

East Sussex Healthcare NHS Trust

Inspection report

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

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

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

Ratings

Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Good 

Summary of findings

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

Background to the trust

East Sussex Healthcare NHS Trust is a provider of acute and specialist services that serves a population of 525,000 people across East Sussex. It provides a total of 833 beds in general and acute services at the two district general hospital (Eastbourne District General Hospital and Conquest Hospital, Hastings) and at local community hospitals. In addition, there are 45 Maternity beds at Conquest Hospital, and the midwifery led unit at Eastbourne District General Hospital and 19 Critical care beds (11 at Conquest Hospital, eight at Eastbourne District General Hospital). At Bexhill Hospital the trust provides outpatients, ophthalmology, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital, they provide outpatient and inpatient intermediate care services. The trust also provides a range of community services in the Hastings, Bexhill and Eastbourne areas from a number of community hospitals and clinics as well as at patients' homes. The services include community adults, community children and families, community inpatients, community end of life care and sexual health clinics. The trust's main clinical commissioning groups (CCGs) were Eastbourne, Hailsham and Seaford Commissioning Group, Hastings and Rother Clinical Commissioning Group and High Weald, Lewes and Havens Clinical Commissioning Group. However, these have recently merged to form the East Sussex CCG.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good  

What this trust does

East Sussex Healthcare NHS Trust is a provider of acute and specialist and community services that serves a population of 525,000 people across East Sussex. It provides a total of 833 beds.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

During this inspection we inspected services both the acute and community settings. In the acute setting we inspected the provision of end of life care at both the Eastbourne District General Hospital and the Conquest Hospital. We also inspected the services for children and young people at both the Eastbourne District General Hospital and the Conquest Hospital and the outpatients service at the Conquest Hospital.

In the community setting we inspected the community end of life service as well as the community adults service.

Summary of findings

These services were chosen due to the length of time that had elapsed since they were last inspected, the relative risks associated with the elapsed time and also on the services previous CQC ratings.

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

What we found

Overall trust

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

We rated safe, responsive and well-led as good, caring and effective as outstanding. We rated three of the trust's five services as outstanding and two as good. In rating the trust, we took into account the current ratings of the 13 services not inspected this time.

Are services safe?

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

- The service provided mandatory training in key skills to all staff and checked staff completed it. Overall, the majority of staff completed this training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff used a nationally recognised early warning scores to identify deteriorating patients and escalated their care appropriately. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- Generally, the service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix. The service gave bank staff a full induction and where services had vacancies, managers were recruiting to posts. In community end of life care services, the service had access to enough staff within the out of hospital teams with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment and end of life care was prioritised to ensure patients' needs were met.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

Summary of findings

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients, including children and young people, honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

In the community adults service:

- Completion rates for mandatory updates were below the trust's target in two of the six subjects. In some cases, this was due to circumstances such as staff being on long term sick leave, and in most cases the staff were booked onto a session. Some of the clinic and office premises used by podiatry teams were not ideal for the purpose and confidential discussions had to be held elsewhere. Similarly, some offices used by district nursing and crisis response teams were noisy and did not allow for quiet working, private meetings or confidential phone calls to be made. Not all information we saw in homes during district nursing visits was up to date, and so did not reflect the treatment and care patients were receiving.

In the children's and young people's services:

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment and this resulted in closures of some parts of the service for short periods. Staff did not always keep accurate records of medicines administered. There were no records of who held the correct patient group direction authorisations and we could not be sure that they were being used safely and correctly in line with trust and national guidance.

However:

In the outpatient's service at the Conquest Hospital:

- Not all mandatory training requirements were completed by all staff.

In the children's and young people's services:

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment and this resulted in closures of some parts of the service for short periods.
- Staff did not always keep accurate records of medicines administered. There were no records of who held the correct patient group direction authorisations and we could not be sure that they were being used safely and correctly in line with trust and national guidance.

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- Some of the clinic and office premises used by podiatry teams were not ideal for the purpose and confidential discussions had to be held elsewhere. Similarly, some offices used by district nursing and crisis response teams were noisy and did not allow for quiet working, private meetings or confidential phone calls to be made.
- Not all information we saw in homes during district nursing visits was up to date, and so did not reflect the treatment and care patients were receiving.

Are services effective?

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

Summary of findings

- Care and treatment were provided based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients in their care.
- Staff supported patients to make sure they had enough food and drink to meet their needs. Staff carried out regular assessments of nutrition and hydration. Patients were encouraged to eat and drink normally for as long as possible despite this need reducing as people approached the end of their life. Community staff worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain when necessary.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff providing end of life care had access to a range of specialist end of life care training.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. In the community, Staff worked effectively with other professionals and stakeholders in the system to ensure patients received the most effective and timely care and treatment available. All those responsible for delivering care worked together as a team to benefit patients, whose care and treatment was seamless and uninterrupted. They consistently supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or those with mental health conditions.

However:

In community end of life care:

- Not all staff were confident with the recording of mental capacity assessments and were not routinely doing this.
- In the acute end of life care services:
- There was not a major incident policy for the mortuary, although staff were developing one.
- In the outpatients' service at the Conquest Hospital:
- Not all staff received an appraisal in line with the trust policy.

In the children's and young people's service:

- At the Conquest Hospital Diagnostics, pathology and pharmacy provision were always available, although there was no seven-day service for physiotherapy, occupational therapy and play specialists.
- There was not registered Mental Health nurse working within the department. The division had access to Child and Adolescent Mental Health Services (CAMHS) however there were pressures on the service meant children were not always seen or discharged in a timely manner.
- We found online system anomalies that meant the most up to date policies were not always displayed.

Summary of findings

Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients was consistently very positive, and patients felt staff went the extra mile to provide care the care they needed. In the end of life care services at both hospitals, staff providing end of life care truly respected and valued patients as individuals and thoroughly understood and respected patients' personal needs and preferences.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs and used innovative ways to help people meet them. In children's services, staff understood the impact a child's condition and treatment had on their wellbeing both emotionally and socially.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Relationships between people who used the service, those close to them and staff are strong, caring and supportive. These relationships are highly valued by staff and promoted by leaders.
- Staff provided high quality emotional support to patients, families and carers to minimise their distress. People's emotional and social needs are highly valued by staff and are embedded in their care and treatment.

Are services responsive?

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

- Care was planned and provided in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. End of life services were flexible, provided choice and ensured continuity of care and there was a proactive approach to work with others in the wider system and local organisations to plan care that met the needs of patients, their families and the wider community. In community services, the involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. They reliably and consistently coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way. Where there were waiting lists, staff had processes to minimise these and their impact. Patients could access the specialist palliative care service when they needed it and had access to services in a way and at a time that met their needs. There were arrangements that ensured specialist advice was available at all times. In the outpatients department at the Conquest Hospital, waiting times, delays and cancellations were minimal and managed appropriately.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. Services were tailored to meet the needs of individual people and were delivered in a way to ensure maximum flexibility and choice. Staff coordinated care with other services and providers.
- People were supported to give feedback and raise concerns about care received. There were systems to treat concerns and complaints seriously, investigate them and share lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

In the community adults service:

Summary of findings

- The frailty team did have a lengthy waiting list at the time of the inspection. Managers had a plan to address this.
- In the outpatients' service at the Conquest Hospital:
 - Not all waiting times from referral to treatment were in line with national standards.
 - In the main outpatient department, there was no designated waiting area for patients on stretchers. Not all clinic areas had seating available for bariatric patients or those that had difficulty in sitting.
- In the Children's and Young People's service at the Conquest Hospital:
 - The service was not always able to deliver care in a way that met the needs of local people and the communities served.
 - Staff were not clear of the formal process or guidance surrounding children missing appointments. Missing appointments for some children may be an indicator that they are at an increased risk of abuse.

Are services well-led?

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. In end of life care, leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The leadership team drove continuous improvement. Staff were committed to continually learning and improving services. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. They were developing an understanding of quality improvement methods and the skills to use them.

However:

In the children and young people's service:

- Staff were aware of some changes within the department, although we heard they were not always part of improvement plans.

Summary of findings

- The transition pathways from children's to adults' services was still not fully realised, although action had started to be undertaken.
- In the acute end of life care services:
- The risk register was not kept up to date.

Use of resources

This was the first time we inspected use of resources at this trust. We rated use of resources as requires improvement because:

The trust had exited special measures for quality and finance in 2018 and 2019 respectively, and at the time of our assessment, the trust could evidence good productivity in several areas. In particular, the trust benchmarked well on clinical services and had significantly reduced its reliance on agency staff. However, the information available at the time of the assessment showed that despite improvements, the trust's costs remained higher than the national median and there remained opportunities to improve the way it used its resources regarding workforce, clinical support services and corporate functions. Although the trust had reduced its deficit including through working with its local health system partners, it still needed to increase the level of recurrent efficiencies it achieved and reduce its reliance on central cash support.

Combined quality and resources

Our combined rating of quality and resources was good and this was the first time we have produced a combined rating for this trust. We rated it as good because:

We rated safe, responsive and well led as good and caring and effective as outstanding. Use of resources was rated as required improvement.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in community adult services, and end of life care services at both the Eastbourne District General Hospital and the Conquest Hospital.

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

Areas for improvement

We found 35 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

We did not issue any requirement notices to the trust and took no enforcement actions.

What happens next

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Outstanding practice

We found examples of outstanding practice in community adult services, and end of life care services at both the Eastbourne District General Hospital and the Conquest Hospital, children and young people's services at the Conquest Hospital and in outpatients, also at the Conquest Hospital.

In the community, we found that community adults' services had exceptional pathways through which patients seamlessly transitioned to receive the services they needed. The impact of this on patients was that their treatment was uninterrupted and they did not have unnecessary waits for care while between teams. Staff worked together cohesively in the best interests of patients, and ensured that issues such as staffing numbers, and any occasional issues with integrated working, was absorbed by teams so that it did not impact patients.

The culture of the adults community services was extremely positive. Staff told us the culture was one of support, trust, learning, improvement, care and inclusion. Staff at all levels felt valued and heard, and consistently told us the trust was a really good place to work.

In the 12 months following the introduction of advance care plans, known as PEACE plans, for care home residents, the trust saw a dramatic reduction in hospital admissions and bed usage days for these people, with an 83% reduction in admissions and 94% reduction in bed days. This was an exceptionally effective outcome for patients and for the trust.

In the end of life care services we found that the service truly respected and valued their patients as individuals and empowered them to be partners in their care. This was seen in the feedback from patients, relatives and staff.

Staff and patients reported specialist palliative care support was available quickly when needed. Staff also reported that the referral process was simple. The service was tailored to meet the needs of individuals and was delivered in a way to ensure flexibility, choice and continuity of care.

There was a strong sense of culture that was centred on the needs of patients at the end of their life. Across all areas we visited staff told us they were committed and passionate about the end of life care they provided to patients. We saw comprehensive and successful leadership strategies that had created a culture to drive and improve the delivery of high-quality person-centred care.

In children's services at the Conquest Hospital we saw there had been changes to safeguarding practices following concerns raised; for example, clinical staff told us that this year the trust had run a level 3 'think family' safeguarding study day. Topics covered included dealing with difficult family dynamics, female genital mutilation, forms of abuse including sexual abuse and the impact of parental mental health conditions.

The outpatients' service at the conquest hospital demonstrated a strong visible patient-centred culture. Staff were responsive to the caring and emotional needs of patients and were creative in meeting patient needs. Feedback from patients was consistently positive.

The service was responsive to patient needs and the development of the multi-disciplinary diabetic foot clinic showed how medical and nursing staff worked together to improve patient care in response to patient feedback that services had been fragmented.

Information boards in all departments were very well maintained and contained current and relevant information. Health promotion literature was of a very good standard with information covering a diverse number of patient conditions and needs.

Summary of findings

Areas for improvement

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

- The trust should consider how the data in board reports is presented and how the accompanying analysis could be improved to aid assurance and decision making.
- The trust should explore how the need for new roles within the organisation is assessed, including the benefits of these.
- The trust should consider how the freedom to speak up guardian's absences are covered to ensure provide continuity of service.
- The trust should give clarity about timescales for complaint responses so complainants can be sure when they can expect a response. The trust should check its reporting of compliance with its complaint's policy timescales is reported accurately.
- The trust should consider how it could develop and strengthen their strategy for patient experience and involvement.

In community adult services:

- The service should ensure all staff complete mandatory training refreshers within timescales.
- The service should ensure all information in patients' homes reflects the care and treatment they are receiving.

In community end of life care services:

- The service should ensure that all staff are confident in the carrying out and recording of mental capacity assessments and best interest decision-making processes.
- The service should ensure that patients are able to access the frailty team support in a timely manner.

In acute end of life care services at the Conquest Hospital:

- The service should review their maintenance of their estate in relation to patient comfort during transportation around the hospital. It should also review their maintenance of the outside wall at the mortuary entrance in relation to how this could be viewed by relatives
- The service should review their maintenance of the "no parking" painted sign outside the mortuary to ensure funeral directors can transfer patients from the mortuary to their transport vehicles with respect and dignity.
- The service should formalise their major incident plan for mortuary services.
- The service should keep their risk register up to date.

In acute end of life care services at Eastbourne District General Hospital:

- The service should review their maintenance of the "no parking" painted sign outside the mortuary to ensure funeral directors can transfer patients from the mortuary to their transport vehicles with respect and dignity.
- The service should formalise their major incident plan for mortuary services.
- The service should keep their risk register up to date.

In outpatients' services at the Conquest Hospital:

- The service should ensure the trust target of 90% is met for all mandatory training requirements.

Summary of findings

- The service should ensure the trust target of 90% is achieved for all staff receiving an appraisal.
- The service should manage waiting times from referral to treatment in line for non-admitted pathways within national standards.
- The service should consider how they meet the needs of patients waiting on stretchers and the service should have seating available for bariatric patients or those that have difficulty in sitting.
- The service should consider the replacement of the carpet in the medical outpatient department.

In children and young peoples' services at the Conquest Hospital:

- The service should consider ways to improve staffing to prevent unit closures.
- The service should ensure that fridge temperatures are monitored, and action taken if the temperatures are out of the expected range.
- The service should ensure staff records are up to date and reflect current patient group directions (PGD) competencies and DBS checks.
- The children's and young people's services should ensure prescription charts are completed fully and checked to ensure patient safety.
- The service should ensure play specialists are available at all times to support children and staff.
- The service should ensure activities are available to children of all ages, particularly adolescents who may in on wards for extended periods of time.
- The service should consider ways to ensure the appropriate mental health support is available to children at all times.
- The service should ensure staff have an understanding of protocol when handling children and young people who were not brought for appointments.

In children and young peoples' services at Eastbourne District General Hospital:

- The service should review strategies for staffing when providing care for children with complex needs to avoid the unit closing in the future due to lack of staffing.
- The service should create a child abduction policy in line with national guidelines.
- The service should work with the children and adolescent mental health services (CAHMS) team to review access for children presenting with mental health concerns after 3pm and at weekends in line with national guidance.
- The service should make sure that there is one supernumerary shift manager on each shift in line with the Royal College of Nursing's guidance.
- The trust should take action to resolve online system anomalies to ensure the most up to date version is always displayed.
- The service should consider having a play specialist at each site, to cover clinics and assist children on Friston ward.

Summary of findings

Is this organisation well-led?

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

Our rating of well-led at the trust stayed the same. We rated well-led as good because:

- Leaders had most of skills, experience and abilities to run the service. Where members were new to the board or leadership roles there were arrangements in place to support them. The trust leadership team had knowledge of current priorities and challenges and were acting to address these. Executives were able to discuss all areas of their portfolio and showed an appreciation of the challenges and issues that faced their colleagues and all board members in agreement when discussing the key strategic risks to the organisation. The executive team was broadly stable and had made great strides in improving performance and financial sustainability. The chief executive was respected, trusted and accessible. He role modelled the values of the organisation and showed a strong grip of the organisational values, culture, strategy and performance.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. The trust vision for the organisation which was well publicised and understood by staff, managers and leaders.
- The trust had a strategy which detailed how the trust intended to make its vision and values a reality. This was the overall arching organisational strategy and covered all aspects of leadership and culture; specifically including, recruitment and retention, the development of new roles, staff education and development, organisational design and the development of career pathways.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where staff could raise concerns without fear. We were told the culture of the organisation had been “transformed”. The culture was described as open and welcoming of alternate views. Executive behaviour encouraged change and with ideas being generated at appropriate levels rather than being imposed or stifled. Trust leaders had, and communicated, clear expectations about behaviours and performance. Senior leaders felt staff believed in the trust vision and its achievability.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The trust Accountability Framework clearly set out the responsibilities and accountabilities for all trust leaders, managers and staff. The organisation’s governance framework outlined the reporting structure and meetings; it also included a range of methods for monitoring performance and providing assurance.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. All staff were trained on induction on how to recognise and report an incident. There was a system that ensured leaders had oversight of incidents, their management and learning. Pharmacy was integrated into the governance structure of the trust, with a range of committees dealing with relevant medicines risks and issues.

Summary of findings

- The trust had systems and processes to safely prescribe, administer, record and store medicines. There was a hospital pharmacy transformation plan and this was continually updated in line with the department's progress against it. Pharmacy risks were registered; action plans were created to ensure that risks were managed in an active and ongoing way.
- The trust controlled infection risk well. There were suitable arrangements to ensure the trust had access to specialist advice, auditing arrangements and reporting structures which meant the board could gain assurance in relation to infection prevention and control
- It was widely acknowledged by managers and leaders that the inability to recruit and retain a skilled workforce was a prime risk to the delivery of the trust objectives and strategy. This was reflected on risk registers and board assurance frameworks. The trust was being creative to find longer term solutions to the national shortages of staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The trust had a structured safeguarding leadership with clinical and safeguarding expertise in line with national guidance. The director of nursing was the executive lead and strategically led the safeguarding agenda. The deputy director of nursing had corporate responsibility for effective trust wide safeguarding, expertise, arrangements and reporting. The deputy director of nursing supported the head of safeguarding and safeguarding team, and co-ordinated with the divisional associate directors of nursing. They were responsible for ensuring robust safeguarding arrangements and practice in each clinical division
- Staff knew how to support patients experiencing mental ill-health. The trust had a service level agreement with a local NHS mental health trust so the trust could meet its legal requirements to ensure patients admitted to inpatient beds had their rights maintained and their mental health care needs met by the responsible mental health clinician.
- There was a designated associate director of estates who reported to the chief executive. Thus, the board had access to expert advice on estates matters. The new trust strategy reflected the estate challenges. With system partners, the trust was an active participant in the "One Public Estate" group.
- The trust had clear plans for dealing unexpected events. These were clearly set out in the Corporate Business Continuity Plan and Incident Response Plan which reflected national guidance.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. However, sometimes reports were data rich but did not always provide sufficient analysis. Information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- The trust had developed an information technology strategy which had been approved by the board. The trust was working collaboratively with partners in the integrated care system and partnership and had developed a whole system information technology (IT) plan. The trust recognised the need for further investment in digital solutions.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. The trust's vision of retaining two acute sites reflected strong local support in Hastings and Eastbourne. Trust leaders and managers showed a deep commitment to and engagement with the development of integrated care partnerships and systems. The trust involved staff side organisations in board and committees. Staff organisations were generally involved well in leadership meetings. Senior staff engaged with staff organisations when change was planned, they received proposals before any change was implemented and consultation was described as genuine.

Summary of findings

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. The trust board were well informed about complaints, their management, outcomes and lessons learned. However, there was confusion relating to the definition timescales in the complaints policy which could lead to inaccurate reporting of performance.
- All staff were committed to continually learning and improving services. There was an implementation plan to equip staff with a good understanding of quality improvement methods and the skills to use them.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Feb 2020	Outstanding ↑↑ Feb 2020	Outstanding →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↑ Feb 2020	Good ↑ Feb 2020	Outstanding →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020
Community	Good ↑ Feb 2020	Outstanding ↑↑ Feb 2020	Outstanding ↑ Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Outstanding ↑↑ Feb 2020

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

Ratings for Conquest Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018
Medical care (including older people's care)	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Surgery	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018
Critical care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Maternity	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Requires improvement →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020
End of life care	Good →← Feb 2020	Good ↑ Feb 2020	Outstanding ↑ Feb 2020	Outstanding ↑ Feb 2020	Outstanding ↑↑ Feb 2020	Outstanding ↑↑ Feb 2020
Outpatients	Good ↑ Feb 2020	Not rated	Outstanding ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Overall*	Good ↑ Feb 2020	Good →← Feb 2020	Outstanding ↑ Feb 2020	Good ↑ Feb 2020	Outstanding ↑↑ Feb 2020	Outstanding ↑↑ Feb 2020

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

Ratings for Eastbourne District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018
Medical care (including older people's care)	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Surgery	Good Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Critical care	Good Oct 2016	Good Oct 2016	Good Oct 2016	Requires improvement Oct 2016	Good Oct 2016	Good Oct 2016
Services for children and young people	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020
End of life care	Good →← Feb 2020	Good ↑ Feb 2020	Outstanding ↑ Feb 2020	Outstanding ↑↑ Feb 2020	Outstanding ↑↑ Feb 2020	Outstanding ↑↑ Feb 2020
Outpatients	Good Jun 2018	Not rated	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Good ↑ Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Feb 2020	Outstanding ↑↑ Feb 2020	Outstanding ↑ Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Outstanding ↑↑ Feb 2020
Community health inpatient services	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Community end of life care	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Overall*	Good ↑ Feb 2020	Outstanding ↑↑ Feb 2020	Outstanding ↑ Feb 2019	Good →← Feb 2020	Good →← Feb 2020	Outstanding ↑↑ Feb 2020

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

Acute health services

Background to acute health services

East Sussex Healthcare NHS Trust is a provider of acute and specialist services that serves a population of 525,000 people across East Sussex. It provides a total of 833 beds with 661 beds provided in general and acute services at the two district general hospital (Eastbourne District General Hospital and Conquest Hospital, Hastings). There are 45 Maternity beds at Conquest Hospital, and the midwifery led unit at Eastbourne District General Hospital and 19 Critical care beds (11 at Conquest Hospital, eight at Eastbourne District General Hospital).

At Bexhill Hospital ESHT provide outpatients, ophthalmology, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital, ESHT provide outpatient and inpatient intermediate care services.

The trust provides all acute services from both acute hospitals with some services predominantly, or entirely located at one of the sites. During this inspection we inspected the end of life care, and children and young people's services at both Eastbourne District General Hospital and the Conquest Hospital. We also inspected the outpatient service at the Conquest Hospital.

Summary of acute services

Good  

Our rating of these services improved. We rated them as good because:

We rated Eastbourne District General Hospital as good overall, and the Conquest hospital as outstanding. In rating the acute services, we took into account the current ratings of the services not inspected this time.

Overall, in acute services we found;

The service provided mandatory training in key skills and the majority of staff completed this training. Staff understood how to protect patients from abuse. The service-controlled infection risk well. Staff completed and updated risk assessments for each patient and removed or minimised risks and kept detailed records of patients' care and treatment. Generally, the service had enough medical, nursing and support staff with the right to keep patients safe. The service used systems and processes to safely prescribe, administer, record and store medicines and managed patient safety incidents well.

Care and treatment were provided based on national guidance and evidence-based practice. Staff supported patients to make sure they had enough food and drink to meet their needs and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment and followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or those with mental health conditions.

Summary of findings

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients was consistently very positive, and patients felt staff went the extra mile to provide care the care they needed. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Care was planned and provided in a way that met the needs of local people and the communities served and people could access the service when they needed it. Services were tailored to meet the needs of individual people and were delivered in a way to ensure maximum flexibility and choice. Staff coordinated care with other services and providers. People were supported to give feedback and raise concerns about care received and there were systems to treat concerns and complaints seriously, investigate them and share lessons learned with all staff.

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff and staff felt respected, supported and valued. The vision and strategy were aligned to local plans within the wider health economy. The service promoted equality and diversity in daily work and provided opportunities for career development. Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. The leadership team drove continuous improvement. Staff were committed to continually learning and improving services and they were developing an understanding of quality improvement methods and the skills to use them.

However:

In the children and young people's service:

The service did not always have enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment and this resulted in closures of some parts of the service for short periods. The transition pathways from children's to adults' services was still not fully realised.

Staff did not always keep accurate records of medicines administered and there were no records of who held the correct patient group direction authorisations and we could not be sure that they were being used safely and correctly.

Staff were not clear of the formal process or guidance surrounding children missing appointments. Missing appointments for some children may be an indicator that they are at an increased risk of abuse.

In the outpatients' service at the Conquest Hospital:

Not all waiting times from referral to treatment were in line with national standards.

In the main outpatient department, there was no designated waiting area for patients on stretchers. Not all clinic areas had seating available for bariatric patients or those that had difficulty in sitting.

Eastbourne District General Hospital

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Key facts and figures

Eastbourne District General Hospital has 337 inpatient beds, and eight critical care beds. It also has seven maternity beds in a midwifery led maternity unit. In the period from September 2018 to August 2019 there were 50,922 inpatient admissions and 229,647 outpatient appointments at Eastbourne District General Hospital.

During our inspection of children and young people's services, and end of life care services we spoke with 45 staff of different grades, three patients and five relatives or carers. We also reviewed 17 patient records, and looked at other documents relevant to the running of the service such as policies, checklists and audit reports.

Summary of services at Eastbourne District General Hospital

Good  

Eastbourne District General Hospital is located on the outskirts of Eastbourne town centre. It has a number of medical and surgical wards and specialist units, a 24-hour Emergency Department and a full range of diagnostic services including Magnetic Resonance Imaging (MRI), Computer Tomography (CT) and Interventional Radiotherapy.

The trust's hyper acute and acute stroke services are located at Eastbourne District General Hospital and maternity care is delivered at a midwifery-led unit.

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

We rated safe, effective, caring and well led as good, and responsive as requires improvement. In rating the hospital, we took into account the current ratings of the five services not inspected this time

Services for children and young people

Good  

Key facts and figures

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

We visited Friston ward, the short stay paediatric admissions unit, and the children's outpatients. We also followed a patient through the surgical journey to and from theatres and recovery. Although we did not inspect the accident and emergency department, we spoke with staff working in this area to establish if there was effective transition between the departments for children and young people.

We spoke with a wide range of staff including one matron, three consultants, one senior house officer, six nursing staff including two nurse specialists. We spoke with the play specialist, one practice educator alongside three healthcare assistant and one member of the housekeeping team and a receptionist. We also spoke with three children and their carers throughout the inspection.

We also reviewed seven patient records, and looked at other documents relevant to the running of the service such as policies, checklists and audit reports.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. The environment had improved since our previous inspection all areas were visibly clean and equipment was well maintained.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. The service managed safety incidents well. Staff recognised and reported incidents and near misses.
- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- The sepsis link nurse developed a 'think Sepsis' poster which highlighted monthly audit results and a 'Stop' sticker when the pathway was no longer appropriate, to ensure staff used the screening tool and cascaded results to the clinical leads and matron.
- The children's service was in the process of introducing Excellence in Care audits and the tool included a regular paediatric early warning system (PEWS) audits. Quality checks were carried out to make sure staff were clearly documenting observations on arrival and during children's stay on the ward.

Services for children and young people

- The service set out an improvement plan which introduced a safe surgical pre-assessment and blood taking clinics. Pre-assessment clinics were thorough, and parents had time to ask questions and understand their child's conditions and treatment. Phlebotomy clinics had set appointments and focused on calming children down prior to and during blood taking procedures.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service took account of children and young people's individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The children's outpatient unit provided families with various clinics for children living with health conditions. There were systems that ensured children with long term medical conditions were seen by paediatric consultants with specialist interests, for example diabetes.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Services were being transformed to make sure acute, outpatients, nursing outreach and community paediatric services holistically met the needs of children and young people.
- The service only employed one play specialist to work cross-site. This meant that often children with complex needs did not have access to this important resource.

However:

- The service struggled with staffing numbers and staff did not always have the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Nurse staffing was on the divisional risk register and staff reported that there were often staff shortages that needed to be filled with bank and agency staff. There had been times when these staff were not specialist trained in paediatric care.
- There were 10 times from 1 January 2019 to the 1 October 2019 where the short stay paediatric assessment unit, was closed at the weekends. Four closures were due to lack of medical and nursing staff at Friston and six of these closures were due to insufficient paediatric nursing staff/skill mix of staff at the Conquest Hospital site to care for two patients with mental health issues needing one to one care whilst on the ward.
- Third party children and adolescent mental health services did not accept assessments after 3pm. This meant any child presenting at risk from complex mental health issues after this time, would be transferred to the short stay paediatric assessment unit or Conquest Hospital site for overnight admission until assessment by a mental healthcare professional could be safely carried out.
- Some policies we viewed on line for example the acute asthma in children, Abdominal pain in children: managing children with gastroenteritis and managing fluids in children needed review as they were up to two years out of date. However, the trust has supplied information to show these policies were in date but these were not displaying when accessed on the inspection.

Services for children and young people

- The service only employed one play specialist to work cross-site. This meant that often children with complex needs did not have access to this important resource.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The division had a policy for sepsis management which all staff we spoke with were aware of.
- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The safeguarding team were visible on the children's wards both days of our inspection and staff told us they came to the wards most mornings to assist with any safeguarding issues.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- In the reporting period Aug 2018 – July 2019 the short stay paediatric assessment unit infection and cleanliness compliance was recognised with the trust's Clean Care award. The service had completed all required hand hygiene audits, there were no cases of preventable infections, no avoidable *Clostridium difficile* (C-diff) or *Methicillin-resistant Staphylococcus aureus* (MRSA).
- Maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The design, upkeep and use of facilities kept people safe from harm. There were processes to inspect and monitor the maintenance and cleaning of equipment.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration. Staff used a nationally recognised paediatric early warning signs (PEWS) to identify deteriorating patients and escalated them appropriately. Staff shared key information to keep patients safe when handing over their care to others.
- Children experiencing mental health problems were assessed using a child and adolescent mental health (CAHMS) triage form, accessible via the trust internal internet. Staff told us that all healthcare professionals used this tool to assess children's mental health; this was then sent to the third party CAHMS service, so they could make decisions regarding children's mental health care.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Consultants worked on a weekly rotation to ensure good continuity of care for children and young people and their carers. Every child admitted to the paediatric department was reviewed by a consultant paediatrician within 14 hours.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. There were specific systems to flag if a child had safeguarding or mental health issues.

Services for children and young people

- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines.
- Patients only remained on the wards for a short period of time. Medicines treatment plans were initiated on the wards and then a patient would either be discharged to their GP or admitted to a long stay ward. Patients and carers were able to discuss their medicines with the doctors, nurses and pharmacy staff if they needed specific advice.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.
- All staff understood their responsibilities to raise concerns. Examples given by staff included, medicine administration errors, incomplete documentation, inadequate staffing levels, and children inappropriately risk assessed.
- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

However:

- The service had struggled with staffing numbers and staff did not always have the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction. Nurse staffing was on the divisional risk register and staff reported that there were often staff shortages that needed to be filled with bank and agency staff. There had been times when these staff were not specialist trained in paediatric care.
- There were 10 times from 1 January 2019 to the 1 October 2019 where the short stay paediatric assessment unit was closed at the weekends. Four closures were due to lack of medical and nursing staff at Friston and six of these closures were due to insufficient paediatric nursing staff/skill mix of staff at the Conquest Hospital site to care for two patients with mental health issues needing one to one care whilst on the ward. The staffing issues over this period had meant that the short stay paediatric assessment unit was not able to be opened out of hours to accommodate more patients if the need arose. This meant children had to be diverted to neighbouring hospitals for care. Leading up to our inspection staffing had caused significant issues across the division.
- The service did not have one supernumerary shift manager on each shift in line with the Royal College of Nursing's guidance.
- Third party children and adolescent mental health services (CAHMS) did not accept assessments after 3pm. This meant any child presenting at risk from complex mental health issues after this time, would be transferred to short stay paediatric unit or Conquest Hospital site for overnight admission until assessment by a mental healthcare professional could be safely carried out.

Is the service effective?

Good   

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

Services for children and young people

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The children's service was in the process of introducing Excellence in Care audits and the tool included a regular paediatric early warning system (PEWS) audits. Quality checks were carried out to make sure staff were clearly documenting observations on arrival and during children's stay on the ward. Matrons and practice educators cascaded results to staff during staff huddles, hand over, or theme of the month.
- Children were thoroughly assessed in both areas of the children and young people's service. Staff created and used a children's comprehensive integrated patient document (IPD), which made sure children's physical, social, mental health and disabilities were identified and they were placed on the correct care pathway.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service adjusted care for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment and participated in relevant national audits. They used the findings to make improvements and achieved good outcomes for patients.
- The sepsis link nurse developed a 'think Sepsis' poster which highlighted monthly audit results and a 'Stop' sticker when the pathway was no longer appropriate, to ensure staff used the screening tool and cascaded results to the clinical leads and matron.
- The paediatric epilepsy clinical nurse specialist worked cross site.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Children's assessed needs, choices and preferences were met by staff with the right skills and knowledge. The learning needs of staff were identified through regular appraisals. We found 91% of staff had completed their appraisal within the reporting period.
- Two healthcare assistants had been phlebotomy trained in the last year. They ran a blood taking clinic in outpatients once a week to help support paediatric community and inpatient services.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients and carer's practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

However:

- Some policies we viewed on line for example the acute asthma in children, Abdominal pain in children: managing children with gastroenteritis and managing fluids in children needed review as they were up to two years out of date. However, the trust has supplied information to show these policies were in-date but these were not displaying when accessed on the inspection.

Services for children and young people

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff we interviewed and observed, understood and respected the personal, cultural, religious and social needs of children and families who used the service. The service took all needs into account when planning and delivering care.
- Feedback forms were given out to patients and the inspection team viewed 14 patient feedback forms, most of which were very positive.
- Parents told us they felt staff had done everything possible to make their child's admission "as stress free as possible". Staff rewarded the child with a teddy to take home after having clinical procedures for example blood tests.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff understood the impact a child's condition and treatment had on their wellbeing both emotionally and socially. Staff recognised and where possible supported the broader emotional wellbeing of children with long term or complex needs, which included support for their families and carers.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff gave children and parents opportunities to ask questions. Staff provided information to parents regarding external resources and support networks for a range of healthcare conditions.

Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The short stay paediatric assessment unit cared for children who had undergone minor surgery with a view for them to go home the same day. This was best practice.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The children's outpatient unit provided families with various clinics for children living with health conditions. There were systems that ensured children with long term medical conditions were seen by paediatric consultants with specialist interests, for example diabetes.
- Staff took the time to make reasonable adjustments to care, where possible. Staff ensured that children who had long term health conditions, visual impairment, hearing impairment or learning disabilities were supported by the multidisciplinary team.

Services for children and young people

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- It was easy for children, families and carers to give feedback to the service. Complaints sent to the patient advice and liaison service (PALS) feedback to the ward matron, who set up an investigation.

However:

- The service only employed one play specialist to work cross-site, this meant they were not always available to support children with complex play needs.

Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress
- The division's vision included a mission statement which was 'The very best start in life'. The focus was to combine community and hospital services in East Sussex to provide safe, compassionate, and high-quality care that improved the health and wellbeing of children, young people and their families. All staff we spoke to were aware of and upheld this vision.
- Services were being transformed to make sure acute, outpatients, nursing outreach and community paediatric services holistically met the needs of children and young people. The leadership team were reviewing the following services: -
 - Care closer to home, to avoid unnecessary admissions
 - Effective transition into adult services for adolescent children with long term conditions
 - Health, education and social care working in unity
 - Co-design and coproduction with young people and their families
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The culture centred around the needs and experiences of all people who used the services. Staff told us they worked as a team and were proud to work on the outpatients and wards at the location.

Services for children and young people

- There were clear policies and processes to monitor and assess staff performance. Appraisals gave managers and staff an opportunity to discuss career development, personal limitations and review of staffs work life balance. The matron had a clear oversight of sickness and special leave rates which were routinely managed in line with the appropriate policies.
- A freedom to speak up guardian was available for staff cross site to support them with any concerns relating to care. The ward culture encouraged staff to be open and honest, staff told us that they felt the matron was open and approachable and listened to their concerns.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service had a clear divisional governance structure, system and process of accountability which supported the delivery of sustainable, safe and quality controlled children and young people's services.
- The service had a systematic programme of monitoring quality, operational and financial processes. The governance framework focused on five key areas these were: -
 - Quality and safety
 - Leadership and culture
 - Clinical strategy, access and operation delivery
 - Financial control
 - Capital development
- An "excellence in care" model was introduced. This was a ward accreditation system using a range of quality indicators to assess and benchmark the quality of care and risks on individual wards and departments. There were nine outcomes related to safety, access, finance, leadership and delivery. Staff told us they had seen changes implemented and were kept informed of planned changes.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service had clear and comprehensive assurance systems, which managed current strategic plan. The governance team were responsible for the regular reviews of these arrangements.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required
- Staff were aware of the need to protect patient information with notes trollies being kept in secure areas and locked cupboards. Whiteboards in the public area of the ward, only had the patients initials and staff understood their responsibilities for information security.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The Friends and Family Test survey (FFT) provided results for the division and for individual clinical units. Team leaders used the results for discussion at team meetings benchmarked against other wards and services within the division.

Services for children and young people

- All staff were committed to continually learning and improving services. They were developing a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.
- The trust actively sought to participate in national improvement and innovation projects. They used the NHS Right Care (a national NHS England supported program) to create a strategy that would deliver the best care to patients whilst using resources effectively.
- A serious case review flagged transition of children to adult care as a risk, because the service listened to parents more than young people. The deputy director of nursing supported staff, took 'up the baton of support', and the service planned to provide transitional care for all young people attending the neuro-disability service by 2021

Areas for improvement

We found areas for improvement in this service.

- The service should review strategies for staffing when providing care for children with complex needs to avoid the unit closing in the future due to lack of staffing.
- The service should create a child abduction policy in line with national guidelines.
- The service should work with the children and adolescent mental health services (CAHMS) team to review access for children presenting with mental health concerns after 3pm and at weekends.
- The service should make sure that there is one supernumerary shift manager on each shift in line with the Royal College of Nursing's guidance.
- The service should review all out of date policies.
- The service should consider having a play specialist at each site, to cover clinics and assist children on Friston ward.

End of life care

Outstanding   

Key facts and figures

The trust provides end of life care at a number of settings including Eastbourne District General Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services.

End of life care is provided for people and those most important to them who are approaching the end of their life and after death. This service is delivered across a number of settings, including acute and community hospitals and in people's own homes supported by community teams. Mortuary, bereavement, chaplaincy, and volunteer services provide valuable services and support to patients and their families. Where additional expertise is required specialist palliative care teams are available in both acute and community settings.

The trust works in close partnership with local hospices (St Wilfrid's in Eastbourne and St Michaels in Hastings) to provide seamless care supporting patients to be cared for in their preferred place of death. Recently funding was approved to extend the team to enable provision of the service seven days a week.

End of life care is delivered either indirectly or directly by over 4,000 employees within the organisation. Education for staff is predominately provided by the supportive and palliative care team, local universities and through e-learning modules.

The trust has recently introduced recommended summary plan for emergency care and treatment (ReSPECT), an alternative process for discussing, making, and recording recommendations about future emergency care and treatment, including cardio-pulmonary resuscitation (CPR). This process encourages patients to focus on both the treatments they do want, those that they do not want and planning ahead for their care and treatment should they be unable to make decisions due to a future emergency.

The trust had 1,627 deaths from March 2018 to February 2019.

During the inspection we spoke with a total of 37 staff. These included nurses, medical staff, mortuary service staff, therapy staff, porters, bereavement officers, Chaplaincy, volunteers and accommodation staff. We spoke with two families of patients receiving end of life care and reviewed 10 sets of patient records.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available five days a week with out of hours and weekend cover also available when needed.

End of life care

- Patients and relatives said staff go above and beyond and the care received exceeded their expectations. Staff truly respected and valued patients as individuals. They treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service was tailored to meet needs of individual people and are delivered in a way the ensure flexibility, choice and continuity of care. There was a proactive approach to meeting the needs of those from different cultures or with complex needs. People could access the service when they needed it. The service made it easy for people to give feedback.
- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders supported staff to develop their skills and motivated them to succeed. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, valued, and were proud of the organisation as a place to work and spoke highly of the culture within the service. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service used innovative ways to engage with patients and the community to plan and manage services and all staff were committed to improving services continually.
- However:
- The service did not keep their risk register updated.
- There were some issues with the structural maintenance of the hospital.
- The service did not have a major incident policy for the mortuary, although they had started work to produce this.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. They kept equipment and the premises visibly clean. Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

End of life care

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The service supported patients through regular assessments for nutrition and hydration. Staff supported patients to make sure they had enough food and drink to meet their needs. Patients were encouraged to eat and drink normally for as long as possible despite this need reducing as people approached the end of their life.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available five days a week with out of hours and weekend cover also available when needed.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Staff providing end of life care truly respected and valued patients as individuals. Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff were dedicated to making sure patients received the best individualised patient-centred care possible, at the end of their life.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. People's emotional and social needs are highly valued by staff and are embedded in their care and treatment.

End of life care

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Relationships between people who use the service, those close to them and staff are strong, caring and supportive. These relationships are highly valued by staff and promoted by leaders.

Is the service responsive?

Outstanding ☆ ↑↑

- Our rating of responsive improved. We rated it as outstanding because:
- The service planned and provided care in a way that met the needs of local people and the communities served. There was a proactive approach to work with others in the wider system and local organisations to plan care. The services were flexible, provided choice and ensured continuity of care.
- Services were tailored to meet the needs of individual people and were delivered in a way that ensures flexibility and choice. The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. The service was inclusive and took account of patients' preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- People had access to services in a way and at a time that met their needs.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service if possible included patients in the investigation of their complaint.

Is the service well-led?

Outstanding ☆ ↑↑

- Our rating of well-led improved. We rated it as outstanding because:
- Leaders had an inspiring shared purpose, strove to deliver and motivate staff to succeed. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable. These were aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- There was a strong culture that was centred on the needs of patients at the end of their life. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values to deliver high quality person-centred care. The service provided opportunities for career development and staff could raise concerns without fear. Staff are proud of the organisation as a place to work and speak highly of the culture.

End of life care

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance. They identified relevant risks and issues and identified actions to reduce their impact however did not always keep records of these updated. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. However, the service did not have plans to cope with unexpected events.
- The service collected a wide range of reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff use innovative approaches to gather feedback from people who use services and the public, including patients with a diverse range of needs. This was then used to plan and manage services. They collaborated with partner organisations to help improve services for patients. There were consistently high levels of constructive engagement with staff.
- The leadership team drove continuous improvement. Staff were committed to continually learning and improving services. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

- The service truly respected and valued their patients as individuals and empowered them to be partners in their care. This was seen in the feedback from patients, relatives and staff.
- Staff and patients reported specialist palliative care support was available quickly when needed. Staff also reported that the referral process was simple.
- The service was tailored to meet the needs of individuals and was delivered in a way to ensure flexibility, choice and continuity of care.
- There was a strong sense of culture that was centred on the needs of patients at the end of their life. Across all areas we visited staff told us they were committed and passionate about the end of life care they provided to patients.
- We saw comprehensive and successful leadership strategies that had created a culture to drive and improve the delivery of high-quality person-centred care.

Areas for improvement

We found areas for improvement in this service.

- The service should review their maintenance of the “no parking” painted sign outside the mortuary to ensure funeral directors can transfer patients from the mortuary to their transport vehicles with respect and dignity.
- The service should formalise their major incident plan for mortuary services.
- The service should keep their risk register up to date.

Conquest Hospital

The Ridge
St Leonards On Sea
East Sussex
TN37 7RD
Tel: 01424755255
www.esht.nhs.uk

Key facts and figures

The Conquest Hospital has 374 inpatient beds, and 11 critical care beds. It also has 49 maternity beds and 12 neonatal intensive care cots. In the period from September 2018 to August 2019 there were 47,879 inpatient admissions and 184,000 outpatient appointments.

During our inspection of children and young people's services, outpatient services and end of life care services we spoke with over 86 staff of different grades, 25 patients and 20 relatives or carers. We also reviewed patient 21 records, and looked at other documents relevant to the running of the service such as policies, checklists and audit reports.

Summary of services at Conquest Hospital

Outstanding   

Conquest Hospital is a district general hospital, located in St. Leonards-on-Sea, on the outskirts of Hastings. It has surgical and medical wards and specialist units, a 24 hour Emergency Department and a full range of diagnostic services including Magnetic Resonance Imaging (MRI), Computer Tomography (CT) and Interventional Radiotherapy.

Emergency and high-risk general surgery takes place at Conquest Hospital and also complex planned operations.

Conquest Hospital also has a consultant-led maternity unit with a 10-room delivery suite and postnatal and antenatal wards.

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

We rated end of life care as outstanding and children and young people's services and outpatients as good. We rated the key questions of caring and well led as outstanding overall, and safe, effective and responsive as good. In rating the trust, we took into account the current ratings of the five services not inspected this time

Services for children and young people

Good  

Key facts and figures

The trust provides services for children and young people at both Conquest Hospital and Eastbourne District General Hospital.

At Conquest Hospital services are delivered on Kipling children's ward, a 21 bedded inpatient ward, this is the main ward for children who need an overnight stay. The hospital has a children's outpatient unit (Kipling children's outpatient unit), a short stay Paediatric Assessment Unit (SSPAU) and a Special Care Baby Unit (SCBU). Short Stay Paediatric Assessment Units (SSPAU) are used for treating children who do not need to stay overnight in hospital. The Special Care Baby Unit (SCBU) provides support to obstetric services for babies born prematurely or with underlying medical conditions.

At Eastbourne District General Hospital there is a Short Stay Paediatric Assessment Unit (SSPAU) and an outpatient unit (Friston children's outpatients' unit). Operations which are suitable for a child to go home the same day are carried out at Eastbourne District General Hospital. If a child needs an overnight stay, they will be transferred to Kipling ward at Conquest Hospital or other appropriate hospital.

(Source: Acute Routine Provider Information Request (RPIR) – Context tab, trust web site: www.esht.nhs.uk)

The trust had 6,023 spells from March 2018 to February 2019. Emergency spells accounted for 95% (5,710 spells), 5% (295 spells) were day case spells, and the remaining 18 spells were elective. The total activity at the Conquest site was 3,988 spells.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We visited Kipling ward, the SSPAU, children's outpatients, and the SCBU. We also followed a patient through the surgical journey to and from theatres and recovery. Although we did not inspect the accident and emergency department, we visited this area to establish if there was effective transition between the departments for children and young people.

We spoke with a wide range of staff including two matrons the Assistant Director of Midwifery & Nursing & Head of Midwifery, three consultants, registrars, several nursing staff including the lead for safeguarding and infection control. We spoke with the play specialist, and two practice educators alongside a healthcare assistant and one member of the housekeeping team. We also spoke with six children and their carers throughout the inspection.

We also reviewed patient 8 records, and looked at other documents relevant to the running of the service such as policies, checklists and audit reports.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. The environment had improved since our previous inspection all areas were visibly clean and equipment was well maintained.

Services for children and young people

- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. The service managed safety incidents well. Staff recognised and reported incidents and near misses.
- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service struggled with staffing numbers and staff did not always have the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.
- Staff did not always keep accurate records of medicines administered. There were no record of who held the correct patient group direction authorisations we could not be sure that they were being used safely and correctly in line with trust and national guidance.
- The trust did not submit data to the patient safety thermometer, however, the service was in the process of introducing a more formal method of reviewing continually monitoring safety across the division. Staff collected safety information however this was not formally shared with staff or patients.
- Although diagnostics, pathology and pharmacy provision were available at all times, there was no seven-day service for physiotherapy, occupational therapy and play specialists.
- There was not registered Mental Health nurse working within the department. The division had access to Child and Adolescent Mental Health Services (CAMHS) however there were pressures on the service meant children were not always seen or discharged in a timely manner.
- The service was not always able to deliver care in a way that met the needs of local people and the communities served.
- Staff were not clear of the formal process or guidance surrounding children missing appointments. Missing appointments for some children may be an indicator that they are at an increased risk of abuse.

Services for children and young people

- Although staff were aware of some changes within the department, we heard they were not always part of improvement plans. Staff we spoke with said they were not involved in the recent improvement to the playroom.
- The transition pathways from children's to adults' services was still not fully realised, although action had started to be taken to improve this.

Is the service safe?

Requires improvement   

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

- The service struggled with staffing numbers and staff did not always have the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction. Nurse staffing was on the divisional risk register and staff reported that there were often staff shortages that needed to be filled with bank and agency staff. There had been times when these staff were not specialist trained in paediatric care.
- There were 19 times from 1 January 2019 to the 1 October 2019 where the ward, beds, or cubicles were shut to new referrals overnight. Eleven of these closures were due to insufficient paediatric nursing staff/skill mix of staff. This meant children had to be diverted to neighbouring hospitals for care. Leading up to our inspection staffing had caused significant issues across the division. This had been primarily due to two patients with mental health issues needing one to one care whilst on the ward. The staffing issues over this period had meant that the SPPAU was not able to be opened out of hours to accommodate more patients if the need arose.
- The service had made improvements to the layout and environment of Kipling Ward. Previously the environment was cluttered, with equipment stored in the corridor, we also saw one bay was also crowded with too many beds for the available space. During this inspection we saw the bay capacity had been reduced from six beds to four, however, the general environment still felt a little cluttered and clinical.
- Medicines were stored safely and securely on all the wards. Access to medicines was limited to authorised staff only. Staff did not always keep accurate records of medicines administered. The wards made use of patient group directions (PGD) to administer medicines to patients without seeing a prescriber, the ward however kept no records of who was trained and authorised to do this. Some staff members held individual copies of their authorisations, but this was not the case with all staff.
- With no record of who holds the correct patient group direction authorisations, we could not be sure that they were being used safely and correctly in line with trust and national guidance.
- We reviewed six prescription charts and care records. There were several gaps in prescription charts which had not been identified by staff on the wards. This showed that current checks were not effective in identifying potential missed doses. We could not be assured that people using the service were getting their medicines as prescribed.
- The trust did not submit data to the patient safety thermometer, however, the service was in the process of introducing a more formal method of reviewing continually monitoring safety across the division. Staff collected safety information however this was not formally shared with staff or patients.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Alongside the mandatory training the division had a policy for sepsis management which all staff we spoke with were aware of.

Services for children and young people

- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The safeguarding team were visible on the children's wards both days of our inspection and staff told us they came to the wards most mornings to assist with any safeguarding issues.
- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- Maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration. Staff used a nationally recognised paediatric early warning signs (PEWS) to identify deteriorating patients and escalated them appropriately. Staff shared key information to keep patients safe when handing over their care to others
- The service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Consultants worked on a weekly rotation to ensure good continuity of care for children and young people and their carers. Every child admitted to the paediatric department was reviewed by a consultant paediatrician within 14 hours.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. There were specific systems to flag if a child had particular needs for example, safeguarding or mental health issues.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. The department used many ways to determine pain levels including The Face, Legs, Activity, Cry, Consolability scale (FLACC) scale. This is a measurement used to assess pain for children between the ages of two months and seven years or individuals that are unable to communicate their pain.

Services for children and young people

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. We saw a rolling audit schedule on Kipling ward, SSPAU and SCBU which included hand hygiene and medicine management. Results of these audits were discussed at both ward level and fed up into divisional meetings.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. We saw records of mentorship meetings, education reviews, appraisals and one to one clinical supervision.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care. There was embedded multidisciplinary working throughout children and young people's services.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on children and young people's care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Although diagnostics, pathology and pharmacy provision were available at all times, there was no seven-day service for physiotherapy, occupational therapy and play specialists. All of which were only available Monday to Friday. This could mean children who attended at the weekend were not receiving the same level of care as children who arrived on a weekday.
- There was not registered mental health nurse working within the department. The division had access to Child and Adolescent Mental Health Services (CAMHS), however, pressures on the service meant children were not always seen in a timely manner.
- There were also reports of children suffering with eating disorders not being reviewed appropriately. A consultant we spoke with said it was a frustration and that inter-hospital relations had been strained as a result. This issue was on the divisional risk register and staff worked well with the resources they had to accommodate children and support each other.

Is the service caring?

Good   

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. The caring attitude of staff was evident throughout the division and we saw thank you cards and comment books which were positive about the care received.
- Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs. Bereavement was well managed with multi faith chaplaincy support. Staff helped parents to create memory boxes, taking photos and doing hand and footprints.

Services for children and young people

- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach. The special care baby unit (SCBU) team ran parentcraft sessions to help parents undertake daily tasks such as bathing with their babies to help them feel more secure and confident undertaking these both on and off the unit.
- We saw evidence of staff understanding the importance of parent involvement and in the SCBU there was a period of quiet time each day where parents could spend time with their children without interruptions.

Is the service responsive?

Good  

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

- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- We saw that staff mandatory training included the "taking the 5 steps" of The Accessible Information Standard. The Accessible Information Standard says that people who have a disability or sensory loss should get information in a way they can access and understand.
- Sound monitoring was in place on SCBU to ensure a clam environment for babies and parents. There was an established period of quiet time between 1pm and 3pm for parents only. Doctors and nurses were encouraged to not carry out any rounds or treatment at these times, if possible.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- We saw key staff worked across the service to co-ordinate care and involvement with families. We saw evidence of specific pathways and assessment tools support children with complex needs to assist in meeting their particular needs to help their admission. A 'This is me my hospital passport' and 'Disability Distress Assessment Tool' was used. For children and young people with very complex behaviours we were told individual planning meetings were convened to assist in the planning of extra-ordinary reasonably adjusted pathways.
- The service was responsive to ongoing needs of patients. Ward rounds took place twice a day and we saw posters advertising this on Kipling ward and the SCBU, so parents could aim to attend if they wanted to.
- An outreach team had recently been introduced which was run by the SCBU sister and two nursery nurses. This aimed to support parents in their homes on discharge from hospital.
- Although there was no lead for transition in children and young people's services, there was a newly established transition group (chaired by the director of nursing), who met regularly and were working to strengthen transition services across the trust.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

However:

Services for children and young people

- The service was not always able to deliver care in a way that met the needs of local people and the communities served. It did however, work with others in the wider system and local organisations to plan care. When all the paediatric ward inpatient beds were full, children would be placed in the beds in SSPAU provided there was adequate and additional staffing to ensure patient safety. If a child could not be accommodated within the SSPAU the nearest alternative paediatric inpatient bed was identified and the child transferred. There were 19 occasions where Kipling ward had to close to admission from January 2019 to October 2019.
- We saw that young people presenting with mental health issues and needed in-patient admission to a medical ward were admitted to Kipling ward for medical management under the care of a paediatrician. They were referred to Child and Adolescent Mental Health Services (CAMHS) as part of their admission. The decision for discharge was made by the paediatrician, when the child was medically fit for discharge. However, CAMHS had to authorise the mental health discharge either back home or to alternative facility. This had recently caused a problem with staffing on Kipling ward as there were patients requiring one to one care who were medically fit for discharge but CAMHS and social service were unable to find an appropriate care setting meaning the children had to remain on the ward to ensure their safety. Staff reported that it was not the right environment for these children and that staying on the ward long term could have health implications and that the children would become bored.
- There was no specific area on Kipling ward or the SSPAU for children or young people who required stabilisation. Staff told us that children would be stabilised in side rooms in available or cubicles, before being transferred to the intensive care unit (ITU).
- Staff were not clear of the formal process or guidance surrounding children missing appointments. Missing appointments for some children may be an indicator that they are at an increased risk of abuse. Eighty-nine children were not brought to appointments within the outpatient unit in September 2019. We use the term “was not brought” rather than “did not attend” for children and young people as it is rarely the child’s fault they miss appointments. Missing appointments for some children may be an indicator that they are at an increased risk of abuse.

Is the service well-led?

Good   

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

- Leaders had skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people, their families and staff. They supported staff to develop their skills and take on more senior roles. Although there had recently been a change in the leadership structure, staff understood how this would improve the service moving forward.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where children and young people, their families and staff could raise concerns without fear.

Services for children and young people

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Records were managed securely, and we saw computer screens were shielded from public view behind nurse stations. Any boards we saw did not contain patient identifiable information.
- Leaders and staff actively and openly engaged with children, young people, their families, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.
- All staff were committed to continually learning and improving services. They were developing a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Progress was monitored at board level, and since our last inspection some changes had been made to the provision of transition of young people. Examples included the medicines room being established on Kipling Ward, and the development of a quiet room, both as a result of feedback from incidents and patients. However, there was still a lack of transition services within the unit for all adolescent children or children with mental health needs.
- Although staff were aware of some changes within the department, we heard they were not always part of improvement plans. Staff we spoke with said they were not involved in the recent improvement to the playroom. We spoke with one key staff member who said they didn't know it was being developed until two days before the work was due to start.

Outstanding practice

- We found changes to safeguarding practices following concerns raised, for example, clinical staff told us that this year the trust had run a level 3 “think family” safeguarding study day. Topics covered included dealing with difficult family dynamics, female genital mutilation, forms of abuse including sexual abuse and the impact of parental mental health conditions.

Areas for improvement

We found areas for improvement in this service.

- The service should consider ways to improve staffing to prevent unit closures.
- The service should ensure that fridge temperatures are monitored, and action taken if the temperatures are out of the expected range.
- The service should ensure staff records are up to date and reflect current patient group directions (PGD) competencies and Disclosure and Barring Service checks.
- The service should ensure prescription charts are completed fully and checked to ensure patient safety.
- The service should ensure play specialists are available at all times to support children and staff.
- The service should ensure activities are available to children of all ages, particularly adolescents who may in on wards for extended periods of time.

Services for children and young people

- The service should consider ways to ensure the appropriate mental health support is available to children at all times.
- The service should ensure policies and procedures held on the wards are up to date.
- The service should ensure staff have an understanding of protocol when handling children and young people who were not brought for appointments.

End of life care

Outstanding   

Key facts and figures

The trust provides end of life care at a number of settings. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services.

End of life care is provided for people and those most important to them who are approaching the end of their life and after death. This service is delivered across a number of settings, including acute and community hospitals and in people's own homes supported by community teams. Mortuary, bereavement, chaplaincy, and volunteer services provide valuable services and support to patients and their families. Where additional expertise is required specialist palliative care teams are available in both acute and community settings.

The trust works in close partnership with local hospices to provide seamless care supporting patients to be cared for in their preferred place of death. Recently funding was approved to extend the team to enable provision of the service seven days a week.

End of life care is delivered either indirectly or directly by over 4,000 employees within the organisation. Education for staff is predominately provided by the supportive and palliative care team, local universities and through e-learning modules.

The trust has recently introduced recommended summary plan for emergency care and treatment (ReSPECT), an alternative process for discussing, making, and recording recommendations about future emergency care and treatment, including CPR. This process encourages patients to focus on both the treatments they do want, those that they do not want and planning ahead for their care and treatment should they be unable to make decisions due to a future emergency.

The trust had 1,627 deaths from March 2018 to February 2019.

During the inspection, we visited wards and departments at the Conquest Hospital. We spoke with 29 staff including; nurses, department leads, porters, doctors, mortuary staff, bereavement staff, chaplaincy staff, matrons, pharmacist staff, and other allied health professionals. We spoke with two patients and one relative. We also looked at seven compliments, five complaints, nine sets of patient records, and nine medication records.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available five days a week with reliable out of hours and weekend cover.

End of life care

- Patients and relatives said staff went above and beyond, and the care received exceeded their expectations. Staff truly respected and valued patients as individuals. They treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service was tailored to meet needs of individual people and are delivered in a way the ensure flexibility, choice and continuity of care. There was a proactive approach to meeting the needs of those from different cultures or with complex needs. People could access the service when they needed it. The service made it easy for people to give feedback and made changes as a result of it.
- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders supported staff to develop their skills and motivated them to succeed. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, valued, and were proud of the organisation as a place to work and spoke highly of the culture within the service. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service used innovative ways to engage with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not keep their risk register updated.
- There were some issues with the structural maintenance of the hospital.
- The service did not have a major incident policy for the mortuary, although staff were developing one.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. They kept equipment and the premises visibly clean. Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

End of life care

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The service supported patients through regular assessments for nutrition and hydration. Staff supported patients to make sure they had enough food and drink to meet their needs. Patients were encouraged to eat and drink normally for as long as possible despite this need reducing as people approached the end of their life.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Staff providing end of life care truly respected and valued patients as individuals. Staff consistently treated patients with compassion and kindness, respected their privacy and dignity. They thoroughly understood and respected patients' personal needs and preferences. Staff were dedicated to making sure patients received the best individualised patient-centred care possible, at the end of their life. Feedback from patients and those close to them was overwhelmingly positive.
- Staff provided high quality emotional support to patients, families and carers to minimise their distress. People's emotional and social needs are highly valued by staff and are embedded in their care and treatment.

End of life care

- Staff always supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Relationships between people who use the service, those close to them and staff are strong, caring and supportive. These relationships are highly valued by staff and promoted by leaders.

Is the service responsive?

Outstanding ☆ ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. There was a proactive approach to work with others in the wider system and local organisations to plan care that met the needs of patients, their families and the wider community. The services were flexible, provided choice and ensured continuity of care.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure maximum flexibility and choice. The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. The service was inclusive and took account of patients' preferences. Staff made reasonable adjustments to help patients access services. They reliably and consistently coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it and had access to services in a way and at a time that met their needs. There were arrangements that ensured specialist advice was available at all times. It was easy for staff to refer patients to specialist palliative care services and barriers to referral had been removed. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service if possible included patients in the investigation of their complaint. Feedback and learning from complaints were always considered, shared with the wider team and used to make improvements.

Is the service well-led?

Outstanding ☆ ↑↑

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

- Leaders had an inspiring shared purpose, strove to deliver and motivate staff to succeed. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable. These were aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

End of life care

- There was a strong culture that was centred on the needs of patients at the end of their life. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values to deliver high quality person-centred care. The service provided opportunities for career development and staff could raise concerns without fear. Staff are proud of the organisation as a place to work and spoke highly of the culture.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance. They identified relevant risks and issues and identified actions to reduce their impact however did not always keep records of these updated. However, the service did not have plans to cope with unexpected events.
- The service collected a wide range of reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff use innovative approaches to gather feedback from people who use services and the public, including patients with a diverse range of needs. This was then used to plan and manage services. They collaborated with partner organisations to help improve services for patients. There were consistently high levels of constructive engagement with staff.
- The leadership team drove continuous improvement. Staff were committed to continually learning and improving services. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. They were developing a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

Outstanding practice

- The service truly respected and valued their patients as individuals and empowered them to be partners in their care. This was seen in the feedback from patients, relatives and staff.
- Staff and patients reported specialist palliative care support was available quickly when needed. Staff also reported that the referral process was simple.
- The service was tailored to meet the needs of individuals and was delivered in a way to ensure flexibility, choice and continuity of care.
- There was a strong sense of culture that was centred on the needs of patients at the end of their life. Across all areas we visited staff told us they were committed and passionate about the end of life care they provided to patients.
- We saw comprehensive and successful leadership strategies that had created a culture to drive and improve the delivery of high-quality person-centred care.

Areas for improvement

We found areas for improvement in this service.

- The service should review their maintenance of their estate in relation to patient comfort during transportation around the hospital.

End of life care

- The service should review their maintenance of the outside wall at the mortuary entrance in relation to how this could be viewed by relatives.
- The service should review their maintenance of the “no parking” painted sign outside the mortuary to ensure funeral directors can transfer patients from the mortuary to their transport vehicles with respect and dignity.
- The service should formalise their major incident plan for mortuary services.
- The service should keep their risk register up to date.

Outpatients

Good  

Key facts and figures

The trust provides outpatients services at a wide range of community-based clinics and at four hospital sites including the Conquest Hospital located in Hastings. Outpatient administration is provided through a centralised clinical administration team who lead on bookings, health records and clinical correspondence. Clinical and nursing services are provided through a range of specialties and divisions.

The trust launched an outpatient transformation programme in 2019 to respond to the needs of patients, and the increasing demands on capacity and digital opportunities in line with the long-term NHS plan.

Outpatient services at Conquest Hospital are located throughout the site, with the main general outpatient department located close to the hospital entrance. Other specialist clinics were situated within different areas of the main hospital. During the period from March 2018 to February 2019 the hospital managed 172,169 outpatient appointments.

The service provides both consultant and nurse-led outpatient clinics across a range of specialties including but not limited to: medicine, cardiology, respiratory, oncology, rheumatology, diabetes, endocrinology, orthopaedics, ophthalmology, ear, nose and throat (ENT) and dental. Outpatient clinics were held between 9am and 6pm with some evening and weekend clinics depending on specialty need.

During this announced inspection we visited the main general outpatient department, medical outpatients, the orthopaedic outpatients and fracture clinic, the diabetic and endocrinology centre and the outpatient phlebotomy service.

We spoke to 14 patients, 10 relatives/carers and 28 staff including nurses; consultants; health care assistants; therapists; receptionists and administrative staff and directorate and service managers. We reviewed performance information about the department and the trust and reviewed four sets of patient records.

We previously inspected outpatients jointly with diagnostic imaging in 2016 so we cannot compare our new ratings directly with previous ratings.

On this inspection we rated the service as good overall.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available when required.

Outpatients

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of and valued their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers and embedded this in the care they delivered.
- There was a strong visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind, compassionate and promoted people's dignity. Staff provided emotional support to patients, families and carers to minimise their distress and recognise and respect the totality of people's needs. Staff made adjustments to care and support that was highly individualised. Feedback from people who used the service and those close to them was always very positive
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all mandatory training requirements were completed by all staff.
- Not all staff received an appraisal in line with the trust target.
- Not all waiting times from referral to treatment were in line with national standards.
- In the main outpatient department there was no designated waiting area for patients on stretchers. Not all clinic areas had seating available for bariatric patients or those that had difficulty in sitting.
- The carpet in the medical outpatient waiting area was stained and unsightly.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and monitored compliance to trust targets. However, not all staff had completed mandatory training requirements or met the trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, the medical outpatients waiting area had a carpet that was stained.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, not all areas had a suitable area where patients could wait on stretchers.

Outpatients

- Staff completed patient risk assessments and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

We inspected but did not rate effective, as we do not currently collect sufficient evidence to rate this. However, we found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers planned to appraise staff's work performance and held supervision meetings with them to provide support and development. However, the service did not achieve the trust target of completed appraisals.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or those with mental health conditions.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- There was a strong visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Feedback from people who used the service and those close to them was always very positive about the way staff treated people.

Outpatients

- Staff provided emotional support to patients, families and carers to minimise their distress and recognise and respect the totality of people's needs. They understood patients' needs and made adjustments to care and support that was highly individualised.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Relationships between people who use the service, those close to them and staff are strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.

Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Facilities and premises are appropriate for the service being delivered. Waiting times, delays and cancellations are minimal and managed appropriately. People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Not all clinic areas had seating available for bariatric patients or those that had difficulty in sitting.
- Not all waiting times from referral to treatment for non-admitted pathways were in line with national standards.

Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Outpatients

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They were developing a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

Outstanding practice

- The service demonstrated a strong visible patient-centred culture. Staff were responsive to the caring and emotional needs of patients and were creative in meeting patient needs. Feedback from patients was consistently positive.
- The service was responsive to patient needs and the development of the multi-disciplinary diabetic foot clinic showed how medical and nursing staff worked together to improve patient care in response to patient feedback that services had been fragmented.
- Information boards in all departments were very well maintained and contained current and relevant information. Health promotion literature was of a very good standard with information covering a diverse number of patient conditions and needs.

Areas for improvement

We found areas for improvement in this service.

- The service should ensure the trust target of 90% is met for all mandatory training requirements.
- The service should ensure the trust target of 90% is achieved for all staff receiving an appraisal.
- The service should manage waiting times from referral to treatment in line for non-admitted pathways within national standards.
- The service should consider how they meet the needs of patients waiting on stretchers
- The service should have seating available for bariatric patients or those that have difficulty in sitting.
- The service should consider the replacement of the carpet in the medical outpatient department.

Community health services

Background to community health services

The trust provides adult services to the residents of East Sussex. These services are crisis response, district and community nursing, health visiting, stroke rehabilitation, podiatry, audiology, bladder and bowel services, dietetics, speech and language therapy, physiotherapy and frailty services. The service, as a whole, delivers skilled patient-focused nursing care and support to individuals in a variety of clinics and non-hospital settings including patients' homes and residential homes.

Services work together very effectively to create holistic pathways through which patients transition seamlessly to receive the care they need. Teams communicate well and support each other via a range of regular calls and meetings, to ensure a safe and effective service is provided.

The trust provides specialist palliative care within community services by working closely with GP colleagues, St Michael's, and St Wilfrid's hospices to support individuals important to the patient, during their last days of life.

The district nurses undertook holistic assessments for patients in their last year and last days of life, working with hospices and GPs to ensure there was appropriate anticipatory prescribing. The service was piloting a revised process offering structured bereavement support and feedback six weeks post bereavement via a telephone call, or pre-arranged visit.

The crisis response service supported the rapid discharge end of life care pathway, enabling patients to be discharged home quickly if this was their preferred place of care. They also supported with a night sitter if appropriate to enable a patient to remain at home. End of life care delivery was supported by responding to rapid referrals for symptom management and ensuring stat doses (single doses of medication immediately required) were administered in a timely manner.

The integrated night service supported end of life care delivery between 10pm and 8am.

Intermediate care units did not offer specialist palliative care, but worked closely with GPs, hospices, and secondary care colleagues to ensure patients received high quality end of life care.

Frailty practitioners supported residents in care homes in their last year of life, developing Proactive Elderly Advance Care (PEACE) plans, which supported care home staff with appropriate escalation plans and avoiding unnecessary hospital admissions.

Summary of community health services

Our rating of these services improved. We rated them as good because in the community adults service we saw that:

- The service had enough skilled staff to care for patients and keep them safe, although they had vacant posts to be recruited to. Staff had training in key skills although not all staff had attended mandatory updates within the required

Summary of findings

period. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and generally kept good care records. They managed medicines well. The service managed incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the services and made sure staff were competent. Staff worked exceptionally well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week, or if they were not, there were plans in place to ensure they would be.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and usually did not have to wait too long for treatment. Where there were waiting lists, managers had processes to ensure each was considered and prioritised according to urgency. Where appropriate and possible, people on the waiting lists were signposted to other services for more immediate assistance.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients, the community and other stakeholders to plan and manage services and all staff were committed to improving services continually.

However;

- Not all staff had completed their mandatory training refresher courses within the set timescales.
- Not all information in patients' homes reflected the care and treatment they were receiving.
- Not all staff were confident in carrying out and recording mental capacity assessments and best interest decision-making processes.
- Some patients were not able to access the frailty team support in a timely manner.

Community health services for adults

Outstanding  

Key facts and figures

The trust provides adult services to the residents of East Sussex. These services are crisis response, district and community nursing, health visiting, stroke rehabilitation, podiatry, audiology, bladder and bowel services, dietetics, speech and language therapy, physiotherapy and frailty services. The service, as a whole, delivers skilled patient-focused nursing care and support to individuals in a variety of clinics and non-hospital settings including patients' homes and residential homes.

Services work together very effectively to create holistic pathways through which patients transition seamlessly to receive the care they need. Teams communicate well and support each other via a range of regular calls and meetings, to ensure a safe and effective service is provided.

At the last comprehensive inspection of the community adults services in March 2015, the service was rated as requires improvement overall. The service was rated as requires improvement in the safe, effective and well led key questions, and good in the caring and responsive key questions.

We issued three requirement notices in relation to record keeping, assessing and monitoring the quality **of care and not seeking the views of service users and their carers and families.** **We are satisfied that community adults had met these requirements during this inspection.**

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

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

During the inspection visit, the inspection team:

- visited the community nursing teams in Bexhill, Eastbourne St Mary's and Hailsham, the frailty services in Bexhill and Eastbourne, the crisis response services in Eastbourne and Hastings, the podiatry services in Eastbourne and Bexhill and the community stroke rehab team in Bexhill
- spoke with 18 patients and eight relatives/carers
- spoke with 57 members of staff across all disciplines
- accompanied staff on home visits and clinic appointments
- looked at 42 care and treatment records

Community health services for adults

- carried out a specific check of the medication management
- observed team meetings, handovers and safety huddles
- looked at staff supervision records
- looked at clinic areas, staff offices and waiting rooms
- looked at a range of policies, procedures and other documents related to the running of the service.

Summary of this service

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

- The service had enough skilled staff to care for patients and keep them safe, although they had vacant posts to be recruited to. Staff had training in key skills although not all staff had attended mandatory updates within the required period. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and generally kept good care records. They managed medicines well. The service managed incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, and gave patients pain relief when they needed it. Managers monitored the effectiveness of the services and made sure staff were competent. Staff worked exceptionally well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week, or if they were not, there were plans in place to ensure they would be.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and usually did not have to wait too long for treatment. Where there were waiting lists, managers had processes to ensure each was considered and prioritised according to urgency. Where appropriate and possible, people on the waiting lists were signposted to other services for more immediate assistance.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients, the community and other stakeholders to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good  

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

Community health services for adults

- The service provided mandatory training in key skills and in additional subjects specific to certain teams. However, update completion rates were below the trust's target in two of the six mandatory subjects. In some cases this was due to circumstances, such as staff being on long term sick leave, and in most cases the staff were booked onto a session.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service managed infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Each service had vacancies and were recruiting to posts. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Completion rates for mandatory updates were below the trust's target in two of the six subjects. In some cases this was due to circumstances such as staff being on long term sick leave, and in most cases the staff were booked onto a session.
- Some of the clinic and office premises used by podiatry teams were not ideal for the purpose and confidential discussions had to be held elsewhere. Similarly, some offices used by district nursing and crisis response teams were noisy and did not allow for quiet working, private meetings or confidential phone calls to be made.
- Not all information we saw in homes during district nursing visits was up to date, and so did not reflect the treatment and care patients were receiving.

Is the service effective?

Outstanding ☆ ↑↑

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

- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

Community health services for adults

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles and were extremely supportive of staff wellbeing and development. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together exceptionally well as a team to benefit patients, whose care and treatment was seamless and uninterrupted. They consistently supported each other to provide good care and communicated effectively with other agencies.
- Staff worked effectively with other professionals and stakeholders in the system to ensure patients received the most effective and timely care and treatment available.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to one single electronic records system that they could all update.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

Our rating of caring improved. We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients was consistently very positive, and patients felt staff went the extra mile to provide care the care they needed.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs and used innovative ways to help people meet them.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Feedback from relatives and carers was consistently very positive

Is the service responsive?

Good ● → ←

Community health services for adults

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way. Where there were waiting lists, staff had processes to minimise these and their impact.
- There were a range of ways people could feed back on the care they received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good  

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

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

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

Community health services for adults

Outstanding practice

- Community adults' services had exceptional pathways through which patients seamlessly transitioned to receive the services they needed. The impact of this on patients was that their treatment was uninterrupted and they did not have unnecessary waits for care while between teams. Staff worked together cohesively in the best interests of patients, and ensured that issues such as staffing numbers, and any occasional issues with integrated working, was absorbed by teams so that it did not impact patients
- The culture of the adults community services was extremely positive. Staff told us the culture was one of support, trust, learning, improvement, care and inclusion. Staff at all levels felt valued and heard, and consistently told us the trust was a really good place to work
- In the 12 months following the introduction of advance care plans, known as PEACE plans. for care home residents the trust saw a dramatic reduction in hospital admissions and bed usage days for these people, with an 83% reduction in admissions and 94% reduction in bed days. This was an exceptionally effective outcome for patients and for the trust.

Areas for improvement

We found areas for improvement in this service.

- The service should ensure all staff complete mandatory training refreshers within timescales
- The service should ensure all information in patients' homes reflects the care and treatment they are receiving

Community end of life care

Good  

Key facts and figures

The trust provides specialist palliative care within community services by working closely with GP colleagues, St Michael's, and St Wilfrid's hospices to support individuals important to the patient, during their last days of life.

The district nurses undertook holistic assessments for patients in their last year and last days of life, working with hospices and GPs to ensure there was appropriate anticipatory prescribing. The service was piloting a revised process offering structured bereavement support and feedback six weeks post bereavement via a telephone call, or pre-arranged visit.

The crisis response service supported the rapid discharge end of life care pathway, enabling patients to be discharged home quickly if this was their preferred place of care. They also supported with a night sitter if appropriate to enable a patient to remain at home. End of life care delivery was supported by responding to rapid referrals for symptom management and ensuring stat doses (single doses of medication immediately required) were administered in a timely manner.

The integrated night service supported end of life care delivery between 10pm and 8am.

The intermediate care units did not offer specialist palliative care, but worked closely with GPs, hospices, and secondary care colleagues to ensure patients received high quality end of life care.

Frailty practitioners supported residents in care homes in their last year of life, developing Proactive Elderly Advance Care (PEACE) plans, which supported care home staff with appropriate escalation plans and avoiding unnecessary hospital admissions.

Community end of life care services were rated requires improvement overall following our comprehensive inspection in March 2015. The service was rated as requires improvement in the safe, responsive and well led key questions, and good in the effective and caring key questions.

We issued three requirement notices in relation to record keeping, assessing and monitoring the quality of care and not seeking the views of service users and their carers and families.

Our inspection in November 2019 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

During the inspection visit, the inspection team:

Community end of life care

- visited the community nursing teams in Bexhill, Eastbourne St Mary's and St Leonards, the frailty service in Bexhill and Eastbourne, the crisis response service in Eastbourne and the intermediate care unit in Rye
- spoke with the end of life care service lead for the community, the clinical lead and assistant director of nursing for the Out of Hospital division and the deputy director of nursing
- spoke with 31 other staff members, including team managers and service leads, nursing staff, occupational therapy staff and integrated support workers from the community nursing, frailty, crisis response and intermediate care unit teams
- spoke with four patients receiving end of life care and three carers
- joined community nurses on four home visits and observed the care and support provided to patients and carers
- reviewed 15 sets of patient care records, five PEACE documents, four do not attempt cardiopulmonary resuscitation (DNACPR) documents, one preferred priorities of care document, two ReSPECT documents, and five medication records
- observed a team safety huddle meeting
- looked at feedback, including 36 friends and family feedback forms; and
- looked at policies, procedures and other documents related to the running of the service.

Summary of this service

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

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

Community end of life care

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. They used control measures to prevent the spread of infection before and after the patient died.
- The design, maintenance and use of facilities and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had access to enough staff within the out of hospital teams with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. While the teams were having issues meeting the demands of the services, end of life care was prioritised to ensure needs were met.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff monitored if patients were eating and drinking enough.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Community end of life care

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff providing end of life care had access to a range of specialist end of life care training.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Not all staff were confident with the recording of mental capacity assessments and were not routinely doing this.

Is the service caring?

Good   

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

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

Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Key services were available seven days a week to support timely patient care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People were supported to give feedback and raise concerns about care received. Although the service received limited complaints, they had a system in place to treat concerns and complaints seriously, investigate them and share lessons learned with all staff. The service would include patients in the investigation of their complaint.
- Patients could access community end of life support when they needed it. Waiting times from referral to achievement of preferred place of care and death were generally in line with good practice.

Community end of life care

However:

- The frailty team did have a lengthy waiting list at the time of the inspection. Managers and staff had plan to address this.

Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff generally felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and the majority of staff felt they could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Areas for improvement

We found areas for improvement in this service:

- The service should ensure that all staff are confident in the carrying out and recording of mental capacity assessments and best interest decision-making processes.
- The service should ensure that patients are able to access the frailty team support in a timely manner.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

This section is primarily information for the provider

Enforcement actions

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

Our inspection team

For our core services inspection the team included two inspection manager, 13 inspectors including a medicines specialist, and nine specialist advisors with relevant experience in the core services we inspected.

An executive reviewer, Manjit Gill, non-executive director supported our inspection of well-led for the trust overall. The team included four inspection managers, a regional medicines manager and a specialist adviser with board level experience. We were supported by a colleague from NHSI who reviewed the trust's financial governance arrangements.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.