

## Patient Safety & Quality Peer Review

<b>Directorate:</b>	Community & Medicine
<b>Site/s inspected:</b>	Eden Court at Wheatfield Court
<b>Ward/Areas inspected</b>	Eden Court
<b>Date of Review:</b>	01/06/2017
<b>Number of borders?</b>	N/A
<b>Are nurse staffing levels in accordance with current guidance?</b>	Nurse staffing levels were within guidance on the day of inspection.

<b>Assessment Team:</b>	1	Mrs Angela O'Brien - Director of Quality and Effectiveness
	2	Miss Amelia Woolley - Head of Quality Assurance & Clinical Effectiveness
	3	Mrs Clare Casson - Quality and Assurance Lead
	4	Mrs Anne Marie Troy-Smith – Quality Development Manager
	5	Sheila Postlethwaite - Infection Prevention and Control Lead
	6	Lorna Clark – Assistant Director of Pharmacy

<b>Summary of Services</b>	<p>Eden Court occupies the first floor of Wheatfield Court Care Home. Newcastle upon Tyne Hospitals (NuTH) delivers care from 20 intermediate care beds at Eden Court.</p> <p>Rooms are spacious and individual, with communal dining and common areas. In partnership with Akari care, a national operator of care homes, and local GPs, they provide enhanced intermediate care through Newcastle upon Tyne Hospitals NHS Foundation Trust.</p> <p>The team is made up of: Consultant Geriatricians, General Practitioners, Nurse Practitioners, Liaison Nurse, Podiatrists, Physiotherapists, Occupational Therapist, Dietician, Rehabilitation Assistant, Social Worker and Speech and Language Therapist.</p> <p>Treatments are designed to help the process of recovery from injury, illness or disease to as normal a condition as possible. This is a temporary short stay arrangement for no longer than four to six weeks. At six weeks, patients will be transferred an appropriate place for ongoing care. All patients are regularly reviewed by the team and receive medical and therapy input to help achieve optimal health level. The aim is for discharge home (with additional help if necessary) but if this is not possible a move to alternative accommodation will be facilitated.</p>
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## Introduction:

This report describes a judgement of the quality of care delivered at Eden Court at the Wheatfield Court Nursing Home. Wherever possible the methodology of the new CQC inspection regime has been followed enabling us to provide not only an overall rating for the ward, but also to make a judgment on whether care is safe, effective, caring, responsive and well-led, in line with the CQC framework. Unlike the CQC, this inspection was undertaken by peers from within the Trust rather than external inspectors. This should therefore be taken into consideration when reading the following report. In addition, when the CQC inspect the Wheatfield Court it is likely that they will review and report on the quality of care delivered across services and not just those delivered in Eden Court.

## Aims of the safety and quality assessment:

This peer review aims to:

- Explore the quality of care currently being delivered in line with the CQC's 5 domains of quality (safe, effective, caring, responsive and well-led).
- Provide a method for creating positive improvements in the quality of care through identifying what is working well on wards and what could be improved
- Facilitate the sharing of good practice by the cross fertilisation of ideas between the inspection teams and those being inspected.
- Support the monitoring of the Care Quality Commission standards

The safety and quality assessment is not a performance management tool.



Includes: Staff interactions & team working, equipment, medicines (inc. storage, administration, documentation and explanation to patients), cleanliness & infection control, clinical specimens, patient ID, staffing levels, risk assessments in records, patients feeling able to make a complaint, staff feedback re: risks, feeling supported, training, managers listening, working well together, management of absence, awareness of reporting incidents, abuse, where to find policies, awareness of performance, feeling able to provide a quality service, awareness of internal protocols

## Summary:

### **Cleanliness and Infection Prevention and Control**

- All rooms and communal areas were clean and tidy.
- Hand gels were available for all staff via pump bottles placed on handrails or tables around the department. Staff were aware that wall mounted dispensers would be preferable and were in contact with Estates to arrange.
- Cleaning practice adheres to Akari Care policy which means that no chlorine/bleach based products can be used. However we were satisfied with the quality and range of cleaning products used by the home; they were all produced by one specialist cleaning company and ordered on a regular basis.
- Laundry was carried out using industrial washing machines. All staff were trained to do this and there were clear processes in place for keeping clean and dirty laundry separate.
- COSHH information was clearly visible and available to all staff.
- All food was prepared on site and the kitchen facilities were exceptionally clean. There were food fridges on each floor containing snacks and drinks – the food contained within the fridges was however not labelled and the fridge could be cleaner.

### **Reporting culture**

- Staff told us that they felt patient safety was never compromised and that they would have no hesitation in raising concerns.
- All staff we spoke with understood their responsibility to report and were aware of reporting processes. Inspectors were told that if an incident involved NuTH staff then a datix form was completed but if it was in relation to Akari staff only then the incident book, which is their way of recording incidents, was completed.

### **Learning from Incidents**

- We were given several examples of learning from incidents. For example investigations following trips/falls in bedrooms suggested that poor lighting could have been a factor. The lighting in all bedrooms was assessed and is in the process of being updated.
- Learning following incidents is shared between the Akari and NuTH team at monthly meetings.
- Staff also stated that if there was a case where an apology to the patient and/family was required there would be no hesitation in providing this.

## **Risk assessment, monitoring and patient safety maintenance**

- All patients had a pre admission assessment completed before transfer to Wheatfield Court; this detailed assessment aimed to assess patient suitability.
- Risk assessments were also undertaken on admission by Akari staff using Akari paper work and methods. These we found to be very comprehensive and included: dependency scores, falls, pressure ulcers, MUST and hydration, bed rail risk, moving & handling and mental capacity.
- Each patient has a set of observations recorded once daily on the NuTH NEWS system. A full set of observations were undertaken each morning prior to the medical ward round. The NEWS score was however not included (i.e. the score was not added up) and neither was either the time of the observations or the 'nursing concern' field.
- In all of the notes we reviewed an individualised care plans were included. These were clear and concise. Documentation showed that these plans were reviewed on a regular basis.
- We were told that handover from shifts was verbal – Akari night staff handing over to Akari day staff who then attended the daily MDT morning handover meeting (chaired by NuTH staff).
- We observed an MDT morning handover meeting and were extremely impressed – it was one of the best examples of MDT meetings we have witnessed; information shared about patients was concise and thorough with clear plans for each patient articulated and shared. Input from all staff was clearly valued. The MDT meeting we observed consisted of one GP, two NuTH Nurse Specialists, 2 physiotherapists, an OT, a rehab assistant, a pharmacist and an Akari Clinical Nurse Lead.
- Staff informed us that patient transfer to OPD visits could be facilitated in the first instance by family and if not by a staff member.

## **Medicine management**

- The stock cupboard was clean, tidy and organised. It was noted that there is a high turnover of stock. A record is kept of all medications received to ensure accurate account of drugs supplied. Stock is well managed to avoid running out of particular drugs.
- The room where drugs were stored was noted to be cool, clean and tidy with air conditioning. The drugs trolley was attached securely to the wall and drugs on the trolley were all labelled.
- There was evidence of weekly controlled drugs (CD) stock checks with no apparent issues. The register was neat and tidy .CD destruction was witnessed by two staff and signed out of register.
- There are two Nurse Practitioners who are prescribers. They transcribe charts and the pharmacist checks these. Allergies were noted on charts checked. No issue with missed doses.
- Prescriptions were kept securely. Sharps boxes were noted to be placed at height.
- The unit provides drugs on discharge with other drugs from Wells Pharmacy ordered by Wellpad.
- Medication policies appeared clear and easy to follow (Akari policies). There were clear policies for ordering, storage, administration, recording and disposal, self-administration, incorrect administration and reporting and investigating missing drugs.
- There were two policies noted for the reporting of errors; Datix for anything involving NuTH staff and Akari use their own internal system for their staff.
- One drug fridge was noted to have a temperature record of 22 degrees for a four day period with no action taken. This was acted upon as soon as we reported it.

- PGDs are not in place as of yet – this needs to be addressed promptly.

### **Safeguarding**

- Staff talked confidently about safeguarding processes and knew who to contact and what to do should they have concerns.

### **Staffing levels**

- All staff we spoke to were happy with the levels of staffing on the unit.
- There are x2 Nurse Practitioners, x1 OT, x1 Physiotherapist, x1 Rehab assistant and x1 specialist nurse all of whom are Trust employees. These staff are supported by Akari Care staff who provide:
  - Day shift – x3 HCA and x1 Staff Nurse
  - Night Shift – x2 HCA and x1 Staff Nurse
- Medical staffing is provided from 9am to 1pm seven days a week by either a Trust Consultant or a local GP (Rota System)
- The staff all felt well supported by each other. There was no segregation of staff working for different employers. Inspectors felt care was seamless and communication excellent.
- On the day of inspection staffing levels were as per guideline.

### **Good Points:**

1. Excellent levels of cleanliness
2. Collaborative working between NuTH and Akari staff
3. Open culture where patient safety is viewed as a priority, staff are willing to report,
4. Excellent documentation of care

### **Areas in Need of Improvement:**

1. Hand gels to be secured in dispensers on wall
2. Fridge cleanliness and labelling of food within
2. Totalling of NEWS Score and noting time of documenting observations
3. Medicines fridge temperature controls to be actioned when out of normal range
4. Development of PGDs locally



Includes: management of meal times, consent, nutritional documentation, documentation of patient involvement and multi-disciplinary handover, patient feedback about timeliness of staff response, staff feedback around supervision and appraisal

## Summary:

### Monitoring of outcomes

- Clinical audit is valued and actively encouraged. The team are participating in a national audit on intermediate care and measuring the Barthel score on admission and discharge.
- An example of current local audit is the “Reacting to red” initiative. This aims to reduce pressure ulcer development by taking appropriate action on seeing redness - a possible first indicator of pressure ulcer development. As part of this initiative each patient has a safety calendar on their bedroom wall – these were seen by inspectors. When previously implemented this initiative saw a reduction in 75% of preventable pressure ulcers.
- Audits are registered on the Trust's audit database.

### Staff Development

- All levels of staff talked positively about training opportunities available.
- Clinical supervision was cited as being carried out monthly. Both NuTH and Akari staff felt well supported by the Trust. For example the NuTH IPC team are due to deliver two training sessions in June.
- Staff informed us that if a training need was identified then training was promptly organised by Akari management.

### Collaborative working

- Staff reported that there were excellent working relationships between professional groups and between NuTH and Akari staff. Staff described these relationships as being not only effective for patient care but also for shared learning.
- There was strong evidence of effective multidisciplinary meetings and robust handover processes. We observed an MDT meeting and found the communication, knowledge and management of the meeting to be highly effective. There was an in-depth knowledge of each patient with concise plans for care being agreed, planned dates for home visits/discharges were discussed.
- There was evidence of appropriate liaison with support services; for example with behavioural therapy and psychology. (note the emergency neuro psychology assessment would not take place until August therefore a time delay, to counteract this the team had organised the Older Persons Psychiatric Team to visit in the interim period).

### Access to information required to deliver effective care

- NuTH staff at Eden Court can access eRecord and the Trust's intranet. NuTH paper medical records were also available on site for each patient.

### **Patient consent**

- All patients we spoke to indicated that their care and treatment had been fully explained to them and they had sufficient opportunities to ask questions and have them answered.
- Staff spoke of the importance of making sure patients had capacity in order to give consent (majority of which in this setting is verbal).
- There was a very in-depth record of a DoLs application and process. There was evidence of notification to the CQC.

### **Good Points:**

1. Excellent multidisciplinary working
2. Excellent collaboration between NuTH and Akari Care staff
3. Clear focus on audit activity

### **Areas in Need of Improvement:**

1. Currently long waiting time to access neuro psychological assessments for patients

### Domain 3: Are Services Caring?

Rating Outstanding



Includes: interactions with patients, understanding of patient needs, privacy and dignity issues, accessibility of equipment, patient information, security and confidentiality of records, feedback from patients, understanding of Mental Capacity, staff awareness of complaints

#### Summary:

#### Kindness, Dignity and Respect

- Patients told us their privacy and dignity was respected at all times. This was clearly a priority for staff – we saw examples of signs that had been made to place patient's rooms doors stating 'Daily Hygiene in process' and 'GP visit in process' to further protect privacy.
- All patients we spoke to during the inspection spoke positively about the care they had received. They spoke of quick responses to call bells and told us "nothing was ever too much trouble". Comments such as "very kind" and "very caring" were common place. One lady told us she was "very well looked after" and another, who had previously had a stay at Eden Court, told us she was "excited at the thought of coming back".
- During our visit we also spoke to families of patients. A residents son described excellent communication with relatives –he felt very well informed throughout his mother's stay and had been involved in every stage of her care planning.
- Feedback was regularly collected from patients and their families/friends/carers and was generally very positive. Residents felt well cared for by thoughtful and compassionate staff.
- All interactions between patients and staff were observed to be kind and caring. All members of the inspection team commented that they would be more than happy for members of their family to be cared for at Eden Court.

#### Good Points:

1. Exemplary caring attitude displayed by all staff
2. Staff clearly prioritised patient dignity

#### Areas in Need of Improvement:

1. None identified





Includes: taking account of individual needs and having this documented, effective discharge arrangements, timeliness of response from staff to patients, staff feeling service would respond to any issues/complaints raised, awareness of interpreters

### Summary:

#### Environment

- All patients have individual rooms with ensuite bathrooms. All rooms were well presented and homely.

#### Meeting the individual needs of the Service User

- All residents are given a service user feedback form at the end of their stay and there are also review cards left in the main entrance which incorporate the Friends and Family Test.
- We were given several examples of the service responding promptly to feedback; these included the employment of an Activities Coordinator (Interviews being held next week) following comments from patients that at times they felt bored. Patients had also feedback that they would like more physio therefore the timetable had been amended so that the physio could attend every morning.
- Patients told us that they felt involved in the decisions around their care and that the service they received were flexible to their needs.
- One patient we spoke to felt that breakfast could be served a little earlier. Breakfast is served at nine am but this was felt to be a long time to wait for patients that wake early in the morning. It was suggested that light refreshment could be offered at an earlier time to precede 9am breakfast. It was noted that there was a wide and varied choice at meal times with a four weekly meal plan. Tables were set in the communal with floral centre pieces.

#### Meeting the needs of vulnerable patients

- There was an excellent example of caring for the additional needs of vulnerable patients. One patient had a DoLs in place. This same patient had the necessary referrals made and input from the Behavioural Therapy Team in a bid to work with patient and family to facilitate re-establishing relationships. A neuro psychiatric referral was made but not available until August, in a bid to overcome this wait the team had referred the patient to the Older Person's Psychiatric Team to be seen. They were also facilitating home visits with the family to have this patient reacquainted with a different environment.

### Good Points:

1. Environment conducive to the needs of the patient
2. Response to patient feedback.
3. Excellent awareness of the needs of vulnerable patients.

### Areas in Need of Improvement:

1. To review the time of patient's first drink/snack of the day.

## Domain 5: Are Services Well-Led?

Rating Outstanding



Includes: clear vision, participation in patient surveys, staff clarity over roles and areas of risk, culture of openness, visibility of senior managers

### Summary:

#### Vision and Strategy

- NuTH and Akari had a clear vision and strategy for the daily management of the service. There was an overwhelming sense of pride from the staff about the care they delivered.
- There is a vision to reduce not only length of stay in acute hospital bed days (to date a saving of 17800 days) but also acute hospital admissions. Data shared with us suggested that to date this scheme had been very successful.
- Referrals can be made not just from the acute setting but also the community via GP, CCT and CRRT.

#### Leadership

- Leadership was exemplary and highly visible at all levels. All staff spoke highly of their line managers.
- Particularly strong leadership was delivered by the Nurse Practitioners. They were knowledgeable and clearly dedicated to the service.
- We were impressed with the working relationships between the Trust staff and Akari Care and how the potentially problematic scenario of working to different policies was handled – to our surprise this caused no issues with the delivery of care and any challenges that did arise were dealt with pragmatically between the two providers. It was an excellent example of cohesive team work.

### Good Points:

1. A clear vision and strategy
2. Leaders are highly visible and supportive of staff

### Areas in Need of Improvement:

None identified.

### Overall Results:

Safe	Good	●
Effective	Outstanding	★
Caring	Outstanding	★
Responsive	Outstanding	★
Well Led	Outstanding	★
Overall Rating for this Service	Outstanding	★

Issue Identified		Action to be taken	By Whom	By When	Cost	Risk to the Trust (High, Moderate, Low)	If a Risk, added to Risk Register (Yes / No)
<b>Domain 1: Are Services Safe?</b>							
1.							
2.							
3.							
<b>Domain 2: Are Services Effective?</b>							
1.							
2.							
3.							
<b>Domain 3: Are Services Caring?</b>							
1.							
2.							
3.							
<b>Domain 4: Are Services Responsive?</b>							
1.							
2.							
3.							
<b>Domain 5: Are Services Well-Led?</b>							
1.							
2.							
3.							