



Renovo Care

Quality Accounts 2022/23

June 2023



Contents

Statement on quality from the CEO	3
Introduction to our quality account.....	4
Our services.....	5
Review of 2022/2023 quality priorities	6
Quality priorities for 2023/2024.....	11
Workforce	12
Care Quality Commission assessments	19

Statement on quality from the CEO

For the great majority of organisations funded by the NHS are required to submit Quality Accounts, the quality account process is an opportunity to reflect on and highlight areas of good work and progress. Quite rightly, organisations focus on their successes. Our report last year, however, made clear the extent of some of our shortcomings in relation to the systems and processes that encourage, measure and ensure the quality of our services.

To address these shortcomings, our focus for last year was:

- Improving the quality of leadership at all levels of Renovo
- Embedding our new governance and management systems
- Ensuring everything we do focuses on the safety of our residents and patients and the quality of our care we provide for them.

The services, as well as the senior leadership have worked tirelessly over the last year to improve our governance and leadership. We feel confident that a robust governance structure is now embedded across the organisation, supported by a first-rate Quality Team and the substantive Director of Nursing and Quality who commenced her role in June 2022. External feedback from our commissioners and from CQC inspections highlights areas where we have improved, but also areas for further improvement and so we have been busy taking these on board.

Alastair Clegg

Chief Executive Officer

June 2023

Introduction to our quality account

This Quality Account is the Renovo's annual report to the public which allows us to share information on the quality and standards of the care and services we provide. It enables us to demonstrate the achievements we have made and identify what our key priorities for improvement are in the forthcoming year.

This report presents our achievements in terms of quality, safety as well as patient and resident experience, along with our continued efforts to deliver evidence based, quality care. Our first Quality Account that we published in 2022, was a true and accurate reflection of the many challenges the new leadership of the organisation faced. As you read through the report, we hope you get a sense of the progress that has been made over the last 12 months, along with what further work is still required.

In this 2022/23 account, we demonstrate some of the challenges we have overcome, along with our successes and our plans for the future.

Our services

We are an independent specialist provider for the assessment, treatment and rehabilitation of adults with neurological conditions including acquired brain injury (ABI) and progressive neurological disorders. We offer high quality care that promotes and supports the best rehabilitative outcomes possible.

We provide care and rehabilitation in both hospital and community settings across the South of England. Our patients are admitted to one of the following defined care pathways following a comprehensive initial assessment and review:

- Acute Neurorehabilitation
- Acute Neurobehavioural
- Extended Rehabilitation
- Assisted Independent Living

Our service locations are:

Hollenden Park is an independent specialist neurorehabilitation hospital located in Hildenborough, Kent. It provides care and rehabilitation to individuals suffering from neurological disability as a result of Acquired Brain Injury, stroke, progressive neurological conditions such as Multiple Sclerosis, Parkinson's and Huntington's Disease. We support individuals who require specialist rehabilitation at different stages of their journey through our established clinical pathways including acute and extended rehabilitation, transitional rehabilitation enabling individuals to return into the community, as well as complex neurological continuing care.

South Newton, is a care service with nursing, here the interdisciplinary team provide care, support and rehabilitation enabling individuals to return home or to another community setting following discharge from an acute hospital. The team includes registered nurses, therapists, care and support staff

Swanborough House is a residential service based in Brighton, East Sussex providing slow stream rehabilitation or continuing care for adults following an acquired brain injury. We provide a secure, relaxed and homely environment which is ideal for providing the support that residents need to regain their independence as much as possible within the boundaries of their condition. The accommodation is primarily single occupancy en-suite bedrooms but there is an option which supports more independent living.

Victoria House is a residential service based in Farnborough, Hampshire which provides slower stream rehabilitation for adults with long-term neurological conditions, traumatic or acquired brain injury through medium or long-term placements. We provide a secure and homely setting which is ideal in supporting individuals to become as independent as possible and is close enough to the local community to offer educational, vocational and employment opportunities.

Review of 2022/2023 quality priorities

Working with residents, patients, families, and carers

All sites have patient/resident forums which meet regularly and are used to generate ideas for improvement.

Quality of leadership

Once the substantive Director of Nursing & Quality came into post in June, the Executive team have been stable and consistent for over a year:

- Hollenden Park has an experienced Hospital Director who commenced in their role in March 2022
- CQC approved the Registered Manager application for South Newton in October 2022
- The leadership at Swanborough House continues to remain efficient and stable.
- Victoria House has also had stable leadership since March 2022.

Governance

Over the last year we have transformed our clinical governance system and processes with a robust structure that includes:

The creation of a Director of Nursing and Quality post. This Board-level post reflects a new corporate emphasis on the quality of care provided.

We've done an enormous amount on governance, introducing a floor-to-board structure based on:

- Daily safety huddles on each site which look at data from a range of sources for the previous 24 hours (including staffing levels, incidents, NEWS scores etc) and ensure that everything is planned for the coming 24 hours
- Weekly Renovo-wide patient safety meetings which look at incidents, safeguarding and CQC referrals, complaints and so on and ensure all are being dealt with and escalated appropriately.
- Monthly site clinical governance meetings, chaired by the Registered Manager, which look at the full range of data available on quality, effectiveness, responsiveness and safety of care.
- A monthly Renovo-wide clinical governance meeting which aggregates information from the four sites and looks at themes, common learning points and so on. And

- Briefing to the Board from the clinical governance process. Similarly, we have put in place a new risk management systems, with clinical risks identified as part of the clinical governance and audit processes locally on each site, reviewed monthly at clinical governance processes, escalated to the Renovo clinical governance process and then, if appropriate, further escalated to the Renovo corporate risk register for submission to the Board.



Areas for improvement

Culture

There are two main elements to our work on culture in 2022/23:

- First is improving engagement with staff
- Second is working with staff, residents, patients and others to establish our mission, vision and values

Staff engagement

Staff Forums held weekly at Hollenden Park, South Newton and Swanborough House led by the Registered Manager

The Executive Directors have a presence at each of the services on a weekly basis

Vision, mission, values

The previous leadership team appeared to have developed the vision, mission and values in private and then 'consulted' staff. Feedback in early 2022 was that this process resulted

in staff not feeling involved or engaged or as though they owned the process, not the vision etc. Rollout was halted.

A new approach launched in the summer of 2022, with staff, resident and patient workshops generating ideas for a vision, mission and values. This was then developed by the Senior Leadership team, and a first draft of each was discussed with staff, further amended taking on board staff feedback, and then shared with patients, residents and families for further comment before finally being signed off by the Board in October 2022



In addition, a follow-up exercise to identify the sorts of behaviours that staff would expect to see, aspire to see and would not like to see demonstrated in relation to each of the values in order to make the values feel relevant day-to-day. Again, that piece of work was started by staff and updated incrementally by managers and staff and shared with relatives and carers before being signed off

Behaviours we don't want to see	Behaviours we expect to see	Behaviours we strive towards
Compassion		
<p>Being too busy for patients and residents</p> <p>Being inappropriately distant or overly familiar with patients and residents</p> <p>Being unsympathetic towards the people in our care or their family members</p> <p>Making assumptions about what people want and need</p>	<p>Giving people time and supporting them to communicate with you</p> <p>Being empathetic: actively listening so you can fully understand</p> <p>Taking time to remember names, faces, and facts about them</p> <p>Distinguishing between the person and their behaviour</p>	<p>Recognising when somebody is having a bad day or struggling and helping them.</p> <p>Looking after new starters and agency staff – don't dismiss them because they don't know everything yet</p> <p>Supporting each other both professionally and personally</p>
Accountability		
<p>Avoiding responsibility, blaming others, giving excuses</p> <p>Not following policies and procedures</p> <p>Doing what is easy or convenient</p> <p>Not keeping promises</p> <p>Not taking responsibility for own behaviour or impact of own behaviour</p> <p>Seeking to hide problems or issues</p> <p>Not addressing problems as they arise</p>	<p>Being open and honest</p> <p>Saying you're going to do something and then doing it</p> <p>Meeting deadlines (or giving enough notice if you can't)</p> <p>Owning up to your mistakes and sharing learning</p> <p>Committing to personally developing, and reflecting on own practices</p> <p>Offering solutions to problems</p>	<p>Politely challenging team members who aren't living our values</p> <p>Trusting others: if they have taken a job, giving them space to complete it</p> <p>Role modelling Renovo values in everything you say and do</p> <p>Proactively preparing for supervision meetings</p> <p>Willingly seeking to collaborate and learn from others</p>
Respect		
<p>Being late without a good reason</p> <p>Being rude, aggressive or impolite</p> <p>Using your personal phone at work</p> <p>Bringing personal issues to work</p> <p>Criticising colleagues in front of others</p> <p>Gossiping</p> <p>Not keeping the workplace tidy</p> <p>Speaking in a foreign language at work</p> <p>Colluding with poor behaviour</p>	<p>Greeting people and smiling</p> <p>Respecting <u>all</u> aspects of diversity</p> <p>Thanking people</p> <p>Taking care of Renovo property and colleagues' property</p> <p>Taking handover seriously</p> <p>If doors are closed knock and pause before entering</p> <p>Being kind towards everyone who works at Renovo – we are all one team</p>	<p>Demonstrating active listening</p> <p>Introducing yourself and asking permission before starting an intervention</p> <p>Not moving or cancelling meetings if you can avoid it – especially supervisions</p> <p>Respecting their work environment by keeping it clean, tidy</p> <p>Giving colleagues positive feedback when appropriate – publicly and in private</p>
Excellence		
<p>Being negative: "this place is rubbish"</p> <p>Rushing to get jobs done quickly rather than well</p> <p>Unable to move past conflict to resolve issues</p> <p>Untidy, scruffy uniform/ appearance</p> <p>Accepting second best</p>	<p>Being visible and approachable</p> <p>Communicating clearly, checking understanding</p> <p>Applying the other values consistently</p> <p>Focusing on the individual needs of the people you're looking after</p> <p>Following good IPC practice</p> <p>Celebrate success as a team</p>	<p>Demonstrating a consistently positive attitude, even in difficult situations</p> <p>Going beyond the job description to support their team or deliver the best possible better care</p> <p>Having fun at work</p> <p>Going the extra mile and inspiring others to be at their very best</p>

Update on the policy process

During the past 12 months a review of all policies has been completed. This review identified that, almost all policies had been reviewed and rewritten before the new leadership team took over. However, a number of areas for improvement were identified, these included:

- Many of the policies had clearly been lifted from NHS Trusts, and some of them were not appropriate for the sort of care Renovo deliver, nor the sort of organisation we are
- Many referred to posts or committees which simply didn't exist
- Almost all were very lengthy, written in a very dry and unfriendly way, that did not sit well with our approach
- Many confused policies with procedures or general guidance
- There were over 100 separate policies, which was challenging for a small quality team to manage, and
- Feedback from staff was that so many lengthy policies squeezed into level-arch files meant it was extremely difficult to find what they were looking for and made for daunting reading.

We have therefore commenced a process of reviewing and rewriting every policy. In doing so we are ensuring that policies are up-to-date and in line with national guidance. We're also simplifying them, making the language friendlier and more accessible, and ensuring that a policy is a policy (and not a procedure or general guidance).

We are also grouping our policies together into policy packs. We have packs for all our IPC policies, HR policies, Health and Safety policies, Information Governance policies, Finance policies, and will pull our clinical and operational policies into packs over the next few weeks. The packs are A4 and spiral-bound (and available online, but most care staff don't sit in front of computers so find it easier to access hard-copy documents). This approach gives a number of improvements:

- Staff feedback is that it is much easier to access policies, and that they are an easier read.
- Packs mean we don't need a cover sheet, EIA, responsibilities section, version control documentation for every single policy, so, for example, 210 pages of separate HR policies has been reduced to a single 50-page document.
- Packs will be reviewed as a whole rather than each policy being reviewed separately. Given that a change to one policy often impacts on another, this means that we can take an overarching approach to policies on each topic.
- We'll review packs every year so all policies will move to consistent review cycles

Quality priorities for 2023/2024

The following quantitative objectives will be delivered in 2023:

Area	Objective	Stretch	Narrative
Quality	All audits are completed and demonstrate 90% compliance	95%	Audit is critical to effective governance. Compliance demonstrates how well we deliver our services.
Resident feedback	10% improvement in satisfaction scores over 2022	15%	Ultimately, our patients and residents are the best arbiters and judges of the quality of our care.
Staff feedback	10% improvement in satisfaction over 2022	15%	Similarly, a happy staff team is an invaluable indicator of the quality of our leadership.
Financial	Achieve budget EBITDA	Exceed by 10%	The organisation needs to be healthy financially to invest further in quality.

Workforce

Staff survey results

The first staff engagement survey under the new management team was undertaken in June 2022. Conducted on-line to ensure anonymity, as well as a paper version the survey consisted of 22 questions to gauge the staff experience of working at Renovo care. The results of the 2022 survey were mixed, with an overall staff engagement score of 64%.

The key issues of concern to staff were:

- pay, benefits and terms and conditions
- leadership, culture and communication
- training
- having the right tools to do the job.

On the back of the survey, staff were asked to join four working groups with senior leaders (one for each of the topic groups) to discuss in more detail the issues raised, and to propose solutions. The working groups each had 15 or so staff members, met throughout the winter and reported on their findings. A crucial decision reached by the Leadership, Culture and Communications working group was the creation of staff forums on each site, and then an overarching Renovo staff forum. The staff forums will take over from the working groups, and, alongside senior leaders, consider how to make Renovo a great place to work. Our HR lead, Kerry Booth will be working with local sites in June to get forums established.

The 2023 staff survey has just been completed and has seen substantial improvements in scores, almost across the board. The results, and comparisons with 2022 are in the table below.

Question	Measure	2022	2023	Change
		%	%	%
How good was your induction?	Very good; satisfactory	63	74	+17
How confident are you in your training?	Confident	87	87	0
Do you have enough equipment?	Yes	85	89	+5
Can you report abuse or poor practice?	Yes, I feel confident	79	81	+3
Are you confident in how your role fits?	Confident	79	88	+11
How well do we communicate?	Excellent; good	41	64	+56
How valued do you feel in your role?	Very; somewhat	63	75	+19
Would you recommend us for a loved one?	Yes	55	76	+38
Would you recommend us as an employer?	Yes	52	80	+54
Do you have enough supervisions?	Yes	60	72	+20
Do you have enough appraisals?	Yes	51	57	+12
Do you have enough team meetings?	Yes	49	65	+33
Rate the care we give?	Scale: 1-10	69	78	+13
Rate your working environment	Scale: 1-10	63	75	+19
Overall satisfaction score		64	76	+18

[NB – the Change % figures show the percentage improvement in scores – so scoring 10% one year and 20% the next year would be a 100% improvement in the score.]

Overall, we are encouraged by the results. For the scores for recommending our care for a loved one to increase from 55% to 76%, and to recommend us an employer to increase from 52% to 80% is a sign, we think, that staff feel we are moving in the right direction. There were also good increases for how well we communicate, how valued staff feel, and the frequency of team meetings. However, there's still much to be done to embed the improvements, and we'd like to see all scores at 75%+ so we will work with the staff forum to improve scores further in 2024.

We have consistently reassuring staffing levels due to improved retention rates (from an already high figure), which have improved from 92% in January 2022 to 96% at the end of March 2023.

Pay, benefits and terms and conditions

At the heart of some of our improved staffing figures, and, we hope, indicative of the type of organisation we are trying to become, our Board and shareholders agreed some significant and important changes to pay rates and to terms and conditions over the last 16 months. In particular:

- We have increased the pay for experienced Rehab Assistants from £9.80 an hour to £12.50 an hour.

- We no longer pay any staff the national living wage, and all staff are paid above the national living wage, with our domestic staff receiving a pay award of 15% this year.
- We have made two £250 cost of living payments to all staff to help with energy bills.

Champion roles

In November 2022 we initiated a piece of work to create front-line champions for specific areas of responsibilities within each of our sites (such as IPC champions and Freedom To Speak Up champions). This work is at an early stage: we have identified the areas in which we want champions to operate, and some are now in post.

We appointed early in the process in order that we could work up the details of the champion roles alongside staff, rather than try to do it all as managers. By the end of 2023 we should have fully developed roles for the champions, which is exciting, as these will be key roles that will be involved in improving quality by co-production with our teams as well as patients and residents.

The following key champions roles were considered important to Renovo and commenced in their role in February 2023

- Incident
- MCA/DoLS
- Mouth Care
- Nutrition & Hydration
- Quality Improvement
- Dignity
- Emotional Wellbeing
- End of Life
- Equality & Diversity
- Freedom to Speak Up
- Improving Experience

Mandatory training

Our new Director of Nursing and Quality led a review of our approach to training during 2022 and early 2023. That review involved our Learning and Development Committee and a working group of staff from all four sites to ensure staff input throughout.

The review demonstrated that there was confusion between mandatory training (mandated by legislation and/or regulations) and required training (the training we consider staff should undertake to deliver excellent, safe care). That has now been clarified and a new, simpler training matrix is in place. We can also now more accurately manage performance in relation to mandatory training.

Mandatory training compliance is now a key element of monthly clinical governance meetings, Renovo's Group Clinical Governance Committee, and is reported in full to the Board every month.

We have also changed our approach to face-to-face learning, moving from what we considered an inflexible, centralised approach, to having two trainers trained for every course in each of our sites. This has meant we have been able to improve face-to-face training compliance.

Course	HPH	SN	SH	VH
Autism Awareness	89%	98%	96%	88%
Basic Life Support	96%	98%	100%	100%
BLS (F2F)	26%	88%	66%	82%
Data Protection including GDPR	86%	90%	98%	90%
Equality & Diversity	93%	100%	98%	97%
Fire Awareness	91%	98%	92%	95%
Health & Safety	95%	98%	100%	100%
Infection Prevention & Control	90%	95%	98%	90%
Learning Disabilities	92%	93%	96%	90%
Moving & Handling	99%	100%	100%	100%
Moving & Handling (F2F)	100%	96%	97%	97%
Prevent	98%	100%	98%	97%
Safeguarding & Protection of Adults	100%	100%	100%	100%
Safeguarding Children	99%	100%	86%	90%
Overall Compliance (31.3.23)	90%	97%	95%	94%

Clinical and management supervision

Completion of supervision is monitored through our governance framework. For the 12-month period April 2022 to March 2023 group wide compliance was reported as:

Month	%
April 2022	37.5
May 2022	82.5
June 2022	67.7
July 2022	68.8
August 2022	78.9
September 2022	76.6
October 2022	78.3
November 2022	84.2
December 2022	90.9
January 2023	90.3
February 2023	93.4
March 2023	94.2

In the past year we have reviewed how we support our colleagues through supervision. We have clarified the difference between management and clinical supervision and now use the following approach:

Aspect	Management supervision	Clinical supervision
Principles	Create a culture of open discussion, transparency, accountability and inclusiveness Supervision is planned, prepared and only changed as a last option Confidential, unless disclosure indicates an adverse impact on an individual or group Supervision is compassionate, and is uninterrupted in a quiet, safe environment	
Required for	Mandatory for us all	All medical, therapy, nursing and care workers
Delivered by	The individual's line manager	A clinician from the same profession, or appropriately experienced and trained

Method of delivery	One to one	<p>A variety of methods can be used:</p> <ul style="list-style-type: none"> • One to one with a supervisor Group supervision • Networking and peer discussions • Case Review • Case Presentations Shadowing • Debrief sessions post-incident
Opening	<p>Emotional well-being and support of the team members: current situation, impact on themselves, colleagues and people to whom they provide services.</p> <p>Working arrangements – specific individual needs addressed eg. caring responsibilities, flexible working, reasonable adjustments’.</p> <p>Safeguarding issues or concerns</p>	
Main items	<p>Training compliance</p> <p>Absence management, eg annual leave, sick leave</p> <p>Assess and review workload Evaluate progress against objectives</p> <p>Evaluate progress against personal development objectives</p> <p>Identify any development training and support needs</p> <p>Discuss career planning Discussion on innovations/ideas</p>	<p>Engaging in critical self- examination and reflection of clinical skills and practice</p> <p>Reflection on any complex cases Review of professional development</p> <p>Discussion on developments within their profession</p> <p>Involvement with professional bodies Opportunities for innovation and research</p> <p>Professional standards, registration and review of professional governance issues</p> <p>Identify professional development needs</p>
Closing	<p>Any other business</p> <p>Finalise process for documentation of session</p> <p>Dates for future sessions</p>	
Frequency	At least four times per year	At least four times per year

*Frequency should take into account the experience of the individual and complexity of role.

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We have received positive feedback from colleagues and are pleased that this is reflected in a staff survey completed in May 2023, with 72% of colleagues reporting that they 'do have enough supervisions' an improvement of 20% compared to the previous survey completed in 2022.

We will continue to keep supervisions as an area of focus so that we continue to ensure that our colleagues receive the support they need.

Care Quality Commission assessments

Update on inspections and ratings

Three of our four services were inspected by the Care Quality Commission during the reporting period. Swanborough House, which had received a "Good" rating in December 2021 was the only site not to be inspected

- Renovo Victoria House received a Requires Improvement rating when they were inspected in May 2022
- Hollenden Park hospital was last inspected in September 2021. At that time, the hospital was rated as Inadequate and was placed into special measures. The re-inspection in July 2022 led to an improvement in rating and the hospital was given a Requires Improvement" rating and are actively working towards achieving a "good" rating in their next inspection
- The follow-up by CQC of South Newton on 26th November 2022 was a focused, rather than a comprehensive inspection. Although the report was very positive about changes and improvements since the previous inspection, the previous rating of inadequate remains. The service has added "Accommodation for persons who require nursing or personal care" as one of its regulated activities with an increase in bed capacity of 31 compared to 17 previously

Statement on data quality and information governance

Information governance

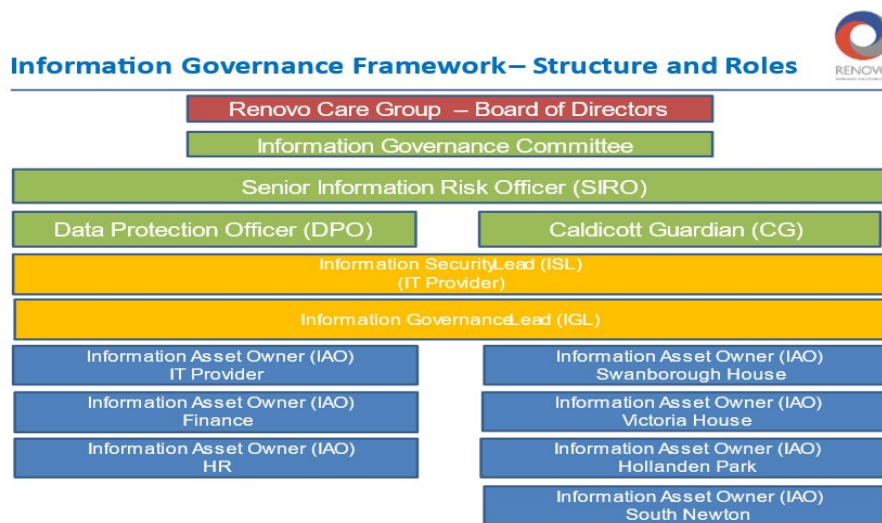
Since Q3 2022 we have restructured governance of information and data.

We established a new Information Governance Committee (IGC) to develop strong Information and Data Governance to protect all parties including patients, residents, staff and third parties, whilst embedding levels of procedural governance that are appropriate for the type and size of the services, to ensure compliance with all relevant statutory, and to be aligned to our policy and organisational requirements.

The IGC has a clear terms of reference, which sets out the membership, duties, frequency of meetings, and reporting responsibilities.

The IGC has introduced an Information Governance framework to provide a structured and effective set of controls and measures for the handling of information and data. In line with the framework, the following has been delivered to date:

- A new Information Governance Policy pack brings all information and data related policies into one pack. It includes key areas such as:
 - Information Governance
 - Data Protection
 - Caldicott Principles
 - Confidentiality
 - Information Security
 - Freedom of Information
- A structure of established accountabilities and responsibilities:



- Guidance, processes and training for our staff, and for others who access or process information on our behalf.

Data protection

All services have completed the Data Security and Protection Toolkit (DSPT), the tool which health and social care organisations use to self-declare compliance to information governance standards.

Information Asset Owners are updating the respective Information Asset Registers for each service and other business areas such as Finance, HR and IT. The Information Asset Registers will be fully updated by 30 June 2023.

Cyber security

Our IT security is led by a qualified and established 3rd party IT provider.

Any cyber security threat notifications are reported, and where necessary, the notifications and accompanying recommendations are acted upon.

Cyber Essentials accreditation by our specialist provider.

Staff communication and guidance

The IGC reviews and approves the monthly staff communication including guidance on data protection and general good practice, and risks from data fraud, cyber-attack, phishing, and ransomware.

Data protection and data security incidents

We log all data protection and data security related incidents, on our Datix incident reporting system, ensuring that remedial actions and lessons learned are recorded and disseminated. This log is reported and reviewed by the Information Governance Committee.

Data breaches, where the rights of data subjects may be compromised, are also reported externally through the Data Security and Protection Toolkit (DSPT) Incident Reporting tool. Depending on the criteria the incidents may be escalated to the Information Commissioner's Office through the same tool if they meet the criteria for reporting.

There were no incidents that required reporting through the DSPT or escalated to the ICO.

Review of quality performance 2022-23

Patient safety and incident reporting

In 2022/23 a total of 1120 incidents were reported, in comparison with 974 incidents reported in 2021/22, an increase of almost 15%. At the weekly Patient Safety meeting, we review all incident from the previous week. Our incident reporting rate is 30, which is considered to be a high reporting rate when accounting for the size of the organisation and the services we provide. 96% of the incidents reported last year were assessed to have resulted in either no harm or low harm, and this is in line with the national figures as reported on the National Reporting and Learning System (NRLS).

We set-up regular training sessions for staff on incident reporting and the Datix system. The sessions are run by our Head of Quality and Governance who has considerable experience in incident reporting and management in acute hospitals. Quarterly training sessions commenced in 2022, and these have moved to monthly to accommodate staff working patterns.

We have also made a number of improvements to the Datix system itself, and have procured the services of a Datix consultant (on a part-time basis) so we can make changes as and when we need to. Training for those conducting investigations is available from the Head of Quality and Governance on a quarterly basis.

All investigation reports are now reviewed by the Director of Nursing and Quality.

After identifying issues with the quality of investigations, we have designed and introduced templates for those conducting investigations to help guide the investigations process, and in particular to ensure that investigations are robust and identify root causes. Specific templates have been introduced for investigations into falls, pressure ulcers and incidents relating to epilepsy. We now have a number of mechanisms for feeding back learning from incidents including a dedicated section in a weekly email from the CEO to all staff, dedicated feedback emails from the Head of Quality and Governance ('Governance Message', Learning Summaries, bitesize quarterly governance updates, posters), and face-to-face feedback from the Registered Manager at their weekly staff sessions

A total of two incidents met the threshold of a serious incident, and in line with the NHS Serious Incident Framework 2015, these were reported externally. Both were investigated and reported to the relevant Integrated Care Board (ICB) and the CQC.

A summary of the two serious incidents is below.

Learning from Incident Summary (2282)

Category 4 Pressure Ulcer – Moderate Harm



Summary of event

A patient was admitted to South Newton on 14/10/2022 following surgery for their left ankle fracture, they had a caste in place.

The patient went for a routine follow up at the operating hospital, on review of the foot they confirmed a Category 4 pressure ulcer.

This was thought to be caused due to the caste position on the foot

Action taken

- Apology given to the patient – Duty of Candour undertaken
- CQC notified
- Safeguarding referral completed
- Explained the important to off load pressure to prevent further damage
- Wound care plan commenced
- Care Plan updated

Lessons Learnt

- Importance of written handover when patients attend hospital appointments
- Assessing root cause of pain especially when increased analgesia is required
- Formal handover for patients admitted with a caste
- All Waterlow Risk Assessments timings are not visible on PCS

Learning from Incident Summary (2508)

Fall and Fracture – Moderate Harm



Summary of event

67 year old gentleman had been admitted to Hollenden Park on 12 Dec 2022 for rehabilitation

The patient was assessed to have mental capacity and required support from two staff members for his daily care needs. In January 2023 episodes of confusion were noted

On 1st Feb 2023 the patient was alone sitting in his armchair, when he stood up and fell, a falls sensor mat was in place, but had not alarmed. A team member found him lying on his left side with his left arm behind his back

An x-ray revealed a fracture to the shoulder.

Action taken

- Apology given to the patient – Duty of Candour undertaken
- CQC notification submitted
- Safeguarding referral completed
- Updated mobility care plan and falls risk assessment
- OT team reviewed and replaced the sensor mat that was found not to be working
- Risk assessment completed which recommended that sitting out in chair required this patient to have a lap belt on

Lessons Learnt

- Importance of updating handover notes to include significant changes in patient presentation and any new risks
- Individualized risk assessment for sitting out in arm chair/wheelchair for patients who can be confused at times and have impaired balance
- If a piece of equipment is not working, to inform the relevant discipline for replacement or alternative option
- All faulty equipment must removed from service and reported on Datix and to Maintenance

Safeguarding

We have reviewed our approach to safeguarding in the past 12 months. Our Safeguarding Adults policy has been reviewed and complemented by service-specific protocols which detail local reporting processes.

All safeguarding concerns are reviewed through our clinical governance process, with all incidents and safeguarding concerns reviewed weekly at the Patient Safety Meeting.

The Director of Nursing and Quality is the safeguarding lead and provides a monthly review of all safeguarding concerns to the Board, through their Patient Safety and Quality report.

In addition, an annual safeguarding report was presented to the Board in October 2022, this noted 'Behaviour related' incidents and associated safeguarding concerns as the highest incident category reported. However, it was noted that due to the complex needs of residents at Swanborough House and Victoria House the number of concerns relating to expressions of behaviour are not exceptional. All safeguarding concerns have led to a review of care and support plans where required; this has included a review of behaviour support plans. It was recognised that a review of our Positive Behaviour Support policy was required and the report prompted a review.

Between April 2022 and March 2023 there were 34 Safeguarding concerns raised with relevant local authority teams;

- 14 safeguarding referrals were assessed by the Local Authority and subsequently closed as not requiring further review due to all mitigating measures already being progressed by the referring team,
- 20 referrals progressed to full safeguarding enquiries.

We have introduced a safeguarding tracker so that we can better monitor and manage the safeguarding referral and investigation process. The tracker records lessons learned, which are shared across all four services.

We recognise our responsibility to ensure that all team members maintain the safety and wellbeing of patients and residents and are committed to providing the training and learning and development opportunities.

Training compliance

Safeguarding E- learning:

- | | |
|--|------|
| • Adult Safeguarding (Level 1 & 2 combined) | 100% |
| • Safeguarding Children (Level 1 & 2 combined) | 94% |

Overall training per site:

Site	Adult Safeguarding	Safeguarding Children
Hollanden Park	100%	99%
South Newton	100%	100%,
Swanborough House	100%	86%
Victoria House	100%	90%
Overall	100%	94%

Infection Prevention and Control (IPC)

We have continued to review our approaches to IPC in line with changes to national guidance as we return to 'business as usual' following the Covid-19 pandemic. Our Director of Nursing and Quality is the lead for IPC and Chair for the IPC Committee (established in 2022) and oversees all changes to IPC processes and practice.

IPC outbreaks are reported through our governance process. 8 IPC outbreaks, attributed to Covid -19 and 1 attributed to diarrhoea and vomiting have been reported in 2022. All were reported appropriately to local Health Protection Teams who commended the service for identifying and applying all appropriate control measures, and for containing the outbreak well.

A 'post infection outbreak review template' has been developed to effectively track cases, identify source (where possible), highlight any practice improvement areas and focus on a lesson learned approach, sharing best practice across our four services.

In 2022 we reviewed our audit framework including audits reviewing the effectiveness of IPC processes and practice. The following IPC audit activity is carried out and reviewed by the Infection, Prevention and Control Committee and the site Clinical Governance Group:

- A monthly Hand Hygiene audit is in place and consists of checking staff knowledge, observing equipment and ensuring that hand washing supplies are readily accessible. An element of the audit is observation of hand cleaning in line with the 7 moments of Hand Hygiene
- PPE observation of staff to ensure the correct type of PPE is used and to check that Donning and Doffing are carried out in the correct order
- The monthly mattress and pillow audit is in place to check for damage, wear and stains. Mattresses have been replaced following completion of these audits
- The waste Handling and disposal audit assesses the correct segregation of clinical and general waste
- Sharps handling and disposal audit checks that the bins have been assembled correctly, not over full and that staff know what to do when a sharps injury occurs.
- Uniform and Bare below the Elbows is an observational audit with instant feedback to staff if they are non-compliant
- Specimen transport audit is in place to ensure that specimens are stored and transported in line with national requirements.

An annual IPC report was presented to the Board in July 2022. With several recommendations, one of which was to review all IPC related policies. This review has now been completed and has resulted in the development of an IPC policy and supporting procedure pack.

Patient experience

Annual patient and resident survey

The annual patient survey was conducted in April 2022 for the hospitals and was made available in electronic format and easy read paper copies. Of the 37 patients who were then at Hollenden Park and South Newton, 18 completed the survey, giving a response rate of 49%.

Findings were positive, for example:

- all patients found the admission process organised;
- 94% of patients said they had confidence and trust in the nurses treating them
- 94% were involved as much as they wanted to be in decisions about their care
- 89% felt that when relatives/friends visit that they are made to feel welcome and taken good care of
- 89% of patients felt that 89% said that the toilets and bathroom were clean.

The results also highlighted areas requiring improvement:

- 18% were not able to get a member of staff to help when they needed attention
- 33% thought that there were not enough nurses/carers on duty to care for them
- 29% of patients who had anxieties or fears about their condition or treatment did not discuss these with the Doctor
- 17% felt that the room they were in was not very clean
- 33% of patients who needed help to eat their meals were given the support "sometimes".

There are also opportunities for improvement regarding the care home survey was well.

We will be taking a different approach with one patient/resident survey across all four sites, followed by one for relatives/carers later in 2023. We really want to make changes based on what our patients/ residents and their loved ones are telling us.

At this time of writing this report the Family and Friends survey is currently underway with the Patient / Resident survey due to commence in July 2023.

Complaints

Complaints are a vital source for identifying where services and care require improvement. Staff are encouraged to welcome all complaints and concerns as an opportunity for learning. Complaints are recorded on a central tracker and are investigated in accordance with our complaints policy.

The complaints policy was updated in November 2022 and expanded to include how we manage and respond to complaints, concerns, compliments and comments in order to demonstrate our holistic approach to feedback. The introduction of the “listening to you” form has been rolled out which allows anyone currently receiving care to leave a comment, or raise a concern helps to resolve issues as they arise and minimise the need to escalate to a formal complaint. Having said that, we do continue to utilise a 3-stage formal complaints procedure in line with the guidance by the Association of Independent Healthcare Organisations.

The weekly Patient Safety Meeting is made aware of all new complaints, pending deadlines and as well as sharing learning and actions across all four of our services. If an incident or complaint raises significant issues which would not be appropriate for the service to review, an Executive Director undertakes the investigation. This allows for impartiality and ensures that lessons can be shared quickly with all of the other services.

Formal complaints

We take complaints extremely seriously and see them as a vital opportunity (a) to put something right, and (b) to learn more generally about how our services, processes, systems and culture can be improved. In the year 1st April 2022 to 31st March 2023 we received 13 complaints, this was a reduction compared to the previous financial year when 25 formal complaints were recorded. Seven of these complaints originated from one resident. The most common themes from our complaints related to provision of care; communication and lack of responsiveness.

There were no complaints that were escalated to stage 2 of the complaints process and investigated and responded to by an Executive Director, and no complaints progressed to stage 3 of the complaints progress where independent review by the Parliamentary and Health Service Ombudsman would be completed.

Renovo acknowledged 92% of formal complaints within 3 working days of receipt in line with our policy, when in fact all of these were acknowledged within one day of receipt. The one complaint that exceeded 3 days was due to it being submitted on 24th December and staff being on annual leave over the Christmas holiday period. We provided a formal response within 20 working days to 77% of complainants. The 3 complaints that were not responded to within the desired time frame were due to being complex; a complaint coming via the ICB from a husband and consent was required from the patient. The third complaint that wasn't responded to within the timeframe was a resident who had requested an independent advocate whose availability was limited. This particular resident had capacity and chose to delay meetings with the investigator and this also impacted the timeframe for providing the final response.

Compliments

It is important to record positive feedback as well as complaints as this helps us to identify areas where we are performing well. This provides an opportunity to share good practice and contributes to a more balanced view of the experience of those using our service. In this reporting period we received 85 compliments, which is a slight decrease from the previous year (91). The introduction of the Improving Experience Champions role has raised the awareness and importance of obtaining and recording all forms of feedback in a co-ordinated manner. This can be evidenced by the increasing number of compliments received from 1st April to 7th June 2023 where we have received 24 compliments in the space of just over two months.

The majority of compliments were received from patients or their families. The most common themes revolved around gratitude for the care provided, recognition of dedicated staff, positive outcomes, personal connections, and attention to detail in creating a supportive and welcoming environment.

More details about compliments:

- **Appreciation for the care and support provided:** Many compliments express gratitude for the care, love, and support received from the staff. The individuals receiving care or their family members acknowledge the exceptional level of care and the positive impact it has had on their well-being.
- **Recognition of staffs' dedication and professionalism:** The compliments often mention specific staff members who have gone above and beyond to meet the needs of the individuals receiving care. Their professionalism, knowledge, and empathy are highly valued and acknowledged as crucial to the positive experiences described.
- **Positive outcomes and improvements:** Several compliments highlight the positive outcomes and improvements in the individuals' well-being, whether it's their emotional state, physical health, or overall quality of life. These improvements are often attributed to the exceptional care and attention received.
- **Personal connections and going the extra mile:** Compliments frequently mention the personal connections and extra efforts made by staff members to ensure the individuals feel valued and supported. Examples include arranging special outings or celebrations, facilitating family visits, and maintaining open communication with family members.
- **Attention to detail and creating a welcoming environment:** The compliments often mention the little details that contribute to a welcoming and comfortable environment, such as well-laid tables, printed menus, or thoughtful gestures. These details are appreciated and contribute to a positive experience for the individuals.