

# Review of compliance

## Guy's and St Thomas' NHS Foundation Trust Pulross Intermediate Care Centre

<b>Region:</b>	London
<b>Location address:</b>	47a Pulross Road London SW9 8AE
<b>Type of service:</b>	Rehabilitation services Long term conditions services
<b>Date of Publication:</b>	August 2011
<b>Overview of the service:</b>	The Pulross Intermediate Care Centre is registered to provide nursing care, diagnostic and screening procedures and treatment of disease, disorder or injury. The purpose built building has off road parking and is accessible to people who use wheelchairs. It is a nurse led, 20 bed unit, which provides 24 hour nursing care and/or regular therapy intervention for people who are 18 years or over with chronic and/or specialist

	needs that cannot be met at home.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Pulross Intermediate Care Centre was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 July 2011, checked the provider's records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

As we visited at night we were only able to speak to two people who were still awake. Both were satisfied with their care and treatment. One person told us "the staff are ever so caring-it's a great place to be whilst I can't be at home".

### What we found about the standards we reviewed and how well Pulross Intermediate Care Centre was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Systems were in place to involve people in decision making about their care and staff are trained and advised about maintaining people's privacy and dignity.

Overall, we found that the Pulross centre was meeting this essential standard.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The care and welfare needs of people using this service have been taken into account in the way that their care is planned and delivered. Specialist advice was available and action has been taken to monitor and address people's health care needs.

Overall, we found that the Pulross centre was meeting this essential standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The trust has policy and procedures in place to safeguard vulnerable adults and the local authority told us they are satisfied with the actions taken to protect people when safeguarding issues arise.

Overall, we found that the Pulross centre was meeting this essential standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Systems to support staff have been reviewed and new supervision and peer support systems were being introduced. Staff have received appropriate levels of support and supervision and there have been training opportunities and opportunities for personal development.

Overall, we found that the Pulross centre was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Systems were in place to enable the provider to assess and monitor the quality of service being provided.

Overall, we found that the Pulross centre was meeting this essential standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

We saw that there was patient information available in the reception area, on notice boards and on a stand of leaflets. There were leaflets about the local authority safeguarding of vulnerable adults policy and procedures and about patient liaison services.

Two of the people receiving services at the centre were awake and told us their experiences of the unit. Both felt that their privacy and dignity were respected by staff currently employed. They felt that requests were responded to promptly and that behaviours of staff were positive. One person commented negatively about the attitude of a staff member who was no longer working at the centre but they felt able to express their views with staff.

Whilst touring the care centre we saw that, to preserve people's privacy and dignity, bays were single sex and staff put signs on doors to tell people when they were assisting someone with getting washed and dressed. Clips were available to hold bed side curtains together during this process for those who were in four bed bays rather than single occupancy rooms.

#### Other evidence

The provider, Guy's and St Thomas' NHS Foundation Trust, told us that they have assured themselves to be fully compliant with this essential outcome area. They provided us with detailed information about the systems they have in place for involving people in their care. The Trust told us that 'putting patients first' is one of their core values and that they involve people in their care from initial assessment and care planning through to discharge planning. Where appropriate, relatives were also involved. Rehabilitation involves patient led goal setting and self management.

There was a patient liaison and complaints service in place. Comments cards and information about advocacy services were also available.

The management of the unit has recently been taken over by a new provider and work is underway to integrate policies and procedures across the merged organisation; whilst this process is ongoing, the unit continues to operate under some of the policies and processes of the previous organisation. There is a policy in place for dignity and respect at work and for obtaining consent from people. A dignity and respect statement is included in the patient Welcome Pack and is also included in the Pulross Ward Philosophy which was on the patient notice board. The Trust told us they were committed to ensuring that standards of privacy and dignity are maintained and that they were compliant with single sex standards.

Staff talk to people to find out about their personal hygiene needs and to ensure that people receive the assistance that they require. Choices and preferences relating to essential care are taken into consideration. There is a consent policy in place. All procedures are discussed and verbal consent is sought.

People's capacity to make decisions is assessed on admission. If someone is assessed as not having capacity to make a decision a 'best interests meeting' is held with the relevant parties including other professionals and family members or carers. Consent is sought prior to any intervention. Where people refuse essential care, staff are encouraged to document the patient's choice and explain any associated risks. Notes are also held at the end of the bed so that people can access them if they wish.

Patient involvement in their care is monitored. There is annual audit of the records that looks at how well patient views have been recorded. There is also monitoring of consent.

Cultural and specific needs are identified and recorded on admission and steps are taken to meet these needs, for example: arranging visits by religious ministers and meeting dietary requirements such as halal, kosher, vegetarian and Afro-Caribbean food. There is a language support service that provides interpreters for people, their family/carers and members of the public.

### **Our judgement**

Systems were in place to involve people in decision making about their care and staff are trained and advised about maintaining people's privacy and dignity.

Overall, we found that the Pulross centre was meeting this essential standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We saw that we saw that information for staff included advising the night-time staff of maintaining low noise levels throughout the night. There were 13 patients and we were told that 11 people needed physical help to mobilise and two also needed a high level of psychological support. We heard of the work underway to increase the patient empathy of the care assistants. Role play had been used by nurses to model how it feels to be a patient when staff stand over you when talking rather than sitting or bending to your level. There had also been discussion about staff needing to be mindful of their tone of voice and body language and how this could be misinterpreted by patients, who may already be feeling vulnerable. Staff told us that they were mindful of the corridor lights and how these affected people sleeping if they were not dimmed.

We met with one older person who likes to retire to bed late after watching television. They were receiving frequent encouragement to drink more fluid. A fluid intake chart was in place and was being kept up to date. It indicated a low fluid intake. We saw that drinks and soft fruit were available within this person's easy reach on a chair side table. The nurse told us of the diversion tactics of encouraging conversation that were being used to encourage older people to take sips of drinks. An emergency call bell was within the person's reach on the table also. The patient told us that they thought the staff were wonderful. They told us "The staff are ever so caring-it's a great place to be whilst I can't be at home. They tell me I am not eating and drinking enough". We saw that there was clear information about the person's mobility needs and the mobility aid required, a walking frame, was positioned close by their armchair. The person told us that they found that the location of the en suite toilet convenient and that they were able

to get there independently with the walking frame.

### **Other evidence**

The provider told us that they have assured themselves to be fully compliant with this essential outcome area and they provided us with information about the systems they have in place for clinical governance and governance structures that cover arrangements for safety, clinical effectiveness, clinical guidance, quality improvement and clinical audit.

Pulross Intermediate Care Centre is a nurse led, 20 bed unit, which provides 24 hour nursing care and/or regular therapy intervention for people who are 18 years or over with chronic and/or specialist needs that cannot be met at home. The ward caters for people who require rehabilitation or have other care needs which cannot be met elsewhere. The inpatients are medically managed by GPs and care is enhanced by an elderly care consultant who provides specialist intervention to the unit once a week.

Inpatient assessment documents are designed to capture and reflect the wide range of people's individual needs. Assessment and care planning look at a wide range social, physical, mental and health needs. Particular areas of risk such as falls, risk of developing pressure sores, nutrition and safeguarding are assessed. Any risks and their associated risk management plans are recorded. A range of diagnostic tests and assessments can be completed at the centre and other diagnostic tests take place in the acute hospitals where people are sent to out patient clinics. There was training and guidance available for staff using medical devices.

Pulross had multidisciplinary inputs in place to provide a comprehensive assessment and ongoing rehabilitation and support. Each person's patient record contains key information about their physical, emotional, mental and social needs. Details of family and social situations are also recorded. The care plans show where care has been reviewed when care needs change. Pulross has close links with other teams and care providers such as therapies, social services, GPs and the local acute hospitals, including input from consultant geriatricians. There are case conferences to bring together professional carers and patients as well as joint documentation.

Patients can also be referred to an integrated enablement service for six weeks intensive health and social care support. The service will work with the patient to help them regain/maximise their independence in areas including washing and dressing, meal preparation, toileting, domestic tasks, improving mobility, transfers and managing stairs and outdoor mobility where appropriate, prior to a care package being determined. If other needs are identified, staff at Pulross will make a referral, for example, to district nursing services, community mental health teams, community psychologists, foot health, tissue viability, continence services, community matrons, heart failure team and the multiple sclerosis team.

The on call rota ensures that there is always a senior nurse available to the staff and advice is readily available from a senior clinician. Systems are in place to enable trust wide learning from incidents, accidents and complaints. Responses to patient safety alerts are monitored centrally through a risk team.

### **Our judgement**

The care and welfare needs of people using this service have been taken into account

in the way that their care is planned and delivered. Specialist advice was available and action has been taken to monitor and address people's health care needs.

Overall, we found that the Pulross centre was meeting this essential standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not speak to people about safeguarding.

##### Other evidence

We carried out this inspection because we were notified of a safeguarding investigation. The investigation was underway at the time of this inspection and the local authority told us that they were satisfied with the action taken by the provider to investigate the allegations made and to protect people during the investigation.

The provider told us that they have assured themselves to be fully compliant with this essential outcome area and they provided us with information about the systems in place to safeguard vulnerable people.

Training in safeguarding, consent and mental capacity were provided for staff. All of the Pulross clinical staff have attended safeguarding training between April and May 2011. There were policies and procedures in place to support staff and people using the service. There was also training and groups overseeing the safeguarding process with named leads. The safeguarding nurse is a source of expertise and provides training, advice and input for safeguarding issues. The overall adult safeguarding lead for community services is a senior nurse who is responsible for overseeing safeguarding and ensuring it has a high profile.

Pulross only treats adult patients aged 18 or over. However, in line with policy, the staff at the unit have all received basic child protection training. There is also extensive

guidance available to staff on child protection as well advice and support available from a dedicated child protection team.

Where there are concerns around a patient's capacity staff at Pulross follow the Mental Capacity Act (MCA) Code of Practice, which is available to all ward staff. Senior nurses or a visiting doctor who has MCA training will carry out the assessment. This is documented in the patients' notes. If required a Best Interest meeting will follow with representatives included all relevant health care professionals, family members/carers, social services. Training around DoLS (Deprivation of Liberty Safeguards) is incorporated in MCA (Mental Capacity Act) training. In addition the manager has been trained as a DoLS Best Interest Assessor. The MCA and DoLS Code of Practice, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Policy were available to staff and there were guidelines and procedures for assessing and referring for a DoLS if required.

The provider told us that the use of restraint would be rare but there is a policy in place and guidance for staff. The policy complies with best practice and was recently reviewed . There is also guidance on the use of bed rails.

There is a code of practice and policies around fraud and accepting gifts from people using the service. There are facilities for people to store their valuables and possessions and records of these are kept.

There are procedures and policies in place for whistle blowing and a being open policy. There are also staff disciplinary policies for dealing with concerns about staff that cover suspension and investigation as well as managing poor performance. All staff are held to a code of conduct including Nursing and Midwifery Council standards.

Policies and procedures in place include a disciplinary and suspension policy for staff suspected of abuse. Care is organised so that a staff member accused of abuse is separated from the accuser. Referral is made to social services and to the police. There is a serious incident policy in place. Policies highlight what steps to take in organising, delivering and reviewing care for patients who need safeguarding. There is information for staff on how to spot abuse contained in the Adult Safeguarding policy which is reinforced in training.

### **Our judgement**

The trust has policy and procedures in place to safeguard vulnerable adults and the local authority told us they are satisfied with the actions taken to protect people when safeguarding issues arise.

Overall, we found that the Pulross centre was meeting this essential standard.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

When we visited we saw that there was one trained nurse and two healthcare assistants on duty from 9:00pm until 8:00am; We were told that between the hours of 7:30am and 3:30pm there were 2 to 3 trained nurses and three healthcare assistants; and on a late shift, 1:00pm to 9:30pm, two trained nurses and two healthcare assistants. There were thirteen patients, and we were told that these staffing levels were for a maximum of seventeen patients and if the number of patients increased above seventeen then staffing levels would be reviewed and increased as necessary. We were told that a senior nurse's post at this centre was deleted in the past twelve months. The senior nurse post that was deleted was a band 6 post and a band 5 post was created instead. Because of difficulties recruiting to the Band 6 post it was felt the unit may be more successful in recruiting a Band 5 nurse.

Qualified nursing staff cover absence by undertaking additional shifts at short notice, and there were indications that nursing staff are undertaking additional shifts on a regular basis.

Both healthcare assistants on duty were supplied by NHS professionals; they were familiar with the centre having worked there in the past.

On speaking with staff we found that supervision has not been so consistent, but that qualified staff experience peer supervision. Some were unclear of when the last clinical supervision was received. Nurses told us that they have had their annual appraisals. None of the staff spoke about recent training opportunities, neither was there confirmation that staff have personal development plans. We did not receive any

information on the experiences or training provided to healthcare assistants.

Physiotherapists and occupational therapists were available during the daytime and work with people to rehabilitate them before discharge. Mobilisation is encouraged by the care staff to aid rehabilitation and recovery. We saw that the therapy plans were well communicated to the care teams, so that they were aware of the days that the therapists were planning to work with people to see how well they were able to wash and dress themselves. We also saw that the discharge planning for people with restricted mobility included visits to a person's home to assess what adaptations and equipment was required before discharge took place.

Nurses spoken to felt confident that the discharge arrangements were robust and that people could be assured they would receive the help as agreed on discharge plans. We heard that the service is available to people registered with a Lambeth GP. One of the people using the service told us that their own GP had attended to them at the centre. They told us that they find this arrangement satisfactory.

Nurses are trained to take bloods and they told us that staff are going to be trained to administer intravenous fluids.

We heard of plans to rotate staff with St Thomas' hospital and how this will help develop further individual skills and experiences.

#### **Other evidence**

The provider told us that they have assured themselves to be fully compliant with this essential outcome area and they provided us with information about the systems they have in place to support the staff.

The Trust has a comprehensive induction programme for new starters. On joining the organisation, all new permanent staff must undertake the relevant corporate induction programmes before they are allowed to work unsupervised. Almost all members of staff at Pulross, have attended the Trust induction training. The unit has a local induction process and check list and all new starters have a mentor appointed to guide them through the process. All posts in the unit have mandatory training requirements described.

There are two profession specific induction programmes that follow on from corporate induction and that the appropriate new members of staff must attend. Staff are booked onto these programmes at the recruitment stage.

At Pulross, supervision and the appraisal process are used to discuss and assess competency; any identified gaps in skills or knowledge are addressed through personal development plans. Records show that all staff at Pulross received appraisal in 2010.

At Pulross each member of staff has a skills check list and supervision document that describes the mandatory training requirements for their post and has sections for supplementary training and development. Medicine Management Competencies are reviewed annually. The medicine competencies of all registered nurses at Pulross have been assessed in 2011. There is a skills assessment checklist that is used to monitor competencies and a supervision template. Following supervision any identified areas of weakness are translated into personal training and development objectives. Progress is

monitored by the individual's supervisor and through regular appraisal meetings.

Group supervision is currently happening, but is limited in availability. A re-organisation of group supervision was necessary when this unit transferred to the control of Guy's and St Thomas' NHS Foundation Trust. Prior to this group supervision was run jointly with GP practice nurses. Led by the then Associate Director of Nursing and overseen by the Continuing Professional Development Working group a programme was put in place to train staff to become professional supervisors, a draft supervision policy was developed and supervision groups were set up and recruited to. By early 2011 five supervision groups had been established.

**Our judgement**

Systems to support staff have been reviewed and new supervision and peer support systems were being introduced. Staff have received appropriate levels of support and supervision and there have been training opportunities and opportunities for personal development.

Overall, we found that the Pulross centre was meeting this essential standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We met with the Deputy Chief Nurse Community who told us of the systems being introduced by the Trust. She had carried out an unannounced inspection visit to the unit at night herself and was pleased to note that advice she had given on her visit, ensuring low light levels in bays at night, had been followed by the staff on duty. She told us about the introduction of 'clinical Fridays' where senior nurses put on their uniforms and work alongside staff to get a better understanding of how care is being delivered, to observe staff practice and to model good care.

Some of the records in relation to patient experiences and conditions, for example, falls statistics, displayed on notice boards were out of date. The Deputy Chief Nurse Community told us that these areas are reported on weekly basis via the hospital reporting facilities, and agreed that the current statistics would be made available.

##### Other evidence

The provider told us that there was a consent audit (quality tools) showing positive results for Pulross in 2010. A re audit is planned. There are also regular internal spot checks, mock inspection visits and privacy and dignity audits. The findings of the most recent mock inspection, in July 2011, were favourable and identified areas that could be improved.

##### Our judgement

Systems were in place to enable the provider to assess and monitor the quality of service being provided.

Overall, we found that the Pulross centre was meeting this essential standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA