

# Isle of Wight NHS Trust

## Inspection report

St Mary's Hospital  
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Date of inspection visit: 14th May to 20th June 2019  
Date of publication: 04/09/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Inadequate 

Combined quality and resource rating

Requires improvement 

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012, the trust provides health services to an isolated offshore population of 140,000.

Acute services at the trust are provided at St Mary's Hospital in Newport, with 246 beds and 22,685 admissions each year. Services include Accident and Emergency (A&E), urgent care services (by referral only), medicine and surgery, intensive care, maternity, neonatal intensive care unit (NICU) and paediatric services.

Community services include district nursing, health visiting, community nursing teams, as well as inpatient rehabilitation and community post-acute stroke wards.

Mental health services provide inpatient and community based mental health care. The trust's mental health service has 46 beds alongside community mental health teams supporting a caseload of 1683 patients. Services include specialist child and adolescent mental health services (CAMHS), early intervention in psychosis and memory service.

Ambulance services deliver all emergency and non-emergency ambulance transport with 21,712 emergency calls and 25,292 emergency vehicles dispatched each year the service operates from a single base across the Island. The service is responsible for transporting patients to mainland hospitals when required. The emergency call centre takes both emergency 999 calls as well as NHS 111 calls.

Urgent care services provides an out of hours GP service including medical advice and assessment and treatment. This service is accessed through the NHS111 service in the evening weekends and bank holidays.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Requires improvement**



## What this trust does

Isle of Wight NHS Trust provides acute, community, mental health, ambulance and urgent care services to a population of population of 140,000 people living on the Isle of Wight.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

# Summary of findings

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. The last comprehensive inspection carried out in January and February 2018, was published in June 2018. The trust continued to be rated inadequate overall by CQC and was placed in special measures by NHS Improvement in 2017 and more recently on 7 March 2019 the trust was placed in financial special measures. The General Medical Council has placed the trust in enhanced status following their visits to the trust in autumn 2018 and spring 2019.

The core services we inspected were in the mental health, community and ambulance and primary care service (NHS 111 and urgent care service) as well as acute services of emergency department, surgery, gynaecology, medicine and end of life care.

We selected the services for inclusion in this inspection based on those that where intelligence information we held on these areas indicated the need for re-inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall.

## What we found

Our overall findings indicated that most areas made improvements.

We rated the trust overall as required improvement; safe, effective, caring responsive and well led as requires improvement, and caring as good . We rated well-led at the trust level as requires improvement.

Ratings for this combined trust were by service type:

Acute services: requires improvement overall with good in caring and this was an improvement since the last inspection.

Community services: good overall this was an improvement since the last inspection.

Mental Health services: inadequate overall this was same as the last inspection.

Ambulance services requires improvement overall this was an improvement since the last inspection. The NHS 111 service is included in the overall rating given.

## Overall trust

Our rating of the trust improved. We rated it as requires improvement because:

## Are services safe?

Our rating of safe improved. We rated it as requires improvement because:

- The trust mandatory training uptake had been low in some services including for resuscitation and safeguarding.
- There had been ongoing issues with patient flow through the hospital and over occupancy for admissions. This resulted in delays for patients to receive care and treatment and for some being nursed in non-patient bed spaces, which risked patient safety.
- Staff did not always follow the trust's policies and procedures for recognising deteriorating patients and patients nearing the end of life.
- Not all patients showing signs of infection were on the sepsis pathway.

# Summary of findings

- There was a failure to deliver some national access targets including in the emergency department.
- The trust did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The trust did not always make clear and accurate records of patients' care and treatment.
- The trust did not always share lessons learned with the whole team, the wider service and partner organisations.
- We had significant concerns about the acute services. We served section 29A warning notices requiring significant improvement to be made by the trust.
- We still had significant concerns about the community mental health services for adults of working age and the wards for older people with mental health problems. We served section 29A warning notices against both services, requiring significant improvement to be made by the trust. We also had concerns about the safety of the long stay rehabilitation wards and the acute wards for adults of working age and psychiatric intensive care unit.
- Risk assessments of patients in mental health services were incomplete and inconsistently completed.

However:

- The trust had introduced safety huddles and closer review of staffing since the last inspection.
- The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation.
- The trust services controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They generally kept equipment and the premises visibly clean.
- The service designs, maintenance and use of trust facilities including premises and vehicles where needed mostly kept people safe. There were plans for improving the emergency department design for the benefit of patients.
- Staff were trained to use equipment and staff managed clinical waste well.
- The trust services mainly used systems and processes to safely prescribe, administer, record and store medicines.
- Most services recognised incidents and near misses and reported them appropriately.

## Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service did not consistently monitor the effectiveness of care and treatment. They did not consistently use the findings to make improvements and achieve good outcomes for patients.
- Staff did not always monitor patients' nutrition and hydration needs and did not always give them enough food and drink to meet their needs and improve their health.
- Key services were not always available seven days a week to support timely patient care.
- The frailty pathway was under development and therefore remained a risk until established.
- The stoke pathway did not meet national expectations for care and treatment.
- Not all staff had received an appraisal during the past 12 months.
- Patients in mental health services were waiting long periods for psychological therapies.

However:

# Summary of findings

- The trust services provided care and treatment based on national guidance and evidence-based practice. Staff mostly protected the rights of patients subject to the Mental Health Act 1983.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They mostly knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Patients we spoke with told us their pain was well controlled.
- The trust was undertaking some audits of care and treatment to improve patient outcomes.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff went the extra mile providing personalised compassionate care in the Patient Transport Services and considered patients wellbeing. They ensured patients had basic food supplies when they dropped them off and they drove one patient home along the sea front as they not seen the sea for a long time.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Complaints were not responded to in a timely manner the themes were noted as communication, values and behaviours of staff and waiting times.
- There were delays for some patients and families to access the service when they needed it, such as children and young people with autism requiring occupational therapy, continued to exceed national targets.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- The waiting lists for patients in the community for chronic pain multi-disciplinary assessment was 25-30 weeks and the chronic pain physiotherapy assessment was seven to eight months.
- The service did not audit the expected interventional time frames for the Rapid Assessment Community Response Service (RACR).
- Access the podiatry service for those patients assessed to be high risk did not always meet patients' needs.

However:

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- The services were inclusive and mostly took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

# Summary of findings

## Are services well-led?

Our rating of well-led improved. We rated it as requires improvement because:

- There was no overall trust strategy for the staff to know and understand.
- The staff survey results for 2018 showed trust staff engagement had remained lower than compared to the NHS average and for most scores was worse than average.
- Not all staff were satisfied with the promotion of equality and diversity in the trust's day to day work and for supporting opportunities for career progression.
- There was insufficient support and supervision of junior doctors and this was reflected in the status of the General Medical Council enhanced surveillance.
- There were risks with the current IT and business systems in the services, which was in need of investment, to support the services across the trust
- There were breaches of information governance whilst these had been dealt with according to policy and the trust was due external review of these breaches in line with the legislation the trust acknowledged there were still improvements needed

However:

- Since our last comprehensive inspection in January 2018 the trust had formed an experienced leadership team with the skills, abilities, and commitment for the potential to provide high-quality services.
- There had been a review of governance processes and 10 week action plans to improve care and treatment across many of the services.
- The services had their own quality strategies for improvement.
- All staff were committed to continually learning and improving services; there were examples of innovation.
- They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear vision and the trust's values.
- The trust had the basis of a structure for overseeing performance, quality and risk, with board members.
- The trust was part of the Isle of Wight Local Care Board which had worked together to provide an Isle of Wight Health and Care Sustainability Plan

### Additional summary information

Under primary medical services NHS 111 and the out of hours urgent care services were also inspected and were rated good overall with requires improvement in effective for NHS 111 service.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

# Summary of findings

## Outstanding practice

We found examples of outstanding practice in End of Life Care at St Mary's Hospital and the Emergency Call Centre.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including 81 breaches of legal requirements that the trust must put right. We found 116 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued requirement notices to the trust and took 3 enforcement action/s. Our action related to breaches of legal requirements at a trust-wide level and in a number of core services or locations.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

Emergency call centre:

- The service had developed ways to celebrate success within the emergency call centre. Staff pin badges were presented to staff for the call handlers who managed successful calls such as those who had started cardiopulmonary resuscitation (CPR) on a call and the patient survived to be discharged from Hospital ROSC (Return of spontaneous circulation).

End of Life Care:

- The standardisation across the trust for syringe driver training. A single trainer for this equipment has ensured relevant staff receive the same standard of training across the organisation.
- The partnership working between the trust and the local hospice is an innovation that enhanced patient care locally with already a successful joint appointment for an end of life care discharge coordinator.
- The job description and the contract of work for end of life care champions. This ensured the training element of the end of life operational group was getting embedded on the wards.
- Business cards with information on how to access the IPET and bedside postcards on services available to patients, relatives and carers were left with families and others. These postcards could be completed while patients and those closest to them were still in hospital. It enabled the staff to address any issues or concerns at the earliest opportunity.

Patient Transport Systems:

# Summary of findings

- Staff went the extra mile providing personalised compassionate care and considered patients wellbeing. They ensured patients had basic food supplies when they dropped them off and they drove one patients home along the sea front as they made comment they had not seen the sea for a long time.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

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

We told the trust that it must take action to bring services into line with legal requirements. This action related to well led

#### Trust wide:

- The trust must ensure there is an overall trust strategy for the staff to know and understand. Regulation 17
- The trust must ensure the processes are reviewed for the patient flow through the hospital, that this does not cause delays for patients to receive care and treatment. Regulation 17
- The trust must ensure systems and processes are reviewed for all admitted patients to be nursed in patient identified bed spaces, to improve patient safety as well as to ensure the privacy and dignity of patients is not compromised. Regulation 17
- The trust must ensure the trusts policies and procedures for recognising the deteriorating patient are applied in a timely way. Regulation 17
- The trust must ensure the delivery of national targets including in the emergency department and for those receiving stroke care. Regulation 17
- The trust must ensure the financial position of the trust does not delay services being developed and delivered in a timely way. Regulation 17
- The trust must ensure the performance and data systems and reports are sufficient to demonstrate outcomes, risk management and planning as well as board level challenge. Regulation 17
- The trust must ensure staff engagement is further developed including to meet the needs for staff equality and diversity across the trust. Regulation 17
- The trust must ensure the process improve the uptake of appraisal and mandatory training as according to trust policy. Regulation 17
- The trust must ensure there are systems and processes for sufficient support and supervision of junior doctors. Regulation 17
- The trust must ensure there are systems and process for complaints to be responded to in a timely manner, the themes are analysed, with action plans for improvement shared across the trust. Regulation 17
- The trust must ensure the systems and processed for all serious incidents and deaths to be reviewed and learning is identified and shared across the trust in a timely way. Regulation 17
- The trust must ensure the current IT and business systems in the services are reviewed and consideration is given to assess if investment is needed. Regulation 17



# Summary of findings

## **Patient Transport Services:**

- The service must ensure ambulances used by the service are clean and safe to use for their intended purpose with appropriate prevention, detection and control measures in place to minimise the risk of patient cross contamination and infection. Regulation 12 (1) (2) (e) (h)
- The service must ensure processes are in place which allow for the assessing, monitoring and improvement of the quality and the safety of the service delivered. Regulation 17 (1) (2) (a)

## **Gynaecology services:**

- The service must ensure all grades of staff achieve compliance with mandatory training rates, in line with the trust's target. Regulation 18(2)(a)
- The service must ensure all staff do use the standard template for safety briefings across the gynaecology services and that its use is audited to ensure consistency of approach. Regulation 17(1)(2)(b)
- The service must ensure all staff are clear about what should be on the risk register and their role in adding to the register and mitigating risk. Regulation 12(2)(a)(b)
- The service must ensure all grades of staff report incidents using the trust electronic reporting system. Regulation 17(1)
- The service must ensure all staff have access to and complete hand cleanliness training. Regulation 12(2)(h)
- The service must ensure staff keep up to date and contemporaneous records of patients' care and treatment in line with trust policy. Regulation 17(2)(c)
- The service must ensure they develop a systematic way to keep patients notes, records and test results filed safely and in the correct files. Regulation 17(2)(c)
- The service must ensure they monitor the effectiveness of care and treatment and use women's feedback to make improvements and achieve good outcomes. Regulation 17(2)(e)
- The service must ensure they develop systems to enable accurate data to be collected, analysed and used to develop and improve the service. Regulation 17(2)(f)
- The service must ensure staff treat women with compassion and kindness and provide emotional support to women to minimise their distress. Regulation 13(1)(2)(c)(d)
- The trust must ensure they meet waiting times from referral to treatment and arrangements to admit, treat and discharge patients in line with national standards. Regulation 9(1)(a)(b)(3)(a)
- The service must ensure they have a system so that women are always fast tracked to receive the correct investigations and or treatment. Regulation 12(2)(i)
- The trust must ensure all leaders have the integrity, skills and ability to run the service. Regulation 12(2)(c)
- The trust must ensure senior staff are visible and approachable for women and staff. Regulation 18(1)

## **Surgical services:**

- The service must ensure staff working in theatres comply with the safe storage and handling of controlled drug requirements, including maintaining the security of such drugs. Regulation 12
- The service must ensure medical staff compliance with hand hygiene practice is improved and continue to take action to reduce the rate of infection in the areas of surgery where infection rates are higher than average. Regulation 12

# Summary of findings

- The service must ensure all risks are included on risk registers and sufficiently mitigated. Regulation 17
- The service must ensure there is a vision and strategy for the care group and this is communicated to all staff. Regulation 17
- The service must ensure improvements plans are in place to improve referral to treatment performance. Regulation 17
- The service must ensure that incidents are reported and investigated in a timely way so that the service can assess, monitor and improve the quality and safety of the services being provided. Regulation 17
- The service must ensure completion rates for mandatory training across all staff groups meets the trust target, in particular in relation to resuscitation training for medical staff and in areas where the mandatory target had not been reached. Regulation 18

## **Emergency department:**

- Staff complete and record all patient observation and assessments consistently. Regulation 12(2)(b)
- Staff complete fridge temperatures checks in the resuscitation room daily. Regulation 12(2)(b)
- There is always a nurse in the department with the appropriate skills and knowledge to care for sick children. Regulation 18(1)
- There is a consultant presence in the ED for 16 hours each day. Regulation 18(1)
- Completion rates for mandatory training across all staff groups meets the trust target. (Regulation 18(2)(a))

## **Medical services:**

- The service must ensure care plans provide sufficient detail to support individualised care and treatment Regulation 9
- The service must ensure all staff apply the Mental Capacity Act 2005 in the provision of care and treatment to patients. This includes recording of assessments and delivery of care. Regulation 11
- The service must ensure staff always complete all patient risk assessments. Regulation 12
- The service must ensure where risks to patients' welfare are identified, actions are taken to lessen the risk. Regulation 12
- The service must ensure staff follow the acute stroke pathway, with patients with a suspected stroke being admitted to the stroke unit rather than the medical assessment unit (MAU). Regulation 12
- The service must ensure the contents of the emergency resuscitation trolleys are checked twice in 24 hours as per the trust policy. Regulation 12
- The service must ensure all staff follow the National Early Warning Scores (NEWS2) process correctly and escalate patients identified through the NEWS2 process as at risk of deterioration. Regulation 12
- The service must ensure staff recognise and report all incidents and near misses. Regulation 12
- The service must ensure staff fully complete patient's records. This includes medical records, nursing records, patients' fluid balance records and food intake records. Also, patient discharge summaries. Regulation 17
- The service must ensure governance processes are fully established and embedded in order to provide an effective and systematic approach to improvement of the service. Regulation 17
- The service must ensure all risks are included on risk registers. Regulation 17

# Summary of findings

- The service must ensure there is a vision and strategy for the care group and this is communicated to all staff. Regulation 17
- The service must ensure completion rates for mandatory and safeguarding training across all staff groups meets the trust target. Regulation 18
- The service must ensure action is taken to reduce the risk to patients relating to the numbers of nursing, allied health care professional and medical staff. Regulation 18
- The service must ensure there is sufficient medical staff with the relevant skills on duty at all times. Regulation 18
- The service must ensure all staff receive a regular appraisal as per trust policy. Regulation 18

## **Acute wards for adults of working age and psychiatric intensive care units**

Action the trust MUST take:

- The trust must ensure that on Osbourne ward, staff update patients' risk assessments and care plans following an incident and staff document the rationale and length of time for episodes of prone restraint. (regulation 12)
- The trust must ensure they follow national guidance relating to monitoring patients' vital signs following episodes of rapid tranquilisation. (regulation 12)
- The trust must ensure that patients have access to psychological therapies as recommended by the National Institute of Health and Care Excellence. (regulation 9)

## **Mental Health crisis services and health-based places of safety**

Action the provider MUST take to improve:

- The trust must ensure that risk assessments are comprehensively completed and reviewed and that risk assessments duplicated into paper records fully represent the assessed risks (Regulation 12).
- The trust must ensure that all incidents including incidents of self harm are reported via the incident reporting system and that appropriate action is taken to investigate the incident. Staff should receive feedback on reported incidents in a manner that ensures learning is disseminated (Regulation 17).
- The trust must complete its plan to provide Mental Health Act training to home treatment team staff (Regulation 18).
- The trust must ensure that an appropriate range of psychological therapies is made available to patients receiving care by the home treatment team (Regulation 9).

## **Long stay rehabilitation mental health wards for working age adults**

Action the provider MUST take to improve:

- The trust must ensure that staff assess and record the risks to the health and safety of service users of receiving care and treatment in a timely way and do all that is reasonably practicable to mitigate any such risks ().
- The trust must ensure all staff feel supported, and receive regular one to one or group supervision. (Regulation 18)
- The trust must measure and review patients' outcomes to improve the service (Regulation 17).
- The trust must monitor delayed discharges at a ward level (Regulation 17).

## **Wards for older people with mental health problems**

Action the provider MUST take to improve:

- The trust must ensure that the clinic room on Shackleton ward and the staff keys are kept securely (Regulation 12).

# Summary of findings

- The trust must ensure that staff on Shackleton ward are aware of potential ligature points and are supported to mitigate the risks (regulation 12).
- The trust must ensure that patients' risks are thoroughly identified and risk management plans are in place to mitigate risks (regulation 12).
- The trust must ensure that patients' holistic needs are met including physical health needs, care plans related to patient needs should be individualised and goal focussed. (regulation 12).
- The trust must ensure patients have access to meaningful therapeutic activities including psychological therapies in line with national guidelines (regulation 9).
- The trust must ensure staff apply the principles of the Mental Capacity Act and support patients to make decisions about their care. Staff must ensure that appropriate applications are made under the Deprivation of Liberty Safeguards (Regulation 11).
- The trust must ensure patients' records are stored securely (Regulation 17).
- The trust must ensure that when staff are in leadership positions, they are trained and supported to carry out their roles effectively. The trust must ensure that managers are given access to the systems required to undertake their roles and have a good understanding of what governance arrangements are in place (Regulation 18).

## **Community-based mental health services of adults of working age:**

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

- The provider **MUST** ensure they reduce waiting lists for allocation and treatment, improve the oversight of patients on the waiting list and reduce the number of occasions patients need reallocating (Regulation 12).
- The provider **MUST** ensure they discharge patients back to primary care when they are ready (Regulation 12).
- The provider **MUST** ensure that staff complete their mandatory training (Regulation 18).
- The provider **MUST** ensure that all patients have good quality care plans, risk assessments and crisis plans in place (Regulation 12).
- The provider **MUST** ensure that all patients have their physical health needs assessed and met (Regulation 12).
- The provider **MUST** ensure that they have clinical care pathways and outcome measures that follow NICE guidance to provide patient care (Regulation 12).
- The provider **MUST** ensure that patients receive care and treatment without extensive waiting times (Regulation 12).

*Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.*

## **Action the trust Should take to improve**

### **Trust wide**

- Continue with the development for seven day working across the trust services.
- Continue the recruitment of competent and skilled staff across the trust services.

### **Community Children and Young People**

- All electronic records systems should have a flagging system to determine if the child, young person or family are on a child protection plan or if there is a risk to practitioners for home visiting.

# Summary of findings

- Therapy staff should complete a safeguarding assessment when meeting a child, young person or family.
- Staff should ensure all resuscitation equipment is checked and recorded daily as per trust policy.
- The service should improve the privacy and confidentiality of patients waiting within the reception area if the sexual health clinic.
- Medicines supplied and administered against the directions of a prescriber or via local documents should be compliant with the medicine's legislation and best practice.
- The 0-19 service should have standardised protocols for recording visits on the electronic records system to ensure consistency across the service.
- In school nursing all patient group directives should include the signature of the school nurse administering the immunisation.
- All non-medical prescribers should store their prescription pads securely when they are not in use.
- All staff should provide advice to children, young people and their families based on national guidance to ensure it is up to date and accurate.
- The service should improve the timeliness of access to service such as occupational therapy for children with autism in line with national guidelines.

## **Community health services for adults**

- All staff should complete their mandatory training in key skills.
- Alternatives to control the temperature at the podiatry clinic at South Wight location should be considered.
- The service should devise mechanisms for monitoring supervision levels across the whole division.
- The service should assess the security of patient's data on the electronic systems in the Arthur Webster clinic
- The service should fully complete the medicines administration record.
- The service should review processes for complaints management to improve the timeliness of responses.
- The podiatry service should review processes and resources to reduce their waiting times for high risk patients in line with their own target of six weeks
- The community pharmacy team should continue to develop its services to include audit and governance processes.
- The service should consider the inclusion on the corporate risk register of risks scored 15 and above from the divisional risk register.

## **Emergency and urgent care**

- Check medicines supplied and administered against the directions of a prescriber or via local documents are compliant with the medicine's legislation and best practice.
- Develop a procedure for maintaining the cleanliness of vehicles and the equipment carried in them.
- Continue to improve the appraisal rates and mandatory training rates for all staff.
- Develop an asset register for all equipment together with a procedure to monitor equipment service periods.
- Continue to monitor and analyse the safeguarding referral process to determine if efficiencies can be achieved to release frontline crews.

# Summary of findings

- Maintain the security of keys to ambulance service vehicles.
- The service should work to embed the changes made in their governance processes.
- The service should continue to develop the use of the data available to them and the use of the data to drive improvements.

## **Emergency operations centre:**

- Consider updating their telephony system within the hub.
- Review staffing levels for there to be the required number for clinical support staff on the night time shift.
- The service should consider and plan how there will tackle increased demand.
- The service should work to embed the changes made in their governance processes.
- The service should continue to develop the use of the data available to them and the use of the data to drive improvements.

## **Patient Transport Service:**

- The service should review oxygen storage, when in use within ambulances, to promote patient safety

## **Gynaecology services:**

- The service should make sure staff working in the acute sector of the hospital are aware of the Trust's mental health strategy.
- The service should make sure there are infection prevention control leads in the gynaecology department.
- The service should make sure staff followed guidance on record keeping both on paper and electronically.
- The service should make sure patient information leaflets are up to date.
- The service should make sure women have access to and can contact the necessary staff when needed and the staff answer and reply to calls.
- The service should have a strategy to achieve its vision and all staff should be aware of it.
- The service should make sure staff feel respected, supported and valued by all their colleagues.

## **Surgical services:**

- Continue to work to improve the use of the sepsis pathway.
- Continue to work on the development of the frailty pathway.
- Ensure that arrangements to support junior medical staff are monitored and improvement plans in place.
- Continue to work to improve standards around enhanced recovery after surgery and the use of emergency surgery lists.
- Improve the completion of agency staff inductions in theatre.
- Continue to review the implementation of seven-day services in order to improve.
- Improve staff understanding of the trust's mental health strategy.
- Work to improve the timeliness of responses to complaints.
- Continue to work towards the development of a surgical strategy.

# Summary of findings

## **Emergency department:**

- Increase children's nursing establishment to cover 24 hours every day.
- Consider employing a consultant in paediatric medicine.
- Increase consultant cover to meet the Royal College of Medicine's standard which states that should be a suitably qualified consultant on site for 16 hours each day.
- Increase compliance with all aspects of safeguarding training for all staff groups.
- Increase compliance with training in the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS).
- Consistency of staff compliance with hand hygiene standards at all times.
- Review the use of patient group directions for staff to minimise risks to patient care.
- Monitor store rooms and remove items from floor areas.
- Further review the department layout to create a dedicated children's area.
- Continue to review processes to relieve pressures and reduce crowding.
- Review all patient monitoring equipment to improve the function and efficiency.
- Increase the availability of the streaming nurse to direct patient care at all times.
- Continue to evaluate service practice to eliminate 'black breaches'.
- Review the safety elements of the designated room for mental health assessments.
- Consider the location and size of the initial assessment area to accommodate the demand and improve patient privacy.
- Consider how and where initial patient triage and handover from paramedics is undertaken.
- Review and increase the availability of the children and adolescent mental health service.
- Implement a strategy for the care of patients with learning difficulties or dementia to include tools to support staff with the management of these patients, in the emergency department.
- Increase participation in National audit and review practice in line with results to improve patient outcomes.
- Review processes to manage complaints to reduce response times in line with trust policy. Provide material in public areas to inform patients and visitors how to make complaints.

## **Medical services:**

- Review the staff awareness of the trust's mental health strategy.
- Review processes to manage the timeliness of complaint responses.
- Review the staff access to patients' care records following assessment by mental health professionals.
- Develop the engagement of allied health professionals at delayed discharge meetings and the medical assessment unit board round.
- Continue work on action plans developed following national and local audits to improve outcomes for patients.

## **End of life care:**

- The trust should develop systems to identify end of life care patients earlier on in their admission to the hospital.



# Summary of findings

- The trust should make sure medical staff complete safeguarding training.
- The trust should make sure medical staff complete the training on the Mental Capacity Act and Deprivation of Liberty Safeguards Capacity Act and Deprivation of Liberty Safeguards.
- The trust should develop mechanism to support those unable to communicate using suitable pain assessment tools.
- The trust should document families had been offered to be involved in the investigation of incidents in end of life care.
- The trust should make available the service seven days a week.
- The trust should support medical staff to develop through yearly, constructive appraisals of their work.
- The service should ensure transfer of the deceased from the wards to the mortuary is undertaken in a timely manner.

## **Acute wards for adults of working age and psychiatric intensive care units**

Action the trust SHOULD take:

- The trust should introduce a smoke free policy across NHS buildings.
- The trust should ensure there is a mechanical restraint policy and staff are trained to use mechanical restraint.
- The trust should provide a separate entrance for patients, staff and visitors entering Seagrove ward, rather than walking through Osbourne ward to enter and leave.
- The trust should work towards a programme to review and reduce blanket restrictions across the wards.
- The trust should continue to ensure that patients receive their rights under the Mental Health Act 1983 in line with the timescales of the trust policy.

## **Mental Health crisis services and health-based places of safety**

Action the provider SHOULD take to improve:

- The trust should ensure that the process for reviewing and recording risk when people are admitted to the health-based place of safety is given greater clarity.
- The trust should ensure that the paper records used by the home treatment team are kept up to date and contain full care plans and risk assessments.
- The trust should ensure medicines supplied and administered against the directions of a prescriber or via local documents are compliant with the medicine's legislation and best practice.
- The trust should continue with the refurbishment and redecoration of the health-based place of safety.
- The trust should consider whether it needs to replace the vacancy in psychiatric liaison and if not address how it will ensure patients receive an appropriate level of service.
- The trust should ensure that staff are aware of the vision and strategy and are involved in its development.
- The trust should improve engagement between the Trust senior team and the staff.
- The trust should ensure that all home treatment team patients receive a copy of their care plan.

## **Long stay rehabilitation mental health wards for working age adults**

Actions the provider SHOULD take to improve:

- The trust should offer a separate lounge for female patients.



# Summary of findings

- The trust should develop a process for the management of high dose antipsychotic medicines prescribing.
- The trust should continue to ensure inpatients have access to psychological input from appropriately qualified staff.
- The trust should continue to ensure systems are in place for patients to manage their own medicines.
- The trust should provide staff with training on the prevention and management of violence and aggression.
- The trust should ensure medicines storage temperature records capture information on the minimum and maximum temperatures medicines have been stored at during the period of monitoring.
- The service should develop their governance systems to allow for the review and development of service provision.

## **Wards for older people with mental health problems**

Actions the provider SHOULD take to improve:

- The trust should ensure that staff take appropriate action when the fridge temperatures in the clinic room fall outside of the safe range.
- The trust should continue to ensure that clinic rooms have signs on them to advise fire officers if there is compressed gas inside.
- The trust should ensure that staff on Shackleton ward receive regular supervision in line with trust policy.
- The trust should ensure there is a sign on the doors to the wards to advise informal patients that they can leave the ward if they want to.
- The trust should ensure that informal patients can access advocacy services.
- The trust should ensure that patients on Shackleton ward have a forum for formally feeding back about the service.
- The trust should ensure that patients on Shackleton ward have information about how to make a complaint.

## **Community-based mental health services of adults of working age:**

Action the provider SHOULD take to improve:

- The provider should ensure that staff caseloads remain within the numbers agreed by the trust.
- The provider should ensure all staff have appraisals.
- The provider should ensure all senior managers engage with the teams and do not cancel planned visits.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led improved. We rated it as requires improvement because:

- There were many areas still to develop for patient care and delivery across the trust.
- There was no overall trust strategy for the staff to know and understand.

# Summary of findings

- There had been ongoing issues with patient flow through the hospital and over occupancy for admissions. This resulted in delays for patients to receive care and treatment and for some being nursed in non-patient bed spaces, which risked patient safety as well as had compromised privacy and dignity of patients impacted upon.
- Policies and procedures were in place for recognising the deteriorating patient and the patient nearing end of life; however, the staff did not always apply these guidelines in a timely way.
- The trust recognised and reported in 2018/2019 that key issues and risks had included a failure to deliver some national access targets including in the emergency department.
- The financial position of the trust being in special measures put patients at risk of not having all services developed and delivered in a timely way. There were limited development for seven day working. The frailty pathway was under development and therefore remained a risk until established.
- The board had limited performance and data reports to review and more challenge had been recognised as needed by the new non-executive directors.
- The staff survey results for 2018 showed trust staff engagement had remained lower than compared to the NHS average and for most scores was worse than average.
- Staffing levels had greatly relied on temporary arrangements of locum doctors and agency nurses who had less buy in to the development and improvements at the trust.
- Not all staff were satisfied with the promotion of equality and diversity in the trust's day to day work and for supporting opportunities for career progression.
- The trust mandatory training uptake had been low in some wards and departments including for resuscitation and safeguarding.
- There was insufficient support and supervision of junior doctors and this was reflected in the status of the General Medical Council enhanced surveillance.
- Complaints were not responded to in a timely manner the themes were noted as communication, values and behaviours of staff and waiting times.
- The trust had not yet established an integrated medical examiner group (IMEG) to review all deaths.
- There was limited learning following investigations into complaints, deaths and serious incidents.
- There were risks with the current IT and business systems in the services which was in need of investment to support service efficiency and improvement.

However:

- Since our last comprehensive inspection in January 2018 the trust had formed an experienced leadership team with the skills, abilities, and commitment for the potential to provide high-quality services.
- They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear vision and the trust's values.
- The trust had the basis of a structure for overseeing the governance of performance, quality and risk, with board members. This gave them greater oversight than previously of issues facing the service and they responded when services needed more support.

## Summary of findings

- There were structures, processes and some systems of accountability to operate a governance system designed to monitor the service and provide assurance.
- The trust had commissioned several external expert reviews to inform the process of mortality reviews and serious incident management. Changes had been implemented along with serious incident review processes.
- The estates had a plan for improvement to the emergency department design to become in line with expectation of the service.
- The public were encouraged to become members of the trust patient council and to share their views as well as volunteering for the trust.
- There were breaches of information governance. These had been dealt with according to policy and the trust was due external review of these breaches in line with the legislation. The trust acknowledged there were still improvements needed.
- The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation.
- The trust was part of the Isle of Wight Local Care Board which had worked together to provide an Isle of Wight Health and Care Sustainability Plan.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/R1F/Reports](http://www.cqc.org.uk/provider/R1F/Reports)

## Ratings tables

| Key to tables                           |           |               |                      |                 |                  |
|-----------------------------------------|-----------|---------------|----------------------|-----------------|------------------|
| Ratings                                 | Not rated | Inadequate    | Requires improvement | Good            | Outstanding      |
| Rating change since last inspection     | Same      | Up one rating | Up two ratings       | Down one rating | Down two ratings |
| Symbol *                                | →←        | ↑             | ↑↑                   | ↓               | ↓↓               |
| Month Year = Date last rating published |           |               |                      |                 |                  |

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

| Safe                                  | Effective                              | Caring                 | Responsive                             | Well-led                              | Overall                               |
|---------------------------------------|----------------------------------------|------------------------|----------------------------------------|---------------------------------------|---------------------------------------|
| Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>→←<br>Aug 2019 | Good<br>→←<br>Aug 2019 | Requires improvement<br>→←<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 |

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for a combined trust

|                      | Safe                                  | Effective                             | Caring                | Responsive                            | Well-led                              | Overall                               |
|----------------------|---------------------------------------|---------------------------------------|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Acute                | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Good<br>↔<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 |
| Community            | Good<br>↑↑<br>Aug 2019                | Good<br>↔<br>Aug 2019                 | Good<br>↔<br>Aug 2019 | Requires improvement<br>↓<br>Aug 2019 | Good<br>↑↑<br>Aug 2019                | Good<br>↑↑<br>Aug 2019                |
| Mental health        | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↓<br>Aug 2019           | Good<br>↔<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↔<br>Aug 2019           |
| Ambulance            | Good<br>↑<br>Aug 2019                 | Requires improvement<br>↑<br>Aug 2019 | Good<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019                 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 |
| <b>Overall trust</b> | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 |

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for St Mary's Hospital

|                                              | Safe                                  | Effective                             | Caring                                | Responsive                            | Well-led                              | Overall                               |
|----------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Urgent and emergency services                | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019                 | Requires improvement<br>↔<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 |
| Medical care (including older people's care) | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↔<br>Aug 2019           | Requires improvement<br>↓<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↔<br>Aug 2019           |
| Surgery                                      | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019                 | Inadequate<br>↓<br>Aug 2019           | Requires improvement<br>↔<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 |
| Critical care                                | Good<br>Jun 2018                      | Good<br>Jun 2018                      | Good<br>Jun 2018                      | Requires improvement<br>Jun 2018      | Good<br>Jun 2018                      | Good<br>Jun 2018                      |
| Maternity                                    | Requires improvement<br>Jun 2018      | Good<br>Jun 2018                      | Good<br>Jun 2018                      | Good<br>Jun 2018                      | Requires improvement<br>Jun 2018      | Requires improvement<br>Jun 2018      |
| Gynaecology                                  | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>Aug 2019                | Not rated                             | Requires improvement<br>Aug 2019      | Requires improvement<br>↔<br>Aug 2019 | Inadequate<br>↓<br>Aug 2019           |
| Services for children and young people       | Requires improvement<br>Jun 2018      | Good<br>Jun 2018                      | Good<br>Jun 2018                      | Requires improvement<br>Jun 2018      | Requires improvement<br>Jun 2018      | Requires improvement<br>Jun 2018      |
| End of life care                             | Good<br>↑↑<br>Aug 2019                | Good<br>↑↑<br>Aug 2019                | Good<br>↔<br>Aug 2019                 | Good<br>↑<br>Aug 2019                 | Good<br>↑↑<br>Aug 2019                | Good<br>↑↑<br>Aug 2019                |
| Outpatients                                  | Good<br>Jun 2018                      | N/A                                   | Good<br>Jun 2018                      | Good<br>Jun 2018                      | Requires improvement<br>Jun 2018      | Good<br>Jun 2018                      |
| Diagnostic imaging                           | Requires improvement<br>Jun 2018      | Requires improvement<br>Jun 2018      | Good<br>Jun 2018                      | Good<br>Jun 2018                      | Requires improvement<br>Jun 2018      | Requires improvement<br>Jun 2018      |
| <b>Overall*</b>                              | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Good<br>↔<br>Aug 2019                 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 |

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

|                                                         | Safe                   | Effective             | Caring                | Responsive                            | Well-led               | Overall                |
|---------------------------------------------------------|------------------------|-----------------------|-----------------------|---------------------------------------|------------------------|------------------------|
| Community health services for adults                    | Good<br>↑<br>Aug 2019  | Good<br>↑<br>Aug 2019 | Good<br>↔<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2019 | Good<br>↑↑<br>Aug 2019 | Good<br>↑<br>Aug 2019  |
| Community health services for children and young people | Good<br>↑↑<br>Aug 2019 | Good<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019                 | Good<br>↑↑<br>Aug 2019 | Good<br>↑↑<br>Aug 2019 |
| <b>Overall*</b>                                         | Good<br>↑↑<br>Aug 2019 | Good<br>↑<br>Aug 2019 | Good<br>↔<br>Aug 2019 | Requires improvement<br>↓<br>Aug 2019 | Good<br>↑↑<br>Aug 2019 | Good<br>↑↑<br>Aug 2019 |

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for mental health services

|                                                                                  | Safe                                  | Effective                             | Caring                                 | Responsive                            | Well-led                              | Overall                               |
|----------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units       | Requires improvement<br>↔<br>Aug 2019 | Requires improvement<br>↓<br>Aug 2019 | Good<br>↔<br>Aug 2019                  | Good<br>↑<br>Aug 2019                 | Requires improvement<br>↓<br>Aug 2019 | Requires improvement<br>↓<br>Aug 2019 |
| Long-stay or rehabilitation mental health wards for working age adults           | Inadequate<br>↓<br>Aug 2019           | Requires improvement<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019                  | Good<br>↔<br>Aug 2019                 | Requires improvement<br>↔<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 |
| Wards for older people with mental health problems                               | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↓<br>Aug 2019           | Requires improvement<br>↓↓<br>Aug 2019 | Good<br>↔<br>Aug 2019                 | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↔<br>Aug 2019           |
| Community-based mental health services for adults of working age                 | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↔<br>Aug 2019           | Good<br>↔<br>Aug 2019                  | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↓<br>Aug 2019           | Inadequate<br>↔<br>Aug 2019           |
| Mental health crisis services and health-based places of safety                  | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019                  | Requires improvement<br>↑<br>Aug 2019 | Inadequate<br>↔<br>Aug 2019           | Requires improvement<br>↑<br>Aug 2019 |
| Specialist community mental health services for children and young people        | Good<br>↑<br>Jun 2018                 | Good<br>↑<br>Jun 2018                 | Good<br>↔<br>Jun 2018                  | Requires improvement<br>↔<br>Jun 2018 | Good<br>↑<br>Jun 2018                 | Good<br>↑<br>Jul 2018                 |
| Community mental health services for people with a learning disability or autism | Good<br>↔<br>Jun 2018                 | Good<br>↔<br>Jun 2018                 | Good<br>↔<br>Jun 2018                  | Good<br>↔<br>Jun 2018                 | Requires improvement<br>↓<br>Jun 2018 | Good<br>↔<br>Jun 2018                 |
| <b>Overall</b>                                                                   | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↓<br>Aug 2019           | Good<br>↔<br>Aug 2019                  | Requires improvement<br>↑<br>Aug 2019 | Inadequate<br>↔<br>Aug 2019           | Inadequate<br>↔<br>Aug 2019           |

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for ambulance services

|                                   | Safe                                  | Effective                             | Caring                       | Responsive            | Well-led                              | Overall                               |
|-----------------------------------|---------------------------------------|---------------------------------------|------------------------------|-----------------------|---------------------------------------|---------------------------------------|
| Emergency and urgent care         | Good<br>↑<br>Aug 2019                 | Good<br>↑<br>Aug 2019                 | Good<br>↔<br>Aug 2019        | Good<br>↑<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Good<br>↑<br>Aug 2019                 |
| Patient transport services        | Requires improvement<br>↔<br>Aug 2019 | Good<br>↑<br>Aug 2019                 | Outstanding<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 |
| Emergency operations centre (EOC) | Good<br>↑<br>Aug 2019                 | Requires improvement<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019        | Good<br>↔<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 |
| <b>Overall</b>                    | Good<br>↑<br>Aug 2019                 | Requires improvement<br>↔<br>Aug 2019 | Good<br>↔<br>Aug 2019        | Good<br>↔<br>Aug 2019 | Requires improvement<br>↑<br>Aug 2019 | Requires improvement<br>↔<br>Aug 2019 |

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for primary medical services

|                      | Safe | Effective            | Caring | Responsive | Well-led | Overall |
|----------------------|------|----------------------|--------|------------|----------|---------|
| NHS111               | Good | Requires improvement | Good   | Good       | Good     | Good    |
| Urgent care services | Good | Good                 | Good   | Good       | Good     | Good    |



# Acute health services

## Background to acute health services

Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012, the trust provides health services to an isolated offshore population of 140,000.

Acute services at the trust are provided at St Mary's Hospital in Newport, with 246 beds and 22,685 admissions each year. Services include Accident and Emergency (A&E), urgent care services (by referral only), medicine and surgery, intensive care, maternity, neonatal intensive care unit (NICU) and paediatric services.

## Summary of acute services

**Requires improvement** ● ▲

Our rating of these services improved. We rated them requires improvement.

The summary of Acute services appears in the overall summary of this report.

# St Mary's Hospital

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Newport  
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Tel: 01983 524081  
[www.iow.nhs.uk](http://www.iow.nhs.uk)

## Key facts and figures

Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012, the trust provides health services to an isolated offshore population of 140,000.

Acute services at the trust are provided at St Mary's Hospital in Newport, with 246 beds and 22,685 admissions each year. Services include Accident and Emergency (A&E), urgent care services (by referral only), medicine and surgery, intensive care, maternity, neonatal intensive care unit (NICU) and paediatric services.

## Summary of services at St Mary's Hospital

**Requires improvement** ● ↑

Our rating of services improved. We rated it them as requires improvement because:

- There were many areas still to develop for patient care and delivery, especially in medical, gynaecology and surgical services.
- There had been ongoing issues with patient flow through St Mary's Hospital and over occupancy for admissions. At time some patients were nursed in non-patient bed spaces, which risked patient safety as well as had compromised privacy and dignity of patients impacted upon.
- There were delays for patients to receive care and treatment including for stroke care.
- Policies and procedures were in place for recognising the deteriorating patient and the patient nearing end of life; however, the staff did not always apply these guidelines in a timely way.
- Patient records were not always completed in full or in a timely way to promote optimum care as treatment.
- The trust recognised and reported in 2018/2019 that key issues and risks had included a failure to deliver some national access targets including in the emergency department.
- There was limited development of seven day working.
- The frailty pathway was under development and therefore remained a risk until established.
- The trust mandatory training uptake had been low in some wards and departments including for resuscitation and safeguarding.

# Summary of findings

- There was insufficient support and supervision of junior doctors and this was reflected in the status of the General Medical Council enhanced surveillance.
- Complaints were not responded to in a timely manner the themes were noted as communication, values and behaviours of staff and waiting times.

However:

- Since our last comprehensive inspection in January 2018 the trust had formed new divisional teams with experienced leaders.
- Ten week improvement plans had been applied to the areas of highest concern to drive improvement and changes had been made.
- End of life care services had much improved from the new strategy to the care delivery.
- There were new structures, processes and some systems of accountability to operate a governance system designed to monitor the service and provide assurance.
- The estates department had a plan for improvement to the emergency department design to become in line with expectation of the service.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

The trust has one emergency department (ED), located at St Mary's Hospital in Newport. It provides a 24-hour, seven day a week service.

The department has three adult resuscitation bays, 10 majors bays, three rapid assessment bays, three minors cubicles and a mental health assessment room that is ligature risk compliant. The department has two dedicated paediatric rooms suitable for minors, majors and resus cases.

Children have a separate waiting room and are treated in two rooms adjacent to the major treatment area. There are separate rooms for mental health assessment, eye examinations and application of plaster casts.

Radiology services are located next to the department.

The ED is led by four substantive Consultants, a Matron and seven Sisters/ Charge Nurses.

The unit cares for both adults and children with approximately 50,000 attendances per year (25% of these patients are children).

The ED is not a trauma centre but is part of the regional trauma network and is a primary point of arrival for non-major trauma and occasionally major trauma awaiting transfer to a major trauma centre. Air-Ambulance or coastguard helicopter services assist the transfers to mainland trauma centres.

We last completed a comprehensive inspection of the department in January 2018 and we undertook a winter pressures inspection in January 2019 which focused on a proportion of the key lines of enquiry. As a result of that inspection we served a warning notice for significant improvement to be made in respect of:

1. Patients were cared for and treated in non-designated areas for clinical care in the emergency and accident department, which increased the risk of them not having the appropriate assessments, care and treatment.
2. Patients were not always assessed in a timely or safe manner or assessed by staff who were suitably qualified.
3. There were insufficient numbers of staff on duty to deliver safe care and treatment to patients.

At the inspection in January 2018 the service was rated inadequate for safe, and well led; requires improvement for effective and responsive and good for caring. The overall rating was inadequate. On this occasion we re-inspected all five key questions.

We carried out an announced inspection from 21-23 May 2019. During our inspection, we spoke with 18 patients and 5 family members, reviewed records of 9 patients and spoke with 54 staff. We also reviewed the trust's ED performance data. We inspected the whole core service, looked at all five key questions and followed up concerns from our previous inspection.

## Summary of this service

Our rating of this service improved. We rated it as requires improvement.

We rated safe, effective, responsive and well led as requires improvement, with caring as good.

- Staff continued to put patients at risk as mandatory training was not completed by all staff.

# Urgent and emergency services

- Hand hygiene audits showed that staff were not always meticulous about washing their hands at every opportunity.
- Staff completed patient clinical observations and risk assessments more rigorously most of the time but did not do this consistently and they did not fully complete the documentation.
- The medical staff cover did not meet Royal College of Medicine standards for adults or children.
- There were not enough children's nurses in post to cover a 24 hour service seven days a week.
- Medicines were managed well on the whole with the exception of high dose antipsychotic medicines prescribing.
- The service did not consistently monitor the effectiveness of care and treatment. They did not consistently use the findings to make improvements and achieve good outcomes for patients and some patient outcomes were worse than expected.
- The service was unable to meet national standards for patient waiting times and length of stay within the department.
- People waited too long for a response when they raised a complaint.

However:

- The warning notice served following the inspection in January 2019 had been met in respect of patients were better cared for and treated in non-designated areas for clinical care in the emergency and accident department throughout this inspection. Patients were assessed by triage in a timely and safe manner.
- Throughout this inspection there were insufficient numbers of staff on duty to deliver safe care and treatment to patients to the number of attending patients.
- The service reported concerns, investigated them and shared learning.
- The nursing staff numbers had increased, and the skill mix improved, which improved the care and management of patients.
- Staff recognised and knew how to protect vulnerable adults and children.
- All professional groups worked well together to keep patients safe and provide good care; they made sure patients had enough food and drink and ensured patients' pain was alleviated.
- Staff treated people with respect and patients appreciated the compassion and kindness shown to them.
- The leadership team were visible and respected by staff. They had a vision for the service and had improved governance structures and processes to enable service improvements to happen, with plans to ensure improvements continued.

We reviewed the issues raised at the winter pressures inspection resulting in a warning notice. At this inspection we found that there had been significant improvement against all three concerns. There remains some unease that the improvements made by the department may not be sustainable during busy periods.

## Is the service safe?

**Requires improvement**  

Our rating of safe improved. We rated it as requires improvement because:

# Urgent and emergency services

- The service provided mandatory training in key skills including the highest level of life support training to all staff but did not ensure everyone completed it.
- The service controlled infection risk but compliance with hand hygiene audits was poor.
- The design of the emergency department did not comply with national standards to keep patients safe, although the maintenance of the existing premises and equipment kept people safe.
- Delays in patient flow through the hospital resulted in increased length of stay in the department and many black breaches.
- The service did not have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Medical staffing did not meet the Royal College of Medicine standards for adults or children. Risks remained particularly when there were not enough medical staff trained in paediatrics to meet guidelines, and the consultants were only available remotely out of hours.
- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The pathway for patients arriving by ambulance had improved but did not fully meet standards. On handover from paramedics, nurses did not always complete clinical details such as pulse and respiration before entering the current status on the computer. This practice was identified during the January 2019 inspection as not in line with the guidance produced by the Royal College of Emergency Medicine (RCEM) and the Royal College of Nursing (RCN).
- Managers investigated incidents and shared lessons learned with the whole team and the wider service but when things went wrong, staff did not consistently apologise and give patients honest information and suitable support.
- Staff kept detailed records of patients' care and treatment. Records were clear, and up-to-date, stored securely and easily available to all staff providing care. However, we found that practice was not consistently applied.
- The service lacked a process for the management of high dose antipsychotic medicines prescribing.
- Safeguarding training for medical staff was poorly attended. Uptake of the 'preventing radicalisation level 3 training for all staff groups was low.

However:

- Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks when patients initially attended. Staff identified and quickly acted upon patients at risk of deterioration. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- In the absence of a registered children's nurse adult-trained registered nurses staffed the children's area. Most registered nurses had undertaken paediatric immediate life support training and some staff had undertaken further training to achieve paediatric competencies to support them to care for sick and injured children.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- Managers ensured that actions from patient safety alerts were implemented and monitored.
- The provider had systems in place for the safe storage, administration, prescribing and disposal of most medicines.

# Urgent and emergency services

- Staff we spoke could recognise and report abuse, and they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

## Is the service effective?

**Requires improvement**   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service did not consistently monitor the effectiveness of care and treatment. They did not consistently use the findings to make improvements and achieve good outcomes for patients.
- Managers did not consistently appraise staff's work performance and not all staff had access to supervision. Appraisal rates for all staff groups fell short of the trusts standards for compliance.
- Staff uptake of the Mental Health Act 1983 training did not meet the trusts 85% target.

However:

- The service provided care and treatment based on national guidance and best practice.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Most key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

## Is the service caring?

**Good**   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● ➡ ➡

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The department had plans to improve services to meet the needs of local people in respect of the emergency department design, but these were not in place at the time of our inspection.
- The service was not always able to provide a service to meet the needs of individuals.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- The service did not respond to complaints within the trusts timescale, and there were no leaflets or information displayed in the emergency department to direct people who wished to raise concerns or make a complaint.
- Staff were able to contact the CAMHS (Child and Adolescent Mental Health team) out of hours, but children who were admitted to the paediatric wards were not assessed until the CAMHS team were on duty. This meant that such children were often left waiting over the weekend without mental health support.

However:

- People could access the service when they needed it initially and received immediate care promptly.
- The triage nurses assessed patients using a nationally recognised triage system in order to identify or eliminate any serious or life-threatening illness or injury and to prioritise patients' treatment. During our inspection we saw that triage was done in a timely way within 15 minutes on each occasion.
- People were able to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Requires improvement** ● ↑

Our rating of well-led improved. We rated it as requires improvement because:

- The design and layout of the emergency department did not comply with national standards.
- The governance of the patient flow had not yet been addressed and had contributed to constitutional standards not being met.
- Closer governance oversight of patient records and care delivery was needed for safety improvements made to be always effective.
- Leaders did not deliver the national guidelines for paediatric care in the emergency department, or mitigate the associated risks for low staff skill and experience to meet the needs of children and young people.
- The governance of the delivery of appraisal and mandatory training had not achieved the expected levels across all staff groups according to the trust policy.
- Leaders' review of performance and audit data was not always acted upon to make improvements for patients.



# Urgent and emergency services

However:

- There had been a change in the leadership of the emergency department since our previous inspection in 2018. The department was part of the newly formed integrated urgent care division.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Since the last inspection in January 2019 when we served a warning notice about the emergency department, the leaders had responded with actions to make improvements and develop safer systems for patients.
- Leaders had developed a new design in the service for an improved environment and plans included for a dedicated children's area. Arrangements were in progress for commencing the work.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated revised governance processes throughout the service, and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had some opportunities to meet, discuss and learn from the performance of the service.
- Leaders had plans to cope with unexpected events such as major incidents.
- Leaders and teams had begun to use systems to manage performance more effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Live information was available and accessible to staff through the IT system.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Data or notifications were consistently submitted to external organisations as required.
- All staff were committed to continually learning and improving services; and staff were beginning to understand methods of quality improvement and develop the skills to use them.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **must** take to improve

The trust must ensure that:

- Staff complete and record all patient observation and assessments consistently. Regulation 12(2)(b)
- Staff complete fridge temperatures checks in the resuscitation room daily. Regulation 12(2)(b)
- There is always a nurse in the department with the appropriate skills and knowledge to care for sick children. Regulation 18(1)
- There is a consultant presence in the ED for 16 hours each day. Regulation 18(1)
- Completion rates for mandatory training across all staff groups meets the trust target. (Regulation 18(2)(a))

# Urgent and emergency services

Action the trust **should** take to improve

- Consider employing a consultant in paediatric medicine.
- Increase compliance with all aspects of safeguarding training for all staff groups.
- Increase compliance with training in the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS).
- Consistency of staff compliance with hand hygiene standards at all times.
- Review the use of patient group directions for staff to minimise risks to patient care.
- Monitor store rooms and remove items from floor areas.
- Further review the department layout to create a dedicated children's area.
- Continue to review processes to relieve pressures and reduce crowding.
- Review all patient monitoring equipment to improve the function and efficiency.
- Increase the availability of the streaming nurse to direct patient care at all times.
- Continue to evaluate service practice to eliminate 'black breaches'.
- Review the safety elements of the designated room for mental health assessments.
- Consider the location and size of the initial assessment area to accommodate the demand and improve patient privacy.
- Consider how and where initial patient triage and handover from paramedics is undertaken.
- Review and increase the availability of the children and adolescent mental health service.
- Implement the trust strategy for the care of patients with learning difficulties or dementia to include tools to support staff with the management of these patients, in the emergency department.
- Increase participation in National audit and review practice in line with results to improve patient outcomes.
- Review processes to manage complaints to reduce response times in line with trust policy. Provide material in public areas to inform patients and visitors how to make complaints.

# Medical care (including older people's care)

Inadequate   

## Key facts and figures

The Isle of Wight NHS Trust currently provides medical care across six inpatient areas at St Mary's Hospital. Details of these inpatient areas can be found below.

- The Medical Assessment Unit consisting of 24 acute beds and the provision of ambulatory emergency care Monday to Sunday and is managed as part of the Urgent and Emergency Care Group.
- The following five clinical areas, Appley Ward, Colwell Ward, the Stroke Unit, the Coronary Care Unit and Compton ward were managed by the Medical Care Group:

Appley Ward is a general medical ward consisting of 28 beds with designated provision for respiratory, diabetes and endocrinology.

Colwell Ward is a general medical ward consisting of 28 beds, with designated provision for gastroenterology.

The Stroke Unit consisting of 24 beds, with the provision of a four bedded hyper-acute stroke service within.

The Coronary Care Unit (CCU) has six beds and a stepdown ward with 12 beds are supported by the provision of cardiology diagnostic testing and outpatient care.

Compton Ward consisted of 15 beds, and at the time of the inspection was being used for patients that awaited discharge. This ward supports the trust as part of winter resilience for medically fit patients. This ward aids patient flow throughout the system and cohorts medically fit patients who are awaiting social care or complex packages of care in the community.

Other non-inpatient medical services:

- The respiratory service is supported by respiratory physiologists and lung function testing.
- The gastroenterology service is supported by the endoscopy service. The Endoscopy Unit was purpose built and opened in February 2016. The unit provided 15 sessions each week.
- The Chemotherapy Day Unit consisted of a large bay with reclining chairs and two side rooms for patient treatment. The Endoscopy Service and Chemotherapy Day Unit were managed by the Clinical Support, Cancer and Diagnostics Care Group.
- In-reach medical services include care of the elderly, rheumatology, and Out-Patient and Home Parenteral Infusion Service (OHPIT).

*(Source: Routine Provider Information Request AC1 - Acute context)*

The trust had 13,635 medical admissions from January 2018 to December 2018. Emergency admissions accounted for 7,803 (57.2%), 45 (0.3%) were elective, and the remaining 5,787 (42.4%) were day case.

Admissions for the top three medical specialties were:

- General medicine with 7,119 admissions (52.2% of total admissions)
- Clinical oncology with 3,592 admissions (26.3% of total admissions)
- Gastroenterology with 1,299 admissions (9.5% of total admissions)

# Medical care (including older people's care)

*(Source: Hospital Episode Statistics)*

At the last inspection in January 2018 the service was rated inadequate for safe, effective and well led, requires improvement for responsive and good for caring. The overall rating was inadequate, so we re-inspected all five key questions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit we reviewed information that we held about these services and information requested from the trust.

We spoke with 89 staff including senior nurses, health care assistants, consultants, junior medical staff, junior nursing staff, allied health professionals, managers, cleaning staff, administration staff and ward nursing staff. We also spoke with 15 patients and 11 relatives. We observed three handover meetings, attended two multidisciplinary meetings, a safety huddle, a mental health assessment and reviewed 27 records.

## Summary of this service

Our rating of this service stayed the same. We rated it as inadequate.

We rated safe, effective, well led as inadequate, caring and responsive as requires improvement because:

- Patients were at risk of avoidable harm, as at the last inspection. Fully completed care records were not always kept for patients. Staff did not always assess risks to patients and act on them. The number of nurses was impacting on care given to patients. The shortage of medical staff was putting patients at risk of unsafe care. Staff were not compliant with some mandatory training modules including safeguarding training, placing patients at risk of harm. There was a lack of assurance that nurses and medical staff had the knowledge to recognise abuse. Staff did not always recognise incidents, the trust were slow to report them and there were delays with feedback from incidents and lessons learned.
- Staff did not always provide care and treatment that reflected current evidence based guidance or best practice standards, as at the last inspection. Some patient outcomes were persistently worse than expected. There was evidence that staff did not give patients enough to eat and drink. There was not a standardised tool in place for people unable to communicate verbally. There were some gaps in management and support arrangements for staff, to ensure their competence. Staff did not always show an understanding of how to apply the Mental Capacity Act (2005) to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff did not always treat patients with compassion and kindness, respect their privacy and dignity, take account of individual needs.
- Services had not always been planned or delivered in a way that met patients' needs, as at the last inspection. The service was slow to plan care in a way that met the needs of people. Referral to treatment times were inconsistent, which prevented people from being able to access services when they needed them. Some patients experienced a higher average length of stay than the England average. A significant number of patients experienced a delayed discharge. Two initiatives to support people living with a dementia needed to be embedded into practice. The service did identify learning from complaints, but these had had been slow to change staff practice.

# Medical care (including older people's care)

- The following issues were highlighted at the last inspection that the delivery of high quality care was not assured by the leadership, governance or culture. The leaders had not developed a detailed vision and strategy for the medical care service. Staff did not always feel supported and listened to. Risk registers did not include all risks, to enable there management. The service did not always have the data in meetings to understand performance, make decisions and improvements. The trust did not show us evidence of innovation or research.

However:

- The service mostly controlled infection risk well. Equipment and the premises were clean. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The service used monitoring results well to improve patient safety. Staff collected safety information and shared it with staff, patients and visitors.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements, to work towards achieving good outcomes for patients. Staff gave patients practical advice and support to lead healthier lives. Patients we spoke with us told us their pain was controlled well.
- Staff usually provided emotional support to patients, families and carers to minimise their distress.
- The service took into account patients' needs and preferences.
- Leaders were visible and approachable in the service for patients and staff. Staff we spoke with told us they were aware of the freedom to speak up guardian role. The service was using a safer staffing electronic tool, to support safe staffing.

## Is the service safe?

**Inadequate**   

Our rating of safe stayed the same. We rated it as inadequate because:

- Staff did not always have the complete information they needed before providing care, treatment and support. Staff did not always fully complete patient records. During the course of the inspection, there were gaps in most records we reviewed.
- Staff did not always assess, monitor or manage risks to people who used the service.
- The service did not always have enough staff nursing and support staff with the right qualifications, skills, training and experience and this did impact on the care given to patients. There were delays to patients care and treatment.
- The communication of National Early Warning Scores (NEWS2), a tool used to identify people at risk of deteriorating, was not always followed. Staff had completed three incident reports from January to March 2019 where patients with high NEWS2 scores had not been escalated when patients had deteriorated. During our inspection we found for one patient had an altered NEWS2 recording and staff had not escalated the patient's condition as per the guidance on the NEWS2 document. From January to December 2018 17 serious incidents had been reported, described as sub-optimal care of the deteriorating patient.
- The service provided mandatory training in key skills to all staff, however they did not make sure all staff completed all the training modules. Records demonstrated compliance with resuscitation and safeguarding was below the trust target for nurses, and significantly below for medical staff.
- Substantial medical staff shortages, and variable numbers and skill mix of medical staff on duty increased the risk of patients receiving unsafe care and treatment.

# Medical care (including older people's care)

- Patients were being transferred from the Medical Assessment Unit (MAU) during the weekend to medical wards without any doctor to doctor handover. Medical staff told us this had caused delays to treatment, as medical staff on the medical wards were unaware of these patients, and actions in these patient medical notes to be completed.
- From January to December 2018 11 serious incidents had been reported, described as a treatment delay.
- The service had suitable premises, but there were some gaps in the checking of resuscitation equipment.
- The provider had systems in place for the safe storage, administration, prescribing and disposal of medicines. However, some medicines in safe storage areas had not been managed safely.
- Staff did not always recognise incidents and there were delays with lessons being learnt and actions taken forward where incidents were investigated.

However:

- The service mostly controlled infection risk well. This was an improvement from the last inspection. Equipment and the premises were clean. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Records were stored securely and easily available to all staff providing care.
- Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Inadequate** ● ➡ ➡

Our rating of effective stayed the same. We rated it as inadequate because:

- The service did not always provide treatment that reflected current evidence based guidance or best practice standards. Outcomes for stroke patients remained persistently low in three of the 10 patient centred areas of care.
- Staff did not always give patients enough food and drink to meet their needs and improve their health. Concerns were demonstrated through audits undertaken about the support given to patient with food and drink.
- There was no evidence of a standardised pain assessment tool being used for people unable to communicate verbally.
- There was a gap in the management and support arrangements for staff. Appraisals were below the trust target of 85% for four staff groups. Medical staff did not always feel clinically supported, and not all essential staff competencies had been undertaken.
- Staff did not always follow national guidance to gain and record people's consent, with regard to the Mental Capacity Act (2005).

However:

- Patients we spoke with told us their pain was well controlled.
- Staff had developed action plans following national audits to improve patient outcomes.

# Medical care (including older people's care)

- Doctors, nurses and other healthcare professionals worked together to benefit patients. Mostly all disciplines were represented at multi-disciplinary team meetings, and coordination with other services worked well.
- Key services were mostly available seven days a week to support timely patient care.
- Staff gave patients practical advice and support to lead healthier lives.

## Is the service caring?

**Requires improvement**  

Our rating of caring went down. We rated it as requires improvement because:

- Staff did not always treat patients with compassion and kindness, respect their privacy and dignity, and take account of their individual needs.
- Patient at times told us they had not felt supported and cared as staff rushed. Patients told us staff had not always ensured their dignity could be maintained when personal care given.
- Staff did not always support and involve patients, families and carers to understand their condition and make decisions about their care and treatment.
- Patient and those close to them we spoke told us they had not always known what was happening in relation their discharge from hospital. At times they had also not known what was happening in relation to their care pathway in hospital.

However:

- Staff mostly provided emotional support to patients, families and carers to minimise their distress.

## Is the service responsive?

**Requires improvement**   

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The service did not fully plan care in a way that met the needs of people and the communities served. Service delivery lacked pace.
- Patients could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- The average length of stay for non-elective patients was higher than the England average for general medical and stroke medicine patients, and for elective gastroenterology patients. From January 1 2018 to 31 December 2018, 1,594 patients had experienced a delayed discharge.
- Further work was needed to embed two initiatives to support people living with a dementia.
- The trust investigated concerns and complaints. The trust developed lessons learned but these were delays to changes in practice by staff. The trust's responses to complaints were not always completed in a timely manner. The trust did not have a target for closing complex complaints, which some of these complaints may have been.

However:



# Medical care (including older people's care)

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

## Is the service well-led?

Inadequate   

Our rating of well-led stayed the same. We rated it as inadequate because:

- Leaders did not always understand and manage the priorities and issues the service faced.
- There was not a detailed vision and strategy for the medicine care group.
- Staff did not always feel supported and listened to. The culture was not always open. Staff had not been able to challenge the high patient occupancy and over occupancy known as 'one upping' of beds. The service did not seem to always be focussed on the needs of patients receiving care.
- The arrangements for governance and performance management did not always operate effectively. Some areas although an agenda item were not discussed, for example safeguarding referrals being investigated by the local authority.
- The service did not always identify all risks to the service, so actions could be identified to reduce the impact.
- The service did not always have the data in meetings to understand performance, make decisions and improvements. This included detail regarding individual mandatory training modules and ward documentation audits where improvement needed.
- There was limited engagement with staff and patients to plan and manage services.
- There was little evidence of innovation or research being undertaken.

However:

- Leaders were visible and approachable in the service for patients and staff.
- The care group clinical director and head of nursing and quality had been in post less than 12 months.
- Staff we spoke with told us they were aware of the freedom to speak up guardian role.
- The service was using a safer staffing electronic tool, to support safe staffing.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **must** take to improve

The trust must ensure that:

- The service must ensure care plans provide sufficient detail to support individualised care and treatment. Regulation 9
- The service must ensure all staff apply the Mental Capacity Act (2005) in the provision of care and treatment to patients. This includes recording of assessments and delivery of care. Regulation 11
- The service must ensure staff always complete all patient risk assessments. Regulation 12



# Medical care (including older people's care)

- The service must ensure where risks to patients' welfare are identified, actions are taken to lessen the risk. Regulation 12
- The service must ensure staff follow the acute stroke pathway, with patients with a suspected stroke being admitted to the stroke unit rather than the medical assessment unit (MAU). Regulation 12
- The service must ensure the contents of the emergency resuscitation trolleys are checked twice in 24 hours as per the trust policy. Regulation 12
- The service must ensure all staff follow the National Early Warning Scores (NEWS2) process correctly and escalate patients identified through the NEWS2 process as at risk of deterioration. Regulation 12
- The service must ensure staff recognise and report all incidents and near misses. Regulation 12
- The service must ensure staff fully complete patient's records. This includes medical records, nursing records, patients' fluid balance records and food intake records. Also, patient discharge summaries. Regulation 17
- The service must ensure governance processes are fully established and embedded in order to provide an effective and systematic approach to improvement of the service.
- The service must ensure all risks are included on risk registers. Regulation 17
- The service must ensure there is a vision and strategy for the care group and this is communicated to all staff. Regulation 17
- The service must ensure completion rates for mandatory and safeguarding training across all staff groups meets the trust target. Regulation 18
- The service must ensure action is taken to reduce the risk to patients relating to the numbers of nursing, allied health care professional and medical staff. Regulation 18
- The service must ensure there is sufficient medical staff with the relevant skills on duty at all times. Regulation 18
- The service must ensure all staff receive a regular appraisal as per trust policy. Regulation 18

Action the trust **should** take to improve

- Review the staff awareness of the trust's mental health strategy.
- Review processes to manage the timeliness of complaint responses.
- Review the staff access to patients' care records following assessment by mental health professionals.
- Develop the engagement of allied health professionals at delayed discharge meetings and the medical assessment unit board round.
- Continue work on action plans developed following national and local audits to improve outcomes for patients.

# Surgery

Requires improvement   

## Key facts and figures

The Surgery, Women's and Children's Health Care Group draws together the surgical and orthopaedic services as well as paediatric and obstetric services. The purpose of the care group is to provide clinical and operational leadership to general surgery, including breast and colorectal; urology; trauma and orthopaedics; ENT; maxillo-facial; ophthalmology; gynaecology; chronic pain; stoma, community and acute paediatrics; obstetrics and midwifery.

Some support services are also included within the care group and include day surgery and main theatres, the pre-assessment and admission unit and anaesthetists.

The wards for the care group include St Helens, Elective Surgery; Whippingham ward, Emergency surgery; Alverstone, Elective Orthopaedic Surgery; Luccombe Ward, trauma and Mottistone Private Ward. All services apart from the Community Paediatric services are provided on the St Mary Hospital site.

*(Source: Routine Provider Information Request (RPIR) – Context acute)*

The trust had 13,323 surgical admissions from January to December 2018. Emergency admissions accounted for 3,075 (23.1%), 9,110 (68.4%) were day case, and the remaining 1,138 (8.5%) were elective.

*(Source: Hospital Episode Statistics)*

At the last inspection in January 2018 the service was rated inadequate for safe, requires improvement for effective, responsive and well led and good for caring. The overall rating was requires improvement, so we re-inspected all five key questions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit we reviewed information that we held about these services and information requested from the trust.

We spoke with 54 staff including senior nurses, health care assistants, surgeons, anaesthetists, student nurses, a learning disability liaison practitioner, a freedom to speak up guardian, junior surgical doctors, junior nursing staff, allied health professionals, managers, cleaning staff, administration staff and ward nursing staff. We also spoke with seven patients and two relatives. We received 16 comment cards. We reviewed 12 patient records and observed safety huddles, and handover meetings.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, however they did not make sure all staff completed it. Improvements had been made to overall training completion rates, however medical and theatre staff completion of mandatory training remained low, in particular in relation to resuscitation.
- Medical staff compliance with hand hygiene training and practice was not consistent and infection rates in some areas of surgery were higher than average.
- Not all patients showing signs of infection were on the sepsis pathway.

# Surgery

- The service did not have enough nursing staff in all areas with the right qualifications, skills and training to keep people safe from avoidable harm and to provide the right care and treatment, although there was evidence of improvements since the January 2018 inspection.
- There were ongoing concerns with medical cover out of hours and junior doctors reported some issues with obtaining input from senior colleagues when they needed it.
- The provider had systems in place for the safe storage, administration, prescribing and disposal of medicines. We observed some improvements in the recording of controlled drugs in theatres, although there continued to be some gaps and we observed an incident where a controlled drug had been left unlocked and prepared in an anaesthetic room.
- Some medical staff told us there was a reluctance to report incidents, particularly amongst junior doctors due to a belief that issues would not be addressed.
- Actions from mortality and morbidity meetings were not clearly recorded and some medical staff reported outcomes from incident investigations not being shared.
- The service provided some treatment that reflected current evidence-based guidance or best practice standards, however standards around enhanced recovery after surgery and emergency surgery lists were not embedded.
- There was evidence of improved appraisal completion although appraisals were below the trust target of 85% for five staff groups including nursing staff.
- Permanent night staff in theatres had not all had their competencies assessed and agency staff working in theatres had only partially completed their inductions.
- Key services were not available seven days a week to support timely patient care.
- Staff did not consistently show an understanding of how to support patients who lacked capacity to make their own decisions or were experiencing poor mental health.
- On St Helens ward arrangements for the pre-operative care of patients in the day room meant that staff were not always able to protect their privacy and dignity.
- Feedback from patients and relatives included that care for patients at night was not of the same standard as during the day.
- Friends and family test survey completion rates were low, meaning that services were not always aware of patient feedback in order to improve.
- The service provided did not always reflect the needs of the population served. Facilities and premises were not always appropriate for the services delivered, however there were clear plans in place to address this.
- Patients could not always access the service when they needed it to receive the right care promptly. Patients stayed in hospital longer than average following non-elective surgery and in some specialities for elective surgery.
- Waiting times from referral to treatment had deteriorated and were significantly below average in some specialities. Urgent treatment delays led to compromised patient care in some cases.
- The process to review and update individual care plans for patients on longer term admissions needed to improve.
- The service investigated concerns and complaints. The service identified lessons learned and shared these with staff and there was evidence of improved practice as a result of this. However, the responses to complaints were not always completed in a timely manner.

# Surgery

- Leaders had an understanding of the challenges facing the service but, there were some areas of risk that were not being sufficiently identified, prioritised and managed.
- Ward leaders were visible and approachable but, there were some concerns from junior medical staff about the approachability of their senior colleagues.
- Interim management posts were evident within the service and staff reported a lack of visibility of some senior care group staff.
- There were acute service, nursing and quality strategies in place and staff were aware of these, however there was no surgery specific strategy in operation.
- There was evidence of an improved culture in theatres and the culture on the wards was centred on the needs of patients. However, junior medical staff did not always feel supported and listened to and we were told that issues and concerns were not being escalated because of this.
- There were governance systems, however actions to reduce the impact of risks relating to bed management issues were not managed in a way that clearly mitigated the risks and not all risks were recorded on the service risk register. Minutes from mortality and morbidity meetings were not in line with the Royal College of Surgeons recommendations.

However:

- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- Appropriate equipment was available, checked and fit for purpose. The environment was not always suitable; however, risk management assessments and plans were in place to mitigate the associated risks.
- Staff monitored and managed risks to patient safety and improvements with evidence of improved processes to help identify the risk of deterioration in patients.
- Records were stored securely and easily available to all staff providing care. There were consistent improvements to the use of and completion of safer surgery checklists in theatres.
- The service monitored patient harm in relation to falls, pressure ulcers and infections and communicated the results to patients, staff and visitors.
- Staff working in theatres and on the wards recognised and reported incidents. Managers investigated incidents and there was evidence of learning from these. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff monitored patient's nutrition and hydration needs and gave them enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and work towards achieving good outcomes for patients. There was evidence of improved patient outcomes.
- Staff worked well together as a team to benefit patients.
- The trust had made some improvements against the priority clinical standards for seven-day services.
- Staff gave patients support and advice to lead healthier lives.
- There were improvements seen in checks of consent for patients undergoing surgery.
- Staff provided emotional support to patients to improve their wellbeing and make their admission more comfortable.

# Surgery

- Staff provided support and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff treated patients with compassion and kindness, taking account of their individual needs.
- The service took account of patients' individual needs. They had services in place to support patients with a learning disability on their journey through surgery.
- The service used data to understand performance and make decisions about improvements.
- Theatre staff reported improvements in the way managers and colleagues engaged with them.
- There was a commitment to continually learn and improve services with evidence of improvements in some areas.

## Is the service safe?

**Requires improvement** ● ↑

Our rating of safe improved. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, however they did not make sure all staff completed it. Improvements had been made to overall training completion rates, however medical and theatre staff completion of mandatory training remained low, in particular in relation to resuscitation.
- Medical staff compliance with hand hygiene training and practice was not consistent and infection rates in some areas of surgery were higher than average.
- Not all patients showing signs of infection were on the sepsis pathway.
- The service did not have enough nursing staff in all areas with the right qualifications, skills and training to keep people safe from avoidable harm and to provide the right care and treatment, although there was evidence of improvements since the January 2018 inspection.
- There were ongoing concerns with medical cover out of hours and junior doctors reported some issues with obtaining input from senior colleagues when they needed it.
- The provider had systems in place for the safe storage, administration, prescribing and disposal of medicines. We observed some improvements in the recording of controlled drugs in theatres, although there continued to be some gaps and we observed an incident where a controlled drug had been left unlocked and prepared in an anaesthetic room.
- Some medical staff told us there was a reluctance to report incidents, particularly amongst junior doctors due to a belief that issues would not be addressed.
- Actions from mortality and morbidity meetings were not clearly recorded and some medical staff reported outcomes from incident investigations not being shared.

However:

- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- Appropriate equipment was available, checked and fit for purpose. The environment was not always suitable; however, risk management assessments and plans were in place to mitigate the associated risks.
- Staff monitored and managed risks to patient safety and improvements with evidence of improved processes to help identify the risk of deterioration in patients.

# Surgery

- Records were stored securely and easily available to all staff providing care. There were consistent improvements to the use of and completion of safer surgery checklists in theatres.
- The service monitored patient harm in relation to falls, pressure ulcers and infections and communicated the results to patients, staff and visitors.
- Staff working in theatres and on the wards recognised and reported incidents. Managers investigated incidents and there was evidence of learning from these. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Requires improvement**   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service provided some treatment that reflected current evidence-based guidance or best practice standards, however standards around enhanced recovery after surgery and emergency surgery lists were not embedded.
- There was evidence of improved appraisal completion although appraisals were below the trust target of 85% for five staff groups including nursing staff.
- Permanent night staff in theatres had not all had their competencies assessed and agency staff working in theatres had only partially completed their inductions.
- Key services were not available seven days a week to support timely patient care.
- Staff did not consistently show an understanding of how to support patients who lacked capacity to make their own decisions or were experiencing mental health problems.
- National audit results in relation to orthopaedics and the National Hip Fracture database showed a reduction in performance in relation to establishing medical reviews for patients.

However:

- Staff monitored patient's nutrition and hydration needs and gave them enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and work towards achieving good outcomes for patients. There was evidence of improved patient outcomes, in particular in relation to the National Emergency Laparotomy audit and the National Bowel Cancer audit.
- Staff worked well together as a multidisciplinary team to benefit patients.
- The trust had made some improvements against the priority clinical standards for seven-day services.
- Staff gave patients support and advice to lead healthier lives.
- There were improvements seen in checks of consent for patients undergoing surgery.

# Surgery

## Is the service caring?

**Good**   

Our rating of caring stayed the same. We rated it as good because:

- Staff provided emotional support to patients to improve their wellbeing and make their admission more comfortable.
- Staff provided support and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff treated patients with compassion and kindness, taking account of their individual needs.

However:

- On St Helens ward arrangements for the pre-operative care of patients in the day room meant that staff were not always able to protect their privacy and dignity.
- Feedback from patients and relatives included that care for patients at night was not of the same standard as during the day.
- Friends and family test survey completion rates were low, meaning that services were not always aware of patient feedback in order to improve.

## Is the service responsive?

**Inadequate**  

Our rating of responsive went down. We rated it as inadequate because:

- The service provided did not always reflect the needs of the population served. Facilities and premises were not always appropriate for the services delivered, however there were clear plans in place to address this.
- Patients could not always access the service when they needed it to receive the right care promptly. Patients stayed in hospital longer than average following non-elective surgery and in some specialities for elective surgery.
- Waiting times from referral to treatment had deteriorated and were significantly below average in some specialities. Urgent treatment delays led to compromised patient care in some cases.
- The process to review and update individual care plans for patients on longer term admissions needed to improve.
- The service investigated concerns and complaints. The service identified lessons learned and shared these with staff and there was evidence of improved practice as a result of this. However, the responses to complaints were not always completed in a timely manner.

However:

- The service took account of patients' individual needs. They had services to support patients with a learning disability on their journey through surgery.

# Surgery

## Is the service well-led?

**Requires improvement** ● → ←

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

- Leaders had an understanding of the challenges facing the service but, there were areas of risk that were not being sufficiently identified, prioritised and managed.
- Ward leaders were visible and approachable but, there were some concerns from junior medical staff about the approachability of their senior colleagues.
- Interim management posts were evident within the service and staff reported a lack of visibility of some senior care group staff.
- There was an operational plan for acute services but not a specific surgical strategy.
- Junior medical staff did not always feel supported and listened to and we were told that issues and concerns were not being escalated because of this.
- There were governance systems, however actions to reduce the impact of risks relating to bed management/capacity issues were not managed in a way that clearly mitigated the risks and not all risks were recorded on the service risk register.
- Minutes from mortality and morbidity meetings were not in line with the Royal College of Surgeons recommendations.

However:

- There were acute service, nursing and quality strategies in place and staff were aware of these.
- The service used data to understand performance and make decisions about improvements.
- Theatre staff reported improvements in the way managers and colleagues engaged with them.
- There was evidence of an improved culture in theatres and the culture on the wards was centred on the needs of patients.
- There was a commitment to continually learn and improve services with evidence of improvements in some areas.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **must** take to improve

The trust must ensure that:

- The service must ensure staff working in theatres comply with the safe storage and handling of controlled drug requirements, including maintaining the security of such drugs. Regulation 12
- The service must ensure medical staff compliance with hand hygiene practice is improved and continue to take action to reduce the rate of infection in the areas of surgery where infection rates are higher than average. Regulation 12
- The service must ensure all risks are included on risk registers and sufficiently mitigated. Regulation 17



# Surgery

- The service must ensure there is a vision and strategy for the care group and this is communicated to all staff. Regulation 17
- The service must ensure improvements plans are in place to improve referral to treatment performance. Regulation 17
- The service must ensure that incidents are reported and investigated in a timely way so that the service can assess, monitor and improve the quality and safety of the services being provided. Regulation 17
- The service must ensure completion rates for mandatory training across all staff groups meets the trust target, in particular in relation to resuscitation training for medical staff and in areas where the mandatory target had not been reached. Regulation 18

Action the trust **should** take to improve

- Continue to work to improve the use of the sepsis pathway.
- Continue to work on the development of the frailty pathway.
- Ensure that arrangements to support junior medical staff are monitored and improvement plans in place.
- Continue to work to improve standards around enhanced recovery after surgery and the use of emergency surgery lists.
- Improve the completion of agency staff inductions in theatre.
- Continue to review the implementation of seven-day services in order to improve.
- Improve staff understanding of the trust's mental health strategy.
- Work to improve the timeliness of responses to complaints.
- Continue to work towards the development of a surgical strategy.

Inadequate ● ↓

## Key facts and figures

We inspected the Isle of Wight NHS Foundation Trust gynaecology services on an unannounced visit at St Marys Hospital as part of the new phase of our inspection methodology. We looked at all domains. Gynaecology is part of the surgical core service, reference is needed to the surgery report.

The gynaecology services form part of the surgery, women's and children's health clinical business unit at St Marys Hospital, which is the main site for the Isle of Wight NHS Trust.

We were not able to separate gynaecology specific data from the data provided about the surgical services and therefore some data will be reflective of the whole surgery service.

The gynaecology service at St Marys Hospital provides emergency inpatient treatment, elective (planned) inpatient treatment and day case surgery. Outpatient services are also provided at the site and included colposcopy, hysteroscopy, oncology, urogynaecology, oncology, fertility and minor procedures.

St Marys Hospital has four main theatres with two additional theatres within the day surgery unit (DSU). There were no specific gynaecology wards. Gynaecology patients requiring surgery were admitted to general surgical wards, most commonly St Helen's ward or Whippingham ward.

During the unannounced visit, we visited the following areas/departments:

- Main operating theatres
- Gynaecology outpatient's department
- St Helens and Whippingham Wards.

During the inspection visit the inspection team:

- reviewed six sets of patient records
- looked at performance information and data about the trust
- spoke with 18 members of staff at different grades including consultants, doctors, nurses, operating department practitioners (ODPs), theatre and outpatient department managers
- met with most consultants, matrons, director of the surgery division, medical director and the director of nursing.

There were no inpatients until the last day of the inspection. We were able to speak with two patients waiting for day surgery.

The Care Quality Commission last inspected gynaecology services in 2018 when gynaecology was inspected as an additional service. Only two domains were inspected safe which was rated inadequate and well led which was rated as requires improvement.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- There were examples of medical staff showing wilful or routine disregard of standard operating or safety procedures.

# Gynaecology

- Systems had not always ensured patient safety.
- Some medical staff had not engaged in the service and had disregarded risk and safety processes to monitor the safety of the service.
- Staff did not recognise concerns, incidents or near misses.
- There was a lack of evidence of learning from events or action taken to improve safety.
- Incidents had not been routinely reported on the trusts electronic reporting system. Therefore, investigations and learning had not taken place.
- Staff had not always assessed risks to patients or kept good care records.
- Although the trust provided mandatory training in key skills for staff, not all staff had attended, and the level of compliance remained below the trust's target.
- Managers had not made sure all staff were competent.
- Not all staff treated women with compassion and kindness.
- Women were frequently and consistently unable to access services in a timely way for an initial assessment, diagnosis or treatment.
- Although the trust had regular daily bed management meetings there were also regular bed capacity issues.
- Staff did not understand how their role contributes to achieving the strategy.
- There were a number of strategies in place and on display on the wards however, not all staff could articulate them. The strategies had been included in meeting minutes did but not comprehensively cover all domains of the clinical quality strategy.
- There continued to be difficult relationships with some members of staff that impacted on the wellbeing of their colleagues. The trust was aware of the issues and had implemented several strategies to improve working relationships. However, these were not seen to have improved the situation.
- There is little attention to some staff development and there are low appraisal rates for some staff.

However:

- Most staff understood how to protect women from abuse, and managed safety well.
- The service managed infection risks well.
- The service managed medicines well.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Most staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Nursing and support staff respected women's privacy and dignity and took account their individual needs. These staff provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

# Gynaecology

- Staff were clear about their roles and accountabilities. The outpatients service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Inadequate**   

Our rating of safe stayed the same. We rated it as inadequate because:

- The service did not always have enough nursing or medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Not all medical staff had training on how to recognise and report abuse.
- Not all staff had completed hand hygiene training and there was a lack of evidence regarding infection prevention control leads (IPC) and audits.
- Staff had not always updated risk assessments for each woman to remove or minimise risks.
- Medical staff did not always take the opportunity to refer women for treatment.
- Staff had not always kept detailed records of patients' care and treatment. Records were not clear or up-to-date. On one ward the care records had not been updated after admission and not every ward ensured notes were clear and updated before they moved the women.
- Records had been filed incorrectly on several occasions during the month April 2019 through May 2019. This placed women at risk at not receiving the correct treatment or treatment in a timely manner.
- The service had not managed safety incidents well. Staff had not always recognised or agreed when to report incidents and near misses. This meant that managers could not judge whether incidents needed to be investigated and share lessons learned with the whole team and the wider service.
- The design and of premises and did not keep people safe.

However:

- Nursing staff understood how to protect patients from abuse and the gynaecology service worked well with the trust safeguarding team and other agencies to do so. Nursing staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff managed infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Nursing staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff of all grades to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift. In accordance with national guidance.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Patient notes were comprehensive, and all staff could access them easily. Staff kept detailed records of patients' care and treatment. Records were clear and easily available to all staff providing care.

# Gynaecology

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The maintenance of facilities, premises and equipment kept people safe. Staff were trained to use equipment. Staff managed clinical waste well. The trust had internal oversight of the equipment and the responsibility of maintenance has been removed from the clinical staff.
- The ward and outpatient staff used monitoring systems well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Inadequate** 

This was the first time effective was rated. We rated effective as inadequate because:

- Due to bed management issues and waiting to ensure a bed was available, women were at risk of being without food for long periods.
- Not all staff monitored the effectiveness of care and treatment. Staff had not used women's feedback to make improvements and achieve good outcomes.
- The medical staff had not always changed their management in response to the audits. Regular audit meetings showed that there was often no learning gained from the feedback.
- Doctors, nurses and other healthcare professionals had not always worked together as a team to benefit patients. They had not always supported each other to provide good care.
- Although staff held regular multidisciplinary meetings to discuss patients and improve their care, these were not effective as learning did not take place and staff did not challenge others as part of the process.
- Although staff gave patients practical support and advice to lead healthier lives, the available leaflets were out of date and women were not able to seek support through phone contact as staff had not answered the phone or returned calls.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. However, not all staff updated these records. Records were not always in correct folders and not all staff used the electronic system.
- The service did not make sure all staff were competent for their roles. Managers had not appraised medical staff's work performance and had not held supervision meetings with them to provide support and development. The trust had not met its target of appraisals for administrative and clerical staff.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- On the wards, staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

# Gynaecology

- Staff assessed and managed women's pain relief. The records we saw showed where staff had asked the individual about their pain and had offered pain relief as prescribed or had requested an assessment by the medical staff.
- Managers supported nursing and support staff to develop through yearly, constructive appraisals of their work. Records showed that appraisals had taken place and development was available for nursing staff.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

**Not sufficient evidence to rate** ●

At the time of our inspection there were only two patients to meet with us and therefore not enough patients for a rating to be given on this occasion.

- Not all medics treated women with compassion and kindness. In meetings with staff, referred to patients in an undignified and derogatory manner.
- Not all staff provided emotional support to women, their families and carers to minimise their distress.
- Not all medical staff supported women to express their views and be actively involved in making decisions about their care support.

However:

- Nursing staff respected women's privacy and dignity and took account of their individual needs.
- Nursing and support staff treated women with kindness, dignity, respect and compassion, and gave them emotional support when needed.
- There were systems were in place for patients post discharge.
- Counselling and psychological services were offered to women and staff ensured that women knew how to access these through conversation and information leaflets.
- Nursing staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.
- Nursing staff understood patients' personal, cultural and religious needs.

## Is the service responsive?

**Requires improvement** ●

Responsive was not previously rated. We have rated it as requires improvement because:

- The service was inclusive however it had not always taken into account women's individual needs and preferences.

# Gynaecology

- Facilities and premises were not always appropriate for the services being delivered in the outpatients/clinic area. However, staff tried to manage this whilst respecting women's privacy and dignity.
- TOP clinics took place in maternity this meant women who had accessed these clinics were near those women who were receiving IVF treatment or who were pregnant.
- Wards were not designed to meet the needs of patients living with dementia, the wards had poor visual monitoring due to the shape and layout.
- Information for example, regarding a miscarriage, or termination were in areas where pregnant women sat.
- Staff had not always made sure women could get help from interpreters or signers when needed.
- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service had systems in place, so staff could access emergency mental health support 24 hours a day 7 days a week for women with mental health problems, learning disabilities and dementia
- The service had systems to help care for patients in need of additional support or specialist intervention.
- The service had information leaflets available in languages spoken by the patients and local community.
- Staff worked well with other services to promote access to suitable services to meet needs.
- Staff tried to make reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Managers and staff worked to make sure that they started discharge planning as early as possible.
- Managers and staff worked to make sure women did not stay longer than they needed to.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.
- Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

## Is the service well-led?

**Requires improvement**   

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

- At the time of the inspection, the service continued to focus on improving operational management.
- Leaders did not always have the integrity, skills and abilities to run the service. They were not always visible and approachable in the service for women and staff.
- Leaders had not always supported staff to develop their skills and take on more senior roles.

# Gynaecology

- Not all staff at senior levels in gynaecology had the right skills and abilities to run a service to provide high-quality sustainable care.
- Since the last inspection part of the service had developed its own vision and strategy for what it wanted to achieve or workable plans to turn it into actions developed with involvement from staff, patients, and key groups representing the local community. However, the vision and strategy for the surgical wards were not clear to staff. Planning was related to bed capacity and was led mostly by the needs of medical patients and emergencies. Surgical beds were lost to patients with medical needs.
- Staff did not feel engaged with the overall trust's vision and values and this was still an area for further development. For example, the trust had a mental health strategy "Mental Health and Learning Disability Division Strategy, 2018 – 2021", however staff were not aware of it.
- Since the last inspection the trust had tried to promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, in gynaecology, staff did not always feel supported, respected and valued. Senior staff did not promote a positive culture amongst the team, and there was an inconsistency in leadership approaches.
- Senior staff did not use systems to manage performance effectively. Although issues had been identified by the trust there remained ongoing concerns.
- The trust had introduced a learning culture however this was not embedded which had led to inconsistencies in learning, continuous improvement and innovation for the service.
- The trust had introduced a system for identifying risks, planning to eliminate or reduce them, and to cope with both the expected and unexpected. However, some staff were unclear about what was on the risk register and their role in adding to the register and mitigating risk.
- Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. This appeared to be because not all staff were using the trust system for recording data.
- Leaders and teams had not always used the systems available, to manage performance effectively. They had not always identified and escalated relevant risks and issues and taken.
- There was a lack of insight from medical staff about the impact of their communication for the recipient of the communication whether they were a peer or a junior member of staff.
- Not all leaders operated effective governance processes, throughout the service and with partner organisations.

However:

- Staff were aware of the vision for what it wanted to achieve in outpatients, there was a strategy to turn it into action, developed with all relevant stakeholders.
- Leaders and staff had begun to engage with people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Most staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service stated it promoted equality and diversity in daily work and provided opportunities for career development.
- Senior management felt there had been some improvement in the behaviour of senior staff.
- Most staff in the wards and clinics were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.



# Gynaecology

- Many staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- There was a process where the gynaecological team and pre-admission team met to review the waiting list.
- Leaders told us they were keen to work harder at getting feedback from staff and women using the service and work through actions to help listen and maintain a good reputation.
- Senior staff had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **must** take to improve

The trust must ensure that:

- The service must ensure all grades of staff achieve compliance with mandatory training rates, in line with the trust's target. Regulation 18(2)(a)
- The service must ensure all staff do use the standard template for safety briefings across the gynaecology services and that its use is audited to ensure consistency of approach. Regulation 17(1)(2)(b)
- The service must ensure all staff are clear about what should be on the risk register and their role in adding to the register and mitigating risk. Regulation 12(2)(a)(b)
- The service must ensure all grades of staff report incidents using the trust electronic reporting system. Regulation 17(1)
- The service must ensure all relevant staff, including locum doctors, use and adhere to the National Patient Safety Agency five steps to safer surgery World Health Organisation (WHO) surgical safety checklist. Regulation 17(1)
- The service must ensure all staff have access to and complete hand cleanliness training. Regulation 12(2)(h)
- The service must ensure staff keep up to date and contemporaneous records of patients' care and treatment in line with trust policy. Regulation 17(2)(c)
- The service must ensure they develop a systematic way to keep patients notes, records and test results filed safely and in the correct files. Regulation 17(2)(c)
- The service must ensure they monitor the effectiveness of care and treatment and use women's feedback to make improvements and achieve good outcomes. Regulation 17(2)(e)
- The service must ensure they develop systems to enable accurate data to be collected, analysed and used to develop and improve the service. Regulation 17(2)(f)
- The service must ensure staff treat women with compassion and kindness and provide emotional support to women to minimise their distress. Regulation 13(1)(2)(c)(d)
- The trust must ensure they meet waiting times from referral to treatment and arrangements to admit, treat and discharge patients in line with national standards. Regulation 9(1)(a)(b)(3)(a)
- The service must ensure they have a system so that women are always fast tracked to receive the correct investigations and or treatment. Regulation 12(2)(i)

# Gynaecology

- The trust must ensure all leaders have the integrity, skills and ability to run the service. Regulation 12(2)(c)
- The trust must ensure senior staff are visible and approachable for women and staff. Regulation 18(1)

Action the trust **should** take to improve

- The service should make sure staff working in the acute sector of the hospital are aware of the Trust's mental health strategy.
- The service should make sure there are infection prevention control leads in the gynaecology department.
- The service should make sure staff followed guidance on record keeping both on paper and electronically.
- The service should make sure patient information leaflets are up to date.
- The service should make sure women have access to and can contact the necessary staff when needed and the staff answer and reply to calls.
- The service should have a strategy to achieve its vision and all staff should be aware of it.
- The service should make sure staff feel respected, supported and valued by all their colleagues.

# End of life care

Good   

## Key facts and figures

End of life care encompasses all care given to patients nearing the end of their life and following death. Patients receive care on any ward and across services within the trust. End of life care includes aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services.

The definition of end of life includes patients who are 'approaching the end of life' when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with:

- advanced, progressive, incurable conditions
- general frailty and co-existing conditions that mean they are expected to die within 12 months
- existing conditions that put them at risk of dying if there is a sudden acute crisis in that condition
- life-threatening acute conditions caused by sudden catastrophic events.

The Isle of Wight NHS Trust provides end of life care to patients across all clinical areas who have different conditions including cancer, stroke, cardiac and respiratory disease and dementia. The hospital does not have a dedicated ward for end of life care. The trust provides end of life care to some patients in the community.

Public Health England Fingertips data (2018) revealed the trust had fewer emergency admissions in the last 90 days of life and fewer patients die in hospital when compared to the national average.

The trust had 559 deaths from April 2018 to March 2019.

*(Source: Hospital Episode Statistics)*

In January 2019 the trust signed a memorandum of understanding with a local hospice on how in partnership the two organisations will deliver end of life care at St Mary's Hospital. A new integrated palliative care and end of life care team (IPET) had been formed under a single leadership structure. To ensure patients received safe, effective and compassionate care at the end of their life, the trust introduced the priorities of care individualised care plan. The team had re-launched a new priorities of care individualised care plan (PoC), appointed an additional palliative care consultant, identified the key performance indicators for end of life care, standardised syringe driver training, successfully bid with the local hospice for end of life care discharge coordinator and launched the end of life care operational group which included all the key stakeholders.

The service operates with extended hours-Monday to Friday 8am to 8pm and provides a resource within the whole trust. This includes face to face patient reviews in acute and mental health services and advisory service to the ambulance and community services during these hours. A local hospice clinical co-ordination hub provides the palliative and end of life care expertise, support and advice out of hours and at weekends.

*(Source: Routine Provider Information Request (RPIR) – Context acute tab)*

This report refers to the inspection of end of life care at St Mary's Hospital. The inspection mainly covered patients whose death was imminent (expected within a few hours or days). It also included those approaching the end of life and were likely to die within the next 12 months irrespective of underlying diagnosis. We inspected do not attempt cardio pulmonary resuscitation (DNACPR) forms, drug charts, checklists and nursing care records.

# End of life care

During our inspection we looked at end of life care for adults and visited various wards at St Mary's Hospital where patients received end of life care. We spoke to a representative sample of most teams involved in end of life care: bereavement team, chaplaincy, clinical director for end of life care, cleaners, medical equipment trainer, consultants, clinical nurse specialists, end of life care discharge coordinator, end of life care champions, equipment library technician, healthcare assistants, mortuary staff, operational manager, pharmacist, registered nurses and ward clerk. We observed interactions between the staff and patients and relatives in their care.

## Summary of this service

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

- There was strong, clear and visible clinical leadership that enabled the service to improve at pace. The end of life care and the specialist palliative care services were under one leadership of the integrated palliative and end of life care team. There was joined up working across the trust with a single point of referral and contact.
- Staff cared for patients with compassion and kindness and their dignity was respected and maintained. Staff were passionate about their vision and the improvements they wanted to make to benefit patients, their care and support.
- There were appropriate governance arrangements to monitor the service provision for all patients. There were action plans to address the shortfalls and monitoring systems to ensure continuous compliance to regulation.
- The trust assessed, monitored and improved the quality and safety of the services it provided. It undertook audits to assure staff consistently completed and reviewed evidence-based and end of life documentation. Data was collected from bereaved relatives and reported every six months and as a result, service improvements were identified.
- The trust had implemented safety systems. Staff completed and updated risk assessments for each patient. They kept clear records and escalated concerns when necessary.
- Staff were trained in safe administration of medicines via syringe drivers. There was now a structured training for their use and only staff who had completed their competencies could use the equipment.
- The lead clinician regularly checked and monitored that best practice was used to inform decisions about patient's treatment and care. Wards were now monitored through unannounced inspection of their areas and were given feedback on their performance against the services strategy and vision.
- The trust planned and provided services in a way that met the needs of local people.
- Staff were aware of what constituted end of life incidents. The trust reported incidents relating to end of life care. There was a risk register to provide oversight of risks relating to end of life care that was monitored.

However:

- Key services were not available seven days a week.
- Staff did not always start patients who were known as end of life care onto the end of life care pathway, especially those in the last few days of their life, in a timely manner.
- There were delays in the transfer of deceased from wards to the mortuary.

## Is the service safe?

Good   

# End of life care

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

- The service provided mandatory training in key skills to all staff. However, it had not made sure everyone had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse, and they knew how to apply their training should the need to do so arise.
- Staff used infection prevention and control measures during patient treatment and care both before and after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use technical equipment safely, and managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service did not use any agency or locum staff in end of life care.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Some medical staff had not undertaken safeguarding training.
- Staff did not always identify patients needing end of life care as soon as possible after their admission to the hospital and receive care more suitable to their needs.
- There was no documentation to confirm the families had been offered to be involved in the investigation of incidents in end of life care.

## Is the service effective?

Good   

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

- The service provided mandatory training in key skills to all staff. However, it had not made sure everyone had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse, and they knew how to apply their training should the need to do so arise.
- Staff used infection prevention and control measures during patient treatment and care both before and after death.

# End of life care

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use technical equipment safely, and managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service did not use any agency or locum staff in end of life care.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Some medical staff had not undertaken safeguarding training.
- Staff did not always identify patients needing end of life care as soon as possible after their admission to the hospital and receive care more suitable to their needs.
- There was no documentation to confirm the families had been offered to be involved in the investigation of incidents in end of life care.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

# End of life care

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff

However:

- Patients could not access face to face specialist palliative care service when they needed it as it was provided only Monday to Friday.
- There were delays in the transfer of deceased from wards to the mortuary.

## Is the service well-led?

**Good**   

Our rating of well-led improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. However, not all risks identified were on the risk register. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# End of life care

## Outstanding practice

- The standardisation across the trust for syringe driver training. A single trainer for this equipment has ensured relevant staff receive the same standard of training across the organisation.
- The partnership working between the trust and the local hospice is an innovation that enhanced patient care locally with already a successful joint appointment for an end of life care discharge coordinator.
- The job description and the contract of work for end of life care champions. This ensured the training element of the end of life operational group was getting embedded on the wards.
- Business cards with information on how to access the IPET and bedside postcards on services available to patients, relatives and carers were left with families and others. These postcards could be completed while patients and those closest to them were still in hospital. It enabled the staff to address any issues or concerns at the earliest opportunity.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **should** take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

- The trust should develop systems to identify end of life care patients earlier on in their admission to the hospital.
- The trust should make sure medical staff complete safeguarding training.
- The trust should make sure medical staff complete the training on the Mental Capacity Act and Deprivation of Liberty Safeguards Capacity Act and Deprivation of Liberty Safeguards.
- The trust should develop mechanism to support those unable to communicate using suitable pain assessment tools.
- The trust should document families had been offered to be involved in the investigation of incidents in end of life care.
- The trust should make available the service seven days a week.
- The trust should support medical staff to develop through yearly, constructive appraisals of their work.
- The service should ensure transfer of the deceased from the wards to the mortuary is undertaken in a timely manner.



# Community health services

## Background to community health services

Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012, the trust provides health services to an isolated offshore population of 140,000.

Community services include district nursing, health visiting, community nursing teams, as well as inpatient rehabilitation and community post-acute stroke wards.

## Summary of community health services

**Good** ● ↑↑

Our rating of these services improved. We rated them good.

The summary of Community health services appears in the overall summary of this report.

# Community health services for adults

Good  

## Key facts and figures

The Community Nursing Service provides general and specialist nursing care to adults with nursing needs who are unable to attend their GP Surgery, or where care would be more appropriately provided at home or in a rehabilitation setting. The Isle of Wight NHS Trust community services are divided into three localities and three teams, West and Central, North East and South Wight.

The service encompasses, nurses, pharmacy, allied health professionals, advanced clinical practitioners and a variety of community clinics and a continence service. The service also provides the Crisis Response Team (CRT) and the rapid Assessment Community Response Team (RACR). The service is delivered 8am to 8pm seven days a week, with out of hours emergency care 8pm to 8am provided by the ambulance service (community practitioners).

Adult speech and language therapy, physiotherapy and occupational therapy services are, based at St Mary's Hospital, provides an island-wide service to adults in a range of acute and community settings and inputs into several specialist multi-disciplinary teams (MDTS) such as rehabilitation, early stroke discharge and amputee rehabilitation.

Podiatry services are based at St Mary's Hospital and are delivered in several community and primary care settings. Specialist clinics include, a shoe clinic in conjunction with orthotics, diabetic screening in GP surgeries, nail surgery, ulcer clinic with a consultant diabetologist, musculoskeletal podiatry, podiatry clinic in conjunction with NHS spinal triage service multi professional triage team (MPTT), lower limb triage team, treatment of diabetic ulcers and dietetics clinics,

Technology Enabled Care (TEC) is a fast-evolving service hosted by the community services but provides support across all the organisation's divisions. The team work with different departments to research and implement systems to help improve their services and deliver better care to patients.

The service has 50 commissioned rehabilitation beds (CRB) in three nursing homes. These beds are for patients who have been assessed for rehabilitation and is aimed at filling the gap between primary and secondary care, and reduce pressure on acute beds

We inspected the core service of community adults and announced our inspection (staff knew we were coming) to ensure that everyone we needed to talk to was available. We visited the team at one of the CRB nursing homes, the crisis team and the RACR team, we spent time in clinics which included the dietetic, podiatry and the spinal and lower limb multi professional triage team (MPTT). We visited the district nursing teams for all three localities and spoke with 50 staff members across all modalities. This included, advanced clinical practitioners, physiotherapists and occupational therapists, rehabilitation assistants, nurses of all bands, a pharmacist, consultants, podiatrists, administrative staff, students and members of the dietetic team. We held focus groups for the physiotherapist, TEC staff and occupational therapy leads and spoke with members of the senior leadership team.

## Summary of this service

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

- We noted positive changes since our last inspection in January 2018.
- We found monitoring, analysis and feedback of safety issues by the senior team took place in a comprehensive and timely way, this was an improvement since our last inspection.

# Community health services for adults

- Staff told us there had been change and improvement in the culture of senior leaders across the division.
- The IT skills and the use of the new electronic system had been a challenge for staff. Since our last inspection, extra training and support had been completed and we saw how community nursing teams used the electronic system safely in their day to day care planning and to complete audits.
- The majority of patients had good outcomes because they received effective care and treatment.
- The majority of people's needs were met through the way the services were organised and delivered.
- Community multidisciplinary staff in different teams worked together supporting patients to improve their health and wellbeing.
- The community team identified and captured risk with clearly defined mitigation and action plans. While there was a process for the escalation of high risk it was not clear all such risks had been escalated.

However:

- Some of the mandatory training levels although improved since our last inspection, were still under the trust target, for example training on medicines management, practical assessment.
- Staff did not always fully complete the paper medicines administration record.
- Clinical supervision was available and was being utilised, however the service had not yet devised mechanisms for monitoring supervision levels.
- Generally, the service had systems and processes to ensure patient information was kept confidential and secure. However, the Arthur Webster clinic did not always store records securely.
- Access to assessment and treatment did not always meet the patients' needs.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and monitored its completion. The most recent compliance data showed an improvement since April 2019. The North East locality was 94% complaint, Central and West were 84% complaint and the South Wight team were 81.4% compliant, which just below the trusts 85% target at the time of our inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. There had been no reportable infections during the period of April 2018 to March 2019.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and this included short term patients. Staff were now adequately trained in the electronic system and risk assessments were re-assessed regularly, this was an improvement since our last inspection.

# Community health services for adults

- Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Through recent recruitment drives and the upskilling of staff many areas were fully recruited. A workload and dependency tool was used to ensure safe and appropriate care for patients and this had improved since our last inspection.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The service overall used systems and processes to safely prescribe, administer, record and store medicines. Mandatory training in medicine management theory had improved since our last inspection and was just below the trust target.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- From January to December 2018, the trust reported no incidents that were classified as a never event in community services for adults.

However:

- The service provided mandatory training in key skills to all staff however not everyone completed it. Mandatory training on medicines management, practical assessment had only been completed by 53.4% of eligible staff and this was considerably below the trust target of 85%.
- Some of the audit results showed poor practice and improvements in audit submission was required in for example infection control.
- The temperature at the podiatry clinic at South Wight location was excessive and previous infection prevention and control (IPC) visit had removed fans due to the potential of blowing particles around the room. Staff said it was uncomfortable to work and no other solutions had been offered by the IPC teams.
- In some clinic areas records were not always stored securely.
- Whilst the provider had systems in place for the safe storage, administration, prescribing and disposal of medicines, we were not fully assured of the completeness of the medicines administration record.

## Is the service effective?

**Good**  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff delivered care that took account of national guidance such as National Institute for Health and Care Excellence (NICE) guidelines and quality standards.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved overall good outcomes for patients.

# Community health services for adults

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. Staff from different teams and specialist services were positive about their colleagues and the joined up working they were involved in delivering.

However:

- Mandatory training in the mental capacity act and deprivation of liberty training had been completed by 77.2% of community staff. Although this was just under the trust target of 85% it was an improvement since our last inspection when only 8.9% of staff had received training.
- The service was aware they did not have mechanisms for monitoring supervision levels across the whole division. This was identified as an assurance gap and the trust had plans to develop this.

## Is the service caring?

**Good** ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback we received from patients about the compassionate approach from the community staff was positive. We received positive comments about community staff working in all the various settings and different teams.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- In some clinical areas the lay out in the reception and waiting areas meant private conversations could be overheard and were therefore not confidential.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- Whilst the service treated concerns and complaints seriously, not all complaints were closed in-line with the trust timeframes.
- People could not always access the service when they needed it and did not always receive the right care in a timely way. There were long waits for pain assessments and multi-professional triage team appointments.

# Community health services for adults

- We were unable to assess if those patients who required the Rapid Assessment Community Response Service (RACR) received care in a timely manner as the service did not audit the expected interventional time frames.
- Access the podiatry service for those patients assessed to be high risk did not always meet patient's needs.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. At the time of our last inspection significant changes were taking place and the decommissioning of inpatient rehabilitation beds and recommissioning them in nursing homes were now fully established.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. The service had advanced clinical practitioners (ACPs) a Rapid Response Community Response (RACR) and Crisis team who all had different specialities, but all worked under the remit of admission avoidance.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good** ● ↑↑

Our rating of well-led improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. Since our last inspection there had been divisional and senior leadership changes for most staff this worked well. In our previous report, many of the community staff expressed serious concerns over the management techniques and language used by the senior nursing leadership. During our recent inspection, we were told that there had been an enormous improvement
- The service had a vision for what it wanted to achieve and a developing strategy to turn it into action. This was to strive to ensure patients were seen at the right time in the right place by the right team to reduce acute admissions and to retain patient's maximum independence. The developing strategy was therefore aligned to local plans in the wider health and social care economy.
- Most staff felt respected, supported and valued. We found there was a positive and motivated culture within the community division which was a noticeable shift from our last inspection.
- All staff we spoke with said the culture had improved over the last 12 months and morale had increased.
- A change in the divisional structure had provided the community services with the autonomy to focus on improving their services with regular ongoing review. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- The community team identified and captured risk with clearly defined mitigation and action plans. While there was a process for the escalation of high risk it was not clear all such risks had been escalated.

# Community health services for adults

- There were no governance processes in place for the small newly developed community pharmacy team.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **should** take

- All staff should complete their mandatory training in key skills.
- Alternatives to control the temperature at the podiatry clinic at South Wight location should be considered.
- The service should assess the security of patient's data on the electronic systems in the Arthur Webster clinic.
- The service should fully complete the medicines administration record.
- The service should review processes for complaints management to improve the timeliness of responses.
- The podiatry service should review processes and resources to reduce their waiting times for high risk patients in line with their own target of six weeks.
- The community pharmacy team should continue to develop its services to include audit and governance processes.
- The service should consider the inclusion on the corporate risk register of risks scored 15 and above from the divisional risk register.

# Community health services for children and young people

Good   

## Key facts and figures

The 0-19 public health service is delivered across three localities and operates out of seven bases. The team works on an integrated model.

The Isle of Wight 0-5 Health Visiting Service comprises of a multi-skilled team of Health Visitors, Community Staff Nurses, Community Nursery Nurses and Administrators.

The 5-19 School Nursing Service continue the work identified within the healthy child programme performing health checks and offer support to children and their families throughout the school year as part of the Healthy Child Programme 5-19 programme. This team comprises of a multi-skilled workforce of School Nurses, Community Staff Nurses, Community Nursery Nurses/Senior support workers and support workers. These professional teams are led by Specialist Community Public Health Nurses, who have the specialist qualifications acquired as part of extensive public health training.

The trust is also commissioned to undertake the National Child Measurement Programme (NCMP) for children in reception and year 6 and Human Papilloma Virus (HPV) vaccine for year 8 girls. The team has recently started the delivery of the Diphtheria/Tetanus/Polio leaver's booster and meningococcal ACWY immunisation to year 9 children across the Island.

The Children's Speech and Language Therapists, Physiotherapists and Occupational Therapists are co-located in the Children's Therapy building, on site at St Mary's Hospital. The services are accessed via a joint referral form and are provided in a range of community, educational and home settings.

*(Source: CHS Routine Provider Information Request (RPIR) CHS Context)*

During this inspection, we inspected:

- The 0-19 service (health visiting and school nursing).
- The children's safeguarding and looked after children team (LAC).
- The sexual health service.
- The children's speech and language therapy service (SALT).
- The children's occupational therapy service.
- The children's physiotherapy service.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During our inspection we spoke with 55 members of staff including school nurses, health visitors, physiotherapists, speech and language therapists, sexual health staff, occupational therapists, the safeguarding team and administrative staff. We reviewed 20 sets of patient records including paper records, electronic records and parent held records. We spoke with 10 children, young people and parents and observed 10 consultations. We observed interactions between children, parents and staff, considered the environment and reviewed a range of documents both before and after the inspection.



# Community health services for children and young people

## Summary of this service

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

- We noted positive changes since our last inspection in January 2018.
- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses.
- Staff were clear about their safeguarding responsibilities and if there was a concern about a child's wellbeing safeguarding procedures were followed and understood. All staff we spoke with had completed the appropriate level of training in safeguarding.
- Care was planned and delivered in line with evidence-based guidance, standards and best practice and the individual needs of the child and family were met through the careful care planning.
- Staff received annual appraisals and new staff were supported when completing their competency assessments, helping to maintain and further develop their skills and experience.
- There was good multidisciplinary team working evident across the service including working with external agencies.
- Parents and children gave feedback about the care and kindness received from staff, which was positive. All the children and their carers we spoke with were happy with the care and support provided by staff. We observed staff treated children, young people and their families with compassion, kindness, dignity and respect. Staff worked in partnership with children, young people and families in their care.
- Guidance on how to make a complaint was readily available across the community children and young people's service and was on the trust's website.
- Managers at local levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- In general staff gave clear advice in line with national guidance on health promotion.

However:

- The service did not always have oversight of medicines management.
- Some environments were not, in their design, child friendly and the service had not adapted them to meet the needs of the child and young person. However, patient's privacy and confidentiality was not always maintained in the sexual health service. In two areas of the service, staff did not consistently perform daily checks of a resuscitation trolley and a grab bag as per trust policy.
- The services IT systems did not all alert staff if a child, young person or family were on a child protection plan or if there was a risk to practitioners for home visiting. Therapy staff did not always complete a safeguarding assessment when meeting a child, young person or family.
- The 0-19 service did not have standardised protocols for recording visits on the electronic records system to ensure consistency across the service.
- Staff did not always provide advice to children, young people and their families based on national guidance for bottle feeding.

# Community health services for children and young people

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect children and young people, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks.
- The service had enough staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- In general, the design, maintenance and use of facilities, premises and equipment kept children and young people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- The provider had systems in place for the safe storage, administration, prescribing and disposal of medicines.
- Staff kept detailed records of children and young people's care and treatment. In general, records were clear, up-to-date and stored securely.

However:

- Some services did not ensure the resuscitation trolley or grab bag was checked daily to ensure it was ready for use.
- Not all therapy teams had access to the electronic records, but while they had system in place to mitigate the potential risk of not being able to read the history, this meant children and young people did not have one contemporaneous record.
- We were not fully assured the trust had full oversight of medicines administered at the specialist schools, where nurses had introduced a process for the administration of a single dose of pain relief medicine. Some health visitors were not following guidance to ensure the safe storage of prescription pads.

## Is the service effective?

Good   

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

- Staff across the service ensured healthy eating lifestyle was discussed with children, young people and their families.

# Community health services for children and young people

- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit children and young people. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children and young people to make informed decisions about their care and treatment. They knew how to support children and young people who lacked capacity to make their own decisions.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of children and young people in their care.

However:

- We found not all staff followed the correct national guidance when giving information to parents and carers regarding bottle feeding.

## Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood Children, young people and their families personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

## Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local children, young people and their families and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Community health services for children and young people

- It was easy for children, young people and their families to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Most children and young people and their families could access the service when they needed it and received the right care in a timely way.

However:

- For children with autism requiring occupational therapy, even though actions had been taken and discussions continued, the wait for the service continued to exceed national targets.

## Is the service well-led?

**Good** ● ↑↑

Our rating of well-led improved. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people and families and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children, young people, their families and staff could raise concerns without fear.
- A change in the divisional structure had provided the community services with the autonomy to focus on improving their services with regular ongoing review. Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Most areas of the leaders and teams used systems to manage performance effectively. They identified and escalated most relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people. There had been a recognition staff engagement needed to improve with the introduction of a staff engagement strategy which included staff forums.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- The service collected reliable data and analysed it, and staff could consistently find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

# Community health services for children and young people

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above

### **(No outstanding practice)**

### **(No Musts)**

### **Shoulds**

- All electronic records systems should have a flagging system to determine if the child, young person or family are on a child protection plan or if there is a risk to practitioners for home visiting.
- Therapy staff should complete a safeguarding assessment when meeting a child, young person or family.
- Staff should ensure all resuscitation equipment is checked and recorded daily as per trust policy.
- The service should improve the privacy and confidentiality of patients waiting within the reception area if the sexual health clinic.
- Medicines supplied and administered against the directions of a prescriber or via local documents should be compliant with the medicine's legislation and best practice.
- The 0-19 service should have standardised protocols for recording visits on the electronic records system to ensure consistency across the service.
- In school nursing all patient group directives should include the signature of the school nurse administering the immunisation.
- All non-medical prescribers should store their prescription pads securely when they are not in use.
- All staff should provide advice to children, young people and their families based on national guidance to ensure it is up to date and accurate.
- The service should improve the timeliness of access to service such as occupational therapy for children with autism in line with national guidelines.

# Mental health services

## Background to mental health services

Isle of Wight NHS trust provides all acute health services to a population of approximately 140,000 people living on the Island.

The trust provides all secondary care mental health services for the people on the island. Services include acute wards for adults of working age and psychiatric intensive care unit, a long stay mental health rehabilitation ward, wards for older people with mental health problems, community based mental health services for adults of working age, mental health crisis service and health based place of safety, speciality community mental health services for children and young people and community health services for people with a learning disability.

We previously inspected mental health services in January 2018. At that inspection, we rated mental health services as inadequate. We rated mental health services inadequate in the safe domain, responsive domain and well led domain. We rated mental health services as good in the caring domain and requires improvement for the effective domain. Following the inspection, we extended the urgent notice of decision to impose conditions on the trust's registration under S31 of the Health and Social Care Act 2008 which had been in place since the previous inspection. This was due to our concerns about the safety of the services community mental health services for adults of working age.

## Summary of mental health services

**Inadequate** ● → ←

Our rating of these services stayed same. We rated them as inadequate.

The summary of the mental health services appears in the overall summary of this report.

# Long stay or rehabilitation mental health wards for working age adults

Requires improvement   

## Key facts and figures

The trust has one long-stay rehabilitation ward for people with mental health issues. Woodlands is a 12-bedded mixed sex community rehabilitation unit. It offers longer term rehabilitation for people who need to learn or relearn the skills required to live independently. The service accepts patients from the local area. It is registered to accept people detained under the Mental Health Act but when we inspected most patients were not detained.

The service was previously inspected in January 2018. During that inspection we rated the service requires improvement overall, with good in caring and responsive. At that inspection we told the trust it must take the following actions:

- Ensure staff complete the identified mandatory training.
- Ensure staff receive supervision and annual appraisals.
- Ensure Inpatients have access to psychological input from appropriately qualified staff.
- Ensure staff record risk assessments at the appropriate time to ensure an up to date and contemporaneous record.
- Ensure systems are in place for patients to manage their own medication.
- Ensure it measures and reviews patients' outcomes to improve the service.
- Ensure the staff are aware of audits of the service and any identified actions.
- Ensure there is a recognised discharge pathway recorded for patients and identify any delays to discharge.

We inspected this service as part of our ongoing comprehensive inspection programme.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at focus groups.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with two patients who were using the service
- interviewed the manager and deputy manager of the ward

# Long stay or rehabilitation mental health wards for working age adults

- spoke with four other staff members of the multidisciplinary team
- attended a patient group
- reviewed five patients' care records
- reviewed 12 prescription charts
- reviewed all currently detained (three) patients Mental Health Act 1983 records

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service did not always provide safe care to patients. For example, patients admitted to the ward that should have been cared for on acute wards did not always receive an assessment of their needs and risk before admission, and their risk assessments did not recognise and mitigate for all the risks present within the environment. The service had no protocols or policies to support Woodlands staff to manage acute patients. Staff were experienced in caring for patients with mental health needs, but staffing numbers did not always enable staff to provide adequate support to both the acutely unwell, and rehabilitation patients present on the ward.
- Patients did not receive the full range of recommended care and treatment interventions suitable for patients requiring rehabilitation care and consistent with national guidance on best practice. For example, patients were not able to store medicines in their room and self-administer in preparation for discharge, and the ward had only recently recruited a psychologist, and was yet to embed psychological input into the wards treatment programme .
- Ward teams did not have access to the information they needed to improve the service and provide effective care. For example, the service did not have any clinical key performance indicators to evaluate the wards effectiveness, and the service did not track and report when patients' discharges had been delayed.
- Leaders did not ensure all staff received regular one to one or group supervision, and not all staff felt supported. Staff were not provided with training on how to manage and prevent violence and aggression, which at times would be required to safely manage the higher risk patients from the acute wards.

### However:

- Staff treated patients with compassion and kindness, respected their privacy and dignity and understood the individual needs of patients. They actively involved patients and families and carers in care decisions. Staff developed holistic and recovery-orientated care plans.
- The ward team included or had access to the full range of specialists, having recently recruited a psychologist, required to meet the needs of patients on the ward. Managers ensured staff received an annual appraisal. The ward staff worked well together as a multi-disciplinary team and with those outside the ward who would have a role in providing aftercare. Staff engaged in clinical audit to evaluate the quality of care they provided.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service safe?

**Inadequate**  



# Long stay or rehabilitation mental health wards for working age adults

Our rating of safe went down. We rated it as inadequate because:

- Patients transferred from acute wards to Woodlands to relieve bed pressure did not always receive assessments of their needs and risks before moving to the less restrictive environment. The service had no protocols or policies to support Woodlands staff to manage acute patients. Staff were experienced in caring for patients with mental health needs, but staffing numbers did not always enable staff to provide adequate support to both the patients who were acutely unwell, and those patients admitted for rehabilitation.
- Patient's risk assessments did not always address the risks found within the environment, and most patients did not have crisis and contingency plan in place.
- The service did not maintain an accurate environmental ligature risk assessment.
- Staff did not receive training on the management of violence and aggression which was needed to safely manage the higher risks posed by some patients transferred from acute beds.
- There was no separate lounge for female patients which is required in accordance with the national guidance on eliminating mixed sex accommodation. Though there were areas of the environment available to female patients where female patients could have separation from males if required. Staff had discussed this with patients who were aware this could be arranged.
- Records of the medicines refrigerator and clinic room temperatures did not include maximum and minimum readings. This is considered best practice for safely monitoring the storage of medicines.
- The service lacked a process for the management of high dose antipsychotic medicines prescribing.

## However:

- The ward was clean, well equipped, well furnished, well maintained.
- The service had enough nursing and medical staff, who knew the patients. Staff had easy access to clinical information and it was easy for them to maintain good quality clinical records – whether paper-based or electronic.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so.
- Staff followed best practice when administering and recording the use of medicines. Staff regularly reviewed the effects of medicines on each patient's physical health.

## Is the service effective?

**Requires improvement**   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service had recently recruited a psychologist but did not have an embedded programme of psychological therapies available for patients.
- The service did not have the policies and guidance in place to allow patients to keep their medicines in their room and safely self-administer.
- Staff did not use outcome measures to assess the effectiveness of the treatment provided.

# Long stay or rehabilitation mental health wards for working age adults

- Managers did not ensure all staff received regular one to one supervision. The service did not routinely offer staff group supervision or reflective practice. Some staff reported feeling they received enough support, although others felt unsupported.

## However:

- Staff supported patients to self-care, develop everyday living skills, and access meaningful occupation. Care plans were personalised, holistic and recovery-oriented. All patients had discharge care plans in place. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Following the recruitment of a psychologist the ward team now included or had access to the full range of specialists required to meet the needs of patients on the ward. Staff from different disciplines worked together as a team to benefit patients. Staff received appraisals and could access reflective practice sessions and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff understood their roles and responsibilities under the Mental Health Act 1983. Staff had a basic awareness of the principles of the Mental Capacity Act 2005 and how to assess and record capacity when needed.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and sought their feedback on the quality of care provided. Service users' views were incorporated, even when they differed from the clinical teams. Staff ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good   

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

- Staff planned and managed discharge well. They liaised well with services that would provide aftercare and provided a discharge care pathway.
- The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The ward had a large garden that patients could access without restriction.
- The food was of a good quality and patients could make hot drinks and snacks at any time. Staff supported patients to cook for themselves.
- The wards met the needs of all people who use the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

# Long stay or rehabilitation mental health wards for working age adults

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## However:

- The service did not monitor whether patients' discharges were delayed.

## Is the service well-led?

**Requires improvement**   

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

- Leaders did not ensure that staff received regular one to one or group supervision and not all staff felt managers addressed their concerns in a timely way. Not all staff felt well supported by managers. Managers reported difficulties engaging some staff in supervision but had no plans in place to address this issue.
- The ward did not have any performance targets and the service did not monitor for delayed patient discharges. These measures help to ensure patients receive appropriate care in the right settings and support wards to use their beds effectively. It was unclear if senior managers had clear oversight over the ward.
- Leaders did not ensure risk management documents, such as ligature risk assessments accurately reflected current risks.
- The service was not yet offering a fully recognised model of rehabilitation care. For example, the service had not yet embedded psychological therapies into the treatment programme and was not yet offering patients the opportunity to fully self-administer medicines.
- Local managers were not consistently consulted about the suitability of admissions. This resulted in unsafe patient admissions, where patients with high levels of risk were admitted to an environment which was not suited to meeting their needs. Not all patients that were admitted to Woodlands Ward were suitable for a rehabilitation care pathway.

## However:

- Leaders were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team. Staff felt respected and valued. They felt able to raise concerns without fear of retribution.

# Mental health crisis services and health-based places of safety

Requires improvement  

## Key facts and figures

The service provides assessment, care and treatment for adults aged 18 and above on the Isle of Wight, who are experiencing mental health crisis. The service comprises five teams that operate within the crisis care pathway.

The home treatment team provides a service to adults over the age of 18 in mental health crisis, it provides intensive support at home to prevent admission to hospital. They support and facilitate discharge from acute inpatient wards. The service operates between 8am to 10pm, seven days per week.

Emergency department (ED) liaison and the self-harm team provide a liaison service to the ED department at St Mary's Hospital. The service operates from 10am to 6pm seven days per week.

Out of hours cover for the home treatment and ED liaison services is provided by the single point of access which is staffed 24 hours a day seven days a week.

The health based place of safety (HBPOS) is situated within Seagrove ward the trust's psychiatric intensive care unit. The unit is staffed from within the staffing compliment on the ward which has been enhanced to accommodate this function through the addition of extra staff and training.

The Care Quality Commission last inspected the mental health crisis teams and health based place of safety in January 2018 as part of a comprehensive inspection of Isle of Wight NHS trust. We rated the service as inadequate overall, with key questions in safe, responsive and well led as inadequate. We rated the key question of effective as requires improvement and caring as good. Following the inspection, we told the trust it must:

- Put in place a suitable lone working protocol and security system in the home treatment team to support staff working in lone working situations. (Regulation 12). During this inspection we found that this requirement had been met through the introduction of a new process.
- Ensure that further telephone lines are provided for the single point of access and home treatment teams. (Regulation 12) During this inspection we found that this requirement had been met by new phone lines having been put in place.
- Ensure that suitably qualified staff are responsible for triaging crisis calls and the administrative staff are not responsible for screening crisis calls. (Regulation 18) During this inspection we found that this requirement had been met by the introduction of a coordinator who was a qualified clinician, always on hand to triage referrals.
- Ensure that the waiting time for patients to see a doctor in the single point of access service is reduced and patients are seen promptly. (Regulation 12)
- Ensure that there is sufficient medical cover for the crisis service. (Regulation 12) During this inspection we found that these requirements had been met. Doctors were available to see patients quickly when required.
- Ensure that suitable out of hours cover is provided for the single point of access and home treatment teams. (Regulation 12) During this inspection we found that this requirement had been met. Single point of access was fully staffed out of hours and provided cover for the home treatment team.
- Ensure that staff working in the crisis service, receive regular clinical supervision and this is documented and recorded appropriately. (Regulation 17) During this inspection we found that this requirement had been met. We saw evidence of supervision taking place and being recorded.

# Mental health crisis services and health-based places of safety

- Ensure that individual risk assessments are completed routinely, fully and updated regularly for patients using the crisis service. (Regulation 12) During this inspection we found that this requirement had not been met. Risk assessments in the electronic patient record were being updated regularly. However, the risk assessments lacked detail and the risk assessments in the paper record were not up to date.
- Ensure that all staff working in the crisis service receive mandatory training in safeguarding, the Mental Health Act and the Mental Capacity Act. (Regulation 12) During this inspection we found that this requirement had been partially met. Mandatory training rates were 88% an improvement on the last inspection. The Trust had decided that Mental Health Act Training was not mandatory for crisis team, however the manager had successfully challenged this and training was in the process of being organised.
- Ensure that the crisis service monitor key performance indicators of the service to evaluate the referral to assessment times. (Regulation 17) During this inspection we found that this requirement had been met. The service was monitoring its waiting times and responding accordingly.
- Ensure that patients detained under section 136 of the Mental Health Act are assessed promptly within the time frames specified in the Mental Health Act Code of Practice and within the trust policy. (Regulation 12) During this inspection we found that this requirement had been met with people being assessed within the expected time frames.
- Ensure that the section 136 policy is updated to reflect changes to the Code of Practice. (Regulation 17) During this inspection we found that this requirement had been met. We saw the new policy written in conjunction with partner agencies in line with the code of practice.
- Ensure staff are supported to learn from incidents which have been reported. (Regulation 17) During this inspection we found that this requirement had been partially met. There was evidence of learning from incidents within the team, however there was very little learning being shared between divisions within the trust.

Before this inspection visit, we reviewed information that we held about these services and asked a range of organisations for information.

During the inspection visit the inspection team:

- visited the home treatment team, psychiatric liaison service and single point of access base and looked at the quality of the environment in which they saw people who used the service
- visited the health based place of safety (HBPOS) assessment rooms situated on Seagrove ward and in the ED and looked at the quality of the environment
- spoke with two patients using the home treatment team and three people who had been in the section 136 suite
- spoke with two carers
- spoke with the clinical team leaders for the home treatment team and health based place of safety
- spoke with 18 staff members; including qualified nurses, the operational manager, a consultant psychiatrist, a Mental Health Act lead, support workers, the serenity project lead and administrative staff
- attended two clinical visits
- attended one handover meeting
- reviewed 14 care treatment records of patients

# Mental health crisis services and health-based places of safety

- carried out a specific check of the medication management in the home treatment team and reviewed eight prescription charts and
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as requires improvement because:

- Safety concerns identified at the last inspection had not been fully acted upon by managers or the trust. For example, staff had not fully completed risk assessment documentation for all patients being seen by home treatment and the health-based place of safety had not been fully refurbished.
- Risk assessments completed by home treatment staff were brief and lacked detail. Staff manning the HBPOS were not consistently recording that they had gathered a risk history from the patient record meaning that staff were not taking all risks into account.
- The psychiatric liaison service covering the ED had a band six vacancy which had not been filled for six months leading to one band six manning the service alone. This issue had been raised via incident reports, however the post was still vacant at the time of the inspection.
- The home treatment team staff were not receiving Mental Health Act training although we were told that training was due to be delivered in the near future.
- Incidents of self harm were not routinely reported through the incident reporting system. The trust policy does not state that such incidents should be reported. Learning from incidents was not consistently identified and shared with the staff team.
- The service still did not have psychological input from a clinical psychologist resulting in patient care lacking a direct psychological focus. A psychological lead had been appointed but they were not working with teams directly.
- The paper patient group directives (PGD) were not authorised copies, they lacked doctor, pharmacist and governance authorisation signatures. Therefore, the document trail was not compliant with the Human Medicines regulations 2012. However, we could find no evidence that staff did not know the correct process or that harm had been caused.
- The HBPOS had not been refurbished following our last inspection and was still unfit for purpose. This results in patients being detained in an area which was poorly decorated and lacked an appropriate room in which to be assessed.

However:

- Staff were professional, caring and supportive. The interactions we observed demonstrated a positive attitude towards patients and their families.
- Patients we spoke with were positive about staff and services. They felt that they were treated with respect and were involved in decisions about their care.
- Patients and carers were given details of expected visits and had a number to call 24 hours a day in the event of a crisis.
- Several team members were trained as DBT therapists which helped ensure a psychological approach was taken when meeting patient need.

# Mental health crisis services and health-based places of safety

## Is the service safe?

**Requires improvement**  

Our rating of safe improved. We rated it as requires improvement because:

- Recording of risk assessments by home treatment staff were brief and lacked detail. Staff deployed to the HBPOS were not consistently recording risk history in the records that they had gathered from the patient record meaning that staff were not taking all risks into account.
- Staff routinely used paper notes as well as the electronic note keeping system with the paper records being used as the primary reference point to guide clinical activities. This was a duplication taking staff longer to complete the recording of risk and plans.
- Paper records were inconsistently completed with key elements of risk missing, creating the potential for important information to be missed.
- The paper patient group directives (PGD) were not authorised copies, they lacked doctor, pharmacist and governance authorisation signatures, nor were there list of staff who had agreed to follow the PGDs. Therefore, the document trail was not compliant with the Human Medicines regulations 2012. However, there was no evidence from discussions with staff that they did not understand their role or that harm was being caused.
- Incidents of self harm were not routinely reported through the incident reporting system. The trust policy does not state that such incidents should be reported. Learning from incidents was not consistently identified and shared with the staff team.
- Physical health equipment in the home treatment team clinic room had not been portable appliance tested (PAT) since 2017. Which increased the risk of faulty electrical equipment being used.

However:

- Staff in the home treatment team were triaging and assessing patients in a timely way. Assessments in the HBPOS were being carried out within the time frames set out in the Mental Health Act code of practice
- Staff understood and took responsibility for making safeguarding referrals to the local authority.
- Rooms used for clinical appointments were clean and well maintained. Staff maintained good practice in infection control measures.
- The clinical cupboard in the home treatment team was clean and well maintained. Medicines were stored appropriately.

## Is the service effective?

**Requires improvement**   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The home treatment team staff were not receiving Mental Health Act training. At the last inspection we told the trust it must provide this training. We were told that training was due to be delivered in the near future as the trust had reversed its decision to make this training mandatory for home treatment team staff.



# Mental health crisis services and health-based places of safety

- Staff within the home treatment team identified that they required additional training focussed on suicide prevention and specific mental health diagnoses.
- The service did not have input from a clinical psychologist resulting in patient care lacking a psychological focus. The trust had been required to address this following the last inspection and although a psychological lead had been appointed they were not working with teams directly, focussing on process and service development.

However:

- Staff received regular supervision and appraisals.
- The service had clear criteria for the acceptance and exclusion of patients referred which helped to ensure referrals were appropriate.
- Communication between the police and staff in the HBPOS was working well. The service was represented on local working group a and had participated in drawing up policies and protocols for the use of the HBPOS.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff were professional, caring and supportive. One patient we spoke with said that they had received a service beyond their expectations. Patients who had used the HBPOS told us that they had been treated very respectfully by staff who were professional and caring.
- Staff in the home treatment team were polite, respectful and kind in their approach. We observed staff working in the home treatment team treating patients with respect and dignity.
- Staff discussed patient health and social care needs with sensitivity and compassion, demonstrating an understanding of the presentation and history of patients using the service.
- Patients told us they received respectful, collaborative care from the teams. We observed two home visits with the home treatment team; it was clear that patient and carer opinions were being considered.

However:

- The two patients being seen by the home treatment team we spoke with told us they had not received a copy of their care plan.

## Is the service responsive?

**Requires improvement** ● ↑

Our rating of responsive improved. We rated it as requires improvement because:

- The HBPOS had not been refurbished following our last inspection. This resulted in patients being detained in an area which is poorly decorated with no access to outside space. The staff did not have an appropriate area in which to interview patients, they either had to interview the patient in the bedroom or in the corridor / lounge area. This area was not conducive to carrying out an assessment as it was not possible to sit far enough apart to allow personal space and was not usable if somebody was in the seclusion room.



# Mental health crisis services and health-based places of safety

- The home treatment team did not keep a record of formal or informal complaints. This limited learning from complaints as themes could not be easily identified.

However:

- Staff in the home treatment team were proactive in engaging patients who were hard to reach or did not attend appointments. This included making telephone calls, making unannounced visits and contacting friends and carers where appropriate. They also attended appointments with other teams in an attempt to make contact with the person.
- The home treatment team provided patients with resources, leaflets and materials to support care and treatment and provided information.

## Is the service well-led?

**Inadequate** ● → ←

Our rating of well-led stayed the same. We rated it as inadequate because:

- Safety concerns identified in the previous inspection had not been acted on by managers or the trust. For example, risk assessments were not fully completed for all patients being seen by home treatment and the trust had not refurbished the health based place of safety.
- Staff in the home treatment team did not receive mental health act training. This was raised at the last inspection and has not yet been addressed. We were told that it had been agreed that staff would receive training, although this was yet to take place.
- Staff with the home treatment team and health-based place of safety could not articulate the trusts vision and strategy.
- The staff we spoke with did not feel that the trust management team was visible.
- Staff did not feel that feedback from reported incidents was being circulated sufficiently well.
- Concerns raised regarding not filling a psychiatric liaison worker vacancy for over six months had not been acted on and staff did not know whether this post would be filled or not.

However:

- Staff felt supported, valued and reported a good level of team morale in the home treatment team.
- A new operational manager had recently been appointed to provide stable leadership and management to the home treatment team.
- The team met regularly, and staff were able to raise concerns, for example where there were gaps in staffing and staffing levels were low.

# Acute wards for adults of working age and psychiatric intensive care units

**Requires improvement** ● ↓

See guidance note ICS 1 – then delete this text when you have finished with it.

## Key facts and figures

This service provides care and treatment for adults aged 18 to 65 who need to be in hospital for their mental health problems. Osbourne and Seagrove wards are both located on the St Mary's Hospital site, in the Sevenacres building, Newport on the Isle of Wight.

Osbourne ward is a 16-bedded acute admissions ward for men and women of working age. At the time of our inspection the ward was fully occupied with a further three patients having to stay on the rehabilitation ward due to no beds being available on Osbourne ward.

Seagrove ward is a six-bedded psychiatric intensive care unit. At the time of our inspection, there were five patients on the ward, one patient was on section 17 leave.

We last inspected Osbourne and Seagrove wards in January 2018, during this inspection we rated the service good overall, with safe as requires improvement.

During that inspection we told the trust they **MUST** take the following action to improve:

- Continue with the planned improvements for the seclusion room on Seagrove ward, to ensure it is fit for purpose.
- Ensure clinic rooms are appropriately checked, for example, to ensure expired medicines are appropriately disposed of, and equipment is available and accounted for.

We inspected this service as part of our ongoing comprehensive inspection programme. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from staff at focus groups.

During the inspection visit, the inspection team:

- visited the wards and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with seven patients who were using the service
- interviewed the managers of the wards
- spoke with 13 other staff members including doctors and nurses

# Acute wards for adults of working age and psychiatric intensive care units

- attended a multi-agency risk meeting
- attended a handover meeting
- reviewed nine patients' care records
- reviewed seven prescription charts

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Staff on both wards did not undertake post rapid tranquilisation checks to detect any adverse effects of the medication as frequently as recommended by the National Institute of Health and Care Excellence. Patients could be put at serious risk of harm if side effects are not responded to in a timely manner.
- Staff on Osbourne ward did not update risk assessments following incidents involving patients. Staff did not document the rationale for using prone restraint as an intervention or document the length of time patients were in a prone position during restraint.
- Staff did not give appropriate consideration to reviewing and reducing blanket restrictions on the wards. Areas on Seagrove ward such as the male lounge, the female lounge and the garden had limited access and could only be accessed following risk assessment and/or supervision from staff. The trust had not prioritised estates work to remove ligature anchor points which meant patients had limited access to these areas.
- The trust did not provide psychologically based therapies as recommended by the National Institute of Mental Health Excellence.
- Patients' rights were not always explained as frequently as they should have been.
- Patients sometimes had to be transferred to other wards such as the rehabilitation ward and the older person's wards due to beds not always being available for patients requiring admission.
- Staff on Osbourne ward did not consistently ensure that vision panels on patients' doors were left closed when patients had expressed that preference which compromised their privacy.

However:

- Staff on both wards completed regular checks of the environment to make sure it was safe.
- Staff on both wards ensured the clinic rooms contained all the equipment necessary. Resuscitation bags and equipment was checked accurately and regularly. The seclusion suite was now fit for purpose and met the requirements of the Mental Health Act code of practice.
- Staff on both wards knew how to recognise abuse and were aware of how to record and report it.
- Staff used recognised rating scales to assess and record severity and outcomes.
- Staff treated patients with compassion and kindness. Staff involved patients in care planning and risk assessment and encouraged families to visit and give feedback.
- Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe.
- Leaders were well respected. Staff felt supported and valued and morale across both wards was good.

# Acute wards for adults of working age and psychiatric intensive care units

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff on both wards did not undertake post rapid tranquilisation checks to detect any adverse effects of the medication as frequently as recommended by the National Institute of Health and Care Excellence. Patients could be put at serious risk of harm if side effects are not responded to in a timely manner.
- Staff on Osbourne ward did not update risk assessments following incidents involving patients. Staff did not document the rationale for using prone restraint as an intervention or document the length of time patients were in a prone position during restraint.
- Staff did not give appropriate consideration to reviewing and reducing blanket restrictions on the wards. Areas on Seagrove ward such as the male and the female lounge and the garden, had limited access and could only be accessed following risk assessment and/or supervision from staff. The trust had not prioritised estates work to remove ligature anchor points which meant patients had limited access to these areas.
- There was no mechanical restraint policy and staff were not trained to use mechanical restraint. The use of mechanical restraint had recently been introduced on Seagrove ward on one occasion due to a patient who was particularly unwell and aggressive.
- The trust did not operate a smoke free policy in line with National guidance.

However:

- Staff on both wards completed regular checks of the environment to make sure it was safe.
- Staff on both wards ensured the clinic rooms contained all the equipment necessary. Resuscitation bags and equipment were checked accurately and regularly.
- Staff on both wards knew how to recognise abuse and were aware of how to record and report it.
- The seclusion suite was now fit for purpose and met the requirements of the Mental Health Act code of practice.

## Is the service effective?

**Requires improvement**  

Our rating of effective went down. We rated it as requires improvement because:

- The trust did not provide psychologically based therapies as recommended by the National Institute of Mental Health Excellence.
- Staff on Osbourne ward did not update care plans following incidents on the ward.
- Patients' rights were not always explained to them as frequently as they should have been.

However:

- Staff assessed the physical and mental health of all patients on admission and thereafter. Staff from different disciplines worked together as a team to benefit patients.

# Acute wards for adults of working age and psychiatric intensive care units

- Staff from different disciplines worked together as a team to benefit patients. The ward team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff on both wards completed the Health of the Nation Outcome Scale (HoNOS), this was regularly repeated with a view to measuring health and social functioning for people with severe mental illness.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

However:

- Staff on Osbourne ward did not consistently ensure that vision panels on patients' doors were left closed when patients had requested this which compromised their privacy.

## Is the service responsive?

**Good** ● → ←

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

- Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The food was of a good quality and patients could make hot drinks and snacks at any time.
- The wards met the needs of all people who used the service. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.
- Staff risk assessed which patients should be transferred to other wards well. Due to increased acuity, bed pressures and community mental health team waiting lists, patients sometimes had to be transferred to other wards such as the rehabilitation ward and the older person's wards. Staff assessed which patients were the most suitable and lowest risk to transfer.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

# Acute wards for adults of working age and psychiatric intensive care units

- There was a lack of robust governance within the service. Managers had not taken action to address the issues with insufficient monitoring of patients' physical health following rapid tranquilisation. Care record audits had not identified that staff did not update risk assessments following incidents. Managers had not identified that patients did not always receive their rights in line with the Mental Health Act code of practice.
- The trust did not provide psychologically based therapies as recommended by the National Institute of Mental Health Excellence.

However:

- Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.
- Staff engaged actively in local and national quality improvement activities.

## Areas for improvement

Action the trust **MUST** take:

- The trust must ensure that on Osbourne ward, staff update patients' risk assessments and care plans following an incident and staff document the rationale and length of time for episodes of prone restraint. (regulation 12)
- The trust must ensure they follow national guidance relating to monitoring patients' vital signs following episodes of rapid tranquilisation. (regulation 12)
- The trust must ensure that patients have access to psychological therapies as recommended by the National Institute of Health and Care Excellence. (regulation 9)

Action the trust **SHOULD** take:

- The trust should introduce a smoke free policy across NHS buildings.
- The trust should ensure there is a mechanical restraint policy and staff are trained to use mechanical restraint.
- The trust should provide a separate entrance for patients, staff and visitors entering Seagrove ward, rather than walking through Osbourne ward to enter and leave.
- The trust should work towards a programme to review and reduce blanket restrictions across the wards.
- The trust should continue to ensure that patients receive their rights under the Mental Health Act 1983 in line with the timescales of the trust policy.

# Wards for older people with mental health problems

Inadequate   

## Key facts and figures

We inspected this core service several weeks after the other core services within the trust because Shackleton ward was closed for refurbishment and to enhance staff training during the initial core service inspection. Shackleton ward was closed for a total of nine weeks and had been open ten days at the time of the inspection.

Mental health inpatient wards for older people are provided at two locations on the Isle of Wight both of which are based at St Mary's hospital.

Shackleton ward is a mixed sex four bed ward for older patients with a dementia.

Afton Ward is a mixed sex ten bed older adult ward for patients with a functional mental health Problem.

Both wards have single bedroom accommodation with ensuite facilities.

At the time of the inspection there were three patients on Shackleton ward and nine patients on Afton ward.

We inspected this service as part of our ongoing comprehensive inspection programme.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited Shackleton and Afton ward and checked the environment
- interviewed the ward manager and the interim ward manager
- checked the clinic rooms
- spoke with nine patients
- spoke with five carers
- spoke with nine staff
- spoke with one occupational therapist from the memory clinic
- reviewed seven health care records
- attended one multidisciplinary meeting
- reviewed a number of policies, meetings minutes and supervision notes.

## Summary of this service

Our rating of this service stayed the same. We rated it as inadequate because:

Following our previous inspection in January 2018, CQC rated wards for older people with mental health problems as inadequate in safe and well-led key questions, requires improvement in effective and responsive key questions and good for the caring key question.

# Wards for older people with mental health problems

At the inspection in 2018 we told the trust they MUST:

- The trust must ensure Shackleton ward has a dedicated female-only day room which male patients do not enter. (Regulation 10)

During this inspection, we found that Shackleton ward now has a female-only day room that male patients do not enter.

- The trust must ensure staffing is at a safe level on Shackleton ward and that running of electro-convulsive therapy clinics does not adversely affect all wards minimum staff levels. (Regulation 18)

During this inspection, we found that staffing levels on Shackleton ward had improved and the running of electroconvulsive therapy clinics did not have an impact on staffing on the ward.

- The trust must ensure staff follow post-rapid tranquilisation protocols. (Regulation 12)

During this inspection, we found that staff were following post rapid tranquilisation protocols.

- The trust must ensure they comply with legislation around the seclusion of patients on the ward. (Regulation 12)

During this inspection, we found that staff were compliant with legislation around the seclusion of patients on the ward.

- The trust must ensure they comply with medicines management legalisation including the storage of controlled drugs. (Regulation 12)

During this inspection, we found that staff complied with medicines management in relation to the storage of controlled drugs.

- The trust must ensure staff are inducted, supervised and appraised. (Regulation 18)

During this inspection we found that staff on Afton ward received regular supervision. However, staff supervision levels were not sufficient on Shackleton ward.

- The trust must ensure staff apply the principles of the Mental Capacity Act and support patients to make decisions about their care. Patients must be cared for in the least restrictive way (Regulation 11)

During this inspection we found that staff on both wards were not correctly applying the Mental Capacity Act in relation to Deprivation of Liberty Safeguards.

- The trust must ensure patients can access fresh air. (Regulation 10)

During this inspection, we found that staff were supporting patients to access fresh air on a regular basis.

- The trust must ensure patients have access to food and fluids (Regulation 14)

During this inspection, we found that patients had access to food and fluids including snacks throughout the day.

- The trust must ensure patients' records are stored securely. (Regulation 17)

During this inspection, we found that staff on Shackleton ward did not keep patients' confidential records safe.

- The trust must ensure that when staff are in leadership positions, they are trained and supported to carry out their roles effectively. (Regulation 18)

During this inspection, we found that managers on Shackleton ward had not been supported by the trust to carry out their roles effectively.

- The trust must ensure the privacy and dignity of patients on Shackleton ward is maintained, by addressing the windows. (Regulation 9)

During this inspection, we found the trust has applied a film to the windows which ensured patients' privacy and dignity.



# Wards for older people with mental health problems

- Following our inspection in June 2019, we served a warning notice as we had serious concerns about the care and treatment of patients using the service. In addition, the trust had not made a number of improvements to safety that we told it that it must make at the previous inspection. We required the trust to make significant improvements to the safety of the service by 26 July 2019. In response to our concerns the trust told us they would take immediate steps to keep patients safe on the wards. On 6 August 2019, we completed a follow-up inspection to determine if the trust had met the requirements of the warning notice. We found that although there had been some improvements, the trust had not met all the requirements of the warning notice. Following the inspection, the trust took the decision to close the ward to new admissions. Patients on the ward during the follow-up inspection were discharged to other placements and the ward was empty and closed to admissions. The trust informed us they would be discussing future service provision of Shackleton ward with partners and stakeholders and would not reopen without notifying CQC.
- Risk assessment on Shackleton ward were not detailed enough to ensure all staff were aware of and could manage all risks. Staff did not assess, monitor or manage risks to people who use the service. Staff had not been supported to manage the ligature risks on the ward and 10 days following the reopening of the ward, staff were still unsure of where the ligature risks existed on the ward. Staff on Shackleton did not prioritise the security of the ward by keeping the clinic room locked and by storing the ward keys securely.
- Staff on Afton ward did not effectively identify and manage patients' physical health needs. Staff did not complete holistic personalised goal focussed care plans to support care delivery.
- The trust did not ensure patients on Shackleton ward received therapies in line with national guidance. There was no psychological therapy or occupational therapy available to patients and we were not assured that there was any meaningful activities or engagement being delivered on the ward. There were no activities on the day of our inspection or follow-up inspection.
- Staff on both wards did not make appropriate referrals under the Deprivation of Liberty Safeguards. Staff on Shackleton ward did not consider best interests and administering medicines covertly to a patient with ongoing infections that had been refusing treatment for four days. Staff on Afton ward had not recorded, assessed and documented mental capacity status in relation to medicines. At the follow-up inspection, a patient had a covert medication plan in place but did not have a mental capacity assessment or best interests meeting recorded.
- Staff on Shackleton ward did not keep patients' confidential records safe. This remained the case at the follow-up inspection. In the communal area of the ward we found a filing cabinet containing confidential records unlocked.
- On Afton ward, clinic room fridge temperatures had been outside of the recommended temperature range and no actions had been identified. On both wards, oxygen was stored in the clinic room without a sign on the door to inform fire officers that compressed gas was stored there.
- On Shackleton ward the governance arrangements and their purpose were unclear. Governance arrangements are important to ensure managers have oversight of key items such as the strategy, clinical audit, complaints, incidents and safeguarding are reviewed and learned from.
- Leadership on Shackleton ward was poor. Staff were unaware of the ward action plan for reopening Shackleton ward. There was a lack of clinical managerial support for managers. Trust leaders were not visible on the ward.

However,

- Both wards had undergone significant improvements to the environment which had improved some standards of care. There was now a female only lounge on Shackleton ward that was only used by females. The garden on Afton

# Wards for older people with mental health problems

ward had reopened since the last inspection in January 2018, it was unlocked throughout the day, contained wheelchair friendly flowerbeds and there was a range of plants, flowers and vegetables. The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe.

- Patients on Shackleton ward were regularly taken to the garden for fresh air.
- Staff on both wards showed kindness and respect towards patients. Patients said that staff were friendly and kind. Staff on Afton ward had gone the extra mile to understand patients' individual needs and preferences.
- Staff on Afton ward supported patients with a range of needs that fell outside of the scope of functional mental illness. Staff had changed and adapted their training to ensure they met patients' needs.
- On both wards, the food was of a good quality and patients could make hot drinks and snacks at any time.
- Staffing levels on Shackleton ward had improved.
- Staff on Shackleton ward were no longer secluding patients in the corridor and understood the legislation around seclusion in the Mental Health Act code of practice.
- Medicines management on Shackleton ward had improved, controlled drugs were stored correctly and staff followed national guidance on physical health monitoring post administration of rapid tranquilisation. During the follow-up inspection the clinic room remained locked throughout the day and the ward keys were stored securely. We also found that the ward manager was now being adequately supported by other managers in the trust.

## Is the service safe?

**Inadequate**   

Our rating of safe improved. We rated it as inadequate because:

- Staff on Shackleton ward did not assess, monitor or manage risks to people who use the services. Out of the three care records we reviewed, none of the risk management plans sufficiently identified or addressed patients' risks to themselves or others.
- On Shackleton ward, the trust had not considered the risk management of ligatures adequately. There were some unnecessary ligature anchor points. Staff had not been trained to complete the ligature risk assessment tool to identify ligature anchor points and the risk assessment was incomplete 10 days after the ward had reopened.
- Staff on Shackleton ward did not prioritise the security of the ward. Throughout the day of the inspection the clinic room door was left unlocked and unauthorised people could access the room. Unauthorised people could have had access to items such as ligature cutters and had the medicines cupboards also been left unlocked they could have had access to medicines. The reception area was left unmanned on one occasion meaning unauthorised people could access staff keys.
- On Afton ward, clinic room fridge temperatures had been outside of the recommended temperature range and no actions had been identified. On both wards, oxygen was stored in the clinic room without a sign on the door to inform fire officers that compressed gas was stored there.

However,

- At our previous inspection in 2018, we found that staff were not monitoring patients' physical health following rapid tranquilisation in line with national guidelines. At this inspection, we found staff were following guidelines in this area.

# Wards for older people with mental health problems

- Both wards had undergone significant improvements to the environment which had improved some standards of care. The garden on Afton ward had reopened since the last inspection in January 2018, it was unlocked throughout the day, contained wheelchair friendly flowerbeds and there was a range of plants, flowers and vegetables.
- Both wards were clean and tidy and well presented.
- During the follow-up inspection, the clinic room doors had been fitted with electronic locks and remained locked throughout the day. The reception area had been fitted with a shutter to prevent unauthorised access when it was unmanned. The keys held at reception were now stored in a key safe which only authorised staff had keys to access.

## Is the service effective?

**Inadequate** ● ↓

Our rating of effective went down. We rated it as inadequate because:

- Staff on Shackleton ward did not effectively assess and manage patients' physical health needs. Essential care plans relating to identified physical health needs were missing. Staff had not identified one seriously ill patient at significant risk of dehydration, breakthrough pain and tissue breakdown until raised by the inspection team.
- On Shackleton ward, staff did not complete holistic, personalised goal focussed care plans. Therefore, the information needed to plan and deliver effective care to people was not available. Information about people's care was not appropriately shared.
- Patients on Shackleton ward did not receive therapies in line with the National Institute for Health and Care Excellence. There was no psychological therapy or occupational therapy available to patients. We were not assured that there was any meaningful activities or engagement being delivered on the ward. There were no activities on the day of our inspection.
- Staff did not make appropriate applications under the Deprivation of Liberty Safeguards on either ward. Staff did not ensure one patient on Shackleton ward received their medicines for an untreated infection through consideration of the use of the Mental Capacity Act. Records reviewed lacked assurance that the patients' mental capacity had been assessed and documented.
- On both wards, the ward door was kept locked but there was no sign on the door to inform informal patients they could leave the ward.

However,

- Staff supported patients on Afton ward to live healthier lives. Patients participated in a range of activities including, seated exercises for wheelchair users, yoga and meditation.
- Staff on Afton ward staff received regular supervisions. Staff on both wards received a comprehensive induction.
- Following the inspection, the trust employed a full-time activities co-ordinator to work on the ward. Their role was to work alongside an assistant psychologist and occupational therapist who were based on the ward two days a week.

## Is the service caring?

**Requires improvement** ● ↓

Our rating of caring went down. We rated it as requires improvement because:

# Wards for older people with mental health problems

- Staff on Shackleton ward did not keep patients' confidential information safe. Patients' records were left unattended for unauthorised people to access throughout the day.
- Informal patients did not have any input from the local advocacy group. Staff on Shackleton ward did not know who the local advocacy team was and there was no information for patients about how to get in contact with them. Staff did not know that informal patients should have access to advocacy.
- On Shackleton ward, there were no opportunities for patients to feedback about the service they received. There were no comments boxes, community meetings or satisfaction surveys.

However,

- Staff on both wards showed kindness and respect towards patients. Patients said that staff were friendly and kind.
- Staff on Afton ward had gone the extra mile to understand patients' individual needs and preferences. The trust had invested in a large screen television to stream calming soundtracks and pleasant outdoor scenes to calm patients in distress.

## Is the service responsive?

**Good**  

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

- Staff on Afton ward supported patients with a range of needs that fell outside of the scope of functional mental illness. Staff had changed and adapted their training to ensure they met patients' needs. For example, supporting patients with end of life care needs.
- The design, layout and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an ensuite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.
- The trust had invested in the environmental design of Shackleton ward to ensure it was more dementia friendly. The ward had improved signage and bold colours in line with guidance about dementia friendly environments.
- On both wards, the food was of a good quality and patients could make hot drinks and snacks at any time.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

However,

- The garden on Shackleton ward was located downstairs and along a corridor; this meant patients had to be escorted by staff to use it. Staff did take patients to the garden area but only when staffing numbers meant they could facilitate this.
- On Shackleton ward there was no information available to patients about how to make a complaint.
- On Shackleton ward, patients could not make a phone call in private. There were no mobile phones that patients could use and the nursing office was located off the ward.

# Wards for older people with mental health problems

## Is the service well-led?

**Inadequate**   

Our rating of well-led stayed the same. We rated it as inadequate because:

- The trust had not supported managers on Shackleton ward by setting the governance arrangements prior to reopening the ward. The governance arrangements and their purpose were unclear. There was no process in place to review key items such as the strategy, values, objectives, plans or the governance framework. Managers on Shackleton ward had no understanding of governance arrangements including; any audits, staff training completion rates, the ward risk register, complaints, staff appraisals and access to the electronic incident register. This meant that managers and trust leaders had no oversight of what the ward was doing well and what areas needed to improve.
- On Shackleton ward, there was a lack of senior clinical managerial support for managers. The direct line managers of the newly appointed interim manager did not have a clinical background. When managers requested clinical support from their line manager, it was not available. There was some support from Afton ward but not enough to support a new manager into post.
- The strategy on Shackleton ward was not underpinned by detailed, realistic objectives and plan. Staff and managers did not know what the action plan was in reopening the ward, this meant that they did not know whether they were on target for meeting the action plan or why it was important. Staff did not understand how their role contributed to achieving the strategy.
- Staff on Shackleton ward told us that senior managers above band 8 were not visible in the service. Trust leaders did not make contact with the ward or visit the ward.
- Staff morale on Afton ward had deteriorated. Staff on Afton ward felt they had lost their identity as a ward for older people with a functional mental illness as they admitted patients that were outside of the scope of the service. Afton ward frequently admitted working age adults from the acute wards, patients with end of life needs from the general hospital and patients with a dementia from Shackleton ward.

However,

- The trust had implemented a leadership development programme. Two staff on Shackleton ward had completed this course.
- The trust ensured staff had access to support for their own physical and mental well-being.
- On Afton ward, there was a clear framework of what must be discussed at ward level and directorate team level to ensure essential information was shared. Staff on Afton ward completed a range of audits that were used to identify aspects of the service that needed improvement.
- At the time of the follow-up inspection, the ward manager was being provided with additional managerial and clinical support from other managers in the trust. For example, another Band 7 manager was directly supporting the ward manager and was based on the ward full-time.

## Areas for improvement

Action the trust MUST take:

The trust must ensure that the clinic room on Shackleton ward and the staff keys are kept securely (Regulation 12).

# Wards for older people with mental health problems

The trust must ensure that staff on Shackleton ward are aware of potential ligature points and are supported to mitigate the risks (regulation 12).

The trust must ensure that patients' risks are thoroughly identified and risk management plans are in place to mitigate risks (regulation 12).

The trust must ensure that patients' holistic needs are met including physical health needs, care plans related to patient needs should be individualised and goal focussed. (regulation 12).

The trust must ensure patients have access to meaningful therapeutic activities including psychological therapies in line with national guidelines (regulation 9).

The trust must ensure staff apply the principles of the Mental Capacity Act and support patients to make decisions about their care. Staff must ensure that appropriate applications are made under the Deprivation of Liberty Safeguards (Regulation 11).

The trust must ensure patients' records are stored securely (Regulation 17).

The trust must ensure that when staff are in leadership positions, they are trained and supported to carry out their roles effectively. The trust must ensure that managers are given access to the systems required to undertake their roles and have a good understanding of what governance arrangements are in place (Regulation 18).

Action the trust SHOULD take:

The trust should ensure that staff take appropriate action when the fridge temperatures in the clinic room fall outside of the safe range.

The trust should continue to ensure that clinic rooms have signs on them to advise fire officers if there is compressed gas inside.

The trust should ensure that staff on Shackleton ward receive regular supervision in line with trust policy.

The trust should ensure there is a sign on the doors to the wards to advise informal patients that they can leave the ward if they want to.

The trust should ensure that informal patients can access advocacy services.

The trust should ensure that patients on Shackleton ward have a forum for formally feeding back about the service.

The trust should ensure that patients on Shackleton ward have information about how to make a complaint.

# Community-based mental health services of adults of working age

Inadequate   

See guidance note ICS 1 – then delete this text when you have finished with it.

## Key facts and figures

The community mental health service offers a specialist multi-disciplinary service for individuals suffering from mental ill health, including assessment and treatment for people aged over 65 years, who do not require treatment for organic disorders such as dementia. There is an early intervention in psychosis (EIP) team for patients experiencing a first episode of psychosis, which works with patients from 14 – 65. There is also a single point of access team (SPA) that assesses patients referred to mental health services. All referrals were triaged to by the SPA who would sign post to more appropriate services or allocate them to the other teams.

The community mental health service was previously inspected in November 2016 and January 2018. At these inspections we had a number of concerns about the safety of the service, which resulted in an inadequate rating for all key questions: are services safe, effective, responsive and well led. We rated caring as good. Following the 2016 inspection we served an urgent requirement notice letter and issued a section 31 notice of decision to urgently impose conditions on the trust as we had reasonable cause to believe a person would or may be exposed to a risk of harm unless we did so. After we re-inspected in 2018 we left the conditions in place as the service had not made the required improvements.

This inspection was conducted as part of our ongoing schedule of comprehensive inspections and was announced (the trust knew we were coming to ensure relevant staff were available for us to talk with). We also looked at whether the trust had made the required improvements but found that the trust had still not made the improvements. However, we recognised that the trust now had a plan in place to address the concerns. We removed the conditions on the service but issued a Warning Notice which requires the trust to make the improvements in a set timeframe.

We carried out an announced inspection across all the community adult mental health teams, the single point of access team and the early intervention in psychosis team.

During the inspection visit, the inspection team:

- interviewed 26 staff including, nurses, social workers, consultant psychiatrist, healthcare support workers, therapists and administration staff
- Interviewed the three clinical lead managers and service manager
- spoke with four patients and two carers
- attended four appointments with staff
- visited four of the areas the teams work from and reviewed the clinic rooms and toured the environments
- reviewed how the services stored equipment and medication
- reviewed 28 sets of notes
- attended one multidisciplinary meeting.

## Summary of this service

Our rating of this service stayed the same. We rated it as inadequate because:



# Community-based mental health services of adults of working age

- The adult community teams waiting lists and caseloads were high. There was limited risk assessment of patients on the waiting list. Review of waiting lists by senior managers had only began in the five weeks prior to the inspection and was limited to high risk Care Programme Approach patients. Staff caseloads were higher than the guidelines set by the trust. Patients ready for discharge remained on caseloads instead of being discharged. Staffing vacancies continued to lead to patients being put back on the waiting list before being reallocated to staff. Staff had not received mandatory training in line with the trust required targets and fell well below these. Risk assessments and crisis plans were not always completed. Staff did not keep a record of when equipment had been cleaned and serviced.
- Physical health needs were not always identified. Not all patients had care plans and when present their quality varied. There were no defined pathways, for staff to follow when planning and providing care, or outcome measures, to measure how effective the treatments had been, being used by the adult community teams.
- Patients could wait years for treatment. Senior managers told us that there were patients with a greater need on the waiting list than patients who remained on staff caseloads. Staff rarely discharged patients and the nurse led clinic had no clear pathway for discharging patients. Group sessions were often cancelled.
- Staff did not have confidence that senior trust managers would address their concerns and they felt detached from the trust. Morale was low across all the adult community teams. The electronic record system remained difficult to use.
- Managers were not measuring the services quality and effectiveness against clear standards.

However:

- There were safe lone working practices and alarms were available to staff seeing patients at the team bases. Staff understood how to safeguard patients and recorded incidents correctly. Managers were using creative ways to fill vacancies and agency staff were on longer contracts.
- Patients mental health needs were assessed and staff planned to meet patients' needs. There was specialist training available to staff to help them meet the needs of patients. There was a range of staff who met regularly to discuss patients' needs.
- Patients reported that staff were caring and that they were involved in planning their care. Staff encouraged patients to give feedback about the service. Families and carers were involved when appropriate and had ways to feedback about the service.
- Target times were met by the single point of access team (SPA). Services offered appointment times to suit patients and there were processes to check patients who missed appointments. There were suitable rooms for group sessions at the early intervention in psychosis team (EIP).
- Local leaders had clear plans to improve the service. Morale was good at single point of access team (SPA) the early intervention in psychosis team (EIP). There were systems in place that allowed the staff to feedback to the trust and for the trust to advise staff about service developments. Staff received clinical supervision.

## Is the service safe?

**Inadequate**   

Our rating of safe stayed the same. We rated it as inadequate because:



# Community-based mental health services of adults of working age

- There remained a high turnover of staff which continued to lead to patients needing to be put back on the waiting list and then reallocated to staff. There were two vacancies for team leaders in the community teams, which meant team leaders were focused on management of staff rather than developing the service.
- Waiting lists remained large and there was inadequate oversight of the risk for patients waiting to be offered a service. Although control measures and audit trails had improved, the trust could still not be assured that patients were reviewed regularly to ensure their safety. Staff caseloads exceeded the number agreed by the trust and included patients who could be discharged to primary care.
- Staff did not always complete a risk assessment of patients. When risk assessments were completed they varied in the quality. Not all patients had a crisis plan.
- There was no record in the adult community team base (Chantry House) of when medical equipment was cleaned and checked to be working. Patient seating in the clinic room was not easily cleaned to help prevent the spread of infection.
- Staff did not have access to all the mandatory training the trust required them to attend. Less than 75% of staff had attended nine of the trust's mandatory training courses.
- Staff told us the electronic patient record was time consuming and difficult to use.

However:

- There were safe lone working arrangements for staff and alarms available to staff when seeing patients in interview rooms.
- Managers were trying different ways to fill vacancies such as creating development posts for newly qualified staff. Agency staff were on longer contracts and were familiar with the service.
- Staff understood when and how to make a safeguarding referral. Staff used the electronic incident reporting system to record incidents and made improvements when learning was identified.

## Is the service effective?

**Inadequate** ● ➡ ➡

Our rating of effective stayed the same. We rated it as inadequate because:

- The monitoring of physical health needs was inconsistent and physical health was not always assessed or met. Patient records did not contain any details of how staff supported patients to maintain healthy lifestyles in the patient records.
- Not all patients had a care plan in place and when care plans were present they did not always address identified risks.
- The adult community team was not using recognised clinical care pathways, to make sure patients were treated in line with National Institute of Care Excellence guidance.
- The adult community team were not using outcome measures to measure if the treatment and care they offered was effective.
- Staff appraisal rates were below the trust target, this meant staff goals for training and performance were not being set.

However:

# Community-based mental health services of adults of working age

- There were good quality assessments in place of patients', on staff caseloads, mental health needs.
- There were staff trained to offer specialised support for eating disorders and behaviour family therapy.
- There was a good range of staff in post and the clinical team leaders offered regular clinical supervision.
- There were regular multidisciplinary meeting to discuss patients', on staff caseloads, needs.

## Is the service caring?

**Good**   

Our rating of caring stayed the same. We rated it as good because:

- Patients told us that staff were caring and compassionate towards them.
- Staff involved patients in their care planning. We saw staff discuss with patients, on appointments, what to do in a crisis and update risk assessments.
- Patients were encouraged to give feedback about the service they received.
- Staff involved families and carers, with the patient's permission, in the patient's care. We saw carers being involved in care planning during appointments.

## Is the service responsive?

**Inadequate**   

Our rating of responsive stayed the same. We rated it as inadequate because:

- Despite several plans to reduce the caseload size and managers identifying patients who were suitable for discharge, very few patients were being discharged.
- The size of the nurse-led clinic had increased to over 400 and there remained no clear pathway for patients to be discharged, meaning patients stayed open to indefinitely.
- There was extensive and multiple waiting list for allocation and treatment. Patients could wait two years for psychological therapies. Senior managers told us there were patients on the waiting lists with more urgent needs than patients who were allocated.
- Group sessions were cancelled regularly and one entire resilience group had been cancelled. There was limited space at Chantry House so group sizes were small, increasing waiting times.

However:

- The single point of access team met its target times for assessing patients, which were 28 days for routine referrals, three days for urgent referrals and four hours in an emergency.
- All the services offered a variety of appointment times for patients and followed up patients that did not attend appointments.
- The EIP had a good range of rooms to provide therapy in.
- The trust was able to review incidents by service and could identify themes.

# Community-based mental health services of adults of working age

## Is the service well-led?

**Inadequate** ● → ←

Our rating of well-led stayed the same. We rated it as inadequate because:

- Staff felt disconnected from the trust and told us senior leaders did not visit them and would always cancel any planned meetings. Staff did not have confidence that senior leaders would address concerns appropriately.
- Morale was low at the community adult team as they did not feel they had been able to address the issues being identified as needing to improve.
- Information management was time consuming and record keeping did not always have a clear structure. This was regularly brought to senior managers attention, but the situation had not changed.
- Senior leaders had limited oversight of waiting lists and had only recently started reviewing them to ensure high risk patients were allocated.
- Not all the teams had clear goals for patients' treatment, that leaders could use to measure the effectiveness and improve quality of the service offered to patients.

However:

- Local leaders were approachable, had the skills needed for their roles and available to staff when needed. They had a clear vision for the development of the service and the teams were signing up to this.
- Morale was good in the single point of access and early intervention in psychosis teams.
- There were systems in place for staff and patients to give feedback to the trust and for the trust to advise them of changes to the services.
- Staff could add concerns to the trusts risk register.
- Leaders gave staff regular clinical supervision.

# Ambulance services

## Background to ambulance services

Isle of Wight NHS Trust is the only integrated acute, community, mental health and ambulance health care provider in England. Established in April 2012, the trust provides health services to an isolated offshore population of 140,000.

Ambulance services deliver all emergency and non-emergency ambulance transport with 21,712 emergency calls and 25,292 emergency vehicles dispatched each year the service operates from a single base across the Island. The service is responsible for transporting patients to mainland hospitals when required. The emergency call centre takes both emergency 999 calls as well as NHS 111 calls.

## Summary of ambulance services

**Requires improvement**   

Our rating of these services stayed the same. We rated them requires improvement.

The summary of Ambulance services appears in the overall summary of this report.

# Emergency operations centre (EOC)

Requires improvement   

## Key facts and figures

The emergency operations centre (EOC) for the Isle of Wight Ambulance service is located on the site of St. Mary's Hospital in Newport. The EOC is in a multidisciplinary hub office that contains desks for other trust services such as community health services, and 111 services. The NHS 11 and the emergency centre are a combined service with the same staff covering both services.

In 2018 the emergency operations centre handled 17,760 emergency calls and 82,987 NHS 111 calls. The division supported the dispatch of 30,403 emergency vehicles.

During the inspection we spoke with approximately 25 members of staff and listened to eleven 999 calls and nine NHS 111. Staff we spoke with included, call handlers, dispatchers, clinical support officers, performance support officers, staff from audit and senior staff from the ambulance team.

We inspected the whole core service and looked at all five key questions.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The emergency operations centre was still in the early stages of embedding new governance structures, systems and processes into the service. Therefore, it was too early to fully establish whether new strategies and quality improvement programmes were effective or working well.
- The service did not always meet the Ambulance Response Programme quality indicators for the time to answer each call. We found there was no long-term service planning or solution identified to tackle increased demand. Resources were deployed by dispatchers by 9.30am on both days of our inspection, causing delays to treatment.
- There was still a lack of sustainable staffing levels for clinical support staff on the night time shift and this had not improved since our last inspection.
- The audit team did not have access to the new CAD system within their department, so had to move when asked to assist with taking calls.

However:

- The service had introduced a new CAD system, and this meant better quality real time information was now available for the service to monitor trends and themes. This was an improvement since our last inspection.
- The service had recruited more performance support officers, clinicians and dispatchers. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff cared for patients with compassion and took account of their individual needs. Feedback from patients confirmed that staff treated them well and with kindness.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. This was an improvement since our last inspection.

# Emergency operations centre (EOC)

- Staff had received training in the Mental Capacity Act 2005 and the compliance rate for mandatory training was 90%. This was an improvement since our last inspection.
- The service policies were up to date and standard operating procedures (SOP) had been reviewed and updated. This was an improvement since our last inspection.
- There was a new meal break policy and staff now received 30 minute meal breaks during their shifts. This was an improvement since our last inspection.

## Is the service safe?

**Good**  

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

- A new CAD system was now in place which meant the service was now able to access accurate real time information regarding the position of vehicles and ambulance crews and were now participating in the new Ambulance Response Programme (ARP), in line with all other NHS ambulance services. This was a significant improvement since the last inspection.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it and staff understood how to protect patients from abuse. Staff were compliant for key mandatory training modules including safeguarding and this was an improvement since our last inspection.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- The telephony system was outdated and in need of replacement.
- There was still a lack of sustainable staffing levels for clinical support staff on the night time shift and this had not improved since our last inspection.
- There were three call handler vacancies at the time of the inspection. Although the service had recruited to the vacancies, this was having an impact on the way the service operated.

## Is the service effective?

**Requires improvement**   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service had consistently not met the Ambulance Response Programme quality indicators for the time to answer each call.

However:

# Emergency operations centre (EOC)

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service now had better quality information to work with since implementing the new CAD. However, this was still in its infancy. There was now a ringfenced call handler in place to take 999 calls.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Performance support officers now directly managed a team of call handlers. This was an improvement since our last inspection.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good**   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good**   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It did work with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- The service had changed their concern and complaints handling and there was a more streamlined and effective process of managing complaints. This was an improvement since our last inspection.

## Is the service well-led?

**Requires improvement**  

Our rating of well-led improved. We rated it as requires improvement because:

# Emergency operations centre (EOC)

- The service had worked hard to make fundamental changes with their governance systems strategies and processes. However, they were not fully established or embedded into the service, so it was too early to assess whether they were effective and working well.
- On a senior level it was not clear what the future plans of the newly formed integrated and emergency care division was. Therefore, the ambulance service was still working in silo.
- While the service was now able to collect reliable data, from the CAD system the analysing and use of this information was in its early stages and not fully established. Staff were in the early processes of finding the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

However:

- At this inspection we found changes had been made to the overall structure of the leadership team. The majority of interim roles were now filled, and staff were happy with their local leadership team.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had started to examine opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and teams used systems to identify and escalate relevant risks and issues and identified actions to reduce their impact.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

- The service had developed ways to celebrate success within EOC. Staff pin badges were presented to staff for the call handlers who managed successful calls such as those who had started cardiopulmonary resuscitation (CPR) on a call and the patient survived to be discharged from Hospital ROSC (Return of spontaneous circulation).

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **should** take to improve

- The provider should consider updating their telephony system within the hub.
- The provider should provide sufficient staffing levels for there to be the required number for clinical support staff on the night time shift.
- The provider should consider and plan how there will tackle increased demand.
- The service should work to embed the changes made in their governance processes.
- The service should continue to develop the use of the data available to them and the use of the data to drive improvements.



# Emergency and urgent care

Good  

## Key facts and figures

The Isle of Wight Ambulance Service (IOWAS) is part of Isle of Wight NHS Trust. The emergency and urgent care service (EUC) for IOWAS has one ambulance station which located on the site of St. Mary's Hospital in Newport. There are two stand-by points which are co-located within fire stations on the island, in Ryde and Shanklin.

During our inspection, we spoke with 38 staff within the emergency and urgent care service, inspected eight vehicles and observed five episodes of care.

The staff we spoke with included frontline ambulance crew (paramedics and emergency vehicle operatives), student paramedics, staff on induction, the resourcing team, community practitioners, members of first responders, clinical support officers, performance support officers and managers.

We inspected the whole core service and looked at all five key questions.

## Summary of this service

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

- Managers at all levels in the service were developing the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff. The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff cared for patients with compassion and took account of their individual needs. Feedback from patients confirmed that staff treated them well and with kindness.
- The service had a process for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- There was a new meal break policy and staff now received 30-minute meal breaks during their shifts. This was an improvement since our last inspection.

However:

- The service strived to improve the quality of its services. However, we found issues regarding the governance and oversight of medicines management and some concerns regarding security of paper patient records.
- Systems to analyse, and use the information were now available to the service to support service development were under development. New reporting and governance system were in the early stages of being embedded into the service, Therefore, it was too early to fully establish whether new strategies and quality improvement programmes were effective or working well.

# Emergency and urgent care

- The long-term plans for divisional and reporting structure under which the ambulance service would be managed were not yet clear.

## Is the service safe?

**Good**  

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

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They generally kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and vehicles mostly kept people safe. Staff were trained to use equipment and staff managed clinical waste well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Staff had not achieved the trust required level of compliance, 85%, for some of the mandatory training modules. Mandatory training in key skills was provided for all staff and managers monitored compliance. Action was being taken to address the short fall in the completion of mandatory training.
- The cleanliness of some of the rapid responsive vehicles was not being maintained.
- The system for ensuring consumables were within their use by dates for the RRV's was not effective and keys to vehicles were not always securely stored.
- There was not always clear oversight of the use of Patient Group Directions (PGDs) within the service.

# Emergency and urgent care

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief advice in a timely way.
- The service monitored agreed response times so that they could facilitate good outcomes for patients. They are using the findings to make improvements.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. However, not all staff had received an appraisal during the past 12 months.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  

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

# Emergency and urgent care

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The introduction of the new computer aided dispatch (CAD) system in November 2018 had allowed the service to capture and analyse more accurate data regarding capacity vs demand.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way.
- The service had a process for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Requires improvement**  

Our rating of well-led improved. We rated it as requires improvement because:

- Leaders operated governance processes, throughout the service and with partner organisations, however the governance structures and processes were in their infancy and it was too early to establish whether they were effective. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance. They identified and escalated most risks and issues however some of the quality monitoring systems had not been fully effective. They had plans to cope with unexpected events.
- The service was developing systems to analyse the reliable data and information they were now able to collect. Staff, using the data now available to them, were beginning to understand how the service was performing. This was still in the early stages so it was not possible to see how this information had been used in making decisions about service improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- The strategy to support the service vision for what it wanted to achieve needed further development. The vision and strategy however were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply them and monitor progress.

However:

- Leaders in the service had integrity and were developing the skills and abilities to run the service. They were beginning to understand and manage the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partners organisations to help improve services for patients.

# Emergency and urgent care

- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## *Areas for improvement*

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **should** take to improve

- Check medicines supplied and administered against the directions of a prescriber or via local documents are compliant with the medicine's legislation and best practice.
- Develop a procedure for maintaining the cleanliness of RRVs and the equipment carried in them.
- Continue to improve the appraisal rates and mandatory training rates for all staff.
- Develop an asset register for all equipment together with a procedure to monitor equipment service periods.
- Continue to monitor and analyse the safeguarding referral process to determine if efficiencies can be achieved to release frontline crews.
- Maintain the security of keys to ambulance service vehicles.
- The service should work to embed the changes made in their governance processes.
- The service should continue to develop the use of the data available to them and the use of the data to drive improvements.

# Patient transport services

Requires improvement   

## Key facts and figures

The Patient Transport Service (PTS) provides transport seven days a week for service users in cases of medical need for outpatient appointments, admissions, discharge and transfer. Bookings for the PTS are made by either the GP Practice or hospital staff.

The trust has detailed the following service users that are eligible for PTS:

- Service users who require the continual support and skill of PTS staff to enable them to travel.
- Service users who have received treatment which requires the skill of PTS staff to ensure a safe journey home (i.e. this does not include service users who are suitable to travel in a taxi).
- Service users with dementia or other mental health conditions who require PTS staff to ensure a safe journey.
- Service users who are required to travel by stretcher.
- Inter hospital transfers. i.e. Journeys to specialist units within Southampton and Portsmouth and possibly further afield.

(Source: Trust website - <https://www.iow.nhs.uk/our-services/ambulance-services/patient-transport.htm>)

The Patient Transport Services (PTS) for the Isle of Wight NHS Trust (the provider) is located on the site of St Mary's Hospital in Newport on the Isle of Wight.

The PTS shares its vehicle cleaning services and parking garages with the provider's emergency ambulances (inspected and reported on separately), located on the same site.

The PTS journeys included collecting and returning patients to their home addresses for routine hospital appointments, returning patients' home following medical treatment at the hospital and repatriating patients to their home NHS trusts.

During our inspection we spoke with 17 staff including the service's Head of Operations for Ambulances, Fleet and Operations Manager, Performance and Support Officer, PTS dispatcher, Quality Manager for Community and Ambulance, contracted and bank patient transport staff and a member of the fleet administrative staff. We also spoke with an additional five staff members who worked closely with the PTS; including two patient discharge assistants, two dispatchers and a washer/stocker of the ambulances. We also observed an early morning bed meeting at St Mary's Hospital which included nursing staff and a member of staff from the PTS.

We spoke with six patients and asked for their experiences of receiving support from the PTS. We reviewed four patient risk assessments and reviewed policies and procedures and documents relating to the running of the PTS. These included three complaints, the services asset register, service's risk register, staffing rotas, seven staff inductions and appraisal information. We also viewed 36 customer feedback reports relating to the quality of service provision.

We inspected five ambulances assessing their ability to meet patient's needs. During the inspection we were present during five patient transport journeys observing patient and staff interaction.

This was an announced comprehensive inspection. The provider was given four weeks' notice of our inspection to ensure staff were available to be spoken with. During this inspection we reviewed the following five key questions;

# Patient transport services

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive? and
- Is the service well led?

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service did not control infection risk well. Ambulances were not cleaned effectively to ensure the risk of cross contamination issues were minimised.
- Managers could not routinely monitor the performance of the service. Available computer systems did not support the collection and analysis of information to allow for the continuous improvement and delivery of a quality service.
- Risk management processes had not always identified and escalated risks appropriately to ensure mitigating action could be taken to minimise risks associated with service delivery.

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and ensured patients had enough to eat and drink. Managers made sure staff were competent for their role. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with extreme compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers taking action to ensure their individual needs were known and met.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for transport.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

# Patient transport services

- The service did not control infection risk well. The cleaning processes to keep ambulances clean, were ineffective. Ambulances reviewed were unclean with torn fabric seats which meant they could not be cleaned safely. Staff used personal infection control measures to prevent the spread of infection.
- The service mainly followed best practice when handling and storing medicine which, at this service, was oxygen. However, when used during patient journeys oxygen tanks could not be secured safely and became a risk to patient safety in the event of an accident.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for patients when required, and acted to remove or minimise risk. Staff could identify and act upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank staff a full induction.
- Staff kept detailed records which were clear, up-to-date, stored securely and easily available to all staff providing care
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. If things went wrong, staff knew to apologise and give patients honest information and suitable support.

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Food and drink were not routinely required during patient journeys. Staff however, had access to bottled water on board ambulances. Patients on a longer transfer had a packed lunch made available to meet their needs
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held documented meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.



# Patient transport services

However:

- The service was not monitoring their response times and therefore were unable to identify if they were being met and facilitating good outcomes for patients.

## Is the service caring?

**Outstanding**   

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

- Staff treated patients with compassion and thoughtful kindness, respected their privacy and dignity, and took account of their individual needs. Staff acted to provide personalised high quality compassionate care. Patients thought staff went the extra mile and their support exceeded their expectation.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' needs and there was a strong a person centred approach to meeting and exceeding these needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff evidenced they clearly thought of the wellbeing of the patient's support network to ensure their ongoing care.

## Is the service responsive?

**Good**   

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

- The service planned and provided services in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations.

## Is the service well-led?

**Requires improvement**   

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

- Leaders and teams did not always have the systems in place to manage performance effectively. Risk management processes had not always identified and escalated relevant risks such as the cleanliness and condition of ambulances.
- The service could not collect reliable data to analyse it. Staff could not find the live time data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

# Patient transport services

- Leaders operated governance processes, throughout the service and with partner organisations, however the governance structures and processes were in their infancy and it was too early to establish whether they were effective. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

However:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and most staff understood and knew how to apply them and monitor their progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the trust **must** take to improve:

The service must ensure ambulances used by the service are clean and safe to use for their intended purpose with appropriate prevention, detection and control measures in place to minimise the risk of patient cross contamination and infection. Regulation 12 (1) (2) (e) (h)

The service must ensure processes are in place which allow for the assessing, monitoring and improvement of the quality and the safety of the service delivered. Regulation 17 (1) (2) (a)

Action the trust **should** take to improve:

- The service should review oxygen storage, when in use within ambulances, to promote patient safety

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

| Regulated activity                                                                                                                                                                                                                                                 | Regulation                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury                                                                                           | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care                                           |
| Regulated activity                                                                                                                                                                                                                                                 | Regulation                                                                                            |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury                                                                                           | Regulation 11 HSCA (RA) Regulations 2014 Need for consent                                             |
| Regulated activity                                                                                                                                                                                                                                                 | Regulation                                                                                            |
| Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Surgical procedures<br>Transport services, triage and medical advice provided remotely<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment                                      |
| Regulated activity                                                                                                                                                                                                                                                 | Regulation                                                                                            |
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury                                                                                                                                                             | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment |

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

# Our inspection team

An executive reviewer, Sam Higginson Chief Operating Officer, supported our inspection of well-led for the trust overall.

The team included a range of inspectors, an executive reviewer, specialist advisers, and an expert by experience with wide skills experience and expertise.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.