were person centred, informative and reviewed regularly.

We saw staff assisting people with their meals as needed. They were attentive and supported people effectively. The meal time was relaxed and unhurried and people chatted together. Most people we spoke with told us they enjoyed the food in the unit. They told us they always received enough to eat.

The unit was safe and suitable for purpose and was accessible to people with mobility difficulties. It was comfortable and pleasantly warm for patients.
Staff received training which assisted them to support people effectively. They felt that senior staff helped them to improve their skills and keep up to date on current care practices.

Systems were in place for monitoring the quality of the service people received. Patients and their relatives were asked about their views of the care and treatment provided. We saw that patient comments were collated and acted upon in an open and transparent way.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Care and welfare of people who use services

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patients spoken with told us that they received very good care and treatment. They told us that the staff were excellent and that they received care and support when they wanted it. One patient said, "The staff always check that you are ok and ask if you need anything." A relative told us, "The staff are usually really helpful." Another relative said, "The staff are fabulous, I have nothing bad to say. Nothing is too much trouble for them."

Care and support was planned and delivered in a way that was intended to ensure people’s safety and welfare. We observed patients being treated with respect and dignity.

We saw that patients were involved in decisions about their care and given enough information to make informed choices. A patient said, "We discuss what is going to happening next, so that I know what is going on." A relative told us, "We are always kept up to date on what is happening and any changes in care."

We saw satisfactory numbers of staff on the inspection to respond to people’s needs. We observed staff interacting and engaging with patients as they supported them. One patient told us "The staff have been very good to me, I am impressed by the care staff give." Another patient told us, "I couldn't have better care. The staff are kind beyond words."

Staff gave patients time to carry out tasks independently, where they were able. A patient said "Even though the staff are often busy, they always have time for us. I can't fault them". A relative said, "Staff help patients with personal care without any fuss".

Patients were supported and encouraged to manage their own medicines on the unit if they were able. A risk assessment was carried out to make sure that this was safe.

There was a multi-disciplinary approach with patient care, with nursing and therapy staff based in the unit. This benefitted patients as the therapy staff were accessible for advice,
care and treatment. The different disciplines of staff worked effectively together to the benefit of patients. One patient told us about the exercises he did in the unit gym. He said that the therapists encouraged him to persist. He told us, “My physiotherapy has been hard but the staff have got me where I am.” He added that he was now much more mobile than he was on admission.

A hairdresser visited the unit regularly. There was also a daily shopping service providing toiletries, drinks, snacks and newspapers. We saw that there were social activities in place to entertain patients over the Christmas period.

We looked at the care records for four patients. Senior staff assessed people to make sure that they could meet their needs, before they were admitted to the unit. Patients were encouraged if possible to visit the unit before admission. This was possible where they were having a planned stay.

Assessment information was gathered from all involved in the person’s care. This meant that staff knew as a minimum, the basic needs of each person before admission.

Care plans were in place and of a satisfactory standard. The care records seen were person centred and informative. They showed how the person wanted their care delivered. This assisted staff in providing appropriate care and support.

Care plans were reviewed regularly and care and support changed as needed. We saw evidence that changes in health were noted, records updated and the advice of other professionals sought.

Risk assessments were in place and had been regularly updated to reflect the changes in support needed. This gave all involved clear and detailed information on how to support people effectively.

Discharge planning started soon after admission, so that everyone was fully aware and involved in planning from the start. The plans were flexible as patients' needs could change. Staff liaised directly with any professionals or services needed when discharged. This included Social Services, Community Physiotherapists and Occupational Therapists and extra care in the home.

Staff carried out a range of assessments before patients were discharged. Staff made sure they carried out a final assessment on each patient's mobility and daily living skills before the patient left the unit. This helped to check if they were able to manage once discharged.

Staff also checked on each patient after discharge. This meant that patients could be supported through any difficulties and reduced the risk of re-admission into services. One patient said she was being discharged soon, She said, "I am very pleased that staff will check how I am going on."
Meeting nutritional needs

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Senior staff told us that where possible patients ate together in the dining room. This made more of a social occasion. A small number of people ate in their rooms. We observed two mealtimes, lunch and tea. The meals we saw consisted of soup, a cooked main meal and a sweet.

We saw staff chatting to patients checking what they wanted for their meal. If patients did not want one of the foods offered, staff would make them an alternative.

We saw staff assisting people with their meals as needed. They were attentive and supported people effectively. The meal time was relaxed and unhurried and people chatted together.

Most people we spoke with told us they enjoyed the food in the unit. They told us they always received enough to eat. Most people said that the meals were very good. Although one patient said they did not like the meals. Another patient said, "The meals are good. They are always nice and hot. If you are hungry you can always ask for more." A relative said, "Mum always enjoys the soup and she has put weight on."

We spoke with the catering staff. They said that the meals were cooked off site and delivered to the unit. They were heated to the correct temperature, checked and the temperature recorded and served to patients.

We saw the menus which showed that patients were provided with a nutritious, balanced diet. Staff told us that the menus were discussed with the dieticians of the local NHS trust, who had a contract with the unit.

Staff told us that breakfast included cereal, toast and fruit. We saw that there were several choices of meal at lunch and the evening meal. The meals were clearly marked so that everyone knew if they were suitable for special diets.

We talked with the catering staff about special diets. They were knowledgeable about the special diets people needed. They told us the ways they provided fortified drinks and high calorie food for people with low body weights. Information was in place regarding particular health concerns.
Safety and suitability of premises

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The Nurse Led Therapy Unit was a large detached single storey building, accessible to people with mobility difficulties. On entering the building there was the entrance hall and reception area. To one side of this there were the therapy rooms including the gym and daily living activities kitchen. Staff could assess patient's daily living skills and mobility in these areas. There were also staff offices and a meeting room. To the other side of the entrance hall there were the kitchens and staff restaurant.

Through the entrance hall, there was a large communal lounge and dining area. The nurses' station was situated there. Just off this area there were quiet rooms and a conservatory and staff offices. They were comfortable and pleasantly warm.

The unit was split into two separate wings of bedrooms and bathrooms. The bedrooms were all en-suite. They were either rooms for single occupancy or rooms shared between two or four patients. There were assisted bathing facilities in the bathrooms.

Externally there were large pleasant grounds which patients enjoyed sitting in in the summer months. There was also a parking area available.

There was a rolling programme of redecoration and maintenance of the unit. This was carried out by the local NHS trust, the owners of the building. Maintenance records were in place showing that regular safety checks were carried out and any repairs carried out quickly and safely.
Supporting workers

- Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw that all staff had access to a structured training and development programme. Staff used a combination of in house training and external training so that staff had frequent and varied instruction. Staff felt this provided them with the skills and knowledge to support people well. This ensured that the people in their care were being supported by a well-trained and competent staff team. One patient said about the staff, "I am so impressed with their professionalism. They are very skilled."

Staff told us that they had been provided with a comprehensive induction on joining the organisation. We were provided with induction information to show what this involved. It covered sufficient areas to assist staff with their new roles. This had been followed by a period of shadowing other staff until staff were competent and confident in their role.

We also talked with students and student nurses on placements. They told us that they had received a thorough induction and clear guidelines of what care and support they could be involved in.

Staff said that they were provided with all their mandatory training. As well as this they were supported to develop new skills and expand their areas of interest. They felt that senior staff helped them to improve their skills and keep up to date on current care practices.

We saw evidence that staff received formal recorded supervision and appraisals. There were also regular staff meetings. These measures allowed each member of staff to look at the care practice in the unit and ways to improve the care they gave to patients.
Assessing and monitoring the quality of service provision

Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

Systems were in place for monitoring the quality of the service people received.

Reasons for our judgement

Senior staff talked with us about the systems that were in place for monitoring the quality of the service people received. There was a formal clinical governance processes in place. We saw that regular clinical governance meetings were held, with minutes taken, so that there was a record of areas discussed.

The unit had recently appointed a head of operations and quality to monitor the quality of care in both units. We discussed the audits that were in place which included: care planning, clinical care and discharge, record keeping, hand hygiene and infection control audits. These measures assisted senior managers and the trustees of the organisation to know how the unit was being managed.

Externally, the local NHS trust scrutinised the service provided, as they had a contract with the unit to treat NHS patients. The local NHS trust were the landlord of the unit and they carried out the maintenance checks and any repairs needed.

Despite staff opening a similar unit only weeks before the inspection, staffing and governance had not unduly affected patient care. Some staff had transferred to the new unit which had reduced regular staff in this unit. New staff had been appointed so needed induction and support. Despite these difficulties, the unit had continued to function effectively. Only one patient mentioned to us that they had found it difficult with changes in staff. Other patients said that the changes in staffing had not really affected them.

We saw that patients and their relatives were asked formally and informally about their views of the care and treatment provided. We saw evidence of patients being asked to complete a satisfaction questionnaire about their stay. We spoke with a volunteer. Part of her role was to check that patients had the opportunity to complete the questionnaire if they wished. She told us that patients were very complementary about the unit and the care they received.

We also saw the way patient comments were collated and acted upon. Most comments were complimentary, praising the staff and the care patients received. Where any patients had made negative comments these were taken seriously and acted upon.
Information about what was working, what was not and action taken to improve this, was placed in reception. This meant that everyone could see the opinions of people and any changes made.

Examples of how negative comments were acted upon included comments about the beds being too hard. In response mattress toppers that met infection control standards were provided where requested. A few patients had felt there was nowhere they could sit alone. Staff made sure that patients knew where quiet areas were and also converted a further room for patient use.

All staff discussed care of patients on a daily basis in staff handovers. There were formal staff meetings. Staff received regular supervision and appraisal. These measures assisted staff in keeping up to date with patient care and any changes in the service.

Service contracts were in place confirming the building and equipment used in the unit were maintained so that people were safe.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
### Glossary of terms we use in this report

#### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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#### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.
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<th>03000 616161</th>
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<td>Email:</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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| Write to us at: | Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA |
| Website:   | www.cqc.org.uk |

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