

# Mid Cheshire Hospitals NHS Foundation Trust

RBTAW

# Community health inpatient services

## Quality Report

Elmhurst Intermediate Care Centre  
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Winsford  
Cheshire  
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This report describes our judgement of the quality of care provided within this core service by Mid Cheshire Hospitals NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Mid Cheshire Hospitals NHS Foundation Trust and these are brought together to inform our overall judgement of Mid Cheshire Hospitals NHS Foundation Trust

# Summary of findings

## Ratings

Overall rating for Community health inpatient services

Good



Are Community health inpatient services safe?

Good



Are Community health inpatient services effective?

Good



Are Community health inpatient services caring?

Good



Are Community health inpatient services responsive?

Good



Are Community health inpatient services well-led?

Good



# Summary of findings

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# Summary of findings

## Overall summary

There were systems in place to identify, investigate and learn from patient safety incidents. The centre was generally well maintained and visibly clean with systems in place to monitor standards of cleanliness. Limited storage was available for equipment. There were suitable arrangements in place to respond to and investigate complaints in a timely manner. Some complaints were resolved positively at a local level. Staff received regular training and there were systems in place to monitor when training was due.

Patients were positive about the care they received. They told us that staff looked after them well and nothing was too much trouble for them. Staff protected patients' privacy and regarded them with respect. Self-care was promoted but staff support was available when patients

needed assistance. Patients were involved in the discharge planning process. Services were planned to meet the individual needs of patients. Admission criteria and pathways were in place and patients were appropriately admitted to the facilities.

The service was well-led at all levels with staff speaking positively about the leadership and support they received. There were systems to assess and manage risks. Audits were completed to monitor the quality of the service and, in most cases, action plans were in place with dates for completion if improvements were required. Identified risks were included in the trusts corporate risk register. However, while possible risks had been identified there were no clear plans were in place to assess these further.

# Summary of findings

## Background to the service

Elmhurst Intermediate Care Centre is located in Winsford, Cheshire and has 30 beds. The centre was designed for people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care, long-term residential care, or continuing NHS inpatient care.

Elmhurst provides assessment and care that involves therapy, treatment and rehabilitation. The centre is staffed by nurses and a team of therapists, with medical support provided by GP's who visit Monday to Friday. The centre provides accommodation over two floors with a lift available for access.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Nick Bishop

**Team Leader:** Ann Ford, Care Quality Commission

The team visiting Elmhurst Intermediate Care Centre included a CQC inspector and a doctor in geriatric medicine.

## Why we carried out this inspection

We carried out this inspection as part of our comprehensive inspection programme.

## How we carried out this inspection

To get to the heart of people who use services' experience 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?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We held a

listening event in Crewe on 6 October 2014 when people shared their views and experiences of Elmhurst Intermediate Care Centre. Some people also shared their experiences by email or telephone.

We carried out an announced visit on 9 October 2014.

We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of four people who use services. We met with seven people who use services and two relatives, who shared their views and experiences of the service.

We spoke with nine members of staff at all levels including the ward manager, nurses, allied health professionals, a pharmacist, GP, ward clerk and healthcare assistants.

# Summary of findings

## What people who use the provider say

All patients we spoke with were positive about the care they received at Elmhurst Intermediate Care Centre. Patients told us staff were "Brilliant" and "Wonderful" and that they had received a "First class service at Elmhurst Intermediate Care Centre and at Leighton Hospital".

## Good practice

## Areas for improvement

### Action the provider **MUST** or **SHOULD** take to improve

Action the provider **MUST** or **SHOULD** take to improve:

- The provider should ensure that soiled linens are stored in a secure and appropriate manner.
- The provider should ensure there are clear plans in place to address and manage identified risks. In particular the trust should ensure that outstanding portable appliance testing is completed.

- The provider should ensure there are robust processes in place for staff to receive "lessons learned" feedback from incidents.
- The provider should ensure that, where patients are deemed not to have capacity to consent, staff are establishing and acting in accordance with the best interests of the patient and that this is appropriately documented.
- The provider should consider providing all staff with appropriate dementia care training.

# Mid Cheshire Hospitals NHS Foundation Trust

## Community health inpatient services

### Detailed findings from this inspection

#### The five questions we ask about core services and what we found

Good 

## Are Community health inpatient services safe?

### By safe, we mean that people are protected from abuse

There were systems in place to identify, investigate and learn from patient safety incidents. Staff were familiar with the system and knew the types of incidents to report. Not all staff received feedback about the learning from incidents.

The centre was clean and generally well maintained although a lack of storage meant used linens were stored outside in all weather conditions. There was suitable equipment available to support patients' rehabilitation. Medicines were suitably stored and managed. Patients were encouraged where possible to manage their own medicines.

Staff had received training in safeguarding adults and knew how to report any concerns regarding abuse or neglect.

#### Incidents, reporting and learning

- Staff were familiar with the online reporting system and could describe the type of incidents they would report.

- Staff were given feedback and learning opportunities from incidents by email. A copy of the email was also placed in a file in the staff room. However, there was a mixed response from staff as to whether they received feedback about incidents. Some staff confirmed they did, others said they did not receive feedback.
- All grade three pressure ulcers were reported whether they developed at the centre or if patients were admitted with them. This meant if a patient had been admitted from Leighton Hospital there was a possibility that there could be duplicate reporting of the same pressure ulcer.
- A monthly review of incidents was completed. To identify trends and thresholds.
- A clinical audit of risk management was available. This highlighted two areas of concern. The first was an unreported pressure sore; the second was where a plan

of care for the treatment of a pressure ulcer was not in place. These had been addressed and the ward manager confirmed the incident report was complete and remedial actions had been implemented.

### **Cleanliness, infection control and hygiene**

- Audits and checks were in place to monitor the standards of cleanliness. These were completed regularly and the findings demonstrated that good standards of hygiene were being maintained
- The centre was clean with good stocks of hand gels, gloves and aprons. There was hand gel provided at the entrance of the centre for visitors to use but this was not prominently sited.
- Staff were observed using gloves and aprons when providing care and serving meals to patients.
- We saw there were signed schedules indicating when cleaning had last taken place. These were all up to date.
- The kitchen had been awarded the highest five star rating in November 2013 by the Environmental Health Officer for standards of hygiene and food management systems.
- Patients told us their rooms were cleaned regularly and linen and towels were replaced regularly.
- However we saw used and potentially infected linens being stored outside the building in unsecured, metal cages. These were exposed to rain and inclement weather. Staff told us these were collected twice weekly so were not suitably stored in line with best practice guidance.

### **Maintenance of environment and equipment**

- There was a lack of storage for equipment and linens at the centre.
- Equipment was provided from Leighton Hospital and we found sufficient equipment available in the centre.
- We observed pressure-relieving equipment in use to protect patients from developing pressure ulcers. This was requested and provided on a named patient basis, ensuring it was suitable for the patient's particular need.
- The unit had clear, large signage to orientate patients. There were handrails fitted around corridors. However in one area there was equipment placed in front of the rail. These meant patients would not be able to use the rail to walk safely.
- There were restrictors fitted on upstairs windows to reduce the risks of accidents and falling.

- A Patient Led Assessment of the Care Environment (PLACE) audit had been completed. However a copy was not available on the ward. It was therefore not possible for the ward manager to act on any findings of the audit.

### **Medicines management**

- Medicines were stored appropriately in lockable rooms and cupboards. In patient bedrooms there were lockable cupboards for patients who could self-medicate.
- Fridge temperatures were regularly checked, recorded and adjusted as appropriate. However, we found no evidence that temperatures within medication storage rooms were checked.
- There were suitable arrangements in place to store and administer controlled drugs. Regular checks of controlled drug balances were recorded.
- There were no stock drugs held and all medicines were obtained on a named patient basis. A small stock of homely remedies was held in stock. These are over the counter medicines such as paracetamol. Staff could use their discretion to give up to four doses of specific medications without a prescription from a doctor.
- Staff administering medicines wore red tabards with a message requesting that they were not disturbed to lessen the risk of mistakes being made.
- Patients were supported and encouraged to self-medicate to improve their independence and prepare them for discharge. We spoke with two patients who were at different stages of self-medicating. They were positive about the way staff supported them and checked that medicines were being taken as prescribed.
- There was no specimen signature list available of staff who administered medicines. Bank and agency nurses worked some shifts. Without a list it may not be easy to establish which staff member had given medicines.

### **Safeguarding**

- Staff received annual safeguarding training updates as part of the annual training package.
- Staff were able to escalate their concerns regarding issues of abuse and neglect.
- Staff knew how and when to contact the safeguarding lead. There was evidence that safeguarding concerns were escalated appropriately.

## Records systems and management

- Records were securely stored to protect patients' confidentiality.
- Information governance training was included as part of the mandatory training programme.
- When patients were admitted from Leighton Hospital medical records and medication charts were transferred with the patient. This ensured staff had relevant information about the patient's care and treatment.
- Locked confidential waste bins were available to dispose of handover sheets and other documents which required secure destruction.

## Assessing and responding to patient risk

- There were tools in place for the early detection and escalation of changes in a patient's condition. The hospital used an early warning system (EWS scoring). Typically the EWS scores were checked weekly. We saw that these were up to date and where scores had indicated that the patient's condition was deteriorating doctors had been informed and attended appropriately.
- A standardised range of risk assessments were included in patients' records and were used to reflect and plan for patients individual needs.
- Where patients had footwear that potentially increased their risk of falls they were given non-slip socks to wear to reduce the risk.

## Staffing levels and caseload

- Nurse staffing levels were consistently maintained although occasionally bank or agency staff were used. Where possible the unit's own staff covered gaps on the rota to provide continuity of care to patients.
- There were some nursing staff vacancies at the centre. These had been advertised and interviews were planned to fill the vacancies.
- Medical cover for the centre was provided by GPs who visited the centre each morning on weekdays. Weekend and out-of-hours medical cover was provided by the on call GP service. For medical emergencies staff dialled 999 to access the ambulance service.
- Domestic staff were available seven days per week. The ward manager told us funding had been agreed to employ a housekeeper as the centre currently did not have one.

- The trust published the staffing levels achieved on its website. The results for Elmhurst for September 2014 showed the majority of shifts were fully staffed with suitable levels of qualified and unqualified staff.

## Deprivation of Liberty safeguards and Mental Capacity Act

- Staff were familiar with the referral and assessment process if they were concerned that a patient may be being deprived of their liberty.
- The ward manager told us some staff were trained in the Mental Capacity Act, but not all.
- Staff we spoke with knew about the key principles of the Mental Capacity Act and how these applied to patient care. Part of the care planning records included the key principles and reminded staff to apply them when providing care and treatment.
- Staff were not following the trust's policies as they were unfamiliar with the two stage capacity assessment. A two stage capacity assessment should be completed when staff suspect patients are not able to give informed consent about decisions relating to their treatment.
- Staff told us they did involve patients' families and best interests meetings had been held. However a capacity assessment would clearly document what attempts have been made to engage with patients in order to promote decision making. Without a documented capacity assessment it cannot be assured that patients' rights are being upheld.

## Managing anticipated risks

- There were tools in place for the early detection and escalation of changes in a patient's condition. The hospital used an early warning system (EWS scoring). Typically the EWS scores were checked weekly. We saw that these were up to date and where scores had indicated that the patient's condition was deteriorating doctors had been informed and attended appropriately.
- A standardised range of risk assessments were included in patients' records and were used to reflect and plan for patients individual needs.
- Where patients had footwear that potentially increased their risk of falls they were given non-slip socks to wear to reduce the risk.

### **Major incident awareness and training**

- There was an escalation policy in place where staff alerted the on call site manager at Leighton Hospital if staff needed guidance and support.
- There was also an escalation process in place to alert on-call staff if there were any issues that affected the running of the service.
- On the first floor, we saw emergency evacuation chairs available to help patients with mobility problems evacuate the building in the event of fire.
- There was a defibrillator available at the centre which staff were trained to use should patients have a cardiac arrest. This was checked on a daily basis to ensure it was working.
- Staff received fire safety training and evacuation procedures were in place.

# Are Community health inpatient services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Care was planned and delivered in line with national guidance and evidence-based practice. Patients' pain was monitored and effectively managed. There were systems in place to monitor nutritional risks and patients were offered a choice of meals and were highly complementary of the food served to them.

Staff received regular training and systems were in place to monitor when training was due. Some Mental Capacity Act training had been completed but not all staff were trained. Generally, staff knew the principles of consent but the trust's policy and procedure was not embedded into practice.

## Evidence based care and treatment

- There were standardised care pathways in place such as the 'Skin bundle' which staff used to assess the risk of patients developing pressure sores. This used a recognised and research based assessment tool to determine the level of risk.
- We saw clear tissue viability and wound care management plans in place. These indicated that patients' wounds were improving.

## Pain relief

- Patients' pain was effectively managed. Patients' level of pain was monitored regularly and recorded within their records. We saw that where patients reported experiencing pain they had been offered analgesia. Patients we spoke with confirmed that staff always asked at each medicine round if they were in pain.
- Records showed that where patients had complained of unexpected pain, the cause was investigated and treatment was prescribed.

## Nutrition and hydration

- Nutritional risk assessments were included as part of the care records. These were completed and updated regularly. As part of the risk assessment patients were weighed at intervals determined by the level of risk.
- Fluid charts were used to record patients in take and regularly monitored to ascertain if patients needed additional support with fluid intake and balance.

- Meals were attractively served to patients. Portion sizes varied according to individual needs and preferences. Napkins and hand wipes were available on each table
- A red plate system was in place to alert staff to patients who needed support or encouragement to eat.
- There were plate guards, large handled cutlery and adaptations available to enable patients to eat independently.
- Patients and staff we spoke with told us the quality and choice of the food served was good. One patient described it as "excellent". Another patient told us it was "absolutely fantastic". A third patient told us: "Food is really good, with a good variety and choice, which is served nicely".

## Patient outcomes performance

- Nursing staff used standard risk assessment tools to identify patient needs. Patients were assessed for risk of falls, venous thromboembolism, pressure ulcers and malnutrition. The risk assessments were complete and updated regularly. Care was planned to manage and mitigate the risks of avoidable harm.
- Care plans were in place, which identified the patients' assessed need but also included an assessment of the activities of daily living that the patient was able to carry out for themselves.

## Competent staff

- One of the nurses took a lead role in monitoring staff training on the unit. Staff told us they received electronic reminders to let them know when training updates were due.
- There was monitoring of staff training at trust and local level.
- Staff told us there was no formal process for clinical supervision.
- A programme to develop the rehabilitative skills of healthcare assistants was available. This was a structured programme with agreed competencies that all healthcare assistants were given the opportunity to complete.

## Are Community health inpatient services effective?

- Data provided by the trust showed that mandatory training for all grades of staff exceeded the expected 90% benchmark.
  - A notice board was on display regarding dementia care. We spoke with staff about this but found that not all staff had received dementia training. While some dementia care training was provided as part of the safeguarding training staff were not provided with dedicated dementia training.
- Multi-disciplinary working and coordination of care pathways**
- Handover sheets were available to ensure that all staff working with patients had up-to-date information available to them.
  - Case managers and social workers visited the unit regularly. Staff told us they participated in multi-disciplinary meetings at least weekly but frequently visited the unit more often.
  - Physiotherapists and occupational therapists were based at the centre and worked alongside the nurses as part of the centre's team. Patients told us they had good access to therapists, seeing them on most week days.
  - Speech and language therapy, and dieticians were accessible by referral if it was considered to be necessary.
  - Patients' records indicated that referrals for tissue viability or infection control were requested appropriately. Dates indicated a timely response was received, and advice had been followed.
  - Where patients had outpatient appointments during their stay at Elmhurst staff arranged transport. Where relatives could not accompany the patient to their appointment a staff member provided support.

# Are Community health inpatient services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Patients were positive about the care they received. They told us that staff looked after them well and nothing was too much trouble for them. Staff protected patients' privacy and treated them with respect.

Patients were involved in their rehabilitation and knew what goals they were working towards. Self-care was promoted but staff support was available when patients needed assistance.

## Compassionate care

- All of the patients we spoke with were positive about the care they received. We were told that call bells were answered promptly and if staff were busy and couldn't provide care immediately they always responded and informed patients how long it would be before they could assist.
- Patients told us staff were "brilliant" and "wonderful". One patient told us they had received a "first class service here and at Leighton Hospital".
- Staff were described as hard working and "nothing was too much trouble".
- Two patients told us they had family members who had previously been patients at the unit. Both patients reported that the unit provided good care for them too. They told us they would happily recommend the unit to others.

## Dignity and respect

- All bedrooms were singles with en suite toilets. This meant patients' privacy was maintained. However, shower and bathing facilities were mixed gender use.
- A patient's preferred name was recorded and patients confirmed that staff used the name they preferred.
- One patient told us that their privacy was respected at night and that it was quiet enough to sleep well. Another patient said they were "Well cared for and my needs are respected".

## Patient understanding and involvement

- We saw records that confirmed patients had been given information leaflets relevant to their condition.

- Patients told us they were given exercises to do which would improve their rate of progress. Each patient we spoke with gave examples of the progress being made, all reported improvements.
- There were flexible routines where patients made decisions about what time they got up and went to bed. After lunch we saw many patients had chosen to rest in their rooms.
- Where patients self-medicated they had been given information about their medicines and knew what each medicine was for.
- Patients did not raise any issues or complaints to us and told us they would feel able to ask for information and advice if they needed it.

## Emotional support

- Where care records identified concerns about a patient's mood or psychological status a request was made for the GP to visit and assess the patient so that appropriate support could be provided.
- Staff provided support and reassurance to patients who were anxious or worried.
- There was a social atmosphere at the centre in the lounges and at mealtimes. Patients were friendly and chatted easily to each other.

## Promotion of self-care

- There were assessments and progress notes in care records to show how patients were able to care for themselves.
- There was an assessment tool in care files to monitor patients' baseline capabilities and progress made towards rehabilitative goals.
- Patients told us staff supported them well but also encouraged them to be as independent as possible.
- Rehabilitation goals were included in the care plans and patients could explain what they were aiming to achieve.

# Are Community health inpatient services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Services were planned to meet the needs of patients. Admission criteria and pathways were in place and patients were appropriately admitted to the facilities. The multidisciplinary team were effectively involved in the care and treatment of patients as well as contributing to discharge planning. There were suitable arrangements in place to respond to and investigate complaints in a timely manner.

## Service planning and delivery to meet the needs of different people

- Free car parking was available at the centre.
- In the lounge, patients were provided with hand bells to alert staff if they needed them. In bedrooms, toilets and bathrooms there was an electronic staff call system installed.
- Staff knew how to access interpretation services if these were required.
- A loop system was available to improve communication with patients who wore hearing aids.
- An information booklet was available for patients. This informed them about what to take into hospital, what to expect, including discharge arrangements and how to complain.
- Aspects of the environment were dementia friendly, this included blue toilet seats and clear signage. Some lights were sensor activated. This meant that patients did not have to look around for light switches and so reduced the risk of falls.
- The trust used a hospital passport document called "Information about me to help you" for patients with learning disabilities and those living with dementia. Patient passports provide information about the person's preferences, medical history, routines, communication and support needs. They were designed to help staff to understand the person's needs. We found evidence of completed hospital passports being used effectively by staff to support patients' needs.
- There was an outside paved area with seating that patients could use if the weather allowed.
- The visiting hours of the unit were clearly displayed and available on the trust's website.

- Equipment for bariatric patients was available, this included beds, wheelchairs, and commodes.
- The chaplaincy service visited the unit on a fortnightly basis. At other times patients could request visits from the chaplaincy or ministers/leaders from other faiths.
- Patients had access to a hairdresser who visited the unit fortnightly.

## Access to the right care at the right time

- The intermediate care teams completed an assessment on each patient prior to being accepted for rehabilitation at the centre. This was comprehensive and provided a wide range of information about the patient's needs.
- Discharge summaries were provided where patients were discharged from acute hospitals and verbal handovers regarding patients' needs were received from the intermediate care teams.
- Patients were admitted to the centre by two routes. The most common was from acute hospitals after improving sufficiently to require rehabilitation. The second referral route was by GP referral where a period of rehabilitation was used to prevent admission to acute hospitals.
- The centre had a policy that they could not accept more than six non-weight bearing patients at any time. This meant the acuity of patients' needs was monitored and considered.
- The centre was run as two separate floors with dedicated staff on each. More ambulant patients were usually accommodated upstairs; this was in consideration of fire evacuation procedures as it would be easier to exit the building from the ground floor.
- During the week of our inspection a patient had been admitted to relieve pressure on beds at Leighton Hospital even though they did not meet the rehabilitation criteria. The ward manager told us this was not a common occurrence.
- Physiotherapist and occupational therapists worked typically 9.00am to 5.00pm Monday to Friday and on Saturday morning, so therapists were not available seven days per week.

# Are Community health inpatient services responsive to people's needs?

## Discharge, referral and transition arrangements

- The number of patients who were readmitted back to acute hospitals was monitored. The statistics showed that readmission rates were low with no identifiable trends.
- Patients knew about their discharge plans and aftercare arrangements. Families and significant carers were also consulted and included in discharge plans.
- The ward manager told us there was an occasional delay in discharges taking place due to community care packages not being in place, but that this did not happen frequently.
- Therapists told us that most patients had an assessment at home undertaken to establish if equipment was required and ensure that discharges would be safe for the patient.
- No late evening/night discharges had taken place. Some weekend discharges had been arranged, usually where this suited families or carers. One patient reported to us that they had been admitted to the centre at midnight. They told us they found this a "bit confusing".

- At the multi-disciplinary meeting we saw a proactive approach to early discharge planning.

## Complaints handling (for this service) and learning from feedback

- There was a complaints policy that staff followed to handle any complaints that were received.
- The complaints procedure was made available to patients in leaflets in the reception area. These were available in a range of languages.
- The ward manager told us there had not been any complaints in the past 12 months.
- A range of compliments had been received from patients expressing their thanks and gratitude for the service received.
- We saw evidence of informal complaints that had been documented which showed they had been resolved at the time the concern was raised and apologies had been offered where appropriate.

# Are Community health inpatient services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Elmhurst Intermediate Care Centre was well-led at all levels with staff speaking positively about the leadership and support they received. There were systems to report incidents and to assess and manage risks. Audits were completed to monitor the quality of the service and in most cases action plans were in place with dates for completion if improvements were required. Identified risks were included in the trusts corporate risk register. However while possible risks had been identified there were no clear plans were in place to assess these further. Staff meetings were held regularly and these were well attended.

Patients were positive about the service the centre provided.

## Vision and strategy for this service

- Managers and staff told us the trust board members visited the centre regularly and were visible and supportive.
- Despite the centre being remote from Leighton Hospital staff told us there was a sense of inclusivity with staff feeling part of a wider team.
- We were told the Chief Executive visited the centre on Christmas Day most years. Staff appreciated this gesture.
- The trust board members were described to us by one staff member as being: "Open and down to earth".

## Governance, risk management and quality measurement

- The ward manager told us there was no risk register specific to the centre. We were told that if there were risks identified they were escalated and included in corporate risk registers. There was a graded system in place to assess the severity of risk. A copy of the corporate risk register was available in the staff room.
- While the ward manager could tell us about the possible risks to the centre such as maintaining staffing levels and the isolated position of the centre there were no specific plans to assess these further.
- There was a range of regular audits completed including: checks on signature omissions in medications

records, infection control and hand washing audits. A sample of care records were also checked regularly for completion, including early warning scores and monitoring of patients' pain.

- In June 2014 a health and safety audit was completed. Some actions from the audit had been completed but others had not. This included some equipment which required PAT testing. The electrical testing of equipment was included as a risk on the trust's risk register. However, there was no identified date for the completion of the testing.

## Leadership of this service

- Staff spoke positively about the leadership of the service. Staff told us managers were visible and approachable and they would feel able to report any concerns they had. We were told by one staff member that the unit "was well-led and run". Another staff member told us the ward manager was a "good role model".
- Staff spoke positively about how they worked well as a team to provide care for patients. They told us there was good staff retention among the team.

## Culture within this service

- Staff described a positive working relationship with their managers and peers.
- The ward manager told us staff were flexible and were willing to work extra shifts when they were needed.
- We spoke with a bank nurse who was working their first shift. They told us they had received an induction tour of the centre and had found the staff to be welcoming and friendly.
- All staff told us that providing good care to patients was a priority.

## Public and staff engagement

- Staff meetings were held on a quarterly basis, these were well attended. The minutes showed there were discussions about training, incidents and the running of the unit. Where there were actions needed there was a member of staff identified to complete the action and a completion date.

## Are Community health inpatient services well-led?

- There was a notice board in reception that showed some of the comments patients had made about the service in the form of a 'You said, We did' poster. There were many positive comments displayed about how the staff worked and the service patients received.
- When staff returned to work after being ill the ward manager conducted return to work interviews to establish if the staff member was fit to return and required any support.
- Staff told us they received six-monthly appraisals.

### **Innovation, improvement and sustainability**

- The ward manager told us that there was a refurbishment programme planned to update the centre and replace carpets with laminate flooring, which would be easier to clean.