

# Staffordshire & Stoke-on-Trent Partnership NHS Trust

R1E

## Community health services for adults

### Quality Report

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This report describes our judgement of the quality of care provided within this core service by Staffordshire & Stoke-on-Trent Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Staffordshire & Stoke-on-Trent Partnership NHS Trust and these are brought together to inform our overall judgement of Staffordshire & Stoke-on-Trent Partnership NHS Trust

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	3
Background to the service	4
Our inspection team	4
Why we carried out this inspection	4
How we carried out this inspection	4
What people who use the provider say	4
Good practice	5
Areas for improvement	5

### Detailed findings from this inspection

Findings by our five questions	6
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# Summary of findings

## Overall summary

We undertook this unannounced inspection in response to a number of whistle-blowing letters we had received from staff. The letters highlighted a number of concerns to us, around safe staffing levels and organisational culture; these areas have been our focus for this inspection. Additionally, following these letters, the Trust Development Authority agreed with our concerns.

We concentrated particularly on two of CQC's five key questions – safety and leadership. Given this visit was not a comprehensive inspection we are not providing ratings on the trust.

The inspection team visited four district nursing teams. Staff based at Milehouse and Kidsgrove were confident to report incidents and safeguarding alerts and lessons learned were shared within local and wider teams to reduce the risk of a repeat. Staff based at Smallthorne and Trentside teams completed incident reports, however there was minimal feedback from middle management to share lessons learned.

Nursing competency assessments were not up to date in all four teams and poor staffing levels, particularly at Smallthorne and Trentside teams meant there was a real risk to patient care and a risk to staff's health and well-being with increased work related stress.

There was a variance between teams with supply of equipment. Smallthorne and Trentside staff reported insufficient dressings, dressing packs and needles and staff regularly used prescribed stock from one patient to use for another.

Nursing interaction with patients was kind and compassionate, however nursing visits particularly at Smallthorne and Trentside were not responsive to patient's needs. Some patient visits were missed and other patients often had to wait days, weeks and months for a district nurse visit.

The trust has a clear vision for an integrated nursing, social care and therapy service for the future. Managers and staff were aware of the vision, however whilst the trust was going through this period of intense change, teams in the south had been adversely affected and their ability manage caseloads effectively and safely was challenged.

# Summary of findings

## Background to the service

Staffordshire and Stoke on Trent Partnership Trust (SSOTP) is the UK's largest integrated health and adult social care community provider, serving a population size of 1.1 million people, stretching from the Staffordshire Moorlands, which borders the Peak District in the North to the conurbation of the Black Country in South. The trust delivers care from eight core services to include adult district nursing services.

The trust is divided into 32 Integrated Local Care Teams (ILCT) incorporating district nurses, social care and therapy services. There are 41 district nursing teams trust-

wide which includes three evening services and a total of 667 district and community nurses work across ILCT's. The district nursing service, also known as community nursing, provides nursing treatment at home for patients who have a recognised nursing need. The district nursing service offers planned care such as assessment and management of complex, chronic and acute nursing needs, wound care, medication management, palliative and end of life care and continence management. Teams are made up of district nurses, community nurses, healthcare assistants and integrated support workers.

## Our inspection team

Our inspection team was led by Tim Cooper, Head of Hospital Inspection.

The team of 8 included CQC inspectors and senior nurses with specialist experience of community nursing teams. We did not include experts by experience in this inspection.

## Why we carried out this inspection

We undertook this unannounced inspection in response to a number of whistle-blowing letters we had received from staff. The letters highlighted a number of concerns

to us, around safe staffing levels and organisational culture; these areas have been our focus for this inspection. Additionally, following these letters, the Trust Development Authority agreed with our concerns.

## How we carried out this inspection

As this was a focused inspection we did not cover all of the five key questions across all core services. The main focus of the inspection was on the safety of current nurse staffing levels and the culture and leadership of the organisation.

Due to the specific focused nature of the inspection, we have relied on the trust to provide us with key

performance metrics and we have reviewed all the information held by CQC about this trust. We have also liaised with the Trust Development Authority (TDA) and NHS England.

The inspection team visited four district nursing teams from four different ILCT's. Kidsgrove Health Centre team in Newcastle North A, Smallthorne Health Centre in Stoke North East, Trentside Clinic in Staffordshire 1 and Milehouse Primary Care Centre in Newcastle South B.

## What people who use the provider say

As this was a focused inspection we did not collect service users views of the provider.

# Summary of findings

## Good practice

- The trust employs a Cultural Ambassador for Change. Their remit is to provide help, support and advice for staff wishing to raise concerns. The Ambassador reports directly to the Chief Executive and the Chair. The trust also has a dedicated telephone helpline and email address for staff to raise concerns.
- The trust have developed an IT based tool called Health Check. The trust have set up a team and

recently commenced a programme of review with all the community nursing teams, evaluating services and assessing the impact. The tool cross references performance and activity data with qualitative information and staff engagement and diagnoses what the key issues are facing the team before developing and implementing solutions.

## Areas for improvement

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

- Review the internal communication arrangements for the Ambassador for Change to ensure transparent lines of communication and staff feel reassured that the role is organisation wide, not part of the management process.
  - Review nurse staffing in community adult nursing to ensure patient outcomes are not compromised, especially in those areas where waiting lists are in operation
- Ensure the health check process and outcomes are shared with staff to ensure they are engaged with the process and are aware of progress on staffing issues
  - Review the methods currently used for communicating and engaging with staff to ensure there is a mechanism for the trust to monitor and measure the effectiveness.

# Staffordshire & Stoke-on-Trent Partnership NHS Trust

## Community health services for adults

### Detailed findings from this inspection

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

## Are community health services for adults safe?

By safe, we mean that people are protected from abuse

### Summary

District nursing staffing levels had been highlighted by the trust as a significant concern since March 2012. We found there was an inequity of resources and funding between North and South teams which had adversely affected South team's ability to provide safe and responsive care.

Staff from two out of four teams we visited told us they felt demoralised and exhausted. Several staff had applied for other posts as they were frustrated about the heightened risk to patient safety.

Patients from some teams had been placed on a "holding list" for days, weeks and months waiting for a visit due to staffing incapacity.

### Incidents, reporting and learning

- The district nurse divisional risk register indicated that four teams from the South of the trust were highlighted as a significant risk due to poor staffing levels. This dated back as far as March 2012, one more recent entry was dated August 2014.
- Information provided to us from the trust showed within the last six months there had been an increase in reported pressure ulcers and VTE's across all four district nursing teams. There had been an increase in reported falls at Trentside and Milehouse teams and a reduction in urinary tract infections (UTI) across all four teams.
- Staff told us they felt there had been a steady decline with staffing levels since 2012. Staff from Smallthorne and Trentside teams told us they felt they had been working at a critical level for months and patient safety had been and still was a significant risk. The trust told us that there had only been a 5.97 WTE drop in the number of district nursing staff across the whole trust.
- At the time of the inspection, district nursing care provided by Milehouse and Kidsgrove teams were safe.

Staff reported incidents, including safeguarding alerts in a timely way. Staff had access to trusts electronic health and safety, safeguarding and risk management policies and received feedback from immediate and senior management to share lessons learned to avoid a repeat.

- Incident reporting from Smallthorne and Trentside teams were variable. Staff completed incident forms, however we were told both teams received minimal feedback with limited opportunity to share lessons learned. Staff had access to trust policies but limited time to read them due to reduced staffing levels.
- We were told not all patients who required a pressure ulcer risk assessments received one, due to insufficient staffing levels.
- Since April 2014 pressure ulcers reported by Smallthorne team had doubled from 12 to 25. Trentside team reported a consistent number of pressure ulcers, 32, within the same timeframe. Milehouse and Kidsgrove teams reported 16 and 12 pressure ulcers respectively.

### **Nurse staffing levels and skill mix**

- To address identified staffing level concerns across the trust, the organisation initiated a workforce Transformation Team. Their remit was to establish capacity and demand across all district nursing teams, identify staffing gaps and implement a long term solution to ensure safe staffing levels. The process involved: to shadow nurses on clinical visits, process mapping of referral routes, review nurse's diaries and meet with front line staff.
- Staff at all four bases told us the result of the transformation team visit in the summer 2014 meant some staff were moved from well-established teams to fill gaps in other teams. However, vacancies remained and there was an inequity in staffing levels particularly between North and South teams.
- Moving staff around between teams was unpopular with staff themselves and GP's, who relied on continuity of skills and knowledge, this was reflected in the trusts risk register.
- There were vacancies across all four teams. Staffing levels at Milehouse and Kidsgrove was safe as Kidsgrove team worked closely with Audely team who provided support with backfill. Staff and managers told us they had adequate staff to meet the needs of their practice population. Patients received planned visits in a timely way and nurses delivered holistic and unhurried care

- Staffing levels at Smallthorne and Trentside teams were stretched and staff were struggling with capacity. Staff told us they felt that services were unsafe. Vacancies at Smallthorne team told us staffing levels had reduced by nearly 50%. We were told by managers that staff interviewed for vacancies in February 2014 were still not in post.
- The recruitment process was slow, taking more than three months to fill posts following successful interviews.
- Staff from both teams told us they regularly work before and after their contracted hours to meet patient demand without overtime or time off in lieu.
- Vacant posts at Trentside had been recruited to, however we were told by the manager and staff the team was under established and even when all their vacancies had been filled they still had insufficient staff to provide safe, effective quality care.
- Senior nurses at Smallthorne and Trentside teams regularly took work home to catch up on care plan writing and management duties as there was insufficient time during the day. Staff told us they were providing the quantity of visits required but not necessarily the quality visits they wanted to. They felt care was often rushed and task orientated opposed to individualised to patient need.
- Milehouse and Kidsgrove teams accessed specialised training, such as: syringe driver, compression therapy and Doppler training. However, competency assessments for specialised training was not up to date across all four teams.
- Nurses were given a daily acuity and dependency tool, which weighs each visit depending on the complexity of the care and the time it takes to complete the care. Each band 5 nurse was told to provide 5.5 hours of clinical care which equated to 20 points. Band 6 nurses were given 16 points of clinical care as they had management duties to conduct as part of their senior role.
- Staff at Smallthorne and Trentside told us patients were being put at risk, care was rushed and staff's health was also at risk. We talked to staff from all four teams and Smallthorne and Trentside staff regularly worked above their allotted clinical points and we were told they had minimal time to complete paperwork integral to their clinical care.
- Individual staff diaries indicated a high number of visits per staff member, for example on the day of the inspection, Smallthorne team had 119 visits due that

day. This was shared out between the team resulting in 24 visits per nurse. Senior management encouraged the team to pass visits to a neighbouring team where possible.

- One of the WB's told us they use to visit approximately eight patients per day, now they visit around 17. With large geographical areas to cover and increased paperwork, we were told this was impossible and staff simply could not cope.
- All four teams had experienced long-term and sporadic sickness which had impacted on their ability to provide a service.

### **What is the impact of staffing on caring and responsiveness?**

- Staff across all four teams told us they were not competent to provide all specialist care, but would not put patients at risk. Trentside staff told us they were often called out to patients following discharge from hospital to provide care and management for patients with surgical drains. We were told nurses had not received specialist training to empty and remove drains and lacked the skills to deliver this specialist care. This resulted in a delay in the patients care and readmission to hospital.
- The Hospital at Home team provides short term medical care to patients in their own homes during our inspection they referred a patient to Trentside district nurse team for management of a surgical drain. The team were unable to accept the referral due to reduced capacity, lack of training and recognition of a potential risk, this resulted in the patient being readmitted to Royal Stoke University Hospital. We were told by staff and managers this was a regular occurrence.
- Staff from Smallthorne told us visits were often missed for example, a patient who required a district nursing visit for end of life care had been missed and died two days following the referral without a visit. Another example of a patient requiring a bilateral leg dressing twice weekly and dressing to a wound and had been missed for two weeks.
- Milehouse and Kidsgrove nursing teams demonstrated the ability to respond to patient's needs. Kidsgrove team who still had vacancies were told to prioritise referrals. Patients referred that day, would be contacted, triaged and visited in a timely way depending on the patient's individual needs.
- We were told by Trentside management team they had created a wait list. This was a list of patients who required a district nurse visit, however due to capacity issues the team were unable to attend in a timely way. Patients were added to and removed from the wait list based on the team's ability to visit, how long they had been waiting, the nature of the patient's need and manager's discretion.
- On the day of the inspection we saw Trentside team had 61 patients on their wait list with various nursing needs such as: continence assessments, ear syringing, pressure ulcer checks and equipment checks. We saw one patient has been waiting for a continence review for eleven months.
- We were told three other teams also held a Wait List, Gnosall had 32 patients waiting, Rising Brook had 41 patients and Penkridge and Weeping Cross combined had 100 patients waiting for a visit.
- District nursing teams aimed to provide a 24 hour a day service. However, staff told us there were gaps in service provision. Night staff finish their shift at 07:00 and day staff start their shift at 09:00, there is no service provision between 07:00 and 09:00. Similarly, between 17:00 and 19:00, when day staff leave and evening staff start there was no service.
- Staff told us this had a negative impact on patient safety and quality. For example, patients requiring breakfast and teatime diabetic injections had to change their routines to work around the team's availability. Staff told us there had been incidents where patients with blocked catheters or patients requiring end of life care for medication management would not receive a call during those times and patients had to wait. Staff reassured us, if they were present with the patient they would stay and work during their own time to ensure patients were supported appropriately.
- Staff from Trentside team told us the Evening and Night Service team experienced capacity issues. The team covered a large geographical area to include: Brewood, Seisdon, Stone, Eccleshaw, Penkridge, Stafford and surrounding rural villages. Staffing levels in the evening were two registered nurses and one health care assistant and the night shift included, one registered nurse and one health care assistant.
- We were told day staff often left visits for the evening service if they ran out of time which increased their



workload and placed staff under strain. Additionally, HCA's were not allowed to administer routine eye drops as their roles had not developed clinical competencies, this placed increased workload on the registered nurses.

- Southern district nursing teams had no access or support from advanced nurse practitioners or community matrons who would visit patients with complex chronic conditions. These roles did exist in other parts of the trust. Staff told us they were not aware of any plans to roll these posts out trust-wide and felt patient care was compromised because of this.
- Access to equipment such as dressings, needles and dressing packs was problematic and staff told us how they regularly used prescribed stock from patients to meet the needs of others.
- Nurses relied upon a buffer stock supplied by the trust called a First Dressing Initiative (FDI). This included wound dressing products used at initial wound assessments. This meant patient's wounds were assessed and dressed in a timely whilst waiting for a prescription.
- Staff told us the FDI has been stopped as the bill had not been paid. Trust managers told us the FDI had been suspended as there was an issue with the CCG. This delayed patients receiving the right care and treatment at the right time.

# Are community health services for adults well-led?

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

## Summary

The trust has a clear vision for an integrated nursing, social care and therapy service for the future. Managers and staff were aware of the vision, however whilst the trust was going through this period of intense change, teams in the south had been adversely affected and their ability manage caseloads effectively and safely was challenged.

The trust had robust risk management and governance processes in place to identify risk and measure quality performance.

There was no agreed service specification in place for district nurse teams in the south of the county and staff felt they were a 'catch all' service with leaders who listened but did not take action.

## Vision and Values

- The vision for the trust was clearly articulated by managers but front line staff lacked confidence in the trust and how this was going to be achieved.
- The vision for the trust was to be a leader in the provision of high quality joined up community health and social care, through implementation of integrated local care teams. Staff from Trentside were confused about joined up working between health and social services, particularly as all three teams: district nurses, social care and therapies were located in separate bases and rarely met to discuss patient's needs.
- Staff told us there were plans in place to integrate all three services together in one base. They were concerned about the logistics of integrated working, such as: integration of paperwork, adequate office space, access to computers and telephones and car parking. Concerns had been escalated, however staff told us they had not received communication as to how these concerns would be addressed.
- The trusts 2013/2014 Annual Report stated the trust valued its staff and was committed to providing safe, quality care. However Smallthorne and Trentside staff told us they had escalated concerns about their inability to deliver safe quality care to various management levels and felt their concerns 'had fell on deaf ears'.

## Governance, risk management and quality measurement

- There was a robust process in place to monitor team's performance to measure quality and identify risk. Patient Safety Thermometer information was gathered monthly for, pressure ulcers, falls, catheter acquired urinary tract infections and venous thromboembolism.
- The trust told us there was service specification for district nursing in the North and Stoke on Trent areas. A Draft Service Specification for SSOTP District Nursing Services in the south had been drawn up dated April 2013 to April 2014, however it had not been agreed and signed off. A service specification is a document that contains a description of what is required from a service. It is a working tool for the Provider to use to structure how they will deliver the service, and it is a document to refer to measure the quality of the service and hold the provider to account.
- We were told by staff and managers without a valid service specification, teams were uncertain of what services they should undertake or not.
- Nurses described their service as a 'catch-all' for everything, for example, at Trentside team nurses were called to administer daily chemotherapy injections to patients who were not housebound. Regular requests to administer first aid to patients at residential homes, such as simple dressings. Requests to administer Lymphedema bandaging to patients who were not housebound and to visit patients requiring post-surgical drain management, which was previously considered as a specialist intervention and carried out by the hospital. In many cases district nurses were instructed to visit such patients because other services lacked capacity to do so.

## Leadership of the service

- Staff told us immediate line managers and middle management leaders listened to their concerns and were approachable. However, staff told us they felt middle management had a relaxed approach to problem solving and were not solution focused.

# Are community health services for adults well-led?

- Teams had regularly experienced poor discharges from Royal Stoke University Hospital and the County Hospital. Patients were discharged home without referring to the district nursing service, no equipment, or discharge letters. We saw ten incidents reports alerting trust management to poor discharges, requesting support to intervene with hospital leads to improve communication and quality of patient discharges. Staff told us nothing has been achieved and they felt they were left to fight their own corners.
- We were told how one nurse was threatened to be sued by a patient as they were dissatisfied with the service, another patient attempted to assault a nurse for similar reasons. Staff had completed incident reports and contacted the risk management team, and told us they had received minimal advice and support.
- The Director of Nursing and Medical Director had left the trust days prior to our inspection. The majority of staff from all four teams were unaware of this fact and many nurses we talked to had never met the director of nursing.