

# The Royal Buckinghamshire Hospital

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

### Overall summary

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills,

understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when

# Summary of findings

they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care. Key services were available seven days a week.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

However:

- Processes did not provide assurance of the completion of tasks or evidence learning from complaints and incidents.

- The safeguarding policy was not reflective of current practice for safeguarding children and therapy staff completion of safeguarding training did not meet the hospitals target.

- Not all non-clinical staff received an annual appraisal.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

**Long term conditions**

**Good**



See the summary above for details.

# Summary of findings

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Good 

# The Royal Buckinghamshire Hospital

**Services we looked at**

Long term conditions

# Summary of this inspection

## Background to The Royal Buckinghamshire Hospital

The Royal Buckinghamshire Hospital has 22 beds and offers inpatient and outpatient rehabilitation for adult patients who have a spinal cord injury, acquired brain injury, stroke and other neurological conditions. Facilities at the hospital include private patient bedrooms, private apartments with self catering facilities for patients' families and friends, a hydrotherapy pool, three rehabilitation gyms and treatment and therapy rooms. These include woman only therapy rooms, individual consulting and group therapy and psychotherapy consultations.

The service treats both NHS patients and private patients from the UK and across the globe.

The Royal Buckinghamshire Hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder and injury.

The hospital has had the current registered manager in post since 2018.






## How we carried out this inspection

We spoke with 19 people; including management, nurses, maintenance, health care assistants, administrative staff, therapists and patients. We reviewed 10 complaints, 10 incident forms, 10 policies, five patient records, five patient questionnaires and five staff files. We attended

handover and reviewed minutes from all hospital meetings from the last three months. Due to restrictions on visitation during the pandemic, we were unable to speak with family and friends.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Long term conditions

Safe	Good 
Effective	Good 
Caring	Outstanding 
Responsive	Good 
Well-led	Requires improvement 

## Are long term conditions services safe?

Good 

Our rating of safe improved. We rated it as good.

### Mandatory Training

#### The service provided mandatory training in key skills.

Staff received and kept up-to-date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Training was a mix of e-learning and face to face sessions. Topics included; basic life support, dementia, equality and diversity, fire safety, infection prevention and control, Mental Capacity Act and Deprivation of Liberty Safeguards and moving and handling.

Managers now monitored mandatory training monthly and alerted staff when they needed to update their training. A training matrix used a traffic light system so managers could see who was in date, due, and yet to complete training. Compliance had improved with 99% overall completion rates.

### Safeguarding

#### Staff understood how to protect patients from abuse. Nursing and medical staff had training on how to recognise and report abuse and they knew how to apply it. Policies did not reflect best practice.

Staff could give examples of how to protect patients from harassment and discrimination, including those with

protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns, however the policy did not support them.

Nursing and medical staff now received training specific for their role on how to recognise and report abuse for both adults and children. Therapy staff completion rates for safeguarding training did not meet the hospital target. The therapy team ran the outpatient department; therefore, staff may not recognise and report abuse according to up to date practices.

Hospital safeguarding policies did not ensure safe procedures for visiting children. The safeguarding policy was in date, however the content of the policy referenced outdated practices and institutions.

### Cleanliness, infection control and hygiene

#### The service controlled infection risk well. Staff protected patients, themselves and others from infection. They kept the premises visibly clean. Staff did not have effective systems to evidence cleanliness, infection control and hygiene.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. Staff followed infection control principles including the use of personal protective equipment (PPE), being bare below the elbows and followed World Health Organisation hand hygiene practices. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

# Long term conditions

Cleaning records were not up-to-date and did not demonstrate that the hospital was cleaned regularly. The five cleaning records we saw were not completed, dated or signed. One housekeeper recorded completion of cleaning on a tissue. Managers were not assured cleaning had occurred.

## Environment and equipment

**Maintenance staff ensured facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

Staff received and were kept up to date with health and safety, fire and moving and handling training. Records showed 99% completion. Managers advised staff when training required renewal.

Staff disposed of clinical waste safely. The hospital had a contract with a third party to collect and dispose of clinical waste. Staff stored clinical waste safely and securely.

Maintenance staff carried out daily safety checks of specialist equipment. Equipment checklists were up to date, signed, dated and included all equipment items on the ward. The service had suitable facilities to meet the needs of patients. Maintenance staff kept up to date plans for monitoring, servicing and replacing equipment and facilities. Risk assessments including emergency planning for all equipment and facilities were detailed, up to date and reviewed regularly. Faulty equipment was quickly fixed or replaced.

Clinical staff did not ensure emergency equipment was safe. The resuscitation grab bag check sheet on Nightingale Ward was not signed for five days in the week before the inspection. Clinical staff did not know the equipment was safe to use and contents were in date. Immediate action was taken to ensure the equipment was ready for use.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff used a nationally recognised tool to identify deteriorating patients and escalated appropriately. Staff used National Early Warning Score (NEWS2) tool to

identify deteriorating patients and escalated them appropriately. A review of five patient records showed these had been completed within the first two hours of a patient being admitted to the hospital. If a patient required urgent medical care that could not be provided on site, staff knew to call 999 or transfer the patient to the emergency department at the local acute hospital. Staff completion of basic life support training including the use of the on-site defibrillator was 98%.

Staff now completed detailed risk assessments for each patient on admission using a recognised tool and reviewed this regularly. A review of five patient records demonstrated patient care had been risk assessed. Changes to risk assessments and care plans was discussed at handover and updated accordingly. Named nurses completed and reviewed risk assessments monthly and had completed risk assessment competency training.

Staff assessed patients for risk of risk of Venous thromboembolism (VTE). Staff knew how to respond to an increased risk of VTE in accordance with National Institute for Health and Care Excellence (NICE) guidance statement QS3. Venous thromboembolism is a blood clot.

## Nurse staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

The service had enough nursing and support staff to keep patients safe. Staffing was maintained at a safe level in accordance with British Society of Rehabilitation Medicine (BSRM) standards. A flexible approach was taken to numbers and skill mix which took account of patient acuity and needs. To manage this staffing rotas were arranged three weeks in advance and there was a block booking with an agency in case of staff absence.

The service had enough therapy staff to keep patients safe. The service reviewed therapy staffing levels in accordance with British Society of Rehabilitation Medicine (BSRM) standards for each type of therapist.



# Long term conditions

Therapy staff managed their own rotas in accordance with patient requirements and preferences. Therapy staff split their time between working with inpatients and running the outpatient department.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

The service had enough medical staff to keep patients safe.

Two regular resident medical officers (RMO) worked on a two-week rolling rotation. One was on site Monday to Friday between 9am and 5pm. Out of these hours they were on call.

Consultants visited the hospital one or two times a week and provided an on call service. We were told they could reach the hospital within 20 to 30 minutes.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive and all staff could access them easily. Patients had their own set of daily notes which were completed as they attended each therapy and activity session. Care plan folders were held centrally. Records were signed, dated, complete and legible, well organised and contained relevant patient information.

The result from the August 2021 audit of patient records showed care planning and documentation compliance was 99%.

## Medicines

**The service used systems and processes to safely prescribe, administer and store medicines.**

Staff followed systems and processes when safely administering, recording and storing medicines. Staff administered medicines on time. Staff medicine

administration record sheets were up to date, signed, dated and legible. Staff stored medicines securely and safely. Staff locked the medicine trolley when it was not in use. Stock was rotated to ensure older items were used first. The environmental temperature was monitored to ensure medicines were safely stored and action taken if this was outside the correct range. We checked five staff files and saw that staff on shift who were administering medication had completed competency training.

The pharmacist reviewed patients' medicines weekly, supported staff, audited medicines policies, updated staff of changes to practice and provided advice to patients.

Hospital policy stated the medicine stock was to be checked on the second day of each month. This was not recorded as completed for October 2021. Immediate action was taken to update the audit to include a review of the handover forms as well as an allocation list to ensure the stock sheet had been signed off.

## Incidents

**Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers did not ensure that actions were implemented and monitored. Staff did not fully complete incident records.**

Staff reported all incidents and near misses on a paper base system. This information was collated and discussed at monthly staff meetings where staff learned of any changes in practice or policy and also completed reflective practice.

The hospital's duty of candour policy was up to date and reflected current best practice. Staff understood their responsibilities under duty of candour. The Duty of Candour Regulation 20 puts a legal duty on all health and social care providers to be open and transparent with people using services, and their families, in relation to their treatment and care.

Staff did not fully complete incident forms. Incident forms included a section where incidents were rated from serious to no harm. Out of 10 incident forms from a six-month period only one included a grading. Managers

## Long term conditions

kept limited information about incidents. We reviewed 10 incident files and found they only included the initial details. Managers could not evidence they had oversight of incidents.

### Safety Thermometer

**The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.**

Staff used the safety thermometer data to further improve services. Managers used a quality dashboard to monitor safety information. The dashboard was reviewed monthly and included; accidents, incidents, adverse clinical events, infections and pressure ulcers for example. The results of the dashboard information were discussed at the three separate governance meetings, to identify whether there were any trends.

### Are long term conditions services effective?

(for example, treatment is effective)

Good 

Our rating of effective stayed the same. We rated it as good.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff holistically assessed patients' physical, mental health and social needs. Care, treatment and support was delivered in line with national legislation including; Standards for Rehabilitation Services, National Service Framework for long-term conditions (2009) and National Institute for Health and Care Excellence (NICE). Staff developed pathways for spinal injuries and stroke that followed national guidelines.

Staff followed policies and guidelines; they discussed their understanding of guidance at supervision. Managers checked staff had read policies and guidelines via a sign off sheet. We reviewed 10 policies, all were in date and apart from the safeguarding policy, referenced up to date practices.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.**

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff assisted patients to eat and drink in accordance with patient therapy requirements. Staff fully and accurately completed patients' fluid and nutrition charts where needed. Daily fluid charts and eating and drinking care plans were completed, included input and output and staff knew to escalate immediately if a patient had reduced output or was refusing fluids.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Staff screened patients on admission using the Nutritional Screening Tool. This included an assessment of fluids which staff reviewed monthly.

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it.

### Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff administered pain relief in line with the patients care plan. Staff used different communication methods to assess a patients' level of pain. For example, a facial pain scale where patients looked at or pointed to a face depicting their level of pain.

# Long term conditions

Staff administered and recorded pain relief accurately. Patients received pain relief soon after requesting it. Staff recorded when pain relief was requested and administered. Staff checked pain relief was effective and medical staff reviewed pain relief prescriptions monthly to ensure they were effective. Patients advised us their pain was well managed.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Outcomes for patients were positive, consistent and met expectations, such as national standards. Staff monitored patient outcome measures in line with Rehabilitation Outcomes Collaborative (UKROC). Managers and staff used the results to improve patients' outcomes.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of inspection 100% of ward, therapy and managerial staff had received an appraisal. Completion rates for housekeeping were 46%, this was due to the changes in managing the housekeeping team. Managers planned for all housekeeping staff to receive an appraisal by December 2021. Managers used the appraisal process to identify any training needs their staff had and give them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Managers developed ward based competencies for health care assistants to provide a framework and ensure consistent standards of care.

Topics included; bathing and assisted washing, catheter care and mouth care. Health care assistants said they appreciated the chance to develop their skills and could use the competencies as evidence to support their NVQ qualifications.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. All staff on shift attended handover. All staff were given an opportunity to contribute. Discussions included changes to patient care, risks and discharge.

Patients had their care pathway reviewed by relevant consultants. The weekly clinical meeting was attended by a representative from each team at the hospital. Working together ensured holistic care and continuity of care.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**

Staff could call for support from doctors and other disciplines, 24 hours a day, seven days a week.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support on wards.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. They used measures that limit patients' liberty appropriately.**

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Staff understood their responsibility in gaining consent. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Nursing staff asked for consent during care and therapy staff asked for consent before a therapy activity commenced. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff clearly recorded consent in the patients' records.

Staff could describe how and when to assess whether a patient had the capacity to make decisions about their care. Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The staff completion rate for training was 100%. Managers monitored the use of Deprivation of Liberty Safeguards and made sure staff knew how to complete them. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff implemented Deprivation of Liberty Safeguards in line with approved documentation.

### Are long term conditions services caring?

Outstanding 

Our rating of caring stayed the same. We rated it as outstanding.

#### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff were seen to take time to interact with patients in a respectful and considerate way. One person said staff treated them well and were complimentary about the care they received saying; "Staff try very hard, that they felt cared for and that all staff were very approachable".

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided kind and compassionate care. During mealtime staff were seen

assisting patients, taking into consideration the support needs of the individual, asking for consent and using communication tools, such as word boards, to communicate effectively.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to their care needs. People were involved in how their care was provided and were able to influence how and when this was carried out. Appropriate adjustments were made according to individual needs, such as private clinic space, screens and a choice of male/female therapists. This was reflected in individual timetables.

Staff supported patients, each other and outside services during the pandemic. For example; maintenance and ward staff covered kitchen assistant duties when members of the kitchen team were isolating. The head nurse and respiratory physiotherapist worked out of hours to support an unwell ventilated patient. As patients were unable to leave the site or receive visitors, staff developed an evening and weekend activity programme including; beauty evenings, movie nights and quizzes. Staff supported a patient to celebrate their anniversary. Their partner at home wanted to make a special meal from their first date. Kitchen staff replicated the menu and the couple had their meal together via teleconference.

Other examples included; arranging a birthday party for a patient's four-year-old daughter. Staff planned and attended a memorial, including service and reception for a patient who passed away. The therapy team supported family cooking sessions for a patient receiving palliative care and their young family, in order that they could eat more healthily after they had passed away. Staff escorted patients to enable them to attend family activities and sporting events. Staff ate their Sunday roast with patients to promote a homely environment. A calendar of upcoming patient events included seeing a pantomime at the local theatre.

#### Emotional support

**The service provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. At

## Long term conditions

the time of the inspection the service generally did not allow visitors due to COVID-19. However, individual circumstances were reviewed, and staff provided examples of supporting a patient in a safe caring effective way, taking into consideration their emotional needs providing support to those using the service as well as their families to ensure that they felt connected. This included using a dedicated visiting area for patients to see family members and the use of electronic devices to keep in touch.

Staff demonstrated empathy and supported patient's wellbeing, we were told about how a patient was supported to celebrate their anniversary over Zoom.

Staff demonstrated that they understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing. The service offered patients and their family members counselling to help them address any emotional concerns they may have.

Staff referred patients and families to charities and organisations to help their understanding of conditions and provide additional support.

### **Understanding and involvement of patients and those close to them**

#### **Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. The service made adaptations throughout the pandemic to ensure that families and carers continued to be involved with their care. Families were supported to be a part of the rehabilitation process and were encouraged to attend therapy sessions and planning meetings via Zoom. Zoom was also used to support preparation for safe discharge, allowing therapists to see the space of the home to order the correct supportive aids. Therapy sessions were streamed via teleconferences and were also recorded and stored on a memory stick. We were told how this supported families who were unable to attend. This allowed the family to review and implement therapy sessions after discharge, supporting continued care and further understanding.

Staff talked with patients in a way they could understand, using communication aids where appropriate. Clear and

simple language was used to explain the care to make sure patients understood what was happening and was delivered in a calm and thoughtful way. Staff supported patients to make informed decisions about their care as their knowledge of patients ensured staff presented information at the most appropriate time and format. Patients are supported by speech and language therapist to communicate their needs. A psychologist was available to support decision making and capacity regarding advanced decisions.

### **Are long term conditions services responsive to people's needs? (for example, to feedback?)**

Good 

Our rating of responsive stayed the same. We rated it as good.

### **Service planning and delivery to meet the needs of the local people**

#### **The service planned and provided care in a way that met the needs of local people and the communities served.**

Staff supported patients to take ownership of their time at the hospital, including making the hospital environment as homely as possible. There was patient art on the walls throughout the hospital and patients could decorate their bedrooms. Patients had input into what activities were scheduled. The 'Friday Class' was unplanned, patients decided on the day between singing, artwork or games. Patient preference was used to plan the frequency and times of therapy sessions and staff adhered to them.

Patients could access several reception areas and private rooms where they could spend private time with their families. Staff recognised the importance of patients being able to visit with their families during the pandemic whilst maintaining appropriate social distancing, due to the increased health risks of the patient group. A room at the hospital with both inside and outside access was redesigned with a glass panel dissecting the room in half. A sound system was installed that enabled family bubbles to remain on one side of the glass and the

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patient on the other. Although patients could not touch their families, they could physically visit and spend time with them. The 'COVID pod' had a booking system to ensure visitors did not attend at the same time and both sides of the room were deep cleaned between visits.

Patient's families could access the on-site family accommodation. This supported patients to reduce the disruption to family life. Patient's advised us they appreciated that it supported their mental health during their rehabilitation.

Patients had access to state of the art equipment to support their rehabilitation progress including a wearable robot that supported patients to walk and a 'dolphin' tracking system that supported arm movement.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Staff documented patient communication preferences within care plans and staff knew how to communicate with each patient on the ward. Staff had good knowledge of the different communication methods used by patients which enabled quick understanding. One patient said they really appreciated this as it reduced frustration.

Kitchen staff were able to adapt their menus according to patient preferences and dietary requirements. Mealtimes were flexible and the kitchen served food according to patient preference and therapy/activity schedule. Patients advised us they enjoyed the food and appreciated the variety.

Staff supported the care needs of patients from different cultural backgrounds and provided examples of how they adapted care. Staff could access translation services and information leaflets could be sourced in easy to read, braille and different languages.

## Access and flow

**People could access the service when they needed it and received the right care promptly.**

At the time of inspection there was no hospital waiting list. Patients could access the service as soon as it was required. Managers set admission targets and was achieving these.

Staff ensured patient care was reviewed and implemented before admission. Staff ensured all specialist equipment was sourced, medication stocked and staff trained to respond to any specific ailments the patient may have.

Staff did not admit patients until the full admission process had been completed. The admissions manager advised us that all admissions followed the same process and that out of hours admissions were still planned based on patient preference or travel arrangements. Therapists worked weekends if a patient was required to be admitted over the weekend period.

Staff and patients attended a referral and goal planning meeting within two weeks of admission. Staff and patients regularly reviewed and adapted these plans. A patient who was close to discharge advised us there was good communication between hospital staff and at home support.

Patients could continue their therapy sessions on site in the outpatient department. Many patients preferred this as it provided minimal disruption to care, in an environment and with therapists they knew.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. Staff treated concerns and complaints seriously. Managers did not evidence learning from complaints.**

Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke with knew the complaints process. The service clearly displayed information about how to raise a concern in patient areas and on their website.

Staff knew how to acknowledge complaints and gave examples of how they used patient feedback to improve daily practice.

Managers did not comply with the complaints policy and they were not able to evidence they had investigated complaints or monitored themes. We reviewed 10 complaints, and in all cases the information available was

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incomplete. Files did not detail how the complaint was resolved, lessons learned, actions implemented or review. The complaint files did not follow procedures detailed in the policy.

## Are long term conditions services well-led?

Requires improvement 

Our rating of well-led stayed the same. We rated it as requires improvement.

### Leadership

**Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.**

Senior staff had all completed a nurse management development programme. Head of department managers were completing Institute of Occupational Safety and Health training to improve their understanding of coaching, health and well-being in the workplace.

Staff spoke positively of the management team saying they were open, visible and staff could speak freely if they had a question or concern. Staff highly praised the head of nursing who was appointed in the role in spring 2021 as well as continuing in her role of training and development manager. Staff advised they had “Good energy” and raised the morale of the team during the pandemic.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.**

Staff were involved in the process of developing the vision and values. Managers now had a plan to promote the hospital visions and values, test staff understanding and support staff ‘buy in’.

Head of departments developed the five-year strategy which was coming to completion. Managers achieved the goals set out in the strategy and developing the direction for the hospital for the next five-year new strategy.

### Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff were proud of their co-workers. Staff in different departments worked well together and there was no ‘them and us’ culture. Staff bought in to the understanding that each department was “An important piece of the service”. Staff enjoyed working at the hospital.

Staff praised the opportunities to be able to show support for one another. There were nomination boxes across the hospital for the weekly ‘Employee Appreciation Award’ where staff were able to nominate co-workers for going above and beyond.

Patients were able to discuss their care and treatment with the management team.

### Governance

**Leaders operated effective governance processes throughout the service.**

The service had effective systems of accountability. Staff knew who and what they were responsible for and to.

Staff at all levels of governance and management functioned effectively and interacted with each other appropriately.

The service now ensured the quality dashboard and incident tracker matched. The governance team was now assured data on the tracker and dashboard was accurate.

The service had structures and processes to support the delivery of good quality services and managers regularly reviewed and improved services. Managers attended weekly clinical meetings, monthly governance and staff meetings to review the quality dashboard, bimonthly heads of department meetings to review operational changes. These fed into quarterly meetings with the board.

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## Management of risk, issues and performance

**Leaders systems and processes did not effectively manage performance. They had plans to cope with unexpected events.**

Managers now had access to an electronic risk register that included improvement plans. Risks were reviewed regularly dependant on level of risk. The date of review was not always met. Three items on the risk register had a historic review date. Managers did not have assurance risks were reviewed in a timely way.

The service now had an audit schedule that included improvement plans, timeframes for completion and re-auditing to assess whether the actions aided improvement. There was no auditing of policies to ensure up to date processes were followed and documented evidence was complete. The hospital safeguarding policy did not follow current practices, incidents did not complete the level of harm and complaint files were incomplete. Ward staff did not fully complete checklists and paperwork to evidence when they completed tasks. Cleaning records, medicine stock checklists and the resuscitation grab bag records were incomplete. Managers had not identified these risks through the quality monitoring system.

Managers could not be assured of the effectiveness of the systems to monitor the completion of tasks and provide assurance of a safe service. Staff were taking actions and learning but not capturing information in accordance with their own framework.

Maintenance staff reviewed monthly plans for unexpected events, for example heatwaves. Managers included local pandemic information in the quality dashboard to ensure staff were informed of local outbreaks.

## Information management

**Staff could find the data they needed, in easily accessible formats. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

All computer systems were password protected and staff locked computer screens when leaving their workstation. Paperwork was kept in secure, locked files that were only accessible to staff.

Staff knew their responsibilities regarding data protection, where the data protection policy was stored and how to keep records safe. In the 12 months prior to inspection there were no data security breaches at the hospital.

Managers submitted notifications to Care Quality Commission when required.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff.**

Patients completed a monthly questionnaire regarding the care they received and on discharge from the service completed a care feedback form. We viewed five surveys, questions included rating the kitchen, nursing, therapy and activities. All questions from the five surveys were rated as 'Good' or 'Outstanding'.

Staff received updates regarding news, safety meeting reminders, activities and internal communications via an electronic app. Staff appreciated having one main source of information.

Managers encouraged staff to attend monthly team meetings. The service had a monthly newsletter which all departments contributed to and staff used an electronic application to communicate, send messages and notifications.

## Learning, continuous improvement and innovation

**Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.**

Staff attended and took part in research and development programmes in the UK and abroad to support business planning and patient outcomes. Representatives from the physiotherapy team went to Croatia to review chronic inflammatory disease therapy options and was creating a proposal for updating services.



## Long term conditions

Staff were given the opportunity to present a business plan for quality improvement and learning to managers at the quarterly innovation meeting.

# Outstanding practice and areas for improvement

## Outstanding practice

We found the following outstanding practice:

- Patients had access to state-of-the-art equipment and facilities to support them on their rehabilitation journey.

- Staff provided outstanding care to patients, supported positive relationships and empowerment.

## Areas for improvement

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

Action the service **MUST** take to improve:

- The service must ensure it reviews systems for evidencing completion of tasks and learning from incidents and complaints. (Regulation 17 (2)).

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

Action the service **SHOULD** take to improve:

- The service should consider updating its safeguarding policy.
- The service should ensure therapy staff complete safeguarding training.
- The service should consider improving housekeeping staff appraisal rates.