Derbyshire Community Health Services NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information we hold about quality, and information given to us from patients, the public and other organisations.

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Overall summary

Derbyshire Community Health Services NHS Trust (DCHS) employs nearly 4,500 staff and has 23 registered locations including its headquarters, based at Newholme Hospital in Bakewell, Derbyshire. It was first registered with CQC on 31 March 2011.

The Trust delivers a variety of community services to approximately 1.1 million people across Derbyshire and in parts of Leicestershire, with more than 1.5 million contacts each year. Its services include community nursing and therapies, urgent care, rehabilitation, older people's mental health, learning disability, children's services, podiatry, sexual health, health psychology, dental services, outpatients and day case surgery.

Since registration, Derbyshire Community Health Services NHS Trust has been inspected on eight occasions at five locations. The Trust was not meeting three essential standards: supporting workers at Buxton Hospital (minor injury unit), respecting and involving people in their care at Walton Hospital and Trust Head Quarters, and record keeping at Walton Hospital.

During this inspection we found the provider was now meeting the essential standards where there were previously failings. We visited 35 locations from which the Trust delivers services, including 11 community inpatient hospitals and went on home visits with community teams. We found patients received good care and treatment across the vast majority of services. In three hospitals we found isolated areas where the provider was not meeting essential standards in respect of the safe disposal of medicines, care planning, consideration of people's consent and the safety of equipment. We have asked the provider to send us a report that says what action they are going to take to meet these essential standards.

We received overwhelmingly positive feedback from patients about the compassion and empathy of staff.

Patients were routinely viewed as partners in their care and decision making was personalised to meet their short and long term needs. Patients' medical, emotional and social needs were identified and incorporated into care planning.

Overall there were effective and reliable systems to enable staff to deliver safe care. There was an effective incident reporting and risk escalation system, which ensures risks are managed at the appropriate level, while enabling Board oversight. 'Learning the Lessons' group quarterly meetings reviewed incidents and worked on improvements. The Board was well informed of where risks were in each service area and was actively managing them.

Care and treatment were almost always evidence based and provided in line with current legislation, and approved national guidance. However in older people's mental health wards, mental health care plans were standardised and insufficient. Also seclusion was used without proper understanding of policies and procedures. Staff uptake of training and appraisal was good. Staff were clear of roles in care pathways and worked well with multi-disciplinary colleagues to ensure people's health and wellbeing. The Trust proactively engages with other health and social care providers.

The Trust was not always able to provide safe staffing levels. A number of risks on the Trust risk register related to staffing shortages, high dependence on bank and agency staff and the unreliability of a new bank/agency booking system.

There was generally good access to services although people were not always able to access outpatient appointments or specialist services in a timely way. The Trust was working closely with patients, families and other health and social care providers to arrange safe and timely discharges from its community hospitals and into the community from acute hospitals. The Board and executive team sought and responded to the views of patients, the public and staff about the quality of care and in planning services.

Governance arrangements were designed and monitored to support the delivery of the vision, values and strategic objectives. There were some shortfalls in the governance of Mental Health Act responsibilities. The Trust had a clear statement of vision and values. The Chief Executive was well known to Trust staff through face-to-face visits and other communication activity including a weekly email, monthly newsletter and intranet updates.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Overall there were effective and reliable systems to enable staff to deliver safe care. The Trust's Audit and Assurance Committee ensured an effective system of integrated governance, risk management and internal control across the organisation's activities. The Trust operated an effective incident reporting and risk escalation system, which ensures risks are managed at the appropriate level throughout the organisation, while enabling Board oversight. The harm free care score was above the Trust's target of 90% for May through to December 2013. However the score was below the target for most of the year in rehabilitation wards.

The Quality Service Committee reports to the Board. Its safety group has a 'Learning the Lessons' group which meets quarterly, chaired by the Deputy Chief Nurse. These meetings review incidents and drive changes aimed at preventing recurrence. All governance meetings had incidents and risks as standing agenda items. The electronic incident reporting system was well used throughout the Trust. Staff were encouraged to report incidents and gave us examples of changes to practice as a result of learning from incidents and root cause analyses.

The Board was well informed of where risks were in each service area and was actively managing them.

The Trust has arrangements to assess the quality and safety impact of service, structural or staffing changes. There was a culture of continuous learning and improvement.

The absence of finalised service level agreements with another NHS Trust to deliver older people's mental health services meant there were clinical risks which were not being addressed and placing patients at risk.

Are services effective?

We found care and treatment were generally evidence based and provided in line with current legislation, and approved national guidance. However in older people's mental health wards, mental health care plans were standardised and insufficient. Also seclusion was used without proper understanding of policies and procedures.

Staff were clear of roles in care pathways and worked well with multi-disciplinary colleagues to ensure people's health and wellbeing. Different professionals within the Trust worked well together and there was evidence of good working relationships with other health and social care providers in order to manage and meet people's needs. The Trust proactively engages with other health and social care providers. The Trust's Intermediate Care Services work across care homes supporting and training staff to improve care home standards. Its sexual health promotion teams work alongside a number of external agencies such as Rape Crisis, Police, and Education.

The Trust had arrangements in place to ensure that care and treatment delivered was effective, with a robust quality governance framework in place. An example of these arrangements is the risk register report to the Quality Service Committee. In March 2014 the report identified poor documentation templates as an amber rated risk and confirmed a comprehensive training programme was being delivered to support the completion of meaningful high quality care plans.

The Trust was not always able to provide safe staffing levels and a number of risks on the Trust risk register related to staffing shortages, high dependence on bank and agency staff and the unreliability of a new bank/agency booking system. During our inspection visits we found insufficient staffing levels in some community hospitals and community teams, particularly at night in community hospitals. Staff uptake of training and appraisal was good. However, some staff raised concerns with us about the difficulty in accessing online training, and we had found this on a previous inspection of the Trust.

Summary of findings

Feedback from patients, families and staff was consistent in reporting that care and treatment were delivered as close to home as possible. Patient feedback about community hospitals, including outpatient services and minor injuries, reflected the same positive experiences of high quality local services.

Are services caring?

We received overwhelmingly positive feedback from patients about the compassion and empathy of staff. Patients were routinely viewed as partners in their care and decision making was personalised to meet their short and long term needs. Patients and their relatives felt listened to and involved in decision making at all levels.

Patients' medical, emotional and social needs were identified and incorporated into care planning. We observed staff spending time with people with challenging behaviours, using active listening and respectful management strategies. Patients and carers were supported emotionally, and helped to manage their own health and maintain their independence.

Are services responsive to people's needs?

The Trust worked with local health and social care providers to plan coordinated and integrated pathways of care. The Trust was a key partner in the local health economy's development of seven day services, promoting integrated delivery of extended services across the week and enhancing the quality of services provided to the population of North Derbyshire.

There was generally good access to services although people were not always able to access outpatient appointments or specialist services in a timely manner. Staff took account of people's access requirements and adapted services to meet their needs. Hospitals provided accessible facilities for people with limited mobility and parking was usually available.

The Trust was working closely with patients, families and other health and social care providers to arrange safe and timely discharges from its community hospitals and into the community from acute hospitals. Planning for the provision of community based care was in place well before discharge. Feedback from patients, families and staff informed us this usually worked smoothly. Multidisciplinary discharge meetings were used positively and involved input from all relevant health and social care providers.

The Board and executive team seek and respond to the views of patients and the public about the quality of care and in planning services. There was regular review of patient experience data and evidence that actions were taken as a result. Patients' stories were presented to and discussed at Board and quality committee meetings. These were triggered by experiences of patient complaints, successful outcomes, or the challenges of managing patients with complex needs. Senior managers and Board members described these as powerful learning tools, effective in focusing on areas of good practice and driving improvements.

Are services well-led?

The Trust had a clear statement of vision and values. Governance arrangements were designed and monitored to support the delivery of the vision, values and strategic objectives. Board and committee members challenged risks, which led to improved clarity in processes and changes to priorities. The Chief Executive was well known to Trust staff through face to face visits and other communication activity including a weekly email and intranet updates.

Leaders at all levels took responsibility for listening to patients and staff and addressing any barriers to providing safe and effective care. Since November 2013, there had been a fortnightly intelligence monitoring group, attended by quality, pathway and safety leads, to share soft intelligence. Quality information dashboards were under development in line with CQC's five key areas of safe, effective, caring, responsive and well-led.

Summary of findings

The Trust's Investors in Excellence standard for the running of patient services was renewed in 2013 for the next two years. Derbyshire Community Health Services is the only NHS Trust to hold this quality mark which is awarded to organisations demonstrating a high standard of all-round performance.

There was effective staff engagement. As an aspirant foundation trust, the Trust has a shadow council of governors which includes a number of enthusiastic staff governors. The Trust's Frontline Care Council acts as a consultation body for professional issues, endorses professional direction, reviews reports and policies and plays a key role in Board to ward communication. The Trust's staff forum meets every three months to debate and share information on topics chosen by members with the executive team.

However, Mental Health Act governance was not robust. Members of the Mental Health Act Committee, a sub group of the Quality and Safety Committee, were not part of the wider mental health multi professional partnership arrangements across the local health economy. Hospital managers did not fully appreciate the scope of their duties and responsibilities under the Act and as described in the Mental Health Act Code of Practice.

Summary of findings

What we found about each of the main services provided from this location

Community services for children and families

Care provided to children, young people and families was safe because there were systems for identifying, investigating and learning from safety incidents. Staff were well trained in safeguarding and protecting children from abuse and confident of their own roles and responsibilities. However, not all staff had received training in domestic abuse. Staff received regular safeguarding clinical supervision to support them in the care they provided to children at risk of abuse. They worked in collaboration with other services and disciplines to safeguard children and young people.

Care was effective, focussed on people's needs, evidence based and followed approved national guidance and nationally recognised assessment tools. There was effective information sharing between midwifery, health visiting and school nursing services which ensured the smooth transition of children from one service to another. However, there appeared not to be consistent communication from trusts in neighbouring counties, informing health visitors of forth coming births.

People were involved in and central to making decisions about the care and support they needed. Staff provided compassionate and empathetic care; people had positive experiences of care and felt fully supported by children's community services.

Staff responded to peoples' needs promptly and provided dedicated care to vulnerable groups such as travelling families. The Trust used social media to meet the communication needs of young people and parents and to increase access to the health visiting service. However, there had been no consultation with people regarding the planned reduction in the number of well baby clinics.

There were organisational, governance and risk management structures in place. Staff told us there was two way communication between staff and managers. Staff felt included in the organisation's vision and supported to raise concerns.

Community services for adults with long-term conditions

Patients receiving care and treatment for long terms conditions were overwhelmingly positive about the care they received from dedicated, compassionate staff. Especially at home, patients were routinely viewed as partners in their care and decision making was personalised to meet their short and long term needs.

Overall there were effective and reliable systems in place to enable staff to deliver safe care. Staff completed suitable risk assessments and appropriate screening tools. However, support for staff working alone in the community was not consistent.

Care and treatment were evidence based and followed recognised and approved care pathways. In many areas we found integrated pathways of care that were working very well, and care was centred on the patient. Specialist nurses and therapists worked with a degree of autonomy in the community, while able to access advice from or make referrals to other professionals easily.

Professionals in community teams worked well together. Staffing levels were generally suitable but staff did not always have manageable caseloads and waiting lists for some therapy services were very long due to reduced staff numbers.

The Trust responded to changing local priorities and addressed the demands on services. In several areas there were weekend, evening and early morning clinics or educational courses, to improve access for patients who were working. Discharge planning from community hospitals was effective with regular multidisciplinary discharge meetings that were used positively and involved all relevant health and social care staff.

Managers reinforced the Trust's vision and values. They showed strong management skills, enabled regular staff training, group clinical supervision, and personal and professional support.

Community inpatient services

Patients receiving community inpatient services were very positive about their care and treatment. They told us staff were caring and dedicated. Overall there were

Summary of findings

effective systems in place to enable staff to deliver safe care. Staff completed suitable risk assessments and appropriate screening tools. However, there were some isolated concerns about medicines management and records.

Care and treatment were evidence based and followed recognised and approved care pathways. Staff providing inpatient care worked effectively with colleagues in the community and other provider organisations and support services. Staffing levels were generally suitable but on occasions some inpatient wards were not always adequately staffed, in particular at night.

Discharge planning from community hospitals was well planned and effective . Services were well led, and staff were able to access appropriate training and development.

End-of-life Care

Patients receiving end of life care were protected from abuse and avoidable harm by the systems, processes and practices in place. Staff had received training in safeguarding vulnerable adults and were confident about reporting their concerns.

Care provided to patients was effective and focussed on their needs. Care was evidence based and followed national guidance. There was effective collaboration between staff providing end of life care, including staff from other organisations.

Patients receiving end of life care were treated with dignity and respect by staff delivering the service. The majority of patients were satisfied with the service provided. Most patients and their families felt involved in discussions about care. However, we found that patients or their representatives were not always fully involved in discussions about 'Do Not Resuscitate' decisions.

Patients received care and treatment to meet their needs, including timely provision of medicines and equipment, and had access to end of life care services through several routes.

There were organisational, governance and risk management structures in place. Staff told us there was effective communication between staff and managers. Staff felt included in the organisation's vision and supported to raise concerns.

Learning Disability Services

Respite services for people with a learning disability were flexible and responsive to people's needs. Staff knew people well and treated them with dignity and respect, although care plans were not always sufficiently detailed. Overall people received good care. There were effective systems in place to manage referrals and assess people so that they were able to access a service that provided them and their families with appropriate support.

There were systems in place to record, analyse and learn from incidents. A range of standard risk assessments were in place and updated regularly. There were not always risk assessments in place to assess, manage and minimise known risks to people.

The service was well led. There was open and supportive leadership at all management levels throughout the organisation. There were prevailing worries from staff and people using the service about the future of the respite units, which was causing anxiety.

Minor Injury Units

Systems were in place to handle any identify, record and escalate any significant incidents. Staff used the systems effectively and received feedback on the analysis of incidents.

There were suitable systems in place to ensure staff were trained in recognising abuse of adults and children. There were reporting systems and interagency procedures in place which staff used if they had concerns. The services provided effective treatment to patients within acceptable waiting times. There were systems and relationships with other agencies established which meant on-going care arrangements were made to meet patient's needs.

Patients received good care from staff who regarded them with dignity and respect. Patients were kept informed about waiting times and given explanations regarding their care. Staff provided care and emotional support to patients in clean and calm environments. Staff received on-going training, supervision and annual appraisals to ensure they were suitably skilled for their role.

The minor injuries units were responsive to the needs of patients and were highly valued by local communities.

Summary of findings

Staff had developed an innovative information booklet for children. The involvement of staff did not end when the patient left the minor injury unit and there were systems in place for staff to arrange aftercare for patients.

The service was well led at all levels in the organisation. Staff were well supported by managers and were involved in the plans for the development of the minor injury services.

Dental Services

Patients received good dental care and treatment which was provided in a timely way. There were systems in place to keep patients safe. Staff treated patients with respect and dignity.

Dental services were generally responsive to patient's needs and wishes. Clinic appointments could be made easily and quickly. There were long waiting times for treatments which needed to be done under full sedation.

Staff were trained and supported to carry out their role. Dental service improvements were made in response to patient feedback and a robust audit framework. The dental services were well-led. Leadership and communication at all levels were open, supportive and inclusive.

Elective Care

Generally services were safe and risks associated with the poor maintenance of the premises and some outdated equipment were being managed. Staffing levels on all the units we visited were safe. Staff moved between units and departments to ensure sufficient numbers of staff and minimise the likelihood of cancellation of lists. New measures had been put in place to prevent further breaches of patients' confidential personal information.

Patients were very happy with the care delivered at the units we visited and appreciated being able to attend a location close to home. Care and treatment was effective although there were few clinical audits to monitor outcomes and drive improvements. Care was personalised and patients were treated with dignity and respect. There were limited facilities for refreshments for patients and visitors. The Trust responded to patients' feedback and complaint.

Staff were supported through regular appraisal and access to training. Staff told us the Trust and local services were well-led and they felt informed about forthcoming changes. There was an open reporting culture; staff were encouraged to raise and report issues, although not all staff felt they received satisfactory feedback when they did.

What people who use community health services say

The Friends and Family Test seeks to find out whether people would recommend their care to friends and family. Derbyshire Community Health Services NHS Trust completed the test in April 2013. The most recent figures (October 2013) placed the trust in the top 25% of the whole of England. The overall performance was relatively stable with high performance scores close to the maximum of 100.

Overwhelmingly people we spoke with or received feedback from were positive about the care and treatment they received.

Summary of findings

Areas for improvement

Action the provider MUST take to improve

Action the community health service MUST take to improve

- Ensure appropriate arrangements are in place for the safe keeping and disposal of medicines at Cavendish Hospital
- Ensure that arrangements at Walton Hospital for obtaining the consent of patients or for acting in their best interests are followed in practice, monitored and reviewed.
- People's care at Walton Hospital must be planned and delivered with sufficient detail and regular review to meet people's individual needs and to ensure their safety and welfare.
- Put in place suitable arrangement to check equipment on the resuscitation trolley at Whitworth Hospital, so that it is properly maintained and fit for purpose.

Action the provider SHOULD take to improve

Action the community health service SHOULD take to improve:

- Ensure people with a learning disability using the service at Ash Green Hospital are provided with their care plans in a format they can use and understand.
- Ensure that at Babington, Clay Cross and Walton Hospitals there are sufficient staff on duty at night to meet the needs of people using inpatient services.
- Ensure senior clinicians at Bolsover, Clay Cross and Ilkeston Hospitals follow the Trust's policy on "Do Not Attempt Cardio-Pulmonary Resuscitation" (DNACPR) Decisions, by involving patients in the decisions, recording the discussions, and reviewing the decisions on a regular basis.
- Review the storage of clean equipment in a dirty sluice area at Bolsover Hospital and Clay Cross Hospital.
- Improve staffing levels at Bolsover Hospital.
- Ensure appropriate measures are put in place in relation to secure access to Cavendish Hospital.
- Ensure grab rails at Cavendish Hospital designed to support patients from the risk of falling are not obscured by equipment
- Ensure staff at Cavendish and Whitworth Hospitals are given the opportunity to receive clinical supervision
- Ensure patients' consent at Cavendish Hospital is obtained to display personal information above their beds
- Ensure that medicines administration records at Ilkeston, Ripley and St Oswald's Hospitals provide an accurate record that patients have received their medication as prescribed.
- Review the documentation used at Newholme Hospital for recording and updating care plans, to ensure that up to date information about each patient is easily accessible to staff.
- Ensure that medicines at Newholme and Whitworth Hospitals are disposed of safely and in line with Trust policy.
- Ensure that patients' notes at Walton Hospital are maintained so as to provide a consistent record from different professionals involved in their care.
- For people receiving mental health care at Newholme and Walton Hospitals, care plans should specify mental health treatments and demonstrate patients' views are taken into account.
- NICE guidance should be followed in respect of mental health treatment at Newholme and Walton Hospitals with audits to monitor outcomes.
- Enhance Walton Hospital's staff understanding of clinical supervision and ensure processes are in place to monitor clinical supervision received per individual member of staff.
- Improve the training and support provided for hospital managers in respect of their responsibilities under the Mental Health Act 1983.
- At Walton Hospital review the use of seclusion and staff understanding and application of the Trust's seclusion policy.
- Review the provision of occupational therapy and physiotherapy services on the wards at Walton Hospital
- All relevant health visiting staff should receive training in domestic violence.
- Equipment with an expiry date should be retained in the original packaging to ensure it is possible to check it is safe to use.

Summary of findings

- Staffing levels should be reviewed to ensure specialist practitioners and outpatient therapists are able to provide an effective service without excessive waiting times for patients.
- Ensure that all community teams have formal arrangements to ensure their safety when working alone in the community.
- Review the provision of dental treatment requiring full sedation in to reduce excessive waiting times for patients.
- Ensure clinical and records audits are used consistently across the community services to monitor quality and drive improvements.
- Associate Hospital Mangers should be given more support and training in respect of their Mental Health Act duties and responsibilities.
- Review the service level agreement for psychiatric care with a partner trust so that it ensures effective governance arrangements for mental health care

Action the provider COULD take to improve

Action the community health service COULD take to improve:

- Enhance staff understanding of clinical supervision at Ash Green Hospital and ensure processes are in place to monitor clinical supervision received per individual member of staff.
- Monitor and record people's nutritional needs consistently at Babington Hospital.
- Provide professional development opportunities for healthcare support workers at Babington and Ripley Hospitals who undergo further training.
- Ensure people's privacy is promoted in bathrooms and toilets by installing suitable window blinds at Babington Hospital.
- Improve signage and environmental settings at Bolsover, Cavendish, Clay Cross and Walton Hospitals for people with dementia
- Provide suitable space at Newholme Hospital for therapy sessions, and adequate storage facilities for wheelchairs and other bulky pieces of equipment.
- Ensure all staff at Newholme Hospital are clear about their roles and responsibilities in reporting safeguarding concerns.
- Have suitable arrangements in place for staff at Newholme Hospital to access Trust policies and procedures, in electronic or paper format.
- Ensure staff at Newholme Hospital access clinical supervision regularly, by monitoring and reviewing uptake.
- Ensure staff at Whitworth Hospital have access to IT equipment to access e-learning as needed.
- Improve communication with trusts in neighbouring counties, so that health visitors are consistently informed of forthcoming births.
- Ensure that care plans and risk assessments for people with a learning disability are sufficiently detailed to promote their welfare and safety.
- Review community staff training in the Mental Capacity Act so that all relevant staff receive this training.
- Compliance with some sections of the Mental Health Act could be improved by adhering to the Mental Health Act Code of Practice.

Good practice

Our inspection team highlighted the following areas of good practice:

- We found many examples of very good integrated rehabilitation, supported by efficient multi-disciplinary teams working closely together to ensure the best outcomes for patients.
- Across the Trust's services, staff demonstrated excellent commitment to providing the best care they could and putting the patient at the centre of their care.
- In most locations, patients' discharge and transfer was very well managed and responsive to their social, emotional and physical needs.
- Inpatient staff developed a range of opportunities for patients to re-gain their independence.
- There was a positive working culture, demonstrated by staff talking with pride in working for the Trust and patients praising staff for their caring, compassion and dedication.
- Staff across the Trust demonstrated a clear understanding of the organisation's vision and values, and these were well-embedded in practice.

Summary of findings

- Staff developed innovative approaches that were responsive to people's needs, including access to health visiting services supported by the use of social media, and a children's booklet to help younger children attending minor injury units.
- The Trust was well–led by a senior team who had a very good understanding of the organisation's quality concerns and were proactive in responding to them.

Derbyshire Community Health Services NHS Trust

Detailed findings

Locations we looked at:
Amberley Core Unit; Ash Green Hospital; Babington Hospital; Bolsover Hospital; Buxton Hospital MIU; Cavendish Hospital; Chapel-en-le-Frith Health Clinic; Clay Cross Hospital; Dental Access Centre, Leicester; Eckington Health Centre; Evelyn Medical Centre, Hope; Fairfield Children's Centre, Buxton; Heanor Health Centre; Hinckley Health Centre; Hinckley Hospital; Ilkeston Hospital; Long Eaton Health Centre; Loughborough Hospital; Melton Mowbray Hospital; Merlyn Vaz Dental Clinic; Mill Hill Dental Clinic; Newholme Hospital; Orchard Cottage, Darley Dale; Rapid Response Team, Chesterfield; Ripley Hospital; Robertson Road, Buxton; Rockley Core Unit, Shirebrook; Shirebrook Children's Centre; St Marys Court, Chesterfield; St Oswald's Hospital; Swadlincote Health Centre; Walton Hospital; Wheatbridge Health Village; Whitworth Hospital

Our inspection team

Our inspection team was led by:

Chair: Helen Mackenzie, Director of Nursing and Governance, Berkshire Healthcare Foundation Trust

Head of Inspection: Ros Johnson, Care Quality Commission

The team included 11 CQC inspectors and managers, an analyst, 14 clinical specialists comprising dentists, a GP and a Mental Health Act Commissioner, and 12 experts by experience who have personal experience of using or caring for someone who uses the type of service we were inspecting.community nurses, health visistors, a mental health nurse, acute care nurses, an occupational therapist,

Background to Derbyshire Community Health Services NHS Trust

Derbyshire Community Health Services NHS Trust (DCHS) was first registered on 31 March 2011. It employs nearly 4,500 staff and has 23 registered locations including its headquarters, based at Newholme Hospital in Bakewell, Derbyshire.

The trust delivers a variety of community services to approximately 1,100,000 people across Derbyshire and in parts of Leicestershire, with more than 1,500,000 contacts each year. Its services include community nursing and therapies, urgent care, rehabilitation, older people's mental health, learning disability, children's services, podiatry, sexual health, health psychology, dental services, outpatients and day case surgery.

Detailed findings

In Derbyshire services are delivered in six localities: Amber Valley, Erewash, Chesterfield, Derbyshire Dales, High Peak, North East Derbyshire and South Derbyshire. The Trust provides inpatient services at 12 hospitals in Derbyshire and has 326 beds. One of those hospitals, Heanor Memorial Hospital, is currently closed due to asbestos being found throughout the building. Inpatient mental health services are provided at Cavendish, Newholme and Walton hospitals; inpatient learning disability services are provided at Ash Green hospital.

The health profile for Derbyshire County Council, the major area covered by the trust, indicates in general a lower level of deprivation than England average, although there are three areas where deprivation and health indicators are worse than average: Derby City, Bolsover and Chesterfield. The health indicators across these areas include smoking in pregnancy, starting breast feeding and people diagnosed with diabetes.

Derbyshire Community Health Services NHS Trust has been inspected on eight occasions since registration at five locations; once at its Headquarters, once at Ash Green and twice at the following three locations: Buxton Hospital, Loughborough Hospital, and Walton Hospital. The reports of the eight inspections were published between December 2011 and September 2013.

Two of the locations inspected are currently compliant (Ash Green and Loughborough Hospital) and three non-compliant. At Buxton Hospital the trust is non-compliant with Regulation 23, Supporting workers. At Walton Hospital, the trust is non-compliant with Regulation 17, Respecting and involving people, and Regulation 20, Records, and at Trust HQ there is non-compliance with Regulation 17.

Why we carried out this inspection

Derbyshire Community Health Services NHS Trust was inspected as part of the first pilot phase of the new inspection process we are introducing for community health services. The information we hold and gathered about the provider was used to inform the services we looked at during the inspection and the specific questions we asked.

How we carried out this inspection

To get to the heart of patients' experiences of care, 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?

The inspection team always looks at the following core service areas at each inspection:

1. Community services for children and families – this includes universal services such as health visiting and school nursing, and more specialist community childrens services.
2. Community services for adults with long-term conditions – this includes district nursing services, specialist community long-term conditions services and community rehabilitation services.
3. Services for adults requiring community inpatient services
4. Community services for people receiving end-of-life care.

The inspection team also looked at:

1. Learning disability services
2. Minor injury units
3. Dental services
4. Elective care
5. Mental Health Act responsibilities

Before visiting, we reviewed a range of information we hold about the community health service and asked other organisations to share what they knew about the provider. We circulated an electronic survey to community and voluntary organisations in the area of the trust. We held a focus group in which representatives of patient and service user groups shared views and experiences of the service. We also sent comment cards to be distributed around trust locations.

We carried out announced visits between 25 and 27 February 2014 to 35 locations from where the trust delivers services. We also went on home visits with four community

Detailed findings

teams of nurses and therapists. We held 16 focus groups with a range of staff. We observed how people were being cared for and talked with carers and/or family members and reviewed patients' treatment records. We telephoned more than 20 people who were receiving care at home, and reviewed 37 completed comment cards. We carried out unannounced visits on 4, 6 and 7 March 2014.

Are services safe?

Summary of findings

Overall there were effective and reliable systems to enable staff to deliver safe care. The Trust's Audit and Assurance Committee ensured an effective system of integrated governance, risk management and internal control across the organisation's activities. The Trust operated an effective incident reporting and risk escalation system, which ensures risks are managed at the appropriate level throughout the organisation, while enabling Board oversight. The harm free care score was above the Trust's target of 90% for May through to December 2013. However the score was below the target for most of the year in rehabilitation wards.

The Quality Service Committee reports to the Board. Its safety group has a 'Learning the Lessons' group which meets quarterly, chaired by the Deputy Chief Nurse. These meetings review incidents and drive changes aimed at preventing recurrence. All governance meetings had incidents and risks as standing agenda items. The electronic incident reporting system was well used throughout the Trust. Staff were encouraged to report incidents and gave us examples of changes to practice as a result of learning from incidents and root cause analyses.

The Board was well informed of where risks were in each service area and was actively managing them.

The Trust has arrangements to assess the quality and safety impact of service, structural or staffing changes. There was a culture of continuous learning and improvement.

The absence of finalised service level agreements with another NHS Trust to deliver older people's mental health services meant there were clinical risks which were not being addressed and placing patients at risk.

Our findings

Safety in the past

The Strategic Executive Information System (STEIS) records serious incidents and never events. Never events are incidents that should never occur, and there is a defined list of 28 incidents. No never events occurred at Derbyshire Community Health Services NHS Trust between December 2012 and November 2013. Serious incidents are those that require an investigation. There were 202 serious incidents at the trust between December 2012 and November 2013. Most of these (85%) were significant pressure ulcers.

The Trust used the NHS Safety Thermometer which is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. One of the harms it measures is preventable pressure ulcers. The Trust's new pressure ulcer rate for all patients showed substantial fluctuation during the period December 2012 to December 2013. However, numbers had tended to fall in line with the national trend. The trust developed a robust Root Cause Analysis (RCA) process to understand how pressure ulcers develop and learn lessons from each episode.

The second harm measured by the Safety Thermometer is falls. The Trust's rate for falls with harm was above the England average for the majority of the last 12 months. The Trust's falls prevention strategy included a review of inpatient processes and practice in managing falls risks and a training and development programme for staff. There was particular focus on falls risk management in the older people's mental health wards.

Another indicator of harm free care is whether or not a patient is being clinically treated for a venous blood clot (VTE) which may be acquired during a hospital stay. The Trust's VTE rate was below the England average for the period December 2012 to December 2013. The fourth indicator, the rate of new urinary tract infections among patients with a catheter, was below the England average for virtually all of this time period.

Overall the harm free care score was above the Trust's target of 90% for May through to December 2013. However the score was below the target for most of the year in rehabilitation wards. In January 2014, year to date figures showed there were no avoidable infections to report. There were three outbreaks of norovirus in different community hospitals. Screening for methicillin-resistant staphylococcus aureus (MRSA) was at 97% for the year to date, against a target of 100% and amber rated by the Trust.

There was one reportable information governance incident in December 2013, involving patient information being

found by a member of the public. There were previous similar incidents at the same location, and the Trust confirmed that action was being taken to resolve this ongoing issue.

Learning and improvement

The Quality Service Committee reports to the board. Its safety group has a 'Learning the Lessons' group which meets quarterly, chaired by the Deputy Chief Nurse. These meetings review incidents and drive changes aimed at preventing recurrence. Between April and December 2013, there were 16 Insulin administration errors across inpatient areas and community nursing. None of the incidents caused more than minor harm. The Learning the Lessons group established a time-limited review group that analysed all of the incidents and their root causes. As a result of their findings a letter raising areas of improvement was sent to all staff from the chief Nurse at the end of December 2013. Staff we spoke with described the changes to practice and update training required.

As part of reducing the rate of avoidable pressure ulcers, the online reporting form was amended so as to capture better information at the point of recording. This involved feedback from staff and managers to ensure ownership of and engagement with the process. RCAs were no longer done by specialist teams but by managers in the department reporting the incident and accountable for the quality of care, supported by a specialist tissue viability nurse. Escalation and reporting to the Board was therefore swift. Feedback to the reporter could be provided on the forms, so that learning was enhanced. Reports were generated at ward, community team or department level so that managers identified trends or themes in their area.

Incidents and trends were discussed at team lead and matrons meetings. All governance meetings had incidents and risks as standing agenda items. The Head of Patient Safety and Risk Management produced a quarterly risk management report which included incident review, links to claims and complaints.

Senior staff we spoke with told us there had been a significant improvement in the quality of RCAs being presented by the team leaders for review. This reduced the amount of support they required and the number of occasions that additional information was requested by the tissue viability team. The Trust's Safety Group (a sub-group of the Quality Service Committee) reviewed a detailed pressure ulcer report at each meeting, allowing detailed discussion and challenge. The tissue viability report to the Trust's Quality Service Committee in February 2014 explained that RCAs had identified problems with patient non-compliance with pressure ulcer advice and use of equipment. The quality team were working with the patient experience team to drive improvement.

Systems, processes and practices

Overall there were effective and reliable systems to enable staff to deliver safe care. The Trust's Audit and Assurance Committee ensured an effective system of integrated governance, risk management and internal control across the organisation's activities. The Quality Service Committee (QSC) produced overall assurance to both the Board and the Audit and Assurance Committee in relation to quality governance i.e. patient safety, the patient experience and the effectiveness of care in relation to patient outcomes. The committee had overarching responsibility for all risks, produced a monthly report, monitored performance against the Board Assurance Framework for Quality Services and provides assurance to the Board. It is responsible for the "early warning" system to identify negative impact and taking corrective actions, keeping the Board apprised of associated risks.

The electronic incident reporting system was well used throughout the Trust. Learning from past incidents had shown that at times staff were normalising risks to patients. Training and support had since encouraged staff to report through the electronic reporting system. Training included patient safety as part of induction and the rolling programme of essential training, bespoke sessions and RCA training. Incidents, risks and complaints were discussed at team and operational governance meetings. Staff we spoke with gave examples of changes to practice as a result of learning from incidents and RCAs. The national NHS Staff survey results published in February 2014 showed a positive reporting culture at the Trust.

Staff completed suitable risk assessments and appropriate screening tools. Patients and staff told us that pressure areas were checked routinely where indicated, so as to help prevent pressure ulcers. Professionals in community and hospital based teams worked well together and referred patients on when other professional input was required. Patient care records centred around safety, and we observed comprehensive patient records that were clear and accurate.

Are services safe?

Derbyshire Adult Social Services developed local safeguarding thresholds to be used by all agencies. Staff were aware of these and the trust's safeguarding policies and procedures. Staff knew how to report safeguarding concerns and told us they received regular safeguarding training The Trust received positive feedback from Derbyshire Clinical Commissioner Group safeguarding leads in December 2013, following a review of evidence submitted in respect of adult safeguarding processes.

Monitoring safety and responding to risk

The Trust operates an effective incident reporting and risk escalation system, which ensures risks are managed at the appropriate level throughout the organisation, while enabling Board oversight. The Board received a monthly Risk Register report via the Quality Service Committee. The report provides information regarding the current risks on the risk register and on assurance how the trust's registered risks are managed.

Following feedback from Monitor, risk management processes were strengthened during 2013. The Board agreed a revised risk management strategy in January 2014 and the risk management policy will be ratified in May 2014. The trust has brought all risks into a single electronic reporting and risk management system, so that the risk register is a 'live' and constantly updated document. This allows for aggregation of risk from "ward to board." Risks are assessed, reported and managed at any level and only escalated when they cannot be managed. Risks are scored numerically according to consequence and likelihood. At any level a manager will have "Top X" risks, for which there are clear criteria. These are discussed at service and senior level, and if found to be shared across a number of services will receive a higher overall risk rating. The risk register links directly to the board assurance framework, and risks may be moved to this framework (such as clinical records, clinical audits process, and delivery of the Mental Health Act 1983).

NHS Safety thermometer data were discussed at monthly integrated community based services governance meetings and locally at ward meetings. As the harm with the highest prevalence, pressure ulcers were the biggest focus for rehabilitation wards. The division delivered a number of pressure ulcer summits to promote pressure ulcer prevention and reduction, developed a training programme for healthcare support workers, and introduced a "bed head" review process to put in place immediate actions to address any pressure ulcers on the ward or in the community. The quality report to Board in February 2014 showed no verified avoidable pressure ulcers during January 2014, but two from November were confirmed as avoidable. This brought the year to date total to 31, of which 19 were grade 3 and one was grade 4. Community services highlighted a pressure on resources for the verification process, and a member of staff was identified to focus on this area.

Reducing harms resulting from a fall continued to form part of the falls prevention strategy. This included a review of inpatient processes and practice in managing falls risks and the development of a training and development programme for staff. One action was for therapists from a community hospital to input into older people's mental health wards to support rehabilitation.

Measures have been put in place since January 2012 to reduce the numbers of catheters being used and thus reduce the risk of urinary tract infections. These included every hospital having a link with a continence specialist nurse, on line training available for all staff and a Trust-wide catheter notification process. We found examples of successful involvement of continence specialist nurses during our inspection.

Since November 2013, there has been a fortnightly intelligence monitoring group. This is attended by quality, pathway and safety leads and shares any soft intelligence or "background noise" that has not been flagged through other more quantative data. Any concerns were discussed and a plan put in place for remedial action, which could range from support and advice to a full peer review. For example, concerns were raised about staff attitudes following the transfer of a ward from one community hospital to another. This was corroborated by reviewing complaints and an investigation was launched.

Anticipation and planning

We found the Board was well aware of where risks are in each service area and was actively managing them. There was evidence that strategic objectives were risk assessed and the impact on patient safety was monitored.

The Trust has arrangements to assess the quality and safety impact of service, structural or staffing changes. For example, we saw evidence of decision making and weekly updates following the decision to temporarily close one

hospital ward and relocate patients and staff to another hospital, in response to unsafe staffing levels. We also found proactive work by ward managers to work on team building and support staff through stressful change.

There was a culture of continuous learning and improvement. As part of the falls management strategy, training for clinical teams about dementia care will include how staff can balance the needs of safety against managing cognitive deficits. Specific training on identifying contributory factors to falls and writing falls prevention plans was to be included in the in-patient documentation and care planning training. Clinical practice facilitators were active in supporting staff across the Trust in their roles and helping them to improve practice in response to learning from incidents. Staff told us standards had improved as a result of this input.

Mental Health Act Responsibilities

Hospital Managers discharged their duties to review individuals' detention. They held full panel meetings when individuals appealed against their detention and also when the Responsible Clinician renewed the detention. However, the Hospital Managers' knowledge of their duties in relation to admission, transfer, assignment of Responsible Clinicians, referral to the Mental Health Tribunal, provision of information and the victims of crime requirements was rudimentary. There was no explicit training programme for Hospital Managers or those with delegated responsibility. Legal updates and role specific training was not provided.

There were between 10 and 14 Hospital Managers panels a year, but only one resulted in the patient being discharged from detention. The Hospital Managers told us they had never used their discretionary power to discharge at any point.

A service level agreement was in place with Derbyshire Healthcare Foundation Trust, which provides the three Responsible Clinicians for Older People's Mental Health Psychiatry services. There had been discussion over the past year to develop a detailed new service level agreement to cover governance arrangements, audits, policies and procedures. The absence of finalised service level agreements meant there were clinical risks not being addressed. For example we found there were separate patient medical notes and separate files for nursing and other professions. Some, but not all, information was copied from the nursing and professions allied to medicine to medical files. This lack of integration of notes meant there was a danger of a patient's history and care plans not being seen in sequence, leading to errors. Staff were not clear what audits or governance processes the patient's files were subject to.

Are Services Effective?

(for example, treatment is effective)

Summary of findings

We found care and treatment were generally evidence based and provided in line with current legislation, and approved national guidance. However in older people's mental health wards, mental health care plans were standardised and insufficient. Also seclusion was used without proper understanding of policies and procedures.

Staff were clear of roles in care pathways and worked well with multi-disciplinary colleagues to ensure people's health and wellbeing. Different professionals within the Trust worked well together and there was evidence of good working relationships with other health and social care providers in order to manage and meet people's needs. The Trust proactively engages with other health and social care providers. The Trust's Intermediate Care Services work across care homes supporting and training staff to improve care home standards. Its sexual health promotion teams work alongside a number of external organisations such as Rape Crisis, Police, and Education.

The Trust had arrangements to know that care and treatment delivered was effective, with a robust quality governance framework in place. The risk register report to Quality Service Committee in March 2014 identified poor documentation templates as an amber rated risk and confirmed a comprehensive training programme was being delivered to support the completion of meaningful high quality care plans.

The Trust was not always able to provide safe staffing levels. A number of risks on the Trust risk register related to staffing shortages, high dependence on bank and agency staff and the unreliability of a new bank/agency booking system. During our inspection visits we found insufficient staffing levels in some community hospitals and community teams, particularly at night in community hospitals. Staff uptake of training and appraisal was good. Some staff raised concerns with us about the difficulty in accessing online training, and we had found this on a previous inspection of the Trust.

Feedback from patients, families and staff was consistent in reporting that care and treatment were delivered as close to home as possible. Patient feedback about community hospitals, including outpatient services and minor injuries, reflected the same positive experiences of high quality local services.

Our findings

Evidence-based guidance

We found care and treatment was generally evidence based and provided in line with current legislation, standards and recognised and approved national guidance such as those produced by the National Institute for Health and Care Excellence (NICE), the Medicines and Healthcare Products Regulatory Agency (MHRA), and the Royal Pharmaceutical Society. Trust staff used nationally recognised assessment tools in order to screen patients for certain risks, and referred to relevant codes of practice in for example, infection control and mental capacity. The Trust was working to deliver a falls strategy which meets NICE Clinical Guideline on the assessment and prevention of falls in older people (June 2013) and is applicable in both a community hospital and community setting.

The Trust was failing to deliver against its target for breast feeding sustainment, one of its local commissioned improvement goals, in line with nationally recognised guidance on the benefits of breastfeeding. Inputs and outcomes were being analysed and new data would be collected from March 2014 so as to understand better the underlying causes. Its efforts were recognised by UNICEF which awarded the Trust full accreditation of Baby Friendly Status in February 2014. This is an initiative designed to support breastfeeding and parent infant relationships. It provides a framework for the implementation of best practice by healthcare organisations, meaning that breastfeeding rates are increased and health professionals give mothers the support, information and encouragement they need.

Staff were clear of roles in care pathways and worked well with multi-disciplinary colleagues to ensure people's optimum health and wellbeing. The Trust worked in partnership with NHS, independent and voluntary providers in order to deliver services to meet people's needs.

Are Services Effective?

(for example, treatment is effective)

Monitoring and improvement of outcomes

The Trust had arrangements to know that care and treatment delivered was effective, with a robust quality governance framework in place. The Trust used a range of qualitative and quantitative data items to monitor its performance and drive improvements.

Following recognition that internal self-assessment processes were not providing sufficient assurance of compliance with essential standards of quality and safety, a process of peer review started in December 2013. This was based on a 'five step challenge' incorporating the five aspects: welcoming, communication, caring and involving, safe and professional and staff awareness. Eighty seven out of 130 services were completed by February 2014. Themes identified included clutter on wards, poor recording of patient engagement and clinical rooms left unlocked. All staff emails were issued relating to areas requiring action. Follow up actions were monitored by the relevant governance meetings and the quality directorate kept an action plan log.

Following the review and re-launch of the clinical records audit in July 2013 the operational directorates developed a reporting and feedback system to support assurance that key areas for improvement were being addressed. A quarterly comparison table was developed and shared with clinical teams to allow them to see the areas for attention clearly and swiftly. The risk register report to Quality Service Committee in March 2014 identified poor documentation templates as an amber rated risk and confirmed a comprehensive training programme was being delivered to support the completion of meaningful high quality care plans.

Staffing arrangements

The Trust was not always able to provide safe staffing levels. The Trust Board Performance Report in February 2014 reported staff attendance rate at 95.8% year to date, against a target of 97%. However, a number of risks on the Trust risk register related to staffing shortages, high dependence on bank and agency staff and the unreliability of a new bank/agency booking system. During our inspection visits we found insufficient staffing levels in some community hospitals and community teams, particularly at night in community hospitals. Some community and outpatient services had very large caseloads and excessive waiting lists due to insufficient staffing. In February 2014 the Quality Service Committee requested a repeated review of inpatient staffing following a change in bed levels occupancy and patient acuity, to provide confidence regarding staffing levels and skill mix.

All staff were required to complete the Trust's 'essential learning day' every two years. 95% had completed as at the end of January 2014. Almost all staff we spoke with during our inspection visits across the Trust told us they had completed their essential training and that access to training was generally good. The essential learning day covered the key areas of core mandatory learning identified by the Trust and supported compliance with the NHS litigation authority and the Health and Social Care Act Regulated Activities Regulations. Fire training and information governance training were amber rated as not meeting the required percentage of staff attendance. Information was cascaded to managers via the People scorecards and reviewed at governance meetings. Analysis has been undertaken and a plan produced of Training required before the end of the Financial Year by Division by team.

The Trust's aim was for all staff to have an annual appraisal in order to have a comprehensive review of their performance, identify training and development needs and record their overall contribution to the organisational goals. At January 2014, Trust performance felt short of this with 88% of staff having received an appraisal in the last year. All staff we spoke with during our inspection across the trust told us they had had an appraisal within the last 12 months, and most staff thought it was a supportive and valuable process. Staff experience of clinical or reflective supervision was variable across the Trust, and some staff were not accessing "regular protected time for facilitated, in-depth reflection on clinical practice" according to the Trust's policy.

Some staff raised concerns with us about the difficulty in accessing online training, and we had found this on a previous inspection of the Trust. We saw that this risk was addressed in the February 2014 Quality People Committee with the action to ensure this was to be included in the IT strategy.

Multidisciplinary working and support

We found effective communication and decision making about patients' care across all services delivering that care. Different professionals within the Trust worked well together and there was very good engagement and

Are Services Effective?

(for example, treatment is effective)

evidence of good working relationships with other health and social care providers in order to manage and meet people's needs. We observed staff working as effective multi-disciplinary teams in clinic settings and that healthcare professionals valued and respected each other's contributions in the planning and delivery of care. We also found evidence of effective single point of access teams which triage urgent referrals to avoid unnecessary hospital admissions and enable patients to access the most suitable service.

Staff told us that they had developed good links with a range of key professionals and understood each other's roles. We received feedback from other agencies working with the Trust and they confirmed the positive and constructive relationships. This meant that care was well co-ordinated; the range of staff ensured people would receive care from suitably qualified staff. We saw care records documenting the involvement of other agencies and discharge planning in community hospitals a good example of effective multi-disciplinary working. Patients receiving care and treatment for long term conditions told us the staff communicated well with their GP and other professionals. They gave examples of how community staff had referred them to other services or support and advice groups, or had arranged other professionals to carry out assessment visits.

Co-ordination with other providers

The Trust proactively engages with other health and social care providers to manage and meet people's needs. The Trust recently established a falls partnership service with East Midlands Ambulance Services and Chesterfield Royal Hospital in part of North Derbyshire. Falls are the most common cause of emergency hospital admission for the patients in this area. Where possible, people who have fallen were treated at home by an integrated team of paramedics, occupational therapists and physiotherapists with the support of a consultant geriatrician. The service could be accessed via 999, 111, the out-of-hours GP, and the Community Careline. In its first few weeks, the service successfully prevented 66% patients from being admitted to hospital. Seventy two per cent of patients were referred for after care from professionals including a GP, community physiotherapist or occupational therapist, podiatrist, social worker, district nurse or the area's falls clinic.

The Trust worked with a large number of other providers, and is working with a local acute trust to establish Advanced Nurse Practitioner roles working across the acute and community providers. Trust staff worked proactively with acute Matrons to streamline discharge referrals and challenge delayed transfers of care.

The Trust's Intermediate Care Services work across care homes supporting and training staff to improve care home standards. Its sexual health promotion teams work alongside a number of external organisations such as Rape Crisis, Police, and Education. The Trust is a member of Derbyshire Safeguarding Board and the Derbyshire Strategic Learning Disability Partnership Board which is led by Derbyshire County Council.

DCHS commissioned services from others including NHS and independent healthcare and equipment providers; it was commissioned by several clinical commissioning groups, other NHS trusts and local authorities to provide clinical services and accommodation. The Trust's Tender Oversight Group took a strategic approach to emerging partnerships and service development, including with community and voluntary sector organisations and GP providers.

Effective care delivered close to home

Feedback from patients, families and staff was consistent in reporting that care and treatment were delivered as close to home as possible. The community nurses, therapists and matrons visiting people in their own homes were highly valued in promoting people's independence and providing meaningful information about self-care. Patient feedback about community hospitals, including outpatient services and minor injuries, reflected the same positive experiences of high quality local services. Intermediate care teams helped ensure people could receive care at home instead of being admitted to hospital

Care was planned to ensure that children and young people received a service that was delivered as close to home as possible and minimised disruption to the family. This included local clinics, joint appointments and home visits. Children and their families told us they received effective care and the measures taken by staff ensured care was delivered close to or in their homes.

The Rapid Response Team in Chesterfield was active in preventing hospital admissions and there were plans to expand this service. The falls partnership service with East Midlands Ambulance Services and Chesterfield Royal

Are Services Effective?

(for example, treatment is effective)

Hospital in part of North Derbyshire was planned to be rolled out across the rest of North Derbyshire during 2014, widening access to this service that delivers care closer to home.

Mental Health Act Responsibilities

The Trust's Mental Health Act Committee reviewed organisational policies, but there was little sense of ownership by the Hospital Managers of relevant policies as detailed in the Mental Health Act Code of Practice. The Hospital Managers Committee did not consider the mental health specific National Institute for Health Clinical Excellence (NICE) guidance in a comprehensive and structured way.

The Trust did not directly employ Approved Clinicians (provided through a Service Level Agreement with Derbyshire Healthcare NHS Foundation Trust). Although the Hospital Managers were responsible for ensuring the allocation of Responsible Clinicians they had not been involved in the review of that agreement. There was a delegation protocol detailing the allocation of some key functions and responsibilities of the Hospital Managers to identified staff members. However, this did not include the delegation of the role of Responsible Clinician under the service level agreement.

Seclusion was used in individuals' bedrooms and documented in people's notes. We found a lack of clarity regarding the seclusion policy. Although there were comprehensive care plans for physical health care, the mental health care plans were rudimentary. They were standardised and focused on the section the patient was on and their rights. They did not make explicit any mental health treatment being provided.

Are services caring?

Summary of findings

We received overwhelmingly positive feedback from patients about the compassion and empathy of staff.

Patients were routinely viewed as partners in their care and decision making was personalised to meet their short and long term needs. Patients and their relatives felt listened to and involved in decision making at all levels. Staff did not always involve patients and their families in Do Not Attempt Resuscitation (DNAR) decisions.

Patients' medical, emotional and social needs were identified and incorporated into care planning. We observed staff spending time with people with challenging behaviours, using active listening and respectful management strategies. Patients and carers were supported emotionally, and supported to manage their own health and maintain their independence.

Our findings

Compassion, dignity and empathy:
The Derbyshire Dignity Campaign has been running since 2011. Fifty two of the Trust's services have been awarded the Bronze Dignity Award. The Silver Award was launched in March 2013 and a number of services were working towards silver, with one having achieved it so far. Staff at Ash Green Hospital told us with pride of the work they had done on a dignity wheel assessment tool as part of working towards the Silver Dignity Award. In February 2014 the quality service committee decided to form a Dignity in Care Group to support services to successfully achieve the award first time. This group will report into the patient experience and engagement group.

We received overwhelmingly positive feedback from patients on the compassion and empathy of staff. They told us they felt treated with respect and staff didn't rush them. We observed positive interactions between staff and patients in a number of different care settings. Staff spoke with people respectfully, explained things well, checked the patient's understanding and didn't make assumptions.

Staff used positive non-verbal communication too, so as to establish rapport with patients. More than one patient commented it was clear the staff member liked their job and that it was "more than just a job" to them.

Patient understanding of their care and treatment
Patients were routinely viewed as partners in their care and decision making was personalised to meet their short and long term needs. Patients and their relatives felt listened to and involved in decision making at all levels. Patients told us everything was explained to them very well, and they could ask questions when they needed to. We saw that community staff proactively sought resources and support for people in formats other than written English. Interpreters were available and we saw that a range of services including Polish, Czech and British Sign Language had been used. We did not always see easy read leaflets available but staff told us the health promotion team could supply them.

In several areas across the Trust we found staff did not follow the correct procedure for drawing up and recording 'Do Not Attempt Resuscitation' (DNACPR) decisions. Many did not document that the decision had been discussed appropriately with patients and their relatives, and records were sometimes incomplete and not reviewed as they should be.

People attending educational self-management sessions told us they felt very involved, able to share their experiences, express their views and make suggestions. They felt they received a personalised support package, as well as benefitting from being part of a peer group for mutual support. We found that information was not always provided at a suitable level of detail or signposted in a suitable way, but people's understanding was checked with quizzes and people were helped to set realistic goals.

The Francis working group, responsible for coordinating the Trust's response to the Francis report recommendations, received confirmation that specific evidence of patient involvement in their care was captured by the record keeping audit and through the peer review visits. The results of the audits were reported to the divisional governance meets and quality service committee. The peer review visits were reporting to a CQC project management group weekly. Areas of concern were considered as part of the early warning indicator system through the intelligence monitoring group

Are services caring?

Trust and respect

Patients' medical, emotional and social needs were identified and incorporated into care planning. We heard consistently positive views from patients and carers about being given choices and treated with respect. We observed staff working hard to understand people's points of view and searching out the right kinds of support. We observed staff spending time with people with challenging behaviours, using active listening and respectful management strategies. One person commented how her community nurse was very kind and didn't patronise or preach; others told us they were comfortable with staff and there was always someone available to speak to if they needed to.

Emotional support

Patients and carers were supported emotionally, and supported to manage their own health and maintain their independence. Staff were clear on the importance of emotional support people needed. Health visitors accessed guidelines on post natal depression by the Trust intranet. When additional emotional support was needed it was provided by either the health visitor or other appropriate services the health visitor referred into. School nurses worked with schools ensuring that appropriate plans of care were in place to meet children's emotional needs when they attended school.

We saw that in community inpatient wards, patients were encouraged to socialise, take part in activities together and enjoyed the company of a pets as therapy dog. Patients told us the community nurses acknowledged the emotional impact of a long term conditions and were very supportive. A patient with heart failure referred to the benefits they had received from the "emotional and welfare package of care." Another who had treatment in their own home told us how she looked forward to the nurses coming in; they were pleasant and cheerful, while maintaining a professional attitude.

Mental Health Act Responsibilities

Care plans did not contain sufficient information specific to people's mental health needs and were not written in a person centred manner.

Community meetings took place on inpatient units for people with learning disabilities. These provided an opportunity for patients to participate in the running of the units and the delivery of their care. The learning disabilities teams had three times made the finals of the Trust's 'Extra Mile Awards' which recognise staff for their outstanding contributions to patient care.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The Trust worked with local health and social care providers to plan coordinated and integrated pathways of care. The Trust was a key partner in the local health economy's development of seven day services, promoting integrated delivery of extended services across the week and enhancing the quality of services provided to the population of North Derbyshire.

There was generally good access to services although people were not always able to access outpatient appointments or specialist services in a timely. Staff took account of and adapted services to meet people's access requirements. Hospitals provided accessible facilities for people with limited mobility and parking was usually available.

The Trust was working closely with patients, families and other health and social care providers to arrange safe and timely discharges from its community hospitals and into the community from acute hospitals. Planning for the provision of community based care was in place well before discharge. Feedback from patients, families and staff informed us this usually worked smoothly. Multidisciplinary discharge meetings were used positively and involved input from all relevant health and social care providers.

The Board and executive team seek and respond to the views of patients and the public about the quality of care and in planning services. There was regular review of patient experience data and evidence that actions were taken as a result. Patients' stories were presented to and discussed at Board and quality committee meetings. These were triggered by experiences of patient complaints, successful outcomes, or the challenges of managing patients with complex needs. Senior managers and Board members described these as powerful learning tools, effective in focusing on areas of good practice and driving improvements.

Our findings

Meeting people's needs

The Board Performance Report in January 2014 confirmed that the Trust was meeting all but one of its national and local Commissioning for Quality and Innovation (CQUIN) goals for 2013-14. The CQUIN framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals. Local goals for the Trust were related to pressure ulcers, breast feeding, nutritional assessment, dignity in care, discharge and 'making every contact count' (MECC).

The Trust works with local health and social care providers to plan coordinated and integrated pathways of care. The Trust was a key partner in the local health economy's development of seven day services, promoting integrated delivery of extended services across the week and enhancing the quality of services provided to the population of North Derbyshire.

The Trust was working in partnership with a local acute hospital on a model of care to aid in provision of a smooth hand over of care between providers, including community Advanced Nurse Practitioners working on the hospital's acute reablement unit. The knowledge of the support that is available in the community and the ANP's information with regard to patients' "normal" coping and support mechanisms will be an invaluable aid to maintaining timely, appropriate and safe discharge. The community hospital based doctors worked on the emergency medical unit under direct supervision of the acute physicians. This helped establish links between acute and community services aiming to improve joined up care for patients.

Access to services

During our inspection we found some concerns with waiting times for outpatient appointments. This was supported by information sent to us by stakeholders and members of staff. The Board was aware of this and the Director of Finance, Performance and Information was tasked with establishing a system to report waiting times for consultant led and AHPs to be available for the Board meeting in March 2014.

In relation to waiting times in minor injuries units, in November 2013 no patient exceeded the threshold of four hours. However in February 2014it was reported to the board that the longest recorded stay in January 2014 was nearly nine hours. An exception report was to follow in the March Board report. Waiting times for patients to receive diagnostic tests was below the target of less than 1% waiting longer than six weeks.

Are services responsive to people's needs?

(for example, to feedback?)

We found generally good access to services across the Trust, with some weekend and evening clinics and community visits. Staff took account of and adapted services to meet people's access requirements. Hospitals provided accessible facilities for people with limited mobility and parking was usually available.

Leaving hospital

The Trust had a target to reduce the average length of stay in an inpatient bed by increasing the amount of care provided in the community. The average length of stay in January 2014 was 22 days, above the target of 20 days. There were particular delays in older people's mental health wards. In December 2013 there were four wards reporting delayed transfers of care of over 10%; these were two older people's mental health wards in Newholme and Cavendish Hospitals and two rehabilitation/urgent care wards in Ilkeston and Whitworth Hospitals. The Trust was working closely with patients, families and other health and social care providers to arrange safe and timely discharges. The lead Clinical Commissioning Group and local acute trust confirmed the Trust were working collaboratively with them to reduce unnecessarily long stays in both the acute and community sector. The Trust was also working actively with other providers, supported by commissioners, to address barriers to transfers of care.

In February 2014 the Quality Service Committee received a report including an independent review of delayed transfers of care within older people's mental health. The independent report found Trust staff proactive regarding discharge, and the Trust planned to continue work with partner agencies. However, risks were not being effectively managed currently.

The January 2014 Board Performance Report identified significant pressures in the health economy during the first six months of 2013 which led to an increase in the average length of stay in the inpatient service. Performance was starting to move to the interim target of 20 days for Rehab and Urgent Care although in January 2014 it remained at 22 days. The slight increase in December was attributed to increased pressures in the acute hospitals during the month. Contributory factors were identified including increased numbers of patients with complex needs and transfer of continuing care assessment to a centralised team. Certain actions were put in place and we saw evidence of these during our inspection, including twice weekly discharge meetings led by General Managers, roll out of the plans for seven day working, ANP recruitment to ensure cover to support medical management of patients and timely discharge, a rapid response community team and continued partnership working with Social Care and other partner agencies.

Support in the community

Community based staff engaged with hospital staff and other hospital providers to coordinate discharge into the community. Planning for the provision of community based care was in place well before discharge. Feedback from patients, families and staff informed us this usually worked smoothly. We observed some multidisciplinary discharge ("Jonah") meetings and saw they were used positively and involved input from all relevant health and social care providers. Patients' and carers' views were taken into account, and discharge plans included communicating with the patients and carers. Staff told us that using the Jonah system had improved the patient flow and efficiency of services.

Learning from experiences, concerns and complaints

The Board and executive team seek and respond to the views of patients and the public about the quality of care and in planning services. There was regular review of patient experience data and evidence that actions were taken as a result. Comments, compliments and complaints were gathered and analysed, and reported to the Board through a quarterly patient experience report. The monthly Board Performance Report sets out a summary of the Trust's performance against the three 'DCHS way' quality areas (people, service and business). The balanced scorecard provides a numerical and narrative overview of indicators or measures and their green, amber or red ratings, plus a detailed breakdown of all 145, with exception reports as needed. Quality information dashboards were under development in line with CQC's five domains of safe, effective, caring, responsive and well led. These included items such as number of avoidable pressure ulcers and number of patients with a nutritional assessment and care plan.

The Friends and Family Test (FFT) is a national initiative which community trusts are not required to complete. It can identify both good and bad performance and encourage staff to make improvements where services do not live up to patients expectations. It involves asking patients the question: "How likely are you to recommend

Are services responsive to people's needs?

(for example, to feedback?)

our services to friends and family if they needed similar care or treatment?" and gives them a scale on which to rate the service. A recommendation score is then calculated from this with the higher the score, the more likely patients are to recommend the services. The score can be between -100 and +100. There is no current requirement for community trusts to adopt the Family and Friends Test, but the Trust started collecting the data in April 2013.

From July to September 2013 the overall response rate had increased and the promoter score increased slightly from 90 to 91. This was a relatively high score compared with local acute trusts and the England average, placing the Trust in the top 25% of whole of England data.

The Trust's quarterly patient experience report comprised data collected from compliments, patient questionnaires, comment cards, Patient Opinion and NHS choices websites, complaints and the Friends and Family Test. The report provided examples of how practice had been revised as a direct result of complaints. A satisfaction survey was sent out to all complainants at the end of the complaints process to gain feedback, but returns were low. Work is planned to break down complaints categories more precisely so as to be able to identify any specific themes or trends. During the period July to September 2013, compared with the same time period in 2012, the number of compliments had increased and the number of complaints decreased.

From October 2013, FFT evaluation calls were made to people after discharge from hospital. For example in February 2014 26 patients' views from seven community hospitals were captured in this way. Feedback from patients in Erewash was gathered when managers shadowed staff as part of the quality assurance process. In South Derbyshire, feedback was obtained via friends and family cards given to patients and returned to the patient experience team. During February 2014, the Amber Valley locality successfully piloted telephone FFT evaluation calls to patients receiving services from community nursing and therapy teams. This will be rolled out across the Trust, starting in April 2014.

Patients' stories were presented to and discussed at Board and quality committee meetings. These were triggered by experiences of patient complaints such as about staff attitude, successful outcomes due to effective teamwork, or the challenges of managing patients with complex needs. All the senior managers and board members we spoke with described these as powerful learning tools, effective in focusing on areas of good practice and driving improvements. In January 2014 the patient story led to the review of a contract specification and also highlighted an item on the Risk Register and how this was being addressed.

Mental Health Act Responsibilities

Case notes were audited routinely against CQUIN goals, mainly looking at consent, privacy and dignity. The Mental Health Act Committee was not consulted over the recent closure of a ward and the move of detained patients to another site.

The use of seclusion and the operational policy on the use of seclusion had been reviewed since the last Mental Health Act Commissioner visit. However this policy refers to the learning disabilities service only because seclusion was not used in other inpatient areas within the trust. This conflicts with reports from staff on Melbourne ward at Walton Hospital that patients were sometimes secluded in their bedrooms.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

The Trust had a clear statement of vision and values. Governance arrangements were designed and monitored to support the delivery of the vision, values and strategic objectives. Board and committee members challenged risks, which led to improved clarity in processes and changes to priorities. The Chief Executive was well known to Trust staff through face to face visits and engagement through a weekly email and intranet updates.

Leaders at all levels took responsibility for listening to patients and staff and addressing any barriers to providing safe and effective care. Since November 2013, there had been a fortnightly intelligence monitoring group, attended by quality, pathway and safety leads, to share soft intelligence. Quality information dashboards were under development in line with CQC's five domains of safe, effective, caring, responsive and well led.

The Trust's Investors in Excellence standard for the running of patient services was renewed in 2013 for the next two years. Derbyshire Community Health Services is the only NHS Trust to hold this quality mark awarded to organisations demonstrating a high standard of all-round performance.

There was effective staff engagement. As an aspirant foundation trust, the trust has a shadow council of governors which includes a number of enthusiastic staff governors. The Trust's Frontline Care Council acts as a consultation body for professional issues, reviews reports and policies and plays a key role in board to ward communication. The Trust's staff forum meets every three months to debate and share information on topics chosen by members with the Executive team.

Mental Health Act governance was not robust. Members of the Mental Health Act Committee, a sub group of the Quality and Safety Committee, were not part of the wider mental health multi professional partnership arrangements across the local health economy. Hospital Managers did not fully appreciate the scope of their duties and responsibilities under the Act and as described in the Code of Practice.

Our findings

Vision and governance framework

The Trust had a clear statement of vision and values in the 'DCHS Way' which embodies a quality service, people and business. This was visible on displays throughout the Trust buildings; more importantly it was reflected in many conversations with staff and observations of staff acting with compassion and respect, and seeking out new ways of working together for the benefit of patients. The DCHS way is underpinned by clear ambitions, principles and values.

The 2013-14 Board Assurance Framework (BAF) is split into quality service, quality people and quality business sections aligned to the DCHS Way, supported by quality governance. This framework documented assurances received by the Board and its Sub-Committees specific to the management and mitigation of strategic risks aligned to the corporate objectives. Each quality section (service, people and business) had an objective, with priorities and three stated aims, referred to as "the big nine," the achievement of which were tracked at each Board meeting. To the end of January 2014 the Trust was performing well against its stated targets, including the FFT results, completion of monthly clinical records audit and levels of staff engagement.

Governance arrangements were designed and monitored to support the delivery of the vision, values and strategic objectives. Our interviews with members of the Board and review of Board and committee papers confirmed that Board members and senior managers were clearly sighted on complaints, quality issues and general performance across the Trust. We found Board and committee members challenged risks and how they were rated and recorded, which led to improved clarity in processes and at times changes to priorities.

The Board sought to be assured that lower level risks, when looked at together, were not symptomatic of wider governance failures. The January 2014 Quality Service Committee agreed to carry out a quarterly review of the whole risk register, commencing quarter 4, 2013-14.

The NHS Trust Development Authority (TDA) published an accountability framework for Boards in April 2013. There is a monthly self-certification process based on compliance with a number of conditions within Monitor's Provider Licence and a set of Board statements. At the January 2014

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

meeting the Board discussed the December 2013 self-certification return and agreed there were no areas of risk or non-compliance and approved the return. Full compliance for January 2014 was reported to the Board in February 2014.

The monthly Board Performance Report sets out a summary of the Trust's performance against the three DCHS way focus areas. The balanced scorecard was reviewed to incorporate the contractual and other performance regime changes in 2013-14. It provides a numerical and narrative overview of indicators or measures and their green, amber or red ratings, plus a detailed breakdown of all 145, with exception reports as needed. In February 2014 there were 81 green, 23 amber, 14 red and 27 unrated indicators.

In order to demonstrate appropriate quality information was being used effectively, a data quality kite mark scoring system was used including criteria of audit, timeliness, sign off, granularity, completeness and source/process. A system could score as not sufficient (marked as red), sufficient or exemplary (marked as green) in each of the six areas. Each system also received a data confidence score calculated by the total overall scoring given by four key members of staff relating to the specific system from Information, Performance and within the service. This meant that Board members reviewing the monthly performance balanced scorecard could have insight into the strength of the data used.

Quality information dashboards were under development in line with CQC's five domains of safe, effective, caring, responsive and well led. These included items such as number of avoidable pressure ulcers and number of patients with a nutritional assessment and care plan.

Promoting innovation and learning

The Trust's quality monitoring system aimed to provide an accessible picture of the Trust, with an actionable reporting system, validated data and supported by informed clinical judgment. Since November 2013, there had been a fortnightly intelligence monitoring group, attended by quality, pathway and safety leads to share soft intelligence or "background noise" that had not been flagged through incident data, the Business Intelligence System and the Rapid Response System. This was to ensure the quality team could address any 'hot spots.' For example, concerns were raised about staff attitudes following the transfer of a ward from one community hospital to another. This was corroborated by reviewing complaints and an investigation was launched.

The Quality Service Committee approved at its November 2013 meeting an approach to providing quality information at a service line level to provide greater transparency. A dashboard was developed for inpatient wards, and has been refined over the last few months. Further work is being undertaken with the Older Peoples Mental Health and Learning Disability wards to ensure that their specific quality risks are captured. A draft dashboard has been developed for Integrated Community Teams. Work is ongoing in the other divisions.

Reports to the Board meetings in January and February 2014 informed us that the Trust's Board members attended relevant conferences and network meetings such as the Foundation Trust Network Community Services Group. They met with the chief executive and key officers of Derbyshire County Council and agreed a work programme for the next quarter. At a Strategic Partnership Board with a local acute trust plans were agreed to develop adult community service models across South Derbyshire and Derby city in line with commissioning intentions.

The Trust's Investors in Excellence standard for the running of patient services was renewed in 2013 for the next two years. Derbyshire Community Health Services is the only NHS Trust to hold this quality mark awarded to organisations demonstrating a high standard of all-round performance. It covers key areas such as leadership and the effective and efficient delivery of services.

Leadership development

The Board held development sessions in January and February 2014 which focused on the integrated community based services clinical strategy, including integrating physical and mental health, clearer models for learning disabilities and older people's mental health, cost improvement programmes, commercial aspirations and the impact of the Trust's estate.

Leaders at all levels took responsibility for listening to patients and staff and addressing any barriers to providing safe and effective care. Most staff we spoke with told us that managers were visible and supportive, and generally escalated concerns in a timely and appropriate way.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

However staff did report that managers covering more than one area spent more time in some services that others which they felt affected the support they received and the running of the service.

In January 2014 an internal audit report on the Trust's leadership programme and appraisals process was finalised. The review found that the Trust has completed an exercise to prioritise leadership posts and developed a mandatory training programme for identified leaders. Work had also been carried out on the appraisal process. The review found that staff completing the leadership programme thought modules were relevant to their role and the training had been a good use of their time. It also found that most staff carrying out appraisals had received training on the Trust's appraisal process and felt that the documentation used by the Trust was good. Areas for improvement included more consistent electronic reporting and improved uptake of additional resources for leaders.

The Trust was recently asked to provide a placement for the NHS Fast Track Executive Development Programme, an initiative to bring together clinicians and business leaders and support them to take on executive level careers. The chief executive was also working with the NHS Leadership Academy to support the design and development of the formal executive educational element of the programme.

Staff engagement

As an aspirant foundation trust, the trust has a shadow council of governors which includes a number of staff governors. We spoke with several staff governors and they described initiatives in the Trust to engage with staff.

The Trust's Frontline Care Council (FCC) acts as a consultation body for professional issues, reviews reports and policies and plays a key role in board to ward communication. The FCC reports quarterly to the Patient Experience and Engagement Group, through which it reports to the Quality Service Committee. In September 2013 the Patient Experience and Involvement Strategy was introduced. The FCC were asked to consider the proposed statements and offer feedback, which led to the development of eight key statements within the Strategy. The Chief Executive was invited to facilitate a discussion about the barriers to good quality patient care in the Trust. Key themes identified were: Information dissemination, staffing levels, documentation and IT issues. Concerns about IT issues were passed on to the Executive Team for discussion at the inaugural Staff Forum meeting in October 2013.

The Trust's staff forum meets every three months to debate and share information on topics chosen by Staff Forum members with the Executive team. For example at the last meeting e-rostering was discussed. There was a concern amongst staff about the implications for their working arrangements. Key points were discussed and follow up actions were agreed with an executive director.

There is a staff zone on the intranet and staff told us they could post questions on a discussion board or raise concerns anonymously, and would receive a reply from a member of the Board.

Board members told us that they regularly visited services and spent time with staff and patients; where appropriate they would work alongside staff for part of a shift. These visits were scheduled and required as part of their performance objectives. In addition they would seize ad hoc opportunities to visit services and talk with staff before and after meetings in different locations. Non executive directors carried out regular quality visits of services. We saw in the quality people committee report from February 2014 that data on staff experience of e-rostering would be gathered during these quality visits. During our inspection visits many staff told us that the Chief Executive was well known through face to face visits and engagement through a weekly email and intranet updates.

Mental Health Act Responsibilities

Staff told us they had access to clinical and managerial supervision, but uptake was ad hoc and was not monitored.

The Trust had a recognised governance structure for the operation and oversight of the Mental Health Act. A policy described clearly the reporting structures within the organisation. The Mental Health Act Committee, a sub group of the Quality and Safety Committee, was chaired by a Non-executive Director. The committee met six times a year and was able to raise issues directly with the Board via the Non-executive Director.

We found that members of the Mental Health Act committee were not part of the wider mental health multi professional partnership arrangements across the local health economy. Hospital Managers did not fully appreciate

Are services well-led?

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the scope of their explicit duties and implicit responsibilities under the Act and as described in the Code of Practice. The trust Board however was aware of this and had plans to audit the role and address the situation.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010, Care and welfare of people who use services How the Regulation was not being met: People using inpatient services at Walton Hospital were not protected against the risks of receiving care or treatment that is inappropriate or unsafe because their care was not planned to meet their individual needs or ensure their safety and welfare. Regulation 9(1)(b)(i)(ii)

Regulated activity	Regulation
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 13 HSCA 2008 (Regulated Activities) Regulations 2010, Medicines Management How the Regulation was not being met: Medicines at Cavendish Hospital were not always kept safely or disposed of properly and in a timely manner. Regulation 13

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010, Safety, availability and suitability of equipment How the Regulation was not being met: The Provider did not have suitable arrangements in place at Whitworth Hospital to ensure that equipment provided for emergency treatments was properly maintained and suitable for its purpose. Regulation 16(1)(a)

This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010, Consent to care and treatment How the Regulation was not being met: Suitable arrangements were not in place at Walton Hospital for obtaining inpatients' consent to care and treatment or for acting in their best interests. Regulation 18(1)(a)(b) & (2)