

Barchester Healthcare's Independent Hospital Services Quality Account

2018 to 2019

Introduction

Barchester Healthcare is pleased to report back on the 2017 to 2018 Quality Account from our independent hospital services, and to set new targets for 2018 to 2019. This document provides a basis for all stakeholders involved with our hospitals to look back over and reflect upon the quality initiatives we have worked on over the past year, and to plan actions for the improvements we have set ourselves going forward into next year.

I want to ensure that Barchester delivers the very best in quality care. Our independent hospitals' Quality Account for 2017 to 2018 was an important contribution to positive change, linked in with the 'Quality First' initiative, which applies to all Barchester homes and hospitals, setting stretching quality targets and monitoring their delivery on a monthly basis. We met or exceeded most of our targets, making significant progress on each one.

Moving forward to the Quality Account for 2018 to 2019, we have identified five areas for action that we believe will improve quality within our services, based on discussions with the individuals we support, their families and carers, our staff and other stakeholders.

These targets were selected in the context of initiatives from Monitor (the regulator of quality and value in the health sector, now a subsidiary of NHS Improvement) towards payment for mental health treatment by fixed tariff linked to agreed diagnoses and regular review. We welcome both the greater commitment to outcomes that we believe this represents and the greater transparency about costs that accompanies it. In particular Barchester Healthcare and many patients in our hospital will welcome greater involvement in treatment reviews and the setting of aspirational outcomes – but we accept we have work to do in this area over the coming year, a principle theme of this Quality Account.

I can formally confirm that the content of this report has been reviewed by the Barchester Operations Board in June 2018 and that to the best of our knowledge the information contained in it is accurate.

I would like to take this opportunity to thank all those involved in providing feedback, ideas or actions for our Quality Account. Without their input the progress we have made towards our aims and objectives would not have been possible.

Dr Pete Calveley,

Chief Executive Officer,

Barchester Healthcare

Statement of Accuracy of our Quality Account

Directors of organisations providing hospital services have an obligation under the 2009 Health Act, National Health Service (Quality Accounts) Regulations 2010 and the National Health Service (Quality Accounts) Amendment Regulation 2011 to prepare a Quality Account for each financial year. Guidance has been issued by the Department of Health setting out these legal requirements.

We can formally record that within its six independent hospital sites over 2017 to 2018 Barchester Healthcare provided mental health services commissioned by the NHS, which provided 100% of the hospitals' income.

Monitoring and reporting progress

The Barchester Board sub-committee for Quality and Clinical Governance regularly reviews the quality and risk profiles covering all service provision, including mental health service provision. As Barchester's Divisional Director for its hospitals I am responsible for its link to the sub-committee, the Hospital Quality and Clinical Governance group.

The Hospital Quality and Governance Committee is the key body for driving quality improvements across all our independent hospitals. Its meetings are bi-monthly. There are a number of work groups accountable to the main committee, which drive forward quality and governance projects in between the national committee meetings.

Our committee reviews and plans its performance to meet the requirements of NHS commissioning bodies and Quality Account priorities. Plans are to some extent shaped by Commissioning for Quality and Innovation (CQUIN) standards and agreed priorities, although our experience is that these standards are erratically used.

Barchester's independent hospitals work hard to improve patient experience through monthly clinical governance meetings, patient forums, input from clinical review teams and quality improvement initiatives. As with Barchester's

corporate clinical governance more generally, local governance committees are made up by multi-disciplinary representatives.

Throughout 2017 to 2018 the Independent Hospitals ran monthly clinical audits as part of quality checks based on our Quality Account: some of these audits were linked to Barchester Healthcare's Quality First programme.

Duty of Candour

In the light of discussions with the Care Quality Commission the duty of candour policy for hospitals was altered to reflect health rather than social care criteria for applicability in 2017: in simple terms this means that the duty of candour expands its application to include 'moderate harm' and 'near misses'. All staff were involved in duty of candour training. The duty of candour policy is currently under review and further training will be implemented.

Services

We have six independent hospitals based primarily in the north of England. They are:

Arbour Lodge: Arbour Lodge is an independent hospital with 13 beds for men only, located in the quiet town of Marple. It provides needs-led services for males who are 50 years of age and upwards, with functional or organic illnesses and on a detained or an informal basis, sometimes with Deprivation of Liberty Safeguarding orders in place for the individual's protection. The main focus of the hospital is to offer support, rehabilitative programmes and greater choice to people with challenging behaviours.

Billingham Grange: Billingham Grange caters for people with enduring and progressive mental health disorders, acquired brain injury, cognitive impairment and complex behaviour that may challenge. It is registered with the Care Quality Commission. Patients are admitted informally, sometimes with Deprivation of Liberty Safeguarding orders in place, or on a

formal basis under the Mental Health Act 1983. It has 34 beds for men and 16 beds for women, divided across 3 age and gender specific units, accepting people over the age of 18 on a detained or informal basis. Patients are closely monitored by a Mental Health Act administrator and a Consultant Psychiatrist. The multi-disciplinary team works in collaboration with patients, families and community agencies to develop effective treatment programmes for improving quality of life and maximising independence.

Castle Lodge: Castle Lodge is an independent hospital within Castle Care Village on the outskirts of Hull, with 15 beds and close links with the local community. Castle Lodge provides a needs-led service offering mental health support for people from the age of 18, for men with organic mental health needs, women with functional mental health needs, and support for those with working age dementia or with the need for 24-hour psychiatric nursing care. Services also include supportive care for any associated behavioural challenges, promoting individual wellbeing and independent living skills, as well as offering access to a consultant, physiotherapist and occupational therapist. Staff at Castle Lodge believe in a person-centred approach to potential recovery. Empowerment enables individuals to take control of their daily life and achieve their optimum level of independence.

Forest Hospital: Forest Hospital is a state-of-the-art, purpose-built facility for adults with a variety of organic mental health conditions including working-age dementia, alcohol-related brain injury and Huntington's disease, located in a quiet area of Mansfield. It has 15 beds for men and the same number for women, accepting people under the age of 65 on a detained or informal basis. Forest Hospital is able to deliver personalised care across an integrated care pathway. The multi-disciplinary team provides a range of evidence-based treatments to enhance the recovery journey. Our community café and consulting area enables individuals to receive the support they need in an open, non-clinical environment.

Jasmine Court: Jasmine Court Independent Hospital is situated in Waltham Abbey, Essex, and is a men-only service with a capacity of 15 en-suite single bedrooms, catering for people over 50 who have complex behaviour due to a dementia-type illness, including alcohol-related dementia, dual diagnoses, forensic histories, Pick's disease and working-age dementia. The hospital has recently been refurbished, and also has a brand new entrance lobby. Patients can make use of spacious shared lounge and dining areas. A large activities room is available for group or independent work with patients. The hospital has its own garden area designed for individuals to engage in therapeutic horticultural activities and there is access to local amenities. All of these features enable individuals to maintain or gain new skills and support the plan for discharge.

Windermere House: Windermere House is an independent hospital with 41 beds for men only across three individual units, located in a busy area of Hull. It provides needs-led services for people with functional or organic diagnoses on an informal or detained basis, with some patients having Deprivation of Liberty Safeguarding orders in place. Units are split into groups for working age and older adults. Windermere House focuses on maximising people's quality of life, their ability to make choices and to manage their lives for themselves. Full inclusion in support planning and informed choice form the cornerstones of life at Windermere.

We recently refurbished one ward at Windermere and redesigned the entrance to create a café area.

Management of the hospitals

Our hospital services are commissioned by the NHS and we work closely with our commissioners to deliver local services for people with mental health needs. We work to provide a safe and empowering environment, a good quality of life and a care pathway into the community or to an environment with the fewest restrictions possible. We have collaborative

partnerships with NHS mental health foundation trusts who we commission through a service level agreement contract for the provision of psychiatry and other clinical services into our hospitals.

We value our shared working relationships with our partners in the NHS and appreciate the contribution that accurate reporting through our Quality Account makes to it, and to the quality of the services we offer.

Sue Arnold, Divisional Director for Independent Hospitals

And Mike O'Reilly, General Counsel and Director of Care, Risk and Compliance

On behalf of Barchester Healthcare

Part One

How we performed last year (2017 to 2018)

This section of the Quality Account for Barchester's independent hospitals reviews our performance over the last year, running from March 2017 to March 2018 but reported on in June, following Department of Health guidelines. Overall, we worked successfully to meet the targets we set ourselves. Comparing the 2017 to 2018 Quality Account to its predecessors shows that we have met more targets, that we are better focussed on the issues and that our services and our reporting have improved. There is still progress to be made, however: in particular we would like to focus more on outcomes (linked to all meetings with patients, relatives commissioners and medical staff) and continue to tighten audit processes to ensure we provide an outstanding service. Nonetheless, for 2018 to 2019 our hospitals achieved their quality goals, consolidated progress on patient involvement and improved their Care Quality Commission ratings, achievements in which we take pride.

Part Two

A review of targets set for 2017 to 2018

Targets for 2017 to 2018 were agreed by the Hospitals' Clinical Governance Committee following discussions with patients, relatives and other stakeholders. They were influenced by the Department of Health's 'No health without mental health' initiative, Care Quality Commission inspection frameworks and Monitor targets.

Priority for improvement	Action planning points	Our targets	Were targets met?
<p>1. Greater patient, relative and advocate involvement in care planning decisions, ensuring individual choice and life option management</p>	<p>Agree a draft letter to go to all patients, relatives and other advocates, stressing the centrality of individual choice and the importance of care plan reviews, with tracking audit record. Within 3 months.</p> <p>Care planning documentation and audit review documentation to be agreed. Within 3 months.</p> <p>Discuss care planning and choice with all patient, advocates, staff and stakeholders. Immediately on completion of above.</p> <p>Patients and advocates to be asked at care planning reviews about areas where increased personal choice is wanted; care plan to record personal choices, with agreed actions and review date. Within 6 months.</p> <p>Care planning and choice to be discussed with all care staff during supervision and appraisal.</p>	<p>Relevant documentation completed. Within 6 weeks.</p> <p>Baseline audit prior to implementation. Within 3 months.</p> <p>Audit to demonstrate all patient, relatives and advocates receive a care plan review and choice letter. Within 4 months.</p> <p>Supervision records show care planning and choice is discussed with all care staff. Within 12 months.</p> <p>Attendance by patient, relatives and advocates at care planning</p>	<p>This target was met, though work is ongoing and audit remains to be completed.</p>

		<p>reviews to increase by 10% over 2017-18. Base line to be established over first three months of 2017-18.</p> <p>Sample audit to show at least 15% of care plan reviews have addressed issues of personal choice by year-end 2017-18.</p>	
Priority for improvement	Action planning points	Our targets	Were targets met?
<p>2. Build health checks into routine care planning and multi-disciplinary reviews, ensuring improvements in individuals' well-being.</p>	<p>Agree care plan and audit frameworks to capture health check reviews. Within 3 months.</p> <p>Discuss care planning reviews, health checks and well-being with all patients, advocates and staff. Immediately on completion of above.</p> <p>Health check discussions and action planning to be introduced and recorded at all reviews. Within 6 months.</p> <p>Care planning and choice to be discussed with all care staff during supervision and appraisal. Ongoing.</p>	<p>Care plan and audit frameworks agreed. Within 3 months.</p> <p>Meeting minutes show discussions held with all patients, advocates and staff. Within 6 months.</p> <p>Review records show health checks and action planning take place at all care plan reviews by year-end 2017-18.</p> <p>Supervision records show care planning, health checks and actions based on health checks are discussed in supervision. Ongoing.</p>	<p>This target was met. Actions are ongoing.</p>
Priority for improvement	Action planning points	Our targets	Were targets met?
<p>3. All staff to undergo data protection and information governance training,</p>	<p>Identify an appropriate e-learning module or modules for inducting new staff, and Identify an</p>	<p>Modules identified and introduced for all staff. Audit trail shows 90% of staff have</p>	<p>This target was met.</p>

<p>ensuring that patient confidentiality is understood and always respected by all staff.</p>	<p>appropriate e-learning module or modules for refreshing existing staff. Within 3 months.</p> <p>Run agreed e-learning modules, with training audit record. Within 6 months.</p> <p>Discuss importance of and understanding of data protection and information governance with all staff in supervision and appraisal. Immediately on completion of above.</p> <p>Check understanding with an appropriate e-module at year-end 2017-18.</p>	<p>completed by year end. Within 12 months.</p> <p>Supervision records show understanding of data protection and information governance issues have been discussed with all staff. Within 12 months.</p> <p>90% of staff who have completed e-modules pass refresher module. Within 12 months.</p>	
<p>Priority for improvement</p>	<p>Action planning points</p>	<p>Our targets</p>	<p>Were targets met?</p>
<p>4. Ensure that an appropriate, agreed diagnosis is in place for each individual admitted, identified through mental health clusters and allowing for better tailored treatments and outcome decisions.</p>	<p>Each hospital to run an audit to establish the number of patients with and without diagnoses, and with or without agreed cluster diagnoses. Within 3 months.</p> <p>Letter to be drafted to all commissioners explaining the importance of cluster diagnoses and work with Monitor, asking for cluster diagnoses on admission in the future and retrospectively for existing patients. Within 3 months.</p> <p>Where commissioners fail to identify a cluster diagnosis the Responsible Clinician will be asked to identify a diagnosis and commissioners will be informed. Within 6 months and ongoing.</p>	<p>Audit completed.</p> <p>Letter drafted and sent.</p> <p>Diagnosis in place and commissioners informed.</p> <p>All patients admitted after June 2017 to have a cluster diagnosis in place within 6 weeks of admission</p>	<p>This target was met, though actions required review revision as few commissioners are now using cluster diagnoses.</p> <p>All patients are now admitted with a diagnosis, or a diagnosis is made by the admitting hospital.</p> <p>A discharge plan is drafted as part of the admission and care planning process.</p>

	<p><i>Diagnosis to be discussed with patient, relatives and advocates at care plan reviews if appropriate.</i></p> <p>Ongoing.</p> <p><i>Cluster diagnosis training to be given to relevant staff. Within 6 months.</i></p> <p><i>Run a year-end audit identifying patients with and without identified diagnoses, copying results to commissioners, Monitor and Care England</i></p>		
Priority for improvement	Action planning points	Our targets	Were targets met?
5. Identify a patient-selected improvement priority from patient discussions, individual to hospitals.			<i>This target was met.</i>
Priority for improvement	Action planning points	Our targets	Were targets met?
6. Build agreed treatment outcomes into admission planning, discharge planning and care planning, involving and informing commissioners.	<p><i>Run an audit identifying numbers of patients with treatment outcomes agreed on care plans. Within 4 months.</i></p> <p><i>Discuss new emphasis on treatment outcomes with all staff, patients, relatives and advocates.</i></p> <p>Immediately following above.</p> <p><i>Ask commissioners whether outcome measures have been or can be identified for new patients on admission; tailor admission documentation to support this approach. Within 6 months.</i></p> <p><i>Review or identify agreed treatment outcomes at care planning reviews for all existing patients;</i></p> <p><i>Review or identify agreed treatment outcomes at</i></p>	<p><i>Audit completed within 3 months</i></p> <p><i>Meeting minutes show discussion. Within 6 months.</i></p> <p><i>Admission documentation altered and in use. Within 9 months.</i></p> <p><i>Review notes show treatment outcomes agreed or reviewed. .</i></p> <p>Within 6 months and ongoing.</p>	<i>This target was partially met: all patients now have discharge plans based on outcomes. It remains ongoing in terms of establishing outcome discussions with commissioners and completing audits.</i>

	<p><i>care planning reviews for all newly admitted patients within 6 weeks of admission. Within 6 months and ongoing.</i></p> <p><i>Inform commissioners in writing of any agreed treatment outcomes. Within 6 months and ongoing.</i></p> <p><i>Discuss work on treatment outcomes in supervision with all relevant staff. Within 6 months and ongoing.</i></p> <p><i>Run a 2017-18 year-end audit establishing numbers of patients with treatment outcomes agreed on care plans.</i></p>	<p><i>Patient notes show commissioners are informed. . Within 6 months and ongoing.</i></p> <p><i>Supervision records show treatment outcomes discussed. Within 9 months.</i></p> <p><i>Audit completed; 85% of patients have agreed treatment outcomes on care plans. Within 12 months.</i></p>	
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Part Two

Targets for 2018 to 2019

Targets for 2018 to 2019 were agreed by the Hospitals' Clinical Governance Committee following discussions with patients, relatives and other stakeholders. They were influenced by the Department of Health's 'No health without mental health' initiative, Care Quality Commission inspection frameworks and Monitor targets.

Priority for improvement	Action planning points	Our targets
1. Better focussed care planning across all hospital sites from admission to discharge, resulting in improved quality of life through standardisation of care pathway documentation, positive behaviour care and best practice across all hospitals.	<p>Identify differences in care pathway documentation.</p> <p>Standard documents agreed and non-standard documents eliminated on the basis of best practice.</p> <p>Use audit tools that are now in place.</p>	<p>Completed within 3 months.</p> <p>Completed within 5 months.</p> <p>Completed within 12 months.</p>
Priority for improvement	Action planning points	Our targets
2. Increase community links and community involvement for patients.	<p>Each hospital to assess the potential for greater community links.</p> <p>Each hospital to plan a work-based programme for greater community involvement.</p> <p>Each home to set an objective for improving community links, agreed at the Clinical Governance Meeting, with timescales.</p> <p>Each home to report back on progress.</p>	<p>Completed within 1 month.</p> <p>Completed within 3 months.</p> <p>After 12 months.</p>
Priority for improvement	Action planning points	Our targets
3. Patient outcomes to be discussed with commissioners, with identified costs linked to cluster diagnoses.	<p>All commissioners to be sent a copy of a discharge plan based on identified outcomes for new admissions after the initial care planning review meeting.</p>	<p>Begun within 3 months.</p>

	<p>Standard letter template for covering letter to commissioners to be drafted</p> <p><i>Work to take place with the Contracts and Development team to begin to identify costs of treatment.</i></p> <p><i>Cluster diagnosis training to take place.</i></p> <p>An audit on the effectiveness of cost identification to take place, with agreement of actions required for further progress.</p>	<p>Within 1 month.</p> <p>Over 12 months, progress audited at 6 months.</p> <p>Completed within 12 months through the Clinical Governance Meeting.</p>
Priority for improvement	Action planning points	Our targets
4. Identify a patient-selected improvement priority from patient discussions, individual to hospitals.	<p>Discuss the Quality Account and selecting an improvement with patients or their advocates.</p> <p>Select an improvement and agree targets at the Clinical Governance Meeting.</p> <p>Review progress towards targets.</p>	<p>Within 3 months.</p> <p>Within 4 months.</p> <p>At 6 months, 9 months and 12 months.</p>
Priority for improvement	Action planning points	Our targets
5. Identify methods of translation to meet the needs of minority language speakers.	<p>Available options to be reviewed.</p> <p>Available options to be tested.</p> <p>Available options to be evaluated.</p>	<p>Within 3 months.</p> <p>Within 6 months.</p> <p>Within 12 months,</p>

Part Three

About Barchester Healthcare – Funding, Registration, Research, Staffing and Commissioner’s Comments

Funding: Barchester Healthcare provides services to around 11,000 people in over 200 care homes and six independent hospitals. For our hospitals our commissioners are local authorities, Clinical Commissioning Groups and the NHS Commissioning Board.

Our overall health income in our care homes fluctuates on a daily basis because most of it comes through payments for

individual nursing needs or continuing healthcare funding. In developing this account we have specifically reviewed the Quality Accounts of our six independent hospitals, reporting back as a composite. Their income represents approximately 3.2% of the total income for Barchester, generated from the provision of NHS services over 2017 to 2018, all funded through NHS commissioning.

Over the course of 2017 to 2018 we met requirements for being an approved provider for 'locked and unlocked' rehabilitation services for Yorkshire and Humber strategic health authority, which included an element of Commissioning for Quality and Innovation (CQUIN) payment¹. Patients in our hospitals are funded through individual contracts. Some commissioners have set broad targets to be achieved in relation to CQUIN, which is now part of the standard mental health contract.

Barchester Healthcare was not subject to the Payment by Results clinical coding audit during 2017 to 2018.

Registration:

Barchester Healthcare is licensed by Monitor, a subsidiary of NHS Improvement, acting on behalf of the Department of Health and government, with particular responsibility for patient welfare, value for money and financial oversight. In 2016 – 2017 we discussed work towards payment by tariff with Monitor and the relationship between a relatively small provider such as ourselves and commissioners in the context of this work in progress, coming to an agreement about a mutually useful approach. Progress was made towards this in 2017 – 2018 but work remains to be done.

¹ 'The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.', Department of Health website, 2008, <http://www.dh.gov.uk>

Barchester Healthcare is required to register with the Care Quality Commission, the independent regulator for health and social care and is regularly inspected and rated by them. Across the services Barchester provides our services are subject to different registration for different regulated activities. For our independent hospitals our current registration status is in respect of: 'Regulated Activity: Treatment of disease, disorder or injury' and 'Regulated Activity: Assessment or medical treatment for persons detained under the Mental Health Act 1983'.

Barchester Healthcare has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

All our hospitals are registered and inspected by the Care Quality Commission. All Barchester Healthcare independent hospitals were inspected over the past year.

Billingham Grange, Jasmine Court, Forest Hospital and Castle Lodge are all rated 'Good' by the Care Quality Commission. Windermere and Arbour Lodge were rated as 'Requires improvement'. This represents a significant improvement on last year's 'Inadequate' rating For Arbour Lodge and the inspection report notes important achievements. Both hospitals with overall 'Requires improvement' ratings were rated as 'Good' in at least two categories.

The most recent inspection reports can be found on our hospitals' websites: in all cases where the Care Quality Commission required us to take actions because of a breach of regulations we immediately took remedial actions, records of which can be found on hospital websites where applicable.

Our hospitals are also regularly inspected by our internal Regulation team and through our 'Quality First' audit process, a bi-monthly monitoring of quality and action planning.

Research:

We did not participate in formal research over 2017 to 2018.

Barchester Healthcare did not submit records during 2017 to 2018 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Staffing:

Barchester Healthcare's excellent service quality was recognised by our short listing for 'The Health Investor Award for Best Residential Care Provider' for 2018 and by many awards given to individuals and services.

Commissioner and stakeholder's feedback:

Here are some views expressed by stakeholders, primary care commissioners and mental health foundation trusts with whom we work collaboratively. Views were also requested from our commissioners.

Comments included:

The Care Quality Commission said about Forest Hospital: 'We saw positive, caring and supportive interactions between staff and patients. Three patients we spoke with described the support and care received as caring, kind, friendly and respectful. Patients were encouraged to give feedback to staff in meetings and completed annual satisfaction surveys about the support they received. Two carers we spoke with said staff were caring, respectful and listened to their views and concerns. They said the service their family members received at Forest Hospital had improved over the past year.'

The Care Quality Commission said about Arbour Lodge: ‘We received positive feedback from carers and observed positive interactions using the short observation framework tool. Staff knew patients well and had developed good relationships with patients. There had been improvements in the responsiveness of the service in terms of pre-admission and discharge planning.’

The Care Quality Commission said about Billingham Grange that it: ‘aims to develop effective treatment programmes for improving quality of life and maximising independence in a way that helps patients stay safe.’

The Care Quality Commission said about Windermere House: ‘Patients that were able to said they knew their key worker, care staff and the hospital manager, most felt staff cared, showed them respect and were polite. We saw genuine caring interactions between staff and patients. The hospital had adopted a positive approach to risk management. Patients had risk assessments and robust risk management plans that were individualised and updated regularly. Patients had comprehensive admission assessments and care plans showed assessments and reviews took place in a timely way following discussion with patients or people who knew the patient well. An externally validated learning programme offering courses that build on the strengths and interests of an individual was available to patients.’

The Care Quality Commission said about Jasmine Court: ‘Staff were kind, caring and compassionate. They treated patients with dignity and respect. Staff completed comprehensive and timely assessments of patients upon admission. Staff use this information to formulate patients’ initial care plans. Patients told us that staff were caring and supportive and helped them meet their needs. Patients had access to activities

seven days a week. The activities coordinator organised activities between Monday and Friday. Nursing staff [provide] activities with patients at the weekends.’ They noted ‘Outstanding practice’: ‘We observed staff supporting patients at lunchtime, including showing patients a tray with different meals explaining what they were. Staff interacted in a very patient, kind, caring and supportive manner. We considered this was an example of best practice for supporting patients with cognitive difficulties to make decisions.’

The Care Quality Commission said about Castle Lodge: ‘The patients able to tell us about the service told us that staff treated them well and that with occasional exceptions when other patients showed distress, they always felt safe at the hospital. They could always see or easily find a member of staff. Patients knew which staff were their keyworkers and spoke with them about their care. Staff supported patients to attend regular meetings to review their care.’ And: ‘Carers spoke of their loved ones being happy and that the care they saw was good. Staff knew the patients well and were described as being lovely to them. Carers commented that there were always staff always around and there seemed to be enough staff on duty. When agency staff were on duty they were regular so knew the patients, other staff and in some cases the carers. The hospital kept carers informed of and invited to meetings where care and treatment were discussed. This had helped carers understanding, making them aware of diagnosis, treatment and likely progression. Carers spoke of their involvement in care decisions and best interest meetings.’

Barchester Healthcare would like to thank all commissioners and others for their contribution to this quality account. We look forward to working with all stakeholders over the coming year to deliver the improvements to which we are committed.

Equalities Impact Assessment

Action plan	Age issues	Gender issues	Disability issues	Ethnicity and cultural issues	Religious or belief issues	Sexual Orientation
<p>1. Better focussed care planning across all hospital sites from admission to discharge, resulting in improved quality of life through standardisation of care pathway documentation, positive behaviour care and best practice across all hospitals.</p>	<p><u>Positive impact:</u> Greater focus on quality of life.</p>	<p><u>Positive impact:</u> Increased freedom of choice.</p>	<p><u>Positive impact:</u> Increased freedom of choice.</p>	<p><u>Positive impact:</u> Increased freedom of choice.</p>	<p><u>Positive impact:</u> Increased freedom of choice.</p>	<p><u>Positive impact:</u> Increased freedom of choice.</p>
	<p><u>Negative impact:</u> Potential issues of advocacy.</p> <p><u>Action plan:</u> Ensure staff are knowledgeable about available advocacy options in the context of dementia.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>	<p><u>Negative impact:</u> None expected.</p> <p><u>Action plan:</u> No special action required.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> Ensure staff are knowledgeable about available translation if it is an issue.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>
Action plan	Age issues	Gender issues	Disability issues	Ethnicity and cultural issues	Religious or belief issues	Sexual orientation
<p>2. Increase community links and community involvement for patients.</p>	<p><u>Positive impact:</u> Better links will mean improved health and well being</p>	<p><u>Positive impact:</u> Better links will mean improved health and well being</p>	<p><u>Positive impact:</u> Better links will mean improved health and well being</p>	<p><u>Positive impact:</u> Better links will mean improved health and well being</p>	<p><u>Positive impact:</u> Better links will mean improved health and well being</p>	<p><u>Positive impact:</u> Better links will mean improved health and well being</p>
	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>	<p><u>Negative impact:</u> None expected</p> <p><u>Action plan:</u> No special action required.</p>

Action plan	Age issues	Gender issues	Disability issues	Ethnicity and cultural issues	Religious or belief issues	Sexual orientation
<p>3. Patient outcomes to be discussed with commissioners, with identified costs.</p>	<p><u>Positive impact:</u> A better concentration on outcomes, recovery and costs.</p> <p><u>Negative impact:</u> None expected.</p> <p><u>Action plan:</u> People living with dementia may require advocates to ensure their needs are taken into account.</p>	<p><u>Positive impact:</u> A better concentration on outcomes, recovery and costs.</p> <p><u>Negative impact:</u> None expected.</p> <p><u>Action plan:</u> Ensure implementation and evaluate.</p>	<p><u>Positive impact:</u> A better concentration on outcomes, recovery and costs.</p> <p><u>Negative impact:</u> None expected.</p> <p><u>Action plan:</u> Ensure implementation and evaluate.</p>	<p><u>Positive impact:</u> A better concentration on outcomes, recovery and costs.</p> <p><u>Negative impact:</u> None expected.</p> <p><u>Action plan:</u> Ensure implementation and evaluate.</p>	<p><u>Positive impact:</u> A better concentration on outcomes, recovery and costs.</p> <p><u>Negative impact:</u> None expected.</p> <p><u>Action plan:</u> Ensure implementation and evaluate.</p>	<p><u>Positive impact:</u> A better concentration on outcomes, recovery and costs.</p> <p><u>Negative impact:</u> None expected.</p> <p><u>Action plan:</u> Ensure implementation and evaluate.</p>

Action plan	Age issues	Gender issues	Disability issues	Ethnicity and cultural issues	Religious or belief issues	Sexual orientation
4. Identify a patient -selected improvement priority, from patient meetings Individual to hospitals.	<u>Positive impact:</u> To be identified by individual hospitals.	<u>Positive impact:</u> To be identified by individual hospitals.	<u>Positive impact:</u> To be identified by individual hospitals.	<u>Positive impact:</u> To be identified by individual hospitals.	<u>Positive impact:</u> To be identified by individual hospitals.	<u>Positive impact:</u> To be identified by individual hospitals.
	<u>Negative impact:</u> To be identified by individual hospitals.	<u>Negative impact:</u> To be identified by individual hospitals.	<u>Negative impact:</u> To be identified by individual hospitals.	<u>Negative impact:</u> To be identified by individual hospitals.	<u>Negative impact:</u> To be identified by individual hospitals.	<u>Negative impact:</u> To be identified by individual hospitals.
	<u>Action plan:</u> To be identified by individual hospitals.	<u>Action plan:</u> To be identified by individual hospitals.	<u>Action plan:</u> To be identified by individual hospitals.	<u>Action plan:</u> To be identified by individual hospitals.	<u>Action plan:</u> To be identified by individual hospitals.	<u>Action plan:</u> To be identified by individual hospitals.
Action plan	Age issues	Gender issues	Disability issues	Ethnicity and cultural issues	Religious or belief issues	Sexual orientation
5. Identify methods of translation to meet the needs of minorities.	<u>Positive impact:</u> Language needs to be better met, leading to increased well being.	<u>Positive impact:</u> Language needs to be better met, leading to increased well being.	<u>Positive impact:</u> Language needs to be better met, leading to increased well being.	<u>Positive impact:</u> Language needs to be better met, leading to increased well being.	<u>Positive impact:</u> Language needs to be better met, leading to increased well being.	<u>Positive impact:</u> Language needs to be better met, leading to increased well being.
	<u>Negative impact:</u> Dementia can lead to use of two or more languages in jumbled form.	<u>Negative impact:</u> None expected.	<u>Negative impact:</u> People with hearing or sight difficulties may need extra consideration.	<u>Negative impact:</u> None expected.	<u>Negative impact:</u> None expected.	<u>Negative impact:</u> None expected.
	<u>Action plan:</u> To be identified by individual hospitals.	<u>Action plan:</u> None needed.	<u>Action plan:</u> To be identified by individual hospitals.	<u>Action plan:</u> None needed.	<u>Action plan:</u> None needed.	<u>Action plan:</u> None needed.

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