Hounslow and Richmond Community Healthcare NHS Trust

Inspection report

Thames House
180 High Street
Teddington
Middlesex
TW11 8HU
Tel: 02089733000

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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 (www.cqc.org.uk/provider/RY9/reports)

Ratings

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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.

Summary of findings

Background to the trust

Hounslow and Richmond Community Healthcare NHS Trust (HRCH) was created in 2011 from the community services arms of the former Primary Care Trusts for Hounslow and Richmond. HRCH provides community health services for approximately 515,000 people living in the London boroughs of Hounslow and Richmond-upon-Thames. Each month, the trust provides services to about 32,000 different service users.

The population of Richmond-upon-Thames has better health than the England average, with lower than average hospital stays for alcohol-related harm and self-harm, lower than average smoking deaths, excess weight in adults, tuberculosis infections and early deaths from cardiovascular disease or cancer and higher than average physical activity. The population of the neighbouring borough Hounslow is younger and more diverse (with over 50% of the population from an ethnic minority background compared to 11% in Richmond). The health picture is mixed, with lower than average hospital stays for self-harm or alcohol-related harm, but higher than expected levels of diabetes, tuberculosis and sexually transmitted infections.

The trust provides services from three registered locations:

- Hounslow Urgent Care Centre, located at West Middlesex Hospital, where the trust provides urgent treatment for minor injuries and illnesses.
- Teddington Memorial Hospital, where the trust has 29 inpatient rehabilitation beds and an urgent treatment centre (developed from the former walk-in centre) that is open 8am-10pm every day. The trust also hosts outpatient services and provides diagnostic services the Teddington Memorial Hospital.
- Thames House, the CQC-registered location for a range of community services delivered across Hounslow and Richmond.

The trust does not provide dental services or sexual health services. End of life care for adults is integrated into the trust's district nursing and inpatient services, with no specialist palliative care staff, but supported by local hospices which undertake joint patient reviews and provide specialist support. Children's end of life care is provided by children's continuing healthcare teams.

Of all community trusts, HRCH has the smallest staff establishment (933 FTEs as of 31 January 2018) and the second-smallest turnover at £70.5m in 2016/17. The trust runs a surplus, which was £2.9m in 2016/17 and an estimated £2.2m in 2017/18.

Overall summary

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

What this trust does

Hounslow and Richmond Community Healthcare NHS Trust provides community healthcare services to the London Boroughs of Hounslow and Richmond-upon-Thames. It provides the following services: inpatient rehabilitation services; community district nursing; health visiting; physiotherapy; nutrition and dietetics; health promotion, speech and language therapy and occupational therapy. The trust also provides some specialist services such as audiology, neuro-rehabilitation, continence services, diabetes, respiratory, cardiac rehabilitation, dementia care, continuing care and care for people with learning disabilities.

Summary of findings

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

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

The core services we inspected were urgent treatment centres, community health services for adults and community end of life care, as part of our continual checks on the safety and quality of healthcare services.

We selected the services for inclusion in this inspection based on those that were 'requires improvement' as a result of our findings at the previous inspection carried out in March 2016. Intelligence information we held on these areas indicated the need for re-inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed; Is this organisation well-led?

What we found

Our overall findings indicated that all areas made improvements. The trust was rated overall as good and all services inspected were also rated as good.

Urgent treatment centres improved from requires improvement to good. Safe, responsive and well-led improved from requires improvement to good. Effective and caring remained as good.

Community health services for adults improved from requires improvement to good. Safe and responsive improved from requires improvement to good. Effective, caring and well-led remained as good.

Community end of life care remained as good. Effective improved from requires improvement to good. Safe, caring, responsive and well-led remained as good.

Overall trust

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

- We rated safe, effective, caring, responsive and well-led as good. We rated all of the trust's five services as good. In rating the trust, we took into account the current ratings of the two services not inspected this time.
- We rated well-led for the trust overall as good.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.

Summary of findings

- The trust was meeting its mandatory training target of at least 85% of staff completing the relevant training.
- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Multidisciplinary working was strong across the services. Staff worked well together and with other organisations to deliver effective care and treatment.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment. Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances. People with the most urgent needs had their care and treatment prioritised. Waiting times were within the trust target.
- Leadership teams were visible and supportive to frontline staff and demonstrated good knowledge and understanding of the services they provided.
- Managers made a concerted effort to involve staff in changes to services.
- There was a positive organisational culture, which supported openness and transparency.
- In the Hounslow urgent treatment centre, the patient champion service worked well to support homeless patients regarding access to services. The service produced an information leaflet designed to inform homeless patients of their rights, advising them on how to access care and what community services and support was available.
- The trust was the first trust to use a wound care app, which was an online electronic reference guide for appropriate treatment and care option for wounds. This was innovative practice and enabled staff to obtain advice from senior and specialist staff, which helped them assess and identify the correct grading and possible deterioration.
- The wheelchair hub in Hounslow offered comprehensive wheelchair, seating and sleep system for people with long-term mobility problems. The service offered a single streamlined service for wheelchair and posture assessment, equipment and review, repairs and maintenance.
- Intravenous therapy nurses at the trust developed the cellulitis pathway where a small portable antibiotic infusion pump that patients could either wear around their necks or place in their pockets. This was innovative practice and its purpose was to prevent patients being admitted to hospital.
- The trust collaborated with several external providers (Marie Curie, Hospice Staff, Out of Hours Providers) and these relationships were positive and promoted best practice.
- The children's continuing care team delivered high quality care to children receiving end of life care. Relatives we spoke with told us they were their lifeline during periods of distress.

However:

- Patients' pain scores and whether analgesia was offered were inconsistently recorded.

Summary of findings

- The vacancy rate for qualified nursing staff was high at 22%, which the trust recognised. Nursing staff in Hounslow said the shortage of staff resulted in a heavy caseload, which sometimes made for a stressful working environment.
- In the urgent treatment centre at Teddington Memorial Hospital, the waiting area was small and patients attending at reception could be overheard by others, impacting on their privacy.
- Several staff members were unaware of the trust's vision for their respective services.
- The trust had insufficient data to determine the quality of the end of life service being provided.
- There were inconsistences in the completion of some aspects of patient notes.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.
- The trust was meeting its mandatory training target of at least 85% of staff completing the relevant training.
- Staff understood how to protect patients from abuse and staff worked well with other agencies to do so.
- Staff were aware of their responsibilities in relation to safeguarding concerns and could demonstrate the process for reporting these.
- There was appropriate equipment available in patient's homes and additional items could be quickly accessed.

However:

- Patients' pain scores and whether analgesia was offered were inconsistently recorded.
- The vacancy rate for qualified nursing staff was high at 22%, which the trust recognised. Nursing staff in Hounslow said the shortage of staff resulted in a heavy caseload, which sometimes made for a stressful working environment.
- There were inconsistences in the completion of some aspects of patient notes.

Are services effective?

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

- The provider assessed patients' physical, mental health and social needs and delivered their care, treatment and support in line with current legislation, standards and evidence-based guidance.
- Services had clear arrangements for supporting and managing staff to deliver effective care and treatment. Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Multidisciplinary working was strong across the services. Staff worked well together and with other organisations to deliver effective care and treatment.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national standards and guidance.

However:

- Paediatric-specific training was not consistent for in the Urgent Care Centre despite seeing a number of children.
- In the end of life service, there was limited quality improvement and learning taking place.

Summary of findings

- Staff did not routinely use a formal pain assessment tool.

Are services caring?

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

- Staff were kind caring and treated patients with dignity and respect.
- Staff responded compassionately when patients needed help and patients we spoke with described the staff as caring, friendly and helpful.
- We observed staff interacting with patients in a caring and empathetic manner and patients told us that staff were patient, listened to their concerns and made them feel comfortable.
- Staff helped patients be involved in decisions about their care and communicated with people so that they understood their care and any advice given.
- Staff spoke confidently about providing emotional support to patients and those close to them.

Are services responsive?

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

- The trust organised and delivered services to meet the needs of patients.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances. People with the most urgent needs had their care and treatment prioritised. Waiting times were within the trust target.
- Facilities and premises were appropriate for the services that were being delivered. Clinics we visited had wheelchair access, disabled toilets, hearing loops and disabled parking.
- The trust had developed good links and working relationships with local partners to ensure services provided care tailored to patient needs.
- The trust employed link nurses with a specialist interest in dementia and learning difficulties.

However:

- It was unclear and inconsistent as to how a patient or relative could make a formal complaint to the trust.
- In the urgent treatment centre at Teddington Memorial Hospital, the waiting area was small and patients attending at reception could be overheard by others, impacting on their privacy.
- The urgent care centre at Hounslow was not meeting its commissioned streaming target of 98% of patients streamed within the relevant timeframe or its internal target of triaging patients within 15 minutes.

Are services well-led?

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

- Leadership teams were visible and supportive to frontline staff and demonstrated good knowledge and understanding of the services they provided.
- There was a positive organisational culture, which supported openness and transparency.
- Leaders encouraged a compassionate and supportive working environment and staff told us they felt valued, respected and supported. Staff demonstrated good understanding of the principles of Duty of candour.

Summary of findings

- Governance structures were effective and supported the delivery of good quality, sustainable care. Staff were clear about their immediate responsibilities and accountability was understood.
- There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. Risk registers were detailed, comprehensively completed and regularly reviewed.
- The trust had a holistic understanding of performance. Quality and risk information about community services were regularly reviewed at divisional and board level. Information was used to measure for improvement, not just assurance.
- In the urgent treatment centres, the patient champion service worked well to support homeless patients regarding access to services. The service produced an information leaflet designed to inform homeless patients of their rights, advising them on how to access care and what community services and support was available.
- The trust was the first trust to use a wound care app, which was an online electronic reference guide for appropriate treatment and care option for wounds. This enabled staff to obtain advice from senior and specialist staff, which helped them assess and identify the correct grading and possible deterioration.
- The wheelchair hub in Hounslow offered comprehensive wheelchair, seating and sleep system for people with long-term mobility problems. The service offered a single streamlined service for wheelchair and posture assessment, equipment and review, repairs and maintenance.
- Intravenous therapy nurses at the trust developed the cellulitis pathway where a small portable antibiotic infusion pump that patients could either wear around their necks or place in their pockets. The purpose was to prevent patients being admitted to hospital.
- The trust collaborated with several external providers (Marie Curie, Hospice Staff, Out of Hours Providers) and these relationships were positive and promoted best practice.
- The children's continuing care team delivered high quality care to children receiving end of life care. Relatives we spoke with told us they were their lifeline during periods of distress.

However:

- Some black and minority ethnic staff felt they had poorer access to resources or fewer opportunities for promotion, compared to their white peers, despite trust data to the contrary. The trust had recognised this perception from the staff survey results and was in the process of gathering staff views on how to improve.
- Several staff members were unaware of the trust's vision for their respective services.
- At the time of inspection, no patient/relative feedback forms had been implemented for use in either borough.
- There was limited crossover and sharing of good practice between the urgent treatment centres at West Middlesex Hospital and Teddington Memorial Hospital. Service managers had organised some joint learning days, but contact and sharing of initiatives or improvements between sites was limited.

Ratings tables

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

Summary of findings

Outstanding practice

We found examples of outstanding practice in the urgent treatment centres, community health services for adults and community end of life care service.

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

Areas for improvement

We found 16 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

What happens next

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

Outstanding practice

- In the urgent treatment centres, the patient champion service worked well to support homeless patients regarding access to services. The service had produced an information leaflet designed to inform homeless patients of their rights, advising them on how to access care and what community services and support was available.
- The trust was the first trust to use an innovative wound care app, which was an online electronic reference guide for appropriate treatment and care option for wounds. The trust had won an award for the use of the app. The app gave staff instant access to wound care management and treatment planning information. The app enabled staff to obtain advice from senior and specialist staff, which helped them assess and identify the correct grading and possible deterioration.
- The wheelchair hub in Hounslow offered comprehensive wheelchair, seating and sleep system for people with long-term mobility problems. The service offered a single streamlined service for wheelchair and posture assessment, equipment and review, repairs and maintenance. The service was an open and access service and patients were able to self-refer or contact the staff for information and advice.
- Intravenous therapy nurses at the trust had developed a cellulitis pathway including the use of small portable antibiotic infusion pumps, that patients could either wear around their necks or place in their pockets. The aim of the pathway was to prevent patients being admitted to hospital. The pumps delivered a continuous dose of antibiotics over 24 hours, and could be changed in the community. This pathway meant that patients received effective care did not need to attend an acute care setting, supporting their independence. In addition, the local NHS saved costs from shorter hospital stays and a more efficient use of nursing services. This approach meant the IV team only had to visit each patient for 30 minutes a day and patients only had to attend hospital once a week for medical check-ups and a new supply of pre-filled pumps.
- The trust collaborated with a number of external providers (Marie Curie, Hospice Staff, Out of Hours Providers) and these relationships were positive and promoted best practice. We saw collective working, which enhanced patient care.
- Relatives told us that care received by the children's continuing care team was 'beyond excellent' and staff often stayed over their working hours to ensure patients and relatives were cared for.

Summary of findings

Areas for improvement

Action the trust SHOULD take to improve:

At provider level:

- Review the caseloads of some community nurses, where appears to be unmanageable.
- Ensure the Duty of candour is always applied appropriately.
- Improve the follow up waiting times for patients with Autistic Spectrum Disorder.
- Improve consultation with people using the service, to embed patient participation and involvement in the developing the trust services.

At the urgent treatment centres:

- Ensure that triage notes are consistent, in particular that pain scoring and offers of analgesia are clearly and consistently documented.
- Ensure that there is a clear vision and strategy for the service and that staff are involved and aware of this.
- Improve shared learning and crossover between both urgent treatment centres, where appropriate.
- Consider having more patient information available in the waiting area, including indicative wait times to keep patients informed while waiting to be seen, at the urgent treatment centre at West Middlesex Hospital.
- Consider increasing the paediatric training, particularly for assessment and streaming, to ensure that staff have all the skills and competencies to suited to the patient cohort, at the urgent treatment centre at West Middlesex Hospital.
- Improve the waiting area to protect patients' privacy and dignity, both at reception and for the initial triage, at the urgent treatment centre at Teddington Memorial Hospital.

At the community health service for adults:

- Continue work to reduce the vacancy rate for qualified nursing staff.
- Ensure all equipment is marked as clean, so that staff can be assured they are.
- Ensure all staff in Hounslow understand and are aware of arrangements to keep staff safe when working alone.
- Consider introducing a formal pain assessment tool for staff to use.
- Continue work to ensure black and minority ethnic staff feel they have access to the same resources and opportunities for promotion as their white colleagues.

At the community end of life care service:

- Involve members of staff in the planning and application of the end of life care strategy and ensure staff are aware of the trust's vision.
- Ensure more measures of patient outcomes are in place.
- Aim to standardise documentation across the trust and ensure staff are documenting all aspects of a patient's needs correctly.
- The trust should ensure bank members of staff are completing the end of life care mandatory training in line with policy.

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.

We rated well-led at the trust as good because:

- The trust board had the appropriate range of skills, knowledge and experience to perform its role. There was an appropriate combination of experience and board member's skills complimented one another.
- Executive directors and NEDs buddied each other and had a portfolio of services. This led to greater accountability and the board knew who should be focusing where.
- NEDs felt satisfied with the support they received and felt comfortable to provide appropriate challenge in board meetings.
- Fit and Proper Person checks were in place. The trust could show they had robust governance assured arrangements in place prior to individual board members' appointments and on an on-going basis.
- There was a programme of board visits to services and staff fed back that leaders were approachable. The CEO encouraged board members to know their services in detail. The trust used board meetings as a forum for board members to share learning from different services and express concerns.
- Leadership development opportunities were available, including opportunities for staff below team manager level. The CEO took appropriate measures to support the development of the board, through external courses and internal away days.
- Leaders with responsibilities for trust finance were confident the board understood the trust's financial performance information. The trust delivered year on year surpluses in line with its plan, had achieved its control total historically and forecasted to achieve both a small surplus and control total in 2018/19.
- The trust had developed an overall quality plan called 'Journey to Outstanding' with an associated action plan. The trust was using the 'Journey to Outstanding' programme as its framework for quality and through which it assured itself that it was fully compliant with national standards.
- The trust aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. This included active involvement in sustainability and transformation plans. The trust had developed Richmond Community Health in Partnership (RCHIP), a joint venture with the Richmond GP Alliance (RGPA), which was governed by a committee involving representatives from the RGPA and senior managers from the trust.
- The trust recognised staff success by staff awards and through feedback.
- The trust had appointed a new Freedom To Speak Up Guardian (FTSUG) in April 2018 to replace the previous FTSUG who was appointed in September 2015, and provided them with sufficient resources and support to help staff to raise concerns.
- The trust had good structures to support the well-being of staff. These included a health and well-being group and health and well-being champions.

Summary of findings

- There was a lead person for equality and diversity and they told us the Equality Delivery System (EDS) 2 was now mainstream and embedded within the trust.
- Results from the 2017 NHS Staff survey, indicated there were statistically significant differences in scores between white and BME in some indicators. The trust was addressing this issue and BME staff were currently positive about their experiences of working for the trust.
- The BAF was well-structured. It clearly sets out the risks associated with the achievement of the organisational priorities, the controls, assurance and actions required.
- There was effective governance arrangements and staff knew who they were accountable to and for what.
- Incidents were reported on datix and the trust had created its own KPI for this i.e. 90% of incidents must be reviewed by the risk handler within two days.
- The board had a good grip of the trust's operations and was currently exceeding all relevant constitutional standards.
- Senior leaders met regularly with external bodies, such as CCGs, local acute trusts and GPs, to discuss performance data and propose solutions to problems which affected patients.
- There was not an adult safeguarding team, but the trust was in the process of recruiting a clinician as a specialist nurse for adult safeguarding. There was no requirement for a named doctor for adult safeguarding but medical opinions were sought via the MD, CCGs or local GPs.
- The trust did not have a lead for child and adolescent mental health, However, they liaised closely with the local mental health trust for expert advice in those areas. Following the inspection, the trust told us they had a consultant nurse lead for learning disability and autism.
- The trust risk register clearly sets out the controls, gaps in controls and assurance, including 1st, 2nd and 3rd tier assurance which was good. Progress on actions were identified, but it was not clear if these actions were completed in all cases.
- The pharmacy team were involved in local audits with other NHS trusts such as the insulin-related incidents audit last year, that resulted in a significant reduction of insulin-related medicine incidents following hospital discharge.
- Senior leaders were mostly confident in the quality of corporate data. However, some senior leaders told us there was some variety in how staff inputted data in the community nursing services, which meant that data was not always of a consistent quality.
- Frontline staff told us the electronic data management system was very useful and a 'big improvement' on what was previously used.
- The trust actively sought to participate in national improvement and innovation projects. Innovation projects included a wound care app, the wheelchair hub in Hounslow and nurses giving anti-biotics intravenously through a pump.
- The trust had a learning from deaths policy and process; and the MD had plans to introduce the structured review process.

However:

- The trust did not always apply the Duty of candour appropriately.
- In some cases, one community nurse managing the job of three people and this was not sustainable.
- Autistic Spectrum Disorder waiting times was an issue for the trust. The waiting time for an initial appointment was fine, but people had a long wait for follow up appointments.

Summary of findings

- There were risks on the risk register that could be questioned as to whether they were true risks or issues that should be managed as day to day issues.
- Some PDLs were dissatisfied their current status in the organisation, the management of patients with pressure ulcers and prescribing risks amongst community nurses.
- It was recognised by senior leaders that there needed to be greater consultation with people using the service, to embed patient participation and involvement in the developing the trust services.

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 ↑ Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018

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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018
Community health services for children and young people	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Community health inpatient services	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Community end of life care	Good →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018
Urgent care	Good ↑ Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018
Overall*	Good ↑ Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018

*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.

Urgent care

Good ↑

Key facts and figures

Hounslow and Richmond Community Healthcare NHS Trust (HRCH) offered dedicated urgent care from two sites: an Urgent Care Centre (UCC) at West Middlesex University Hospital (WMUH), part of Chelsea and Westminster Hospital NHS Foundation Trust, and a newly commissioned Urgent Treatment Centre (UTC) at Teddington Memorial Hospital. The UTC replaced the original Walk-In-Centre (WiC) at the hospital on 02 July 2018. It should be noted that at the time of the inspection the service at Teddington Memorial Hospital was the original Walk-In-Centre (WiC) and our findings are reflective of this service.

For the UCC, HRCH was the lead contractor and sub-contracted Greenbrook Healthcare to deliver operational day-to-day management and the general practitioner (GP) workforce. For the WiC and UTC, HRCH sub-contracted Richmond GP Alliance to deliver the GP workforce.

The UCC operating hours were 365 days a year, 24 hours a day, and the service acted as the 'front door' for triage of ambulatory patients accessing urgent care services on the West Middlesex University Hospital site. The WiC operating hours were 365 days a year, from 8am-10pm. Both services focussed on the assessment and treatment of minor illness and injury, and had a skill mix of emergency and advanced nurse practitioners, paramedics, GPs and healthcare assistants.

Summary of this service

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

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them. Staff at both sites described a positive incident reporting culture and felt encouraged to report incidents and share learning.
- Since our last inspection, the UCC had undergone considerable refurbishment. The service had addressed specific concerns and the waiting area was spacious, accessible and had a separate waiting area for children.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment. Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff worked together, and worked well with other organisations to deliver effective care and treatment. Both services had good links with partner organisations and patient information was shared appropriately to facilitate coordinated care pathways.
- At both services, we saw clinical and administrative staff taking the time to interact with people who use the service and those close to them in a respectful and considerate way.
- Both services were responsive to the needs of people in vulnerable circumstances. For example, vulnerable patients were helped to access support services such as homeless organisations and alcohol and drug support services. The patient champion service at the UCC had produced information leaflets specifically designed to inform homeless patients of their rights and how to access care and support.
- Leadership at both sites was visible and demonstrated good knowledge and understanding of the services they provided. Staff we spoke with at both sites described leaders as very visible and approachable and described feeling well supported by managers.

Urgent care

- Staff were actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture. Managers had made a concerted effort to involve staff in changes to the service and staff described feeling involved in planning and design. They described feeling reassured by managers around concerns that they had raised.

However:

- Both services used templates to input information into the patient record, which meant that key information could be recorded. However, pain scores and whether analgesia was offered were inconsistently recorded at both sites. This meant that there was no clear assurance in the patient record of whether their pain had been checked and suitably managed.
- At the WiC, the waiting area was small and patients attending at reception could be overheard by people already waiting, impacting on the patient's privacy.
- The services had inconsistent understanding of the overall trust vision and strategy and while staff and leadership could describe the values of the service, the UCC did not have a clear vision and strategy.
- Although the UCC and WiC provided different models of care, we saw limited crossover between the UCC and WiC. Service managers had organised some joint learning days but contact and sharing of initiatives or improvements between sites was limited.
- There were high nursing and medical vacancy rates at the UCC, although the service used bank and agency staff to cover shifts and had ongoing recruitment to fill the posts.

Is the service safe?

Good  

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

- Staff received effective training in safety systems, processes and practices. Staff we spoke with at both sites said they were able to access mandatory training. The trust monitored mandatory and statutory training as part of the divisional performance scorecard. As of February 2018, the division had an overall completion rate of 90.4% compared to a target of 85%.
- Medicines were appropriately prescribed, administered and supplied to people in line with the relevant legislation, current national guidance and best available evidence.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them. Staff at both sites described a positive incident reporting culture and felt encouraged to report incidents and share learning.
- The trust maintained standards of cleanliness and hygiene throughout both departments and were visibly clean and tidy. Personal Protective Equipment (PPE) was available and instructions on handwashing techniques were displayed throughout. We observed staff washing hands before and after patient contact and all staff adhered to bare below the elbows.

However:

Urgent care

- Both services used templates to input information into the patient record, which meant that key information could be recorded. However, pain scores and whether analgesia was offered were inconsistently recorded at both sites. This meant that there was no clear assurance in the patient record of whether their pain had been checked and suitably managed.
- There were high nursing and medical vacancy rates at the UCC, although the service used bank and agency staff to cover shifts and had ongoing recruitment to fill the posts.

Is the service effective?

Good ➔➔

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

- The provider assessed patients' physical, mental health and social needs and delivered their care, treatment and support in line with current legislation, standards and evidence-based guidance.
- Both services monitored key performance indicators (KPIs) and used patient audits to resolve concerns and improve quality. Clinical audits were discussed as part of the monthly governance meetings and actions identified for learning.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment. Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff worked together, and worked well with other organisations to deliver effective care and treatment. Both services had good links with partner organisations and patient information was shared appropriately to facilitate coordinated care pathways.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national standards and guidance.

However:

- Although the services assessed patient pain at the initial streaming or triage, this was inconsistently completed and documented.
- Despite seeing a number of children in the UCC, paediatric-specific training was not consistent for non-complex patients. Two nurses had completed the paediatric minor illness module but staff told us that paediatric assessment and paediatric minor injuries were not mandatory. While staff could access guidelines online and advice from the paediatric A&E department, this arrangement was not formalised.

Is the service caring?

Good ➔➔

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

- At both services, we saw clinical and administrative staff taking the time to interact with people who use the service and those close to them in a respectful and considerate way.
- Staff responded compassionately when patients needed help and patients we spoke with described the staff as caring, friendly and helpful.

Urgent care

- We observed staff interacting with patients in a caring and empathetic manner and patients told us that staff were patient, listened to their concerns and made them feel comfortable.
- Staff helped patients be involved in decisions about their care and communicated with people so that they understood their care and any advice given.

Patients described staff as "understanding and professional" and several patients commented that they had used the service previously and they had returned because their interactions with staff and experience of the service had been positive.

Is the service responsive?

Good ↑

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

- The trust organised and delivered services to meet the needs of patients. Both services had worked closely with local commissioners around the design of the service and described communication as open and productive.
- Since our last inspection, the UCC had undergone considerable refurbishment. The service had addressed specific concerns and the waiting area was spacious, accessible and had a separate waiting area for children, although it had limited patient information available and no screens or boards showing an indicative wait time.
- Both services were responsive to the needs of people in vulnerable circumstances. For example, vulnerable patients were helped to access support services such as homeless organisations and alcohol and drug support services. The patient champion service at the UCC had produced information leaflets specifically designed to inform homeless patients of their rights and how to access care and support.
- The services took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The services reviewed complaints as part of the monthly governance meetings and acted on concerns raised.
- The WiC monitored the percentage of patients leaving before being seen against a target of 5% and they were consistently better than the 5% threshold, achieving an average of 2.4% between April 2017 and May 2018.

However:

- At the WiC, the waiting area was small and patients attending at reception could be overheard by people already waiting, impacting on the patient's privacy.
- The UCC was slightly below their commissioned streaming target of 98% of patients streamed within the relevant timeframe. As of May 2018, 92.7% of adults were streamed within 20 minutes and 90.3% of children were streamed within 15 minutes.
- The WiC was not meeting its internal target of triaging patients within 15 minutes. In May 2018 only 69% of patients were triaged within the target timeframe, although 99.9% of patients were seen, treated and discharged within four hours.

Is the service well-led?

Good ↑

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

Urgent care

- Leadership at both sites was visible and demonstrated good knowledge and understanding of the services they provided. Staff we spoke with at both sites described leaders as very visible and approachable and described feeling well supported by managers.
- Leaders at both sites encouraged a compassionate and supportive working environment and staff told us they felt valued, respected and supported. Staff demonstrated good understanding of the principles of Duty of Candour.
- Governance structures were effective and supported the delivery of good quality, sustainable care. Staff were clear about their immediate responsibilities and accountability was understood.
- There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. Risk registers for both services were detailed, comprehensively completed and regularly reviewed.
- Staff were actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture. Managers had made a concerted effort to involve staff in changes to the service and staff described feeling involved in planning and design. They described feeling reassured by managers around concerns that they had raised.

However:

- The services had inconsistent understanding of the overall trust vision and strategy and while staff and leadership could describe the values of the service, the UCC did not have a clear vision and strategy.
- Although the UCC and WiC provided different models of care, we saw limited crossover between the UCC and WiC. Service managers had organised some joint learning days but contact and sharing of initiatives or improvements between sites was limited.

Outstanding practice

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

Areas for improvement

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

Community health services for adults

Good ↑

Key facts and figures

Hounslow and Richmond Community Healthcare NHS Trust provide a range of specialist and generic services to adults across the boroughs of Hounslow and Richmond. The services included: district nursing, specialist nursing including community matrons, continence, tissue viability, intravenous injections and lymphedema; specialist services for people with long-term conditions (LTCs), such as MSK physiotherapy, pain management, podiatry, dietetics, speech and language therapy, wheelchair and posture management; multi-disciplinary services for people with LTCs - diabetes, respiratory care, cardiology, falls and bone heath, neurology and stroke, learning disability; intermediate care services; primary care patient co-ordination; and health and well-being services. The trust also provided accommodation, reception and nursing staff to support out-patient services delivered by other providers. Services were provided to a population of 515,000 people living across the two London boroughs.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Our inspection team consisted of two lead inspectors, two assistant inspectors, and four specialist advisors with expertise in community services.

During our inspection, across both boroughs, we spoke with 23 patients and relatives, 44 members of staff, and reviewed 26 sets of patient records. We attended six community nursing visits in patient's homes. We attended podiatry, continence, MSK, neuro-rehabilitation and leg ulcer clinics in the community, and visited community nursing and multidisciplinary teams at their bases. We also visited the Richmond Rapid Response and Rehabilitation Team (RRRT) and the Hounslow Integrated Community Response Service (ICRS).

Summary of this service

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

- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment. Staffing remained a risk on the risk register, but there were robust arrangements to address staff recruitment and retention.
- Safety thermometer results showed good performance, with the majority of patients receiving harm-free care.
- Staff understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses, and to report them internally and externally. This was an improvement from our last inspection.
- People's physical, mental health and social needs were holistically assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance.
- All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. We saw strong multidisciplinary working across the service.
- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they had received from staff.
- Staff communicated with people so that they understood their care, treatment and condition, and advice was given when required. We saw all disciplines of staff involving the patient's carers and families in the patient's care, where appropriate.

Community health services for adults

- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances. People with the most urgent needs had their care and treatment prioritised.
- On our last inspection, we raised concerns regarding the waiting times for podiatry, continence, diabetes and musculoskeletal services, which were constantly breaching trust targets. During this inspection, we found these waiting times had been improved. At the time of our inspection, none of the clinic waiting times had breached trust targets.
- The trust demonstrated several areas of outstanding and innovative practice. The trust was the first trust to use a wound care app, which was an online electronic reference guide for appropriate treatment and care option for wounds. The wheelchair hub in Hounslow offered comprehensive wheelchair, seating and sleep system for people with long-term mobility problems. Intravenous therapy nurses at the trust had developed a cellulitis pathway, including the use of small portable antibiotic infusion pumps, that patients could either wear around their necks or place in their pockets. The aim of the pathway was to prevent patients being admitted to hospital.

However:

- The vacancy rate for qualified nursing staff was high at 22%, which the trust recognised. However, it should be noted that this figure was combined with the vacancy rate for qualified health visiting staff, and was in line with the national context for community trusts. Nursing staff in Hounslow said the shortage of staff resulted in a heavy caseload, which sometimes made for a stressful working environment. Staff told us the workload felt relentless.
- Most staff we spoke to in Hounslow were not aware of arrangements to keep staff safe when working alone, despite there being a lone working policy across both boroughs.
- Staff did not routinely use a formal pain assessment tool.

Is the service safe?

Good

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

- Staff received effective mandatory training in the trust's safety systems, processes and practices, and completion rates were good.
- Staff understood how to protect patients from abuse, and the service worked well with other agencies to do so.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment. Staffing remained a risk on the risk register, but there were robust arrangements to address staff recruitment and retention.
- Safety thermometer results showed good performance, with the majority of patients receiving harm-free care.
- Staff understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses, and to report them internally and externally. This was an improvement from our last inspection.

However:

- Not all equipment was marked as clean with 'I am clean' stickers, meaning staff could not be assured that the equipment had been cleaned.

Community health services for adults

- The vacancy rate for qualified nursing staff was high at 22%, which the trust recognised. However, it should be noted that this figure was combined with the vacancy rate for qualified health visiting staff, and was in line with the national context for community trusts.
- Most staff we spoke to in Hounslow were not aware of arrangements to keep staff safe when working alone, despite there being a lone working policy across both boroughs.

Is the service effective?

Good 

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

- People's physical, mental health and social needs were holistically assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance.
- The trust routinely collected and monitored information about the outcomes of people's care and treatment.
- All necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. We saw strong multidisciplinary working across the service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Staff did not routinely use a formal pain assessment tool.

Is the service caring?

Good 

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

- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they had received from staff.
- We observed positive interactions between staff and patients.
- Staff understood the impact that a person's care, treatment or condition had on their well-being and on those close to them, both emotionally and socially.
- Staff communicated with people so that they understood their care, treatment and condition, and advice was given when required. We saw all disciplines of staff involving the patient's carers and families in the patient's care, where appropriate.

Is the service responsive?

Good 

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

Community health services for adults

- The trust provided services which reflected the needs of the population, and ensured flexibility, choice and continuity of care.
- Facilities and premises were appropriate for the services that were being delivered. Clinics we visited had wheelchair access, disabled toilets, hearing loops and disabled parking.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances. People with the most urgent needs had their care and treatment prioritised.
- On our last inspection, we raised concerns regarding the waiting times for podiatry, continence, diabetes and musculoskeletal services, which were constantly breaching trust targets. During this inspection, we found these waiting times had been improved. At the time of our inspection, none of the clinic waiting times had breached trust targets.

Is the service well-led?

Good 

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

- Leaders were visible, approachable and supportive to staff. Staff complimented the executive team on their leadership, presence and approachability.
- Staff felt supported, respected and valued. They felt positive and proud to work in the organisation.
- There was a clear clinical governance structure in place, which was led by the director of nursing and non-medical professionals, and discussed at board meetings. All levels of governance and management functioned effectively and interacted with each other appropriately.
- The trust had strong arrangements for identifying, recording and managing risks, issues, and mitigating actions.
- The trust had a holistic understanding of performance. Quality and risk information about community services was regularly reviewed at divisional and board level. Information was used to measure for improvement, not just assurance.
- The trust demonstrated several areas of outstanding and innovative practice. The trust was the first trust to use a wound care app, which was an online electronic reference guide for appropriate treatment and care option for wounds. The wheelchair hub in Hounslow offered comprehensive wheelchair, seating and sleep system for people with long-term mobility problems. Intravenous therapy nurses at the trust had developed a cellulitis pathway, including the use of small portable antibiotic infusion pumps, that patients could either wear around their necks or place in their pockets. The aim of the pathway was to prevent patients being admitted to hospital.

However:

- Nursing staff in Hounslow said the shortage of staff resulted in a heavy caseload, which sometimes made for a stressful working environment. Staff told us the workload felt relentless.
- Some black and minority ethnic (BME) staff felt they had poorer access to resources or fewer opportunities for promotion, compared to their white peers. Following the inspection, the trust told us their analysis showed that in the past year, 7.9% of the total number white staff were promoted or acted up, compared to 10.1% of total number of BME staff. However, the trust had recognised this perception from BME staff from the trust's staff survey. The trust told us they were in the process of providing more focus to staff in administrative or support roles to access promotion.

Community health services for adults

Outstanding practice

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

Areas for improvement

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

Community end of life care

Good

Key facts and figures

Adult end of life care (complex and non-complex), is delivered by the district nursing teams in the patient's own home and by the inpatient unit at Teddington Memorial Hospital. End of life care forms part of their core role, supported by the integrated rapid response services. Referrals are received mainly from the three acute units that serve the local area, GP practices and the local hospices.

Patients can be admitted from home to the inpatient unit for a period of symptom control, before returning home to die or may be admitted to the inpatient unit, if identified as their preferred place of death.

The district nursing teams and the inpatient unit are supported with complex end of life care by three local hospices, who undertake joint patient reviews providing specialist support to the teams. Regular multidisciplinary team meetings take place with the GPs and focus on coordinating and planning care.

End of life care is provided for children living in the community. The teams work closely with the acute units who coordinate and plan the care needs for each child and their family, with the local children's hospice offering respite and access to facilities following death.

Summary of this service

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

- Staff were provided with safety related training and risk assessment tools which ensured patients were kept safe and protected from avoidable harm. The use of risk assessments had improved since our previous inspection. Incidents were reported, investigated and learning was cascaded trust wide.
- During our last inspection we noted nursing staff had no specialist palliative care training. The trust had now made it mandatory for patient-facing staff to complete e-learning modules designed around palliative and end of life care.
- Although there was a reliance on bank nursing staff, there were sufficient staff with the right skills and experiences to provide individualised care. The introduction of the role of end of life care champions meant a nominated individual in each team took responsibility for updating colleagues on matters relating to end of life care.
- Staff had access to necessary equipment, medicines and had a range of policies and procedures based on national standards to support their practices.
- Patients and relatives were satisfied with the standards of treatment and care provided. Staff involved patients and people close to them in decisions regarding their own care and treatment.
- There was a positive culture which supported openness and transparency trust wide.

However:

- Staff were unaware of the trusts vision and aims in relation to end of life care (EoLC), and had limited knowledge of its content.
- The trust had not increased the monitoring of patient outcomes. The trust had insufficient data to determine the quality of the service being provided.
- There were inconsistences in the completion of some aspects of patient notes.

Community end of life care

Is the service safe?

Good ➔➔

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

- There were good processes for reporting and recording safety incidents. Staff understood their responsibilities for reporting incidents and learning was shared throughout the trust.
- The use of risk assessments and advance care planning had improved since our last inspection.
- Staff were aware of their responsibilities in relation to safeguarding concerns, and were able to demonstrate the process for reporting these.
- There was appropriate equipment available in patient's homes, and additional items could be quickly accessed.
- The service controlled infection risks well. Staff were observed adhering to the trusts infection prevention and control protocols.
- Since our last inspection the trust had implemented the use of e-learning modules around palliative and end of life care. The trust had made it mandatory for all patient facing staff to complete this training.

However:

- The trust used up to 50% bank members of staff to deliver care, especially at weekends.
- The trust did not audit do not attempt cardiopulmonary resuscitation (DNACPR) orders and some DNACPR orders we looked at did not include any documented discussion with the patient or relatives.

Is the service effective?

Good ↑

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

- Since our last inspection we found policies and procedures had been updated to reflect national standards. The service had introduced an advance care planning document centred around the five priorities of care for the dying person.
- There were good working relationships between the nursing and hospice staff, and multidisciplinary working was effective.
- Staff had a good understanding of best interest decision and their responsibilities in relation to the Mental Capacity Act.
- Pain assessments and documentation in patients care records had improved since our last inspection.

However:

- The trust had not increased the monitoring of patient outcomes since our last inspection. As a result, there was limited quality improvement and learning taking place.

Community end of life care

Is the service caring?

Good 

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

- Relatives confirmed patients were treated with dignity and respect. Patients felt cared for and supported by the district nursing teams. Staff involved patients and people close to them in decisions regarding their own care and treatment.
- We observed compassionate, empathetic and supportive care being delivered by all staff.
- Staff spoke confidently about providing emotional support to patients and those close to them. All members of staff we spoke with felt passionate about giving exemplary care to patients near end of life.

Is the service responsive?

Good 

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

- The trust had developed good links and working relationships with local partners to ensure services provided care tailored to patient needs.
- The trust employed link nurses with a specialist interest in dementia and learning difficulties.
- The service learnt from complaints or when things had gone wrong and shared information with staff.

However:

- It was unclear and inconsistent as to how a patient or relative could make a formal complaint to the trust.

Is the service well-led?

Good 

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

- Staff felt local and senior management were visible, and open to listening to concerns and acting on them accordingly.
- There was evidence of good team working practices and staff we spoke with felt content in their roles and felt the trust was supportive in terms of accessibility to senior members of staff, professional development and openness.
- There was a clear line of accountability and staff understood who their senior clinician was. The governance framework made staff responsibilities clear, and risks and performance were well managed.
- There was a culture that supported openness, transparency and encouraged good quality care.
- The trust engaged well with other EoLC stakeholders, ensuring a joined up and collaborative way of developing new ideas.

Community end of life care

- Family and Friends Test (FFT) cards were used throughout the trust which provided feedback on care received by patients experiencing EoLC

However:

- Although the end of life care lead had a vision for what the trust needed to achieve and workable plans to promote a better service, staff were generally unclear on the aims, objectives, and overall vision of the trust in relation to end of life care. Staff were unclear on the content of EoLC strategy and where to locate it, and had not been involved in the planning of the strategy.

Outstanding practice

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

Areas for improvement

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

Our inspection team

Roger James, inspection manager, led this inspection. An executive reviewer, Dame Fiona Caldicott supported our inspection of well-led for the trust overall.

The team included seven inspectors, two assistant inspectors and 12 specialist advisers.

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.