CareQuality Commission

Wirral Community NHS Foundation Trust

Inspection report

St Catherine's Health Centre
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Ratings

Overall trust quality rating	Good 🟢
Are services safe?	**Good** 🟢
Are services effective?	**Good** 🟢
Are services caring?	**Good** 🟢
Are services responsive?	**Good** 🟢
Are services well-led?	**Good** 🟢

Our findings

Our reports

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.

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.

Overall summary

What we found

Overall trust

Wirral Community NHS Foundation Trust provides a range of primary, community and public health services to the populations of the Wirral, parts of Cheshire, St Helens and Knowsley. The trust works in partnership with other providers in the local health and social care economy to provide care to the communities it serves. Wirral Community NHS Foundation Trust became a foundation trust on 1 May 2016.

The trust serves a population of approximately 693,700 residents across 145,000 households. They employ approximately 1,814 staff, 90% of which are patient-facing. In 2022-23 turnover was £116m. Staff work across over fifty sites; their main locations are St Catherine's Health Centre, and Victoria Central Health Centre on the Wirral. In May 2023, 11,995 referrals were received for 8,765 persons needing care and 60,460 care contacts were completed with 20,400 patients.

They have an established and stable Executive and non-executive team.

Wirral Community NHS Foundation Trust operate from six locations as well as offering services within people's homes.

- St Catherine's Health Centre (Trust Headquarters)
- Victoria Central Health Centre
- Arrowe Park Hospital
- Eastham clinic
- Leasowe Primary care Centre
- Clatterbridge Hospital

Our findings

The trust has eight core services across community health. They registered their first inpatient adult community wards in April 2020 at the Clatterbridge location (3 wards – 73 beds). Additionally, they have recently acquired two new 0-19 service for Knowsley and St Helens.

Core services covered:

- Community health services for adults

- Community health services for children and young people

- Community end of life services

- Community dental services

- Urgent Care

- Sexual health

- GP Out of hours service

- Community Inpatients

We carried out short notice (24 hours) inspections of three of the core services. We also inspected the well-led key question for the trust overall.

We inspected the community inpatients core service; this core service had not previously been inspected. We also inspected community health services for adults and community sexual health services to monitor their progress following their previous inspection in 2018.

We did not inspect the out of hours provision, urgent care, dental services, community end of life services and community health services for children and young people. This is because we have not received any information of concern since our last inspection of these services. We will continue to monitor them and will re-inspect them as appropriate.

Overall Summary

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

- There had been significant improvements especially regarding governance and information management since our last inspection.

- In rating the trust, we considered the current ratings of those services not inspected at this time.

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.

- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.

- The trust strategy was directly linked to the vision and values of the trust. The trust had a clear five-year plan to provide high-quality care with financial stability.

Our findings

- The trust had a clear structure for overseeing performance, quality and risk, with board members actively aligned to services across the organisation. This gave them greater oversight of issues facing the service and they responded when services needed more support. The board reviewed performance reports that included data about the services, which directors could challenge.

- The trust had effective information systems to consistently collate, analyse and present information. The information was timely, reliable and accessible to all levels of the organisation which meant they could identify risks, challenges and support effective decision making. They were able to access data at neighbourhood level enabling effective risk stratification.

- Staff across the organisation felt respected, supported and valued. They remained focussed on the needs of patients receiving care. Staff felt listened to and able to raise concerns if needed.

- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations.

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The trust board recognised there was further work required to improve equality and diversity across the trust and at board level.

- Although response rates were similar to other community trusts, the NHS Staff Survey 2022 showed the trust scored equal or below the average in all themes compared against 16 other community trusts.

- The trust did not have a strategy for meeting the needs of patients with a mental health, learning disability, autism or dementia diagnosis. There was no formal lead with the responsibility for ensuring these patients received the specific care required.

- The trust governance processes in the community inpatient service did not always ensure staff followed systems and processes to make sure that medicines with a minimum dosage interval were administered as prescribed and monitor the use of thickeners to ensure national guidance was followed.

How we carried out the inspection

Before the inspection visit, we reviewed information that we held about the trust. During the inspection visit, the inspection team:

- visited 9 sites where staff delivered care including all 3 inpatient wards,

- spoke with 116 members of staff,

- spoke with 28 people using the trust's services,

- spoke with 8 carers or relatives of people using the trust's services,

- reviewed 29 care records including medicines administration charts,

- observed several meetings including the trust's board meeting,

- held 7 focus groups with staff, non-executive directors and governors,

- held 2 focus groups with patient representative groups,

Our findings

- sought feedback from a range of stakeholders including health watch and commissioners,

- and reviewed the trust's process for fit and proper persons employed.

The inspections of the trust's core services were led by a CQC operations manager and supported by 5 CQC inspectors, 1 CQC medicines inspector, 1 CQC regulatory officer, 3 specialist professional advisors and 1 expert by experience.

The inspection of the well-led key questions was led by a CQC Deputy Director of Operations and supported by an operations manager, one CQC inspector, one CQC medicines inspector and 1 CQC regulatory officer. The team also received support from four specialist professional advisors and executive reviewers with a background and experience in NHS senior management.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

Community inpatients

Patients, family members and carers spoke positively about the service. They told us staff treated them well with compassion and kindness. They described staff as like family who met their needs well and cared about them. A carer who regularly visited to provide pastoral care, described staff as consistently excellent.

Community adults

Feedback from patients, family and carers was very positive. They described staff as caring, friendly, and supportive. They told us they went above and beyond to care for them. They said they were 'brilliant' and that they felt able to contact them at any time.

Patients told us they felt safe. They said staff were careful when performing physical interventions and gave them reassurance about any anxieties they had about their treatment. They observed that staff were very professional and said they had complete confidence in the procedures they performed.

Patients told us they felt staff listened to them and were responsive to their views and wishes. They described how staff gave them advice on their care and treatment in an accessible and clear manner. This included explaining the nature, purpose, and side effects of medicines.

Feedback about appointment and waiting times was positive. Patients told us staff arrived on time and that missed appointments were rare. Patients told us staff were flexible about appointment times and tried to arrange these at a time that was convenient for them.

Patients told us staff routinely sought their consent prior to treatment. They also said that staff always respected their privacy and dignity, and that care and treatment was performed in the least restrictive or invasive way.

Patients said they knew how to complain and who to contact if they wished to do so. None of the patients we spoke with told us they had made a complaint or that they had any reason to do so.

Community sexual health services

Our findings

Feedback from people described staff as helpful, knowledgeable, and supportive. People reported that the health huddles were safe environments with a relaxed atmosphere. They said sessions were informative and that staff were able to bust myths around various topics.

People from the BAME community reported learning about contraceptive and that they felt more informed to make a choice. They felt comfortable and relaxed during talks and learning more about cervical screening.

People consistently said that staff were helpful, and that reception and admin staff were welcoming and put them at ease. They reported that there was consistency with clinical staff during appointments and that there was good follow up from doctors.

Trustwide

We reached out to the trust's stakeholders to give feedback for the inspection.

We received feedback from commissioners and from Healthwatch.

Stakeholder feedback was consistently positive. They worked collaboratively to develop strategies, for example developing a safe and effective workforce that felt valued and supported. Commissioners had observed caring and compassionate practice delivered with knowledge and professionalism.

They reported that the trust worked hard with dedication to ensure contracts were fulfilled. We were told that they believed the leadership and care exhibited, placed the best interests of the people they supported at the centre of everything they did and that they would often go above and beyond their contractual obligations to deliver an inclusive and effective service.

We were told that members of the executive team were active partners within the Wirral Health and Care partnership undertaking both local and national roles.

Outstanding practice

We found the following outstanding practice:

- The trust's systems supported the collection and coordination of a wide range of data which was in real time or, as near as real time as possible. All staff including the executive board were accessing the same data, evidence and intelligence at the same time in the same way. The trust was advanced in their ability to be data and evidence driven. Systems such as the Trust Information Gateway (TIG) meant the trust was able to use up to date, timely and reliable data to carry out effective risk stratification and clinical prioritisation to reduce health inequalities, increase capacity and reduce missed appointments. This had been used effectively to manage waiting lists in response to NHS England's directive and underpinned the public health CORE20Plus5 priorities. For example, managing the trust's Speech and Language waiting list for children.

- As part of a quality improvement programme, the trust developed the multidisciplinary inpatient falls prevention assessment tool (MIFPAT). The tool, implemented in July 2022, was aligned to national best practice guidance. It was designed with staff, alongside a standard operating procedure for falls prevention. A falls prevention care plan was developed in addition to the MIFPAT guidance, following feedback from staff. The trust were monitoring the outcomes of the tool and in this year's first quarter had seen reductions in falls.

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- The trust has signed up with the NHS Cadets programme. This is a joint programme between NHS England & Improvement and St John Ambulance to attract, develop and prepare 14–18-year-olds to enter and be able to sustain themselves in health volunteering opportunities. The programme aims to specifically widen access to underrepresented groups. Wirral Community Health & Care NHS Foundation Trust was the first Community Trust in the country to pilot and deliver the programme. They successfully delivered the first year of the programme at the height of the COVID pandemic and have since delivered both the foundation programme (14–16-year-olds) and the advanced programme (16–18-year-olds) to young people in Wirral. The Trust has now secured the future delivery of the programme working with the Cheshire & Merseyside ICB to expand the programme to St Helens and Knowsley, where the Trust also delivers services. To date, the Trust has supported over 200 young people through the programme at both the foundation and advanced levels. They continue to support volunteering opportunities for many of them and the Cadets have contributed to several quality improvement projects across the trust.

- The service had a proactive approach to ensuring that the population they served had access to a free and confidential sexual health services. Staff were dedicated and passionate about delivering services in a non-judgmental and friendly way. The service had a dedicated outreach worker who regularly engaged with community groups and services to deliver advice and information. Other members of the sexual health team including nurses and doctors attended groups with the outreach worker to ensure that people had access to services they needed. The groups engaged included Wirral ways to recovery, tomorrows women, Wirral multicultural organisation, pause and the local football clubs community organisation.

- The community adults service had implemented a patient portal app which enabled patients to take control of their healthcare needs. The app allowed patients to book their own appointments, send messages to the clinical team, take part in virtual consultations, return surveys and questionnaires, and have sight of their clinical information.

- The service used it's Trust Information Gateway (TIG system) to ensure a robust tracking of risk assessments within the community nursing teams. Managers told us this had resulted in significant improvements in pressure ulcer care. The outcome of this work had resulted in no serious incidents as defined within the Serious Incident Framework, relating to pressure ulcers during the 2022/ 2023 period.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must review processes for monitoring paracetamol administration times to make sure that medicines with a minimum dosage interval are administered as prescribed. Regulation 17(2)(b) Good governance.

Action the trust SHOULD take to improve:

Trustwide

- The trust should ensure that the board representation of people from ethnic minority groups improves, as well as promoting equality and diversity to ensure workforce inequalities are appropriately identified and addressed across the trust.

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- The trust should ensure they continue to engage with staff to improve culture themes identified in staff surveys.
- The trust should consider a strategy for meeting the needs of patients with a mental health, learning disability, autism or dementia diagnosis.
- The trust should consider a flexible working policy to accommodate agile working where possible.

Community Health Services for Adults

- The service should continue to monitor completion of the audit actions and compliance with trust policy for the management of prescription stationery.

Community Inpatients

- The trust should continue to monitor the recording the use of thickeners to ensure national guidance is followed.

Is this organisation well-led?

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

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

Leadership

Leaders had the experience, capacity and capability to ensure that the trust's strategy could be delivered. Senior staff were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the trust's challenges were and acted to address them. We noted that leaders at every level were visible and approachable. The trust had a leadership strategy and development programme in place.

The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform their roles.

There were 13 members of the trust's board which included a chair and 4 non-executive directors (NED). The board was well established and brought together the necessary skills and expertise required to perform their roles. Voting member consisted of the Chair, Chief Executive, Chief Finance Officer, Chief Nurse, Medical Director and 4 non-executive directors. There were 4 non-voting directors, Chief Operating Officer, Chief People Officer, Chief Strategy Officer and Director of Corporate Affairs. There was also an Our Chief Information Officer as advisor to the Board.

The Chairman and Non-Executive Directors brought experience from a range of professional backgrounds. They were not involved in the day-to-day running of the organisation but offered an independent view and to constructively challenge and contribute to the performance and management of the trust.

The Chief Executive Officer (CEO) demonstrated a strong personal commitment to and ownership of the executive team's welfare and wellbeing. They viewed their executive colleagues very positively and could articulate their

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strengths. The trust's CEO was also an active member of the Cheshire & Merseyside Mental Health, Learning Disability and Community Provider Collaborative (MHLDC) and the Senior Responsible Officer for Urgent Care Response and Intermediate Care at Integrated Care Board level. Additionally, they have recently been working in an advisory capacity with the national team for English Community Services. They also hold the position of Chair of the NHSE CEO Community Services Forum.

The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. All senior leaders had experience in the NHS or within their field of expertise. They could articulate the challenges facing the organisation and what was being done in their area. All executives demonstrated a genuine enthusiasm to improve the services for the people they served.

The trust board and senior leadership team displayed integrity. Prior to the inspection we observed a board meeting and subcommittee. We saw that discussions on issues were balanced and effective, and that decisions were informed by consideration of quality, performance and strategy. Non-Executive directors provided constructive challenge and expertise.

Staff told us that leaders were approachable and visible. They described an open-door policy to executives by all levels. All leaders had a programme to visit services; this included the Non-Executive Directors.

Board members recognised that they had work to do to improve diversity and equality across the trust and at board level. The difference between representation of people from ethnic minority groups on the board and in the trust workforce equated to less than half a member in terms of a headcount for both executive and voting members fo the board. At the time of our inspection, they had a job description scoped to recruit an Associate member to the NED role.

The trust had a Council of Governors which included both staff and public governors. Governors unanimously spoke about a supportive culture where they felt valued and listened to by the board. They acknowledged improvements in governance and oversight and recognised the trust's challenges. The council had representation from governors with protected equality characteristics but were making concerted efforts to reach out to the community to encouragement involvement to further represent and reflect the population they served.

Leadership development opportunities were available, including opportunities for staff below team manager level. The trust had a number of initiatives to support the development of leaders. This included an approach to embed leadership at all levels of the organisation. The trust had a Leadership Quality Framework which underpinned a programme for development including continuous professional development, coaching and mentoring, talent management and team development. They had also introduced courageous conversations training and a compassionate leadership coaching programme.

The trust was due to commence a programme for succession planning enabling senior leaders to shadow the board to ensure a talent pipeline. This programme was due to commence on 28 September 2023. They also had a broader approach which included a 3-year talent and succession plan. This plan had commenced in 2022.

Fit and Proper Person checks were in place. There is a requirement for providers to ensure that directors are fit and proper to conduct their role. This includes checks on their character, health, qualifications, skills, and experience. During the inspection we carried out checks to determine if the trust was compliant with the requirements of the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). We reviewed the records of 10 of the directors (6 directors and 4 non-executive directors) and found that the checks were

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evident within the files. There were effective systems in place to ensure that board members were fit for the role on appointment and throughout their employment. This included an annual self-declaration, checks on the insolvency register and disqualified directors list, disclosure and barring service checks, professional body registration checks, proof of qualifications, references and full reviews every 3 years.

Vision and Strategy

The trust 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 had a clear vision and set of values with quality and sustainability as the top priorities. The common purpose was "Together…we will support you and your community to live well." This was underpinned by the values of compassion, openness, and trust.

The vision was to be a population health focused organisation specialising in supporting people to live independent and healthy lives. The trust developed its vision and values through wide ranging engagement with staff during 2020/21.

There was a robust and realistic strategy for achieving trust priorities and developing good quality, sustainable care. The trust had a Five-Year Organisational Strategy 2022-2027. The strategy focused on supporting people to live independent lives and acknowledged the importance of collaborative working across systems and places with partners from all sectors. The strategy took account of national, regional, and local strategies and addressed Cheshire and Merseyside ICS's priority areas.

The trust's strategy was supported by 4 enabling strategies:

- Quality Strategy 2022-2027, this strategy had 3 ambitions which were safe care and support every time, people and communities guiding care and groundbreaking innovation and research.

- Inclusion Strategy 2022-2027, this strategy had 3 ambitions which were removing barriers to access, focusing on experience of care and involving outcomes for everyone.

- People Strategy 2022-2027, this strategy had 4 ambitions which were looking after their staff, culture and belonging, growing and developing their workforce and new ways of working and delivering care.

- Digital Strategy 2022-2025, this strategy had the vision of driving the highest standards of digital maturity so they could provide a workplace that enabled their staff to deliver the safest and best care to the population and improve health outcomes.

There was also a medium term 3 year financial strategy in development in line with NHS Cheshire & Merseyside Integrated Care Board timeframes.

The trust had a Green Plan 2022-2025 promoting sustainability and detailing a proactive to reduce the impact that climate change will have on the people of Wirral, Cheshire East, St Helens and Knowsley.

Progress against the delivery of the strategy and local plans were monitored through the trust's governance systems.

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Wirral Community Health and Care NHS Foundation Trust had joined with other local NHS organisations and with Wirral Council to form the Healthy Wirral Partnership. This was part of the NHS's long-term plan to tackle rising pressures to deliver Place Based Care. The plan placed emphasis on closer working between health and social care, helping people to stay healthy and preventing people becoming unwell. Stakeholders, including commissioners, told us the trust were flexible in their approach and had been able to shape services to meet changing demands and reflect current circumstances.

The trust was aware of the impact of health inequalities on the population it served. Tackling inequalities was embedded throughout the trust's strategies and work programmes. All strategies included a component about health inequalities. For example, the digital strategy aimed to include and engage with communities to better understand people's digital literacy, and attitude towards digital readiness.

Staff, patients, carers, and external partners had the opportunity to contribute to discussions about the strategy. The strategy involved engagement from partners and stakeholders including the trust's patient engagement groups.

Staff knew and understood the trust's vision, values, and strategy and how achievement of these applied to the work of their team. We spoke with staff at all levels. They were able to describe how their team aligned to the trust's strategies and how the vision and values applied to their roles. Managers reviewed the values during appraisals and supervisions and knew how quality improvement projects fed into them.

The trust did not have a strategy for meeting the needs of people with a mental health, learning disability, autism, or dementia diagnosis. The trust supported staff to understand the lived experience of people who may use their services from these groups, however, there was no formal lead with responsibility for ensuring these patients received the specific care required.

Staff had completed the governments recommended training for autistic people and people with a learning disabilityand the trust was working with Mencap Wirral and Autism Together Wirral to support staff with lived experience as trainers. The trust had received NHSE funds to lead on further face to face training around autism and learning disabilities.

Trust pharmacists were actively engaged with Antimicrobial Stewardship (AMS) Leadership for Wirral Place to support sharing of learning and best practice. The trust's Antimicrobial Strategy had been reviewed and refreshed for 2023-27 in collaboration with Wirral Place partners, focussed on delivering the optimal use of antimicrobials and good antimicrobial stewardship in line with national best practice.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The trust was working to improve promotion of equality and diversity in daily work, and to provide opportunities for career development. The trust had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt respected, supported and valued. During the inspection we spoke with 116 members of staff and received feedback from more staff during focus groups. Staff were overwhelmingly positive about the culture of the organisation and felt proud to work for the trust. They felt the culture gave them control and assurance that the services they delivered, centered on the needs and experiences of people who used them.

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However, this was not reflected in the NHS staff survey of 2022 where the trust scored equal to or below the average of all community trusts in all 10 themes. The trust had the worst score of all community trusts in the "We work flexibly" theme and was just higher than the worst score for the "Morale" theme. The survey had 918 completions, which was a response rate of 47% for the trust.

We spoke with leaders about the NHS staff survey and were told this was carried out at a time of restructure. The trust had made changes in their governance systems and had acquired new services which came with inherited concerns. Leaders felt that this contributed to negative responses.

The trust carried out quarterly internal pulse surveys. Although, the uptake of the internal surveys was lower than the NHS survey, the uptake had improved over the last 12 months. The overall engagement score at the time of inspection was 7.0, an improvement from the April 2022 score of 6.68 and against an end of year target position (March 2024) of 7.2.

The current pulse survey scores for motivation, involvement, advocacy had continued to increase at the time of inspection, performing higher than the national average for the same period.

The trust recognised the low engagement of staff completing surveys. Results were being shared through their dashboards and reported at both trust and locality level.

The trust had appointed a Freedom To Speak Up Guardian (FTSUG) and provided them with sufficient resources and support to help staff to raise concerns. The FTSUG worked 2.5 days a week supported by 125 FTSU champions. The National Guardians Office provided training. The team, who met fortnightly, reported to the Quality and Safety Committee and submitted a report to the board every 6 months.

In the 12 months prior to our inspection, the team had received 27 concerns, the main theme was around information not being shared appropriately and staffing. We were given examples where the FTSUG had been able to liaise effectively with departments in the trust to informally resolve concerns in a timely manner. One example of this related to delays in the procurement of needed equipment for a staff member due to barriers in processes for obtaining this. The FTSUG intervened and liaised between the different departments to speed this up and also ensured a new process was put in place to enable future requirements to be dealt with in a timely manner.

Staff told us they felt comfortable and able to raise concerns without fear. They knew how to use the whistleblowing process and about the role of the Speak Up Guardian. They knew who the FTSU champions were within their own team. There was information on display at the sites we visited, and the trust's communication team supported the FTSU team to share awareness and positive outcomes.

The trust applied Duty of Candour appropriately. The trust's Duty of Candour policy met the requirements of the regulation and was last reviewed in January 2022. During our inspection we undertook a detailed review of 2 serious incidents and 8 complaints. In all reviews, the trust had applied their duty of candour appropriately and as per the policy.

In May 2023, there were 1,654 full-time equivalent (FTE) members of staff working at the trust. The trust developed strategies where needed, to support short, medium and long term aims for creating and sustaining an effective workforce. For example, the trust took over the contract for the Knowsley 0-25 service from another NHS provider in February 2022. At the point of takeover, the service had significant staffing deficits. We received feedback from

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commissioners informing us how the trust worked collaboratively with them, regional colleagues across the Office for Health Inequalities & Disparities, NHS England and Health Education England, to address the immediate staff shortages and develop strategies for ensuring the Knowsley service maintained a safe and effective workforce that felt valued and supported.

Staff sickness and turnover rates for staff working at the trust were similar to other community trusts for the past year. Between May 2022 and May 2023, their highest rate of sickness was 7.7% in August 2022. It had since steadily fallen to 6.5% in May 2023. The trust had a consistently similar turnover rate to other community trusts in the last 12 months.

All staff had the opportunity to discuss their learning and career development needs at appraisal and through regular supervision. The trust had a compliance target for both at 90%. Staff we spoke with told us they received regular formal and informal supervision and an annual appraisal. The trust had exceeded their compliance target for both supervisions and appraisals. Their overall compliance rate for clinical supervision was 96.7%, 92.9% for managerial supervision and 95% for appraisals.

The trust had a core mandatory training programme in place for all staff. The overall training compliance was 94.8%; this was above the trust target of 90%. The lowest compliance for individual units was 87.4%.

Staff had access to support for their own physical and emotional health needs through occupational health. The NHS 2022 staff survey showed that the trust had the worst score of all community trusts in the "We work flexibly" theme. At the time of inspection, staff did not raise this as an issue impacting their health and wellbeing. The trust was working with individual services to accommodate agile working where possible and had plans to implement an agile working policy by quarter 4 of this year.

The number of staff felt that equality and diversity were promoted in their day-to-day work was improving but remained variable.

The Workforce Race Equality Standard (WRES) aims to ensure employees from ethnic minority groups have equal access to career opportunities and receive fair treatment in the workplace. It requires a Trust to demonstrate progress against 9 standard indicators specifically focused on race equality through the collection, analysis and use of workforce data to address any underrepresentation, poor treatment, or unequal opportunities.

The 2022 WRES data for the trust showed the three priority areas for improvement were:

- Indicator 1: Career progression for staff from ethnic minority groups in non-clinical roles (lower to middle levels)
- Indicator 2: Likelihood of appointment from shortlisting for staff from ethnic minority groups
- Indicator 8: Discrimination from a manager/team leader or other colleagues in last 12 months against staff from ethnic minority groups.

The three areas of best performance for the trust were:

- Indicator 6: Harassment, bullying or abuse from staff in the last 12 months against staff from ethnic minority groups
- Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in the last 12 months against White staff

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- Indicator 5: Harassment, bullying or abuse from patients, relatives or the public in the last 12 months against staff from ethnic minority groups.

The NHS Workforce Disability Equality Standard (WDES) is a set of 10 measures that enables trusts to compare the experiences of disabled and non-disabled staff. It supports positive change for existing employees and enables a more inclusive environment.

The most recent WDES data for the trust (staff survey 2022) showed the trust showed improvements in experiences between disabled and non-disabled staff in the following two metrics:

- Indicator 4b: Harassment, bullying or abuse from a line manager. In 2022 8.1% (compared to 14.8% in 2021) of disabled staff said they had experienced harassment, bullying or abuse from a line manager compared to 6.1% of non-disabled people. This is an improvement compared to last year when the percentage for disabled staff was 14.8% and 4.7% for non-disabled staff.
- Indicator 5: Career progression, 49.4% (compared to 48.5% in 2021) of disabled staff said they believed the trust provided equal opportunities for career progression or promotion compared to 64.5% of non-disabled people.

The trust prepared action plans to support the organisation in addressing the issues raised in both the WRES and WDES. Action plans formed one of the key ambitions within the People Strategy and the Inclusion and Health Inequality Strategy.

Staff networks were in place. There were 6 staff networks (for staff from ethnic minority groups, Ability, Working Carers, LGBT+ staff, Armed Forces and Menopause support) to improve on equality and diversity within the organisation. The networks were still in their infancy having been established within the last 18 months. An Executive sponsor was aligned to each network. They were progressing with the Terms of Reference for each group. The trust had implemented a system of reverse mentorship to enable people to understand other's experiences. They had also received their Rainbow Pin Badge accreditation which led to further actions, for example, a campaign around micro-aggression.

We spoke with staff from across the staff networks who spoke positively about improvements in equality and diversity and felt involved and listened to.

Managers addressed poor staff performance where needed. The trust had a disciplinary policy. There had been 8 disciplinaries in the 6 months prior to our inspection. We reviewed 4 of these and had no concerns around processes or actions taken.

Governance

Leaders operated effective governance processes, throughout the trust 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.

There had been clear improvements in governance since our last inspection of the trust. The trust had developed effective structures, systems and processes to support the delivery of its strategy at all levels. Leaders regularly reviewed these structures. At this inspection, we found governance to be effective. The trust board received holistic information on service quality and sustainability, leaders challenged and interrogated data and used performance measures to understand the challenges facing the trust at any given time. The trust had excellent systems in place to collect data which was used proactively as a way to constantly review and improve service delivery.

Our findings

There was a clear structure to ensure essential information was cascaded to, and from operational groups and localities. The structure comprised 5 committees and an integrated performance board which oversight groups fed into:

- Quality and Safety Committee

- People and Culture Committee

- Finance and Performance Committee

- Audit Committee

- Remuneration and Terms of Service Committee.

Each committee had well embedded, clear and concise terms of reference.

The trust had a board assurance framework (BAF) which was reviewed as a standing agenda item at board meetings and at all committee meetings. We reviewed the BAF against the trust's strategy, governance and risk management processes. There was clear evidence that the BAF was fully embedded by the trust as an effective tool for leaders to identify issues, monitor and mitigate or minimise risks. There were clear lines of responsibility for each board committee aligned with the board assurance framework. Risks were discussed and there was an appropriate flow of information between the board and its committees. There was appropriate challenge and support from non-executive directors to the executive management team in holding leaders to account on areas for improvement.

The BAF detailed the trust's priority areas of risk. These included:

- Financial sustainability

- Delivering inclusive services to the population

- The implications of collaborative working

- Employee experience

- Safe staffing

Papers for board meetings and other committees were of a reasonable standard and contained appropriate information. Non-executive and executive directors were clear about their areas of responsibility. We observed a board meeting and committee meeting and reviewed papers. Board committees were allocated responsibility for individual risks relevant to their remit on the board assurance framework. Each committee had a non-executive chair who worked closely with a member of the executive team and gave appropriate challenge.

External auditors completed The Value for Money (VFM) assessment in June 2023. This considered whether the trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its resources. The assessment showed no significant weaknesses in arrangements identified or improvement recommendations require'.

The trust was actively engaged in Place governance and worked with other organisations to ensure high-quality service delivery and improved care outcomes for local communities. This included the Chief Operating Officer as the Senior Responsible Officer for the Home First service, a system-collaboration project which supported effective and timely discharge from the acute hospital. The Deputy Chief Nurse was leading a falls prevention project across the Wirral system following a quality improvement project seen in the trust's inpatient service. The Deputy Chief Strategy Officer was leading a population health management programme taking a systematic approach to engaging with primary care and the voluntary and community sector to improve outcomes for local people.

Our findings

The trust had contracts register in place and a contracts dashboard on their electronic information system. This was managed by the Finance & Resources Oversight Group with assurance provided to the integrated Performance Board and reported to the Finance & Performance Committee. The Deputy Director of Contracts & Commissioning managed the trust's service level agreement.

Managers used meetings to share essential information such as learning from incidents and complaints and to act as needed. Staff at all levels of the organisation understood their roles and responsibilities and what to escalate to a more senior person.

The trust had numerous policies to support staff in providing patient care and treatment. These were available on their website or easily accessible internally to staff.

Management of risk, issues and performance

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.

There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were addressed quickly and openly.

Senior management committees and the board reviewed performance reports. Leaders regularly reviewed and improved the processes to manage current and future performance. We reviewed the reports which were presented to the board through the governance structure. The reports were up to date and specific in details enabling leaders to identify risks and act on them in a timely manner.

Leaders were satisfied that clinical and internal audits were sufficient to provide assurance. Teams acted on results where needed. We reviewed the most recent 5 audits for the trust. The audits produced action plans for any issues that fell below appropriate targets. The trust also had a SAFE system tracker which monitored the audit programme along with other indicators around performance such as supervisions, training and staffing. Managers at all levels had access to the tracker to monitor performance at team level.

The trust had a corporate risk register. All risks were managed in line with their Risk Policy which was approved by the Audit Committee. The policy included a risk monitoring and escalation framework which determined the level of review. All risks were reviewed monthly as a minimum and associated plans updated. At the time of our inspection, the trust's highest scoring operational risk related to a challenging financial target which could result in a risk to the financial sustainability of the organisation. The trust's electronic information system enabled real-time oversight of risks by score, by age and by service area. This was reviewed at every meeting of every sub-Board committee, Integrated Performance Board, oversight groups and locality governance groups for oversight on the management of the risks.

During our inspection, we spoke with leaders having oversight of the identified risks. They were able to thoroughly describe control measures in place, gaps, outcomes and outputs and trajectories to mitigate and achieve their target risk ratings. The board was proactive in horizon scanning and this included consideration of future NHS strategy and configurations.

Our findings

We found excellent examples of actions taken to reduce risk ratings. For example, the trust had implemented a risk stratification tool. This identified and predicted which patients were at high risk due to deprivation, to prioritise the management of their care in order to prevent worse outcomes. This aligned with NHS England's national approach (known as Core20PLUS5) to inform action to reduce healthcare inequalities at both national and system level.

Financial pressures were managed so that they did not compromise the quality of care. Service developments and efficiency changes were developed as part of a cost improvement programme (CIP). These were assessed with input from clinicians so that their impact on the quality of care was understood and mitigated.

The trust were due to implement the Patient Safety Incident Response Framework (PSIRF) in September 2023. The framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The trust had developed their policy and plans which had been submitted to the Integrated Care Board to ensure compliance.

Staff had access to the risk register and were able to effectively escalate concerns as needed.

The trust had a business continuity plan in the event of emergencies and other unexpected events to ensure critical functions could continue. These were supported by service level plans.

Information Management

The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.

Staff collected data and analysed it. They could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were fully integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The board received holistic information on service quality and sustainability. This data fed into the board assurance framework and other monitoring and assurance processes.

Since our previous inspection, the trust had significantly improved their information systems. Their systems supported the collection and coordination of a wide range of data ensuring they worked in real time or as near as real time as possible. All staff including the executive board were accessing the same data, evidence and intelligence at the same time in the same way. The trust was advanced in their ability to be data and evidence driven.

They used three streams for the foundation of their governance, its review and triangulation. These were their Trust Information Gateway (TIG), SAFE system and DATIX. All data was validated, correlated and analysed throughout the governance structure.

The TIG system enabled data at neighbourhood level which could be drilled down to focus on areas of higher deprivation for example and therefore adjust resources according to need. Using TIG, the trust was able to use up-to-date, timely and reliable data to carry out effective risk stratification and clinical prioritisation. This was a population health approach to reduce inequalities, increase capacity and reduce missed appointments.

Our findings

The trust's systems had effectively been used for community waiting list management. The trust developed an Operational Health Inequalities weighting tool in response to NHS England's directive, regarding managing waiting lists post pandemic. The aim was to restore operational services inclusively. The tool was underpinned by CORE20Plus5 priorities. It supported clinical decisions through a risk stratification and a prioritisation process, helping services prioritise those with the greatest health inequalities, whilst considering safety as part of Patient Safety Incident Response Framework (PSIRF) processes. The tool was used to analyse the waiting list for children's speech and language. Deprivation scores at neighbourhood level were looked at to deliver a staged approach to target those with inequalities including ethnicity, armed forces, mental health and LGBT. Staff then engaged with patients with a further dialogue to determine if they needed prioritisation or even removal from the list. From this they were able to remove people who no longer required the service due to improvements and establish those whose conditions had worsened. The tool was due to be rolled out to other services across the trust.

The trust's systems contributed to their participation and support for The Equality Delivery System (EDS) 2022. This framework was launched by NHS England to improve the services they provide for their local communities while meeting the requirements of the Equality Act 2010. The trust worked with other stakeholders at ICB level for cardiology services resulting in actions which included outreach and engagement activity with vulnerable or marginalised communities. The service has taken ownership of the actions recognising the there is a wider Community Cardiology Service Transformation project planned, which will include EDS at the core of all service development.

Additionally, The Bladder and Bowel service participated and supported the EDS (Equality Delivery System), 2022. This also resulted in improvements in addressing health inequalities.

The trust's SAFE system could be used by staff at all levels to monitor quality standards, quality improvement, audits and procedural documents. This allowed managers access to the range of information to support them with their management role, including performance, staffing and patient care.

The board and all staff we spoke with expressed confidence in the quality of the data and accessible format of the information systems. They welcomed the level of information they were able to find and said the systems were not over burdensome.

Staff had access to the IT equipment and systems needed to do their work. The trust provided all community staff with their own individual electronic devices to enable them to work effectively whilst in the community.

The trust had completed the Data Security and Protection Toolkit assessment. These had been checked by the trust's independent internal audit team for assurance.

Information governance systems were in place including confidentiality of patient records. The trust learned from data security breaches. The trust had a Senior Information Risk Officer and an Information Governance and Data Security Group (IGDS) which fed into the Finance & Performance Committee. The IGDS group included the Medical Director who was also the Caldicott Guardian. The trust completed the Data Security and Protection Toolkit annually to evidence performance and compliance against the National Data Guardian's security standards. This was last submitted in June 2023 with all standards met.

The pharmacy team used data from ePACT (Electronic Prescribing Analysis and Cost) and the locally used electronic health care record to analyse, review and monitor prescribing. Learning from the broad-spectrum antimicrobial stewardship audit was shared at a Wirral Place, as part of the system-wide Clostridium difficile review in June 2023.

Our findings

The trust heart failure specialist nurses showed how they had used engagement and initial case finding through the QOF (Quality and Outcomes Framework) Heart Failure Registries to optimise prescribing and improve outcomes for patients with heart failure. ePACT data was used to monitor the impact of this intervention.

Engagement

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 had a structured and systematic approach to engaging with people who used services, those close to them and their representatives. There were 2 established patient involvement groups, Your Voice for adults and INVOLVE for young people. The groups met regularly and worked with the trust to find the best ways to engage with patients from all equality groups.

Patients, carers and staff had opportunities to give feedback on the service they received in a manner that reflected their individual needs. They used the Friends and Family Test (FFT) to gather feedback. During 2022/2023 the trust received 27,265 responses with 92.2% of people recommending their services. Their year to date position for 2023/2024 (up to and including July) was 10,392 responses and 92.4% of people who would recommend their services.

Communication systems such as the intranet and newsletters were in place to ensure staff, patients and carers had access to up-to-date information about the work of the trust and the services they used.

The trust engaged with local communities and groups. Staff from the trust attended community venues to deliver health awareness and health check sessions for specific groups. For example, engagement with a Chinese association meeting to deliver a presentation on cardiovascular disease supported by an interpreter and attendance at an over 50s women's Zumba class for pre and post session blood pressure monitoring. The trust co-designed a community centre in West Wirral and worked alongside other organisations to address social issues such as loneliness, isolation, deprivation and health inequalities by appropriately signposting people for support.

The trust had a structured and systematic approach to staff engagement. They carried out regular staff pulse surveys to gauge staff views. However, staff engagement with both the 2022 NHS staff survey and their own internal pulse surveys, remained low although steadily increasing. The Chief People Officer recognised the organisation's need to improve staff engagement. There was a staff engagement plan developed during March – May 2023. The delivery of the plan was managed jointly by Corporate Comms and the People & Culture directorate. Its delivery was monitored via the People & Culture Oversight Group. The plan for the current year was a focus on staff engagement activities in four key areas:

- Organisational Culture: Supporting the development of an organisational culture in line with the trust's values.

- Staff Feedback: Ensure staff feedback and experience is heard and acted upon.

- Leadership and Management: Support leaders and managers to play their part in ensuring staff at all levels are engaged.

- Staff Recognition: Celebrating staff and their successes

Patients, staff and carers were able to meet with members of the trust's leadership team and governors to give feedback. Throughout our inspections, staff told us there was an open-door culture and that leaders were visible and approachable.

Our findings

The trust sought to actively engage with people and staff in a range of equality groups. Each staff network was sponsored by a member of the executive team. Actions and issues from the group were escalated appropriately through the trust's governance system for consideration at board level.

The trust offered public Governors, training on appointment. They were actively involved in the operation of the trust. New governors were invited to an induction session and ongoing development sessions. The trust also supported governors to participate in the GovernWell programme delivered by NHS providers.

The trust was engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans. They worked as a whole system in Wirral and were moving forward as a collaborative. We received positive feedback from commissioners and from Wirral Health and Community Trust Partners. The Trust had been responsive in supporting the Wirral system in the delivery of Intermediate Care beds. These came on stream during the pandemic to support discharges from the hospital. They were also supporting the acute trust to deliver virtual wards.

The trust also implemented Wirral's Home First Approach. This was piloted in 2022 and was currently expanding towards a whole-system one pathway discharge model having a positive impact on the Wirral's health and care system. Home First involved assessing a person's long-term care and therapy needs in their home environment which resulted in reductions in the length of hospital stays and fewer people needing longer term packages of care.

The trust was the first NHS organisation nationally to achieve the Social Value Level 1 Quality Mark. This recognised their commitment to actively support and engage with the local population to deliver high-quality, sustainable services. The trust's social value ambitions was extended to purposefully supporting the local economy to thrive, creating a diverse range of career opportunities for local people and striving to achieve NetZero targets outlined in the organisation's Green Plan.

The trust developed services with participation of those who use them, staff and external partners. For example, the trust's Infection Prevention and Control team worked with partners from the Bladder & Bowel Service, Wirral Council's Health Protection Service and Wirral University Teaching Hospital on a partnership quality improvement project focusing on reducing the impact of Antimicrobial Resistance (AMR). This involved

the development and delivery of a training programme and key resources to improve hydration and urinary tract infection (UTI) prevention and diagnosis for staff working in older persons care homes and general practice. This was supported by training and engagement sessions for a range of settings including domiciliary care, day centres and local leisure settings as well as the development of resources for use across Wirral Place. Since the initiation of the collaborative UTI improvement project, there had been a considerable reduction in local antibiotic prescribing related to Urinary Tract Infections (UTIs) in those aged 70+ years, as well as a reduction in hospital admissions for UTIs. In 2022/23, when compared with 2021/22, there was a 17% reduction in hospital admissions of Wirral residents for UTIs, with a 22% reduction in those aged 65 and over. This collaborative programme of work had been recognised nationally by the Infection Prevention Society Impact Awards where the team were subsequently awarded the Gold Impact Award for Excellence.

The trust had signed up with the NHS Cadets programme. This is a joint programme between NHS England & Improvement and St John Ambulance to attract, develop and prepare 14–18-year-olds to enter and be able to sustain themselves in health volunteering opportunities; specifically widening access to underrepresented groups. Wirral Community Health & Care NHS Foundation Trust was the first community trust in the country to pilot and deliver the programme. They successfully delivered the first year at the height of the COVID pandemic and have since delivered both the foundation programme (14–16-year-olds) and the advanced programme (16–18-year-olds) to young people in Wirral.

Our findings

The Trust had secured the future delivery of the programme working with the Cheshire & Merseyside ICB to expand the programme to St Helens and Knowsley, where the Trust also delivers services. To date, the trust had supported over 200 young people through the programme at both the foundation and advanced levels. They continued to support volunteering opportunities for many of them and the Cadets have contributed to several quality improvement projects across the trust.

Learning, continuous improvement and innovation

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

Improvement was seen as the way to improve performance outcomes and for the organisation to learn. Staff were empowered to lead and deliver change. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally and nationally.

The trust had a roadmap for their quality approach which included a workstream focussed on sustainability of research and innovation as part of everyday clinical practice. There was a Research, Innovation and Digital Oversight Group established in March 2023. This fed into executive leadership via the integrated performance board.

The trust and stakeholders gave us examples of innovation throughout our inspection. These included:

- An ongoing partnership with Wirral Metropolitan College for the establishment of a physical space as an innovation hub. The objective of the hub was to view problems through a different lens whilst creating significant social value opportunities and career pipelines. The completion date for the space was expected to be September 2023.

- Piloting a digital platform, to make it possible to securely monitor conditions from home using rich media such as photos, videos and voice notes. This had been successfully implemented within the trust's dietetics team, with the possibility for spread to other clinical areas.

- The trust were changing the way it managed patient safety, risk, and clinical governance through the implementation of their SAFE electronic framework. SAFE supports their policy management, management of NICE guidelines, CQC self-assessment and fundamental standards, with dashboards that showed performance and quality measures.

- The way performance data was captured, analysed through the Trust Information Gateway (TIG). This allowed for a more in detail business intelligence for better decision making.

- Supported 2 members of staff with innovative ideas to get on the NHS Clinical Entrepreneurship Programme for 2023/24.

- A pilot scheme within colleges to provide additional opportunities for young people 16 -19 to receive any outstanding routine school age vaccinations at their place of education. NHSE North West were monitoring the outcomes of this pilot to inform future commissioning decisions across the North West.

- Working with 2 other trusts to develop a national data set for community services.

- The trust was the first NHS organisation to achieve the Social Value quality mark at level 1. To further support their commitment, they have signed the Cheshire and Merseyside Social Value Charter and Anchor Institution Charter. Please also refer to the information and evidence provided in the Well-Led factual accuracy report

Our findings

The trust was actively participating in clinical research studies. They had recruited a Research and Innovation Lead in August 2022 and expanded their research work outside the trust linking with other organisations. They had also established a research forum and joined the Wirral Research Collaborative as part of a local Wirral partnership and plan to improve access to research and delivery capacity.

The trust had an effective process in place to manage complaints and serious incidents in order to learn from them and make improvements.

We reviewed the complaints and incidents from the trust. Staff had identified areas of good practice and lessons learnt in all areas and had made changes where improvements were recommended.

Quality improvement initiatives were embedded and regularly reviewed to gauge their success. In 2022, the trust developed the multidisciplinary inpatient falls prevention assessment tool (MIFPAT) within the community inpatient wards. This tool, aligned to national best practice guidance, was designed with staff, alongside a standard operating procedure for falls prevention. A falls prevention care plan was developed in addition to the MIFPAT guidance, following feedback from staff.

Also in the inpatient wards, the trust undertook a pilot to create a ward accreditation scheme. This was completed as a quality improvement project based on NHS England's guidance to measure and continuously improve the quality of care on NHS hospital wards. The aim of the ward accreditation scheme was to develop a nurse ward assessment and accreditation tool (recognised by the Royal College of Nursing (RCN) and NHS England) . The trust completed this accreditation in August 2022.

The trust had received further recognition, accreditation and awards. These included NHS Rainbow Pin Badge Bronze Award, The Social Value Charter Mark Level 1, VCHA Veteran Aware accreditation, Defence Employer Recognition Scheme (ERS) - Silver Award, ISO14001, UNICEF baby friendly, Mindful Employer and Disability Confident Employer.

Additionally, teams and staff across the trust had been recognised in regional and national awards including the Infection Prevention Society Awards, Student Nursing Awards, NHS Communicate Awards, Nursing Times Workforce Awards, HSJ Patient Safety Awards, RCN Nursing Awards and The World Federation of Occupational Therapists.

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 ↑ Dec 2023	Good →← Dec 2023	Good →← Dec 2023	Good →← Dec 2023	Good ↑ Dec 2023	Good ↑ Dec 2023

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 locations	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Ambulance	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Adult social	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Community	Good	Good	Good	Good	Good	Good
Primary medical	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall trust	Good ↑ Dec 2023	Good →← Dec 2023	Good →← Dec 2023	Good →← Dec 2023	Good ↑ Dec 2023	Good ↑ Dec 2023

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.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Victoria Central GPOOH	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Arrowe Park Hospital GP OOH	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Overall trust	Good ↑ Dec 2023	Good →← Dec 2023	Good →← Dec 2023	Good →← Dec 2023	Good ↑ Dec 2023	Good ↑ Dec 2023

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

Rating for Victoria Central GPOOH

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018

Rating for Arrowe Park Hospital GP OOH

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community end of life care	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014
Community dental services	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014
Community health services for children and young people	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Good Jul 2018
Community health services for adults	Good ↑ Dec 2023	Good →← Dec 2023	Outstanding ↑ Dec 2023	Good →← Dec 2023	Good ↑ Dec 2023	Good ↑ Dec 2023
Community urgent care service	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Community health sexual health services	Good ↑ Dec 2023	Good →← Dec 2023	Good →← Dec 2023	Outstanding ↑↑ Dec 2023	Outstanding ↑↑ Dec 2023	Outstanding ↑↑ Dec 2023
Community health inpatient services	Good Dec 2023	Good Dec 2023	Good Dec 2023	Good Dec 2023	Good Dec 2023	Good Dec 2023
Overall	Good	Good	Good	Good	Good	Good

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.

Community health services for adults

Good 🟢 ⬆

Is the service safe?

Good 🟢 ⬆

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

Mandatory Training
The service provided mandatory training in key skills to all staff and made sure staff completed it.

Staff received and kept up to date with their mandatory training. Training was delivered through a combination of face-to-face sessions and e-learning. Staff described good access to mandatory training, and indicated that they were up to date with this.

The mandatory training was comprehensive and met the needs of patients and staff. At the time of inspection, the service had compliance of 95%. Training modules included safeguarding children and adults, infection prevention and control, resuscitation level 1 and basic life support training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia, including the Oliver McGowan training module. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government's preferred and recommended training for health and social care staff.

Managers monitored mandatory training through the trust's 'information gateway' (known as TIG) and alerted staff when they needed to update their training. Team leaders identified areas of non- compliance and training was discussed as an agenda item at locality meetings.

Managers described how they took steps to try and improve training compliance. This included planning the use of bank staff to free up substantive staff to complete their training. They also facilitated group training sessions including syringe driver, intravenous antibiotics, and tissue viability training.

Safeguarding
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.

Nursing staff received training specific for their role on how to recognise and report abuse including safeguarding adults and safeguarding children.

Staff gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They were aware of their responsibility to keep people safe and report any safeguarding concerns. The single point of access team recorded patients' protected characteristics on an accessibility and inclusion template. The service audited rates of completion for this form. There were inclusion champions across the service who provided advice and support to staff.

Community health services for adults

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They gave examples of when they had identified possible abuse and what action they had taken.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were policies in place for safeguarding children and adults which managers reviewed and updated regularly. The policies clearly set out safeguarding processes and signposted staff to internal safeguarding teams and local authority adult social care services.

Safeguarding advice was available from the trust's safeguarding lead. There were also nine safeguarding champions working across the service who provided support and guidance about safeguarding concerns. We reviewed a sample of safeguarding referrals and saw effective communication with local authorities. Staff worked with external agencies to identify and formulate action plans.

Cleanliness, infection control and hygiene
The service controlled 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.

Staff had completed training in infection control and were aware of the protocols in place to keep patients, themselves and others protected from infection.

We reviewed clinic rooms at St Catherine's Health Centre, Moreton Community Clinic and Victoria Health Centre which were clean and well maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Clinic room equipment was portable appliance tested, and staff maintained up to date records of this.

Staff followed infection control principles including the use of personal protective equipment (PPE). They told us that they had adequate supplies of PPE. We observed staff wearing full PPE during home visits and within on-site clinics.

Medicines storage cupboards were adequately secured with stock segregated so that internal and external items are easily identifiable. Staff completed medicines stock checks regularly to ensure that out of date medicines were not left in storage cupboards and were disposed of promptly and appropriately when they reached their expiry date.

Environment and equipment
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 had enough suitable equipment to help them to safely care for patients. The clinical nursing store was well stocked, with all equipment in date including swabs, dressings, and syringes. Syringe drivers had stickers in place to alert staff when equipment needed servicing There was a standardised system in place for checking individually held medicines/ medicines bags, and equipment for home visits.

The service used an external supplier for clinical waste disposal equipment. The clinic rooms had colour coded bins for general and clinical waste. Staff took clinic waste bags out on home visits and disposed of clinical waste safely and in line with infection prevention and control policy.

Community health services for adults

Community nursing staff said there were no problems getting equipment such as standard pressure relieving cushions, hospital style beds, pressure relieving mattresses and commodes in a timely manner.

Assessing and responding to patient risk
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.

Staff used nationally recognised tools to identify deteriorating patients and escalated them appropriately. This included Braden scoring to calculate the risk of pressure ulcers developing, the Malnutrition Universal Screening Tool (MUST), and the National Early Warning Score (NEWS2) which is used for scoring patient's physiological measurements.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Pressure ulcer assessments and checklists, clinical frailty scores, and nutrition and hydration assessments were present where appropriate within the records we reviewed.

Patients had holistic assessments in place, which documented individual risks. This meant staff knew about and dealt with any specific risk issues. Risks for the patient groups included pressure ulcers and risk of falls. Records showed that staff routinely ensured input from tissue viability experts and arranged mobility assessments and occupational therapy input when required. Staff were clear about the observations necessary and processes to follow to prevent patients developing sepsis, deep vein thrombosis, and pressure ulcers.

The service had 24-hour access to mental health liaison and specialist mental health support and staff told us they could contact community mental health teams if they were concerned about a patient's mental health.

The service had lone working policies and guidelines. Staff were not routinely provided with lone worker alarms, but where risks had been identified prior to a visit, staff took appropriate measures including working in pairs, and alerting other staff of where they were. Managers monitored home visit and appointment timetables regularly and had good oversight of where staff were to ensure they were safe.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. This included completing the PHQ9 patient health questionnaires for screening, diagnosing, monitoring and measuring the severity of depression and the GAD7 score for the assessment of generalised anxiety disorder. Staff routinely recorded these in care records within a dedicated mental health domain.

Staff shared key information to keep patients safe when handing over their care to others. Teams held daily handovers which were attended by managers and team leaders. We observed three handovers and saw that these gave clinicians the opportunity to discuss completed appointments, confirm whether care was undertaken as planned, or identify whether further action was needed.

Shift handovers included all necessary key information to keep patients safe. The handovers we observed showed staff talking through each patient's case and escalating concerns accordingly.

Staffing
The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Community health services for adults

Nurse staffing

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 and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. Nevertheless, some staff told us that staffing capacity was sometimes an issue and said they worked hard to ensure urgent and non-urgent appointments were completed.

Managers used a 'safer staffing tool' to accurately calculate and review the number and grade of registered nurses and healthcare assistants needed for each shift in accordance with national guidance. The trust was working alongside a national strategy to develop safer staffing levels within community services. This included training all staff to assess the acuity and complexity of appointments and visits to enable the service to plan these more effectively. Managers told us they had developed staffing grids for community nursing teams across each locality to ensure they had a good oversight of the numbers of staff required within each team.

Managers reported on their staffing numbers for each team during a daily teleconference. They told us they could release a member of staff to support another team if this was needed and that they provided cross-cover support regularly.

At the time of inspection, the service had an average of 4.5% surplus posts. This was due to an over-establishment in the trust's home first team, a placed based system project, where the trust recruited and onboarded new staff on behalf of the system. This was for the period July 2022 to June 2023.

Managers said they were proactive in recruiting into vacant positions and described a recent recruitment day at a local hospital. The service had also planned a talk at a local college to provide information about nursing and health care careers.

The service had an average staff turnover of 10.3% in the previous 12 months. This was below the trust wide turnover of 12.5% in the previous 12 months.

Data for the previous 12 months showed an average sickness rate of 7.3%. This was above the trust wide sickness rate of 6.5%.

Data showed that the number of hours worked by bank nurses and allied health professionals for the service was 3.6% for the last 12 months. This was slightly higher than the trust wide figure of 3.4% for the same period. Agency nurses and allied health professional usage within the service was 0.4% for the last 12 months. This was lower that the trust wide figure of 2% for the same period.

Records

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.

Patient notes were comprehensive, and all staff could access them easily. Records were maintained electronically. All staff had laptops, so that they could record patient notes whilst out doing visits.

Community health services for adults

We reviewed 13 sets of care records. All patients had risk assessments in place, and these were kept up to date. Care plans included wound and pressure area management, long and short-term condition management, medicines management and chronic disease management. Care records were clear, detailed, and person-centred with goals and actions, making them clear to staff who were not familiar with any patient.

Palliative care plans were detailed, clear and included the holistic management of symptoms including bladder and bowel issues, pain, pressure areas, shortness of breath, poor sleep, and emotional support.

The electronic records system was shared across the organisation which meant when patients transferred to a new team, there were no delays in staff accessing their records. Records were stored securely, with all electronic devices encrypted and password protected.

Medicines
The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. The service had a medicine management policy in place which was reviewed and updated regularly. Staff undertook training and competencies in prescribing or administering medicines according to their role. Independent prescribers were supported to keep-up-to date through the trust's quarterly forums, where case studies and updated national guidance was shared. Additionally, prescribing refresher training was delivered by the trusts independent prescribing lead, for completion every 3 years. Managers completed regular prescribing audits to check for appropriate prescribing within current guidance. Appropriate governance arrangements were in place for the management and use of PGD's (patient group directions). The trust was writing up a recently completed PGD audit. The medicine's governance group also monitored compliance with training and provided oversight of any actions.

Patients and carers we spoke with confirmed they were given advice and information about their medicines. Staff recorded discussions they had with patients and carers about medicines within electronic notes. Medicines records were accurate and up to date.

Staff stored and managed all medicines and prescribing documents safely. However, a recent trust audit (July 2023) found inconsistent practice in record keeping for individually issued prescriptions pads and gaps in records of pads used by medical prescribers. We similarly found that medical prescribers were not consistently following trust policy when taking prescriptions forms from the batch of prescriptions issued to their service. This meant that there was not enough evidence available to ensure potential loss would be identified. The trust had an action plan in place to address the audit outcomes, overseen by the Medicines Governance Group.

Incidents
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.**

Staff raised concerns and reported incidents and near misses in line with trust policy. Staff received training on incident reporting. Those staff we spoke with knew what incidents to report and how to report them. Managers had good oversight of recent incidents within their teams and the incident reporting system enabled them to monitor incident types, causes, harm level, and action taken and to identify themes or trends.

Community health services for adults

Staff learned from safety alerts and incidents. The trust's monthly medicines updates were shared for discussion at team meetings, to share learning outcomes from recent clinical incidents, evidenced based practice and medicines alerts. Data was collated and reviewed during quality meetings to improve practice.

Staff understood the duty of candour. Records prompted staff to give patients and families a full explanation when things went wrong.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff received feedback from investigations of incidents during handover meetings, at team briefings and routine general nursing meetings, and were aware of learning from recent incidents. Staff described a positive learning culture, where it was safe to acknowledge when they had made a mistake and share learning about this with the team. The clinical risk management group met weekly to discuss significant risks and incidents.

Each team held meetings which had a quality slot where learning from incidents was discussed. Discussions with managers and staff confirmed that clinical leads within each team had good oversight of incident management and were responsible for disseminating and acting upon learning.

Is the service effective?

Good 🟢 ➡️⬅️

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

Evidence-based care and treatment
The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. These were available to staff through the trust intranet. Staff followed National Institute for Health and Care Excellence (NICE) guidance and received regular bulletins and emails from managers providing updates. Managers also gave NICE updates during team meetings. Organisational policies and procedures quoted NICE and other professional guidance.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Those staff we spoke with told us they could identify whether patients needed mental health support and could contact the trusts' crisis and home treatment teams if this was necessary.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff followed a standardised format for home visits which comprised of 4 stages: situation, background, assessment, and review (SBAR). This prompted staff to assess how patients were presenting and report any concerns with their psychological and emotional state.

Nutrition and hydration
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.

Community health services for adults

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff used the Malnutrition Universal Screening Tool (MUST), a nationally recognised screening tool to monitor patients at risk of malnutrition. The records we reviewed showed that patients' nutritional needs were being met effectively.

We observed staff asking patients how much they had eaten and drank during visits and recording the responses. Catheter care plans included instructions to drink a specified amount of water daily, and to monitor bladder and bowel function daily.

Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it. Staff contacted GP practices if these were required, and the GP then made the referrals.

Pain relief

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 undertook pain assessments and pain management interventions during home visits and appointments. They assessed patients' pain using the Abbey Pain Scale and gave pain relief in line with individual needs and best practice.

Patients told us that staff were quick to respond to requests for support with pain relief and consulted them about their preferences.

Care records showed that staff prescribed, administered, and recorded pain relief accurately. Patients received pain relief soon after requesting it and no patients reported delays in receiving this.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in relevant national clinical audits. Each audit resulted in the development of an action plan which was monitored and reviewed by managers.

Managers and staff used the results from audits to improve patients' outcomes. They described how following a wound care audit, the service had developed a pilot wound care hygiene pathway within the West Kirkby team. The pathway specified cleansing and debriding agents and dressings for hard to heal or chronic wounds. The preliminary results showed positive wound healing outcomes for a sample of eight patients. The service had included the principles of the pathway into the tissue viability training module so that all staff understood them. The service was also in the process of developing an integrated tissue viability care plan.

Managers could give examples of how they used information from audits to improve care and treatment. They described how a leg ulcer audit had identified areas of leg ulcers assessments that staff did not always complete. In response to this, managers sought feedback from staff about the usability of the template. This led to them amending the template to make it more user friendly and ensure staff completed all elements of the assessment.

Community health services for adults

At the time of the inspection the open caseload for community nursing was 2604 patients. The Birkenhead locality had the largest number of patients, with 855, with the South Wirral locality having the fewest at 365. Caseloads varied due to geographic locations and differing population densities between the hubs. Staff at the South Wirral team had an average of 16.5 patients on their caseload. For West Wirral this was an average of 19 patients. Staff within the Birkenhead and Wallasey localities had an average of 22 patients on their caseload.

Competent staff
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 were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The service employed a range of registered nurses, healthcare assistants, occupational therapists, and physiotherapists. Those staff we spoke with were competent and knowledgeable.

The service had staff with diverse specialisms including specialist tissue viability and palliative care nurses.

Managers gave all new staff a full induction tailored to their role before they started work. The induction process provided a range of face to face and remote trainings sessions over a 12- week period.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data provided by the service showed that 96% of staff had received an annual appraisal.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Data provided by the trust showed that clinical supervision compliance was 97% at the time of the inspection. For managerial supervision this was 92%.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings took place monthly and were well attended. Meetings followed standardised agendas, including discussions about staffing, incidents, and recent learning.

Each staffing band had a training matrix, which managers used to identify any training needs their staff had. Managers ensured staff shadowed appointments and home visits before being signed off for specific competencies.

Staff told us they were supported to gain further qualifications relevant to their role. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Development opportunities were available for staff at all levels.

Managers made sure staff received any specialist training for their role. For example, the service had arranged for external representatives from a supplier of wound dressings to deliver demonstrations to staff about how to use these.

Managers identified poor staff performance promptly and supported staff to improve in line with the trust's performance management policy. They described how they were supported by the human resources team with performance management issues where required. Managers told us they tried to manage performance concerns informally where possible, by offering additional support or identifying and addressing training needs. Managers also told us they reviewed clinical records to assess the quality of clinical note taking and which also led to additional support being offered to those staff who needed it.

Community health services for adults

Managers told us there were no volunteers currently working within the service, but that there was a process in place to recruit, and train volunteers to do so including a standardised induction process.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff we spoke with told us that they worked effectively with acute hospital services, GP practices and other health and social care providers. They said they were able to refer patients into secondary care when needed.

We found examples of effective multidisciplinary working both within and across teams. Staff we spoke with at all levels described good multidisciplinary working amongst colleagues and local health professionals including the local hospital.

Handover meetings were held daily for each team, and we were able to attend 3 of these during the inspection. Each involved a clear detailed discussion of all patient visits completed that day including issues around wound management, skin integrity, pressure ulcers, medicines management, pain, and diabetes management. We noted that there was good discussion between the team members, who appeared confident in raising concerns to managers.

The service held full multidisciplinary team meetings for complex patients, which were attended by nurses, community matrons, therapy staff, social care, dieticians, and GPs where required. This enabled staff from those services to collectively discuss patients physical, mental, and social care needs and to plan discharges or transfers of care effectively. There were dedicated multidisciplinary team coordinators who ensured minutes of care meetings were detailed and uploaded to care records.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Care records prompted staff to assess each patient's health on admission and identify any individual needs to live a healthier lifestyle. Staff documented this within both the initial and holistic assessments, including smoking history, alcohol use or weight management needs.

The records we reviewed showed that staff offered the appropriate advice and support and contained appropriate referrals to dieticians or substance misuse services.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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 we spoke with had a good understanding of the Mental Capacity Act and the five principles. Sometimes patients within the service lived in care homes and were subject to Deprivation of Liberty authorisations. Clinical records showed that staff recorded patients' capacity status for specific decisions and there were detailed capacity assessments within records. This included assessing the capacity of carer or family understanding of being able to carry out caring responsibilities and taking action to support them with social needs if needed.

Community health services for adults

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We observed that there was evidence of patients being asked for verbal consent recorded in their care records and patients we spoke with confirmed this was the case.

Care records showed that when patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available and care records showed that staff explained different options and treatments to patients to enable them to do so.

Staff clearly recorded consent in the patients' records including when they sought the consent of patients ahead of each intervention. We saw good examples of this, with the reason for the visit and intervention explained clearly and recorded in patient notes. Staff recorded when patients declined treatment, for example, when patients refused injections. Staff discussed these during handovers and escalated where appropriate.

The electronic system prompted staff to obtain patient's 'do not attempt cardiopulmonary resuscitation' status and the records showed that staff frequently revisited this with patients to obtain their current views or wishes.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act; they knew who to contact for advice. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary. They described how the trust had made changes to the Mental Capacity Act electronic template to improve how staff recorded record best interests' decisions and ensure they captured all relevant information relating to the assessment of patient's capacity.

Is the service caring?

Outstanding ☆ ⬆

Our rating of caring Improved. We rated it as outstanding.

Compassionate care
Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Feedback from people who used the service, and those close to them was overwhelmingly positive about the way staff treated people. We spoke with 19 patients and 5 relatives/carers of patients using the service. Without exception they told us that they could not fault the staff who were supporting them. They said that although a number of staff visited them, they knew them well and understood their care needs.

Staff were discreet and responsive when caring for patients. Patients described how staff ensured their privacy and dignity and carried out interventions in the least restrictive way. Patients told us that no matter how busy staff were, they made time to find out how they were, and how relatives/carers were managing.

Community health services for adults

Staff followed trust policy to keep patient care and treatment confidential, checking with patients before sharing any details with their relatives. Staff kept clear records of patient's consent status with regards to information sharing.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Mangers told us that the trust had been actively working with several Primary Care Networks (PCNs) in Wirral to design an integrated and person-centred model for Population Health Management (PHM). As part of this project, the trust's Integrated Care Coordination Teams (ICCTs) embedded a change to their triage processes. Every patient referred to the teams received a phone call at the point of triage from a matron or nurse practitioner to confirm the referral information provided and were asked 'what matters to them.

Emotional support
Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff could give examples of how they respected the personal, cultural, social and religious needs of patients and how these related to care needs. This included being mindful of patient's meal choices, or religious observances. Specific needs were clearly recorded within care records.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients we spoke with said staff met their emotional needs by listening to them, by providing advice when required, and responding to their concerns. One patient spoke positively about how a member staff had supported them throughout the night with anxieties they had.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. Patients and carers felt emotionally supported and reassured by staff. Relatives of patients receiving end of life care, spoke very positively of support provided by the community nurses in their relative's care.

The service worked closely with Age UK Wirral to ensure patients had access to the service to provide a positive social impact.

In July 2023, Age UK Wirral opened the Marine Place Wellbeing Hub and Café at the trust's Marine Lake Health & Wellbeing Centre.

The café offered a social space and a way of connecting people to services that could offer help, delivering a range of voluntary and community services offered drop-in sessions.

One initiative developed in partnership with the GP surgery was a 'coffee token scheme' where GPs offered drink tokens to people who could benefit from extra support. The trained café staff would identify people presenting tokens and take time to chat with them to understand more, provide emotional support or signpost them to other services where needed. Following the success of this innovation the trust told us they intend to roll the scheme out in other areas.

Understanding and involvement of patients and those close to them
Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Community health services for adults

Staff made sure patients and those close to them understood their care and treatment. Patients, families, and carers told us that staff talked to them in a way they could understand and used communication aids when necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service used the Friends and Family Test, a short, standardised service user experience survey, to collect patient experiences of care. This could be delivered in a range of formats designed to meet the needs of different patient and service user groups. Data generated from these surveys was disseminated to staff, managers, and leaders.

We reviewed the latest survey results and saw that all teams within the service had a satisfaction score of 91 percent or above. The tissue viability services, wheelchair service, community nursing, rapid response, had the highest, all scoring 100 percent. The rehabilitation at home team had the lowest with 91 per cent.

The service used digital technology to ensure patients received practical and emotional support. This included a bespoke pre-appointment screening questionnaire to ensure patient's needs were understood. This approach aimed to ensure that patients were involved as partners in their care at the earliest opportunity, and empowered to influence how they received their care. Furthermore, the process included an assessment of protected characteristics within the Equality Act 2010, to deliver personalised care, and for staff to make reasonable adjustments for patients who required this.

Staff supported patients to make advanced decisions about their care. The trust used a 'planning for your future' document to record patient's and families' views about advanced care planning.

Is the service responsive?

Good 🟢 ➜ ⬅

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

Service planning and delivery to meet the needs of the local people
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 delivered a range of clinics including daily intravenous medicines and leg ulcer clinics. We found that the facilities and premises were appropriate for the services being delivered. Staff described how they could access additional equipment if they needed anything and told us the service was extremely responsive to requests for equipment both for the on-site clinics or for home-based appointments. They described how managers were quick to respond to recent requests for dressing trolleys, bariatric couches, and intravenous stands.

The service had recently developed a satellite store between locality boundaries based at a local GP practice. This made it easier for staff across different areas to attend the store to collect any equipment needed for their appointments. This was being piloted at one location with the trust intending to roll it out at other sites.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment.

Community health services for adults

The service could arrange for information leaflets to be translated into languages spoken by patients in the local community. They could also arrange for staff, patients, and relatives/carers to have help from interpreters or signers when needed.

Managers planned and organised services, so they met the changing needs of the local population. The service covered clusters of GP practices within the geographical area, using 9 community health teams, and other specialist services. Patients with complex needs were discussed between services and a coordinated multi-disciplinary plan of care was agreed.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia. Staff described how they these contacts were easily accessible.

Managers ensured that patients who did not attend appointments were contacted, although staff said this was quite rare, as patients were mostly visited in their own homes and appointments planned in advance. There was a policy in place which specified the process for failed visits or clinic appointments. This included attempting to contact the patient followed by their next of kin. Staff would then check with local hospitals and GP practices or request safety and welfare checks from the police.

The service relieved pressure on other departments when they could treat patients in a day. There was a community integrated response team within the service. Managers described how they performed a range of functions to help prevent patients being admitted to general hospital. This included ordering equipment for a patient's home or arranging for urgent care packages. Nurses also administered intravenous antibiotics which could facilitate patient's early discharge from general hospital. There was also a dedicated team within the service who administered Covid-19 antibody medication to patients at high risk of requiring hospital admission, to reduce admission rates.

Meeting people's individual needs

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs; they also followed the Herbert protocol which is a risk reduction tool to be used in the event of an adult with care and support needs going missing.

Staff ensured patients were given a choice of food and drink to meet their cultural and religious preferences. Any identified cultural needs were recorded in a patient's records as part of the care and treatment plan.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Managers assigned a nurse practitioner to care for patients with dementia. They also provided guidance, support and signposted family/carers to resources and information about dementia.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Managers monitored waiting times to try and ensure patients could access services when needed and received treatment within agreed timeframes and national targets. Urgent referrals had a two- hour response time. The trust target for this response time was 70%. Data for the previous three months showed that staff saw 81 percent of patients within two hours in March and May 2023. For April 2023 this was 80%.

Community health services for adults

There were clear processes in place for the triage of urgent and planned work. Managers monitored appointments due that day and created actions, including re-arranging appointments if needed.

Managers and staff said that they did need to reschedule appointments quite regularly. To ensure this was conducted consistently and safely throughout service, the trust had developed a standard operating procedure for staff to follow. This was developed with frontline staff to ensure it was appropriate to the needs of the service. The procedure included a decision-making framework for staff to enable them to safely prioritise and reschedule appointments and provided an escalation pathway for staff to follow. We heard how the senior management team met weekly to review any escalations and identify actions.

There was a single point of access to the service. Triage arrangements were in place to ensure referrals were prioritised appropriately. Referrals were triaged immediately, and the workload allocated accordingly. The community nursing service prioritised patients on a daily basis, particularly those requiring time-sensitive medicines, and end of life care.

Appointments were flexible and staff worked around patients' requests and availability. This included facilitating evening visits where required. The trust's night team ensured patients had 24 hour access to the service.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. Care records showed evidence of discharge planning, including multi-agency working to plan packages of care. Some patients were discharged when they returned to clinical baselines whereas others, often elderly patients or those on end-of-life care remained under the service until their death. Staff supported patients when they were referred or transferred between services. Where patients were discharged to care homes, staff arranged joint visits with carers.

Learning from complaints and concerns

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.

Patients, relatives and carers knew how to complain or raise concerns. Patients were given information on admission including a contact number if they wanted to make a complaint.

The service had recently completed a quality improvement project to try and increase patient feedback. Managers described how student nurses had dedicated time to attend home visits and obtain feedback or help patients make a complaint. Those patients attending clinic could also provide feedback themselves using a tablet.

The staff we spoke with understood the policy on complaints and knew how to handle them. Staff could explain the stages of investigations into complaints and gave examples of recent complaint investigations within their teams.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, one of the complaints we reviewed saw managers develop an action plan about specific wound care symptoms and prompted staff to consider specific warning signs, and how to escalate these.

Is the service well-led?

Good 🟢 ⬆

Community health services for adults

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

Leadership

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 Trust had nine Community Nursing teams (8 day teams and one night team), each led by a Clinical Team Leader, reporting to a Community and Specialist Nursing Manager. The Community and Specialist Nursing Managers report to a Service Director

All staff we spoke with said that senior staff were very approachable. Local team leadership was effective, and staff said their direct line managers were supportive.

We found that staff were consistently positive, friendly, helpful, and approachable. Staff morale within the teams was good, despite staff describing having to work hard to meet appointment and home visit timescales.

Leadership development opportunities were available, including opportunities for staff below team manager level. They had the opportunity to complete a variety of leadership courses and training to help enable them to be effective. Some staff had also completed the patient quality and safety course which provided advanced training on the management of complaints and incidents.

Staff could complete a range of clinical skills training. One manager described how they had achieved a Master's certificate in healthcare. Another had completed the V300 nurse practitioner course, which is a course to enable non-medical staff to prescribe medicines.

Vision and Strategy

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.

Wirral Community Health NHS Trust had a board of executive and non-executive directors who were accountable for setting the strategic direction of the trust.

The trust had a five-year strategy in place which ran from 2022 to 2027. The strategy set out key priorities to help deliver the vision. These included improving population health and health care, tackling health inequalities, improving outcomes and access to services, enhancing quality, productivity, and value for money, and helping the NHS to support broader social and economic development. The trust also aimed to build more integrated neighbourhood models of care, bringing primary, community and social care teams closer together. Staff described the various workstreams that were ongoing to improve the quality of care delivered. Senior leaders delivered a weekly brief which included strategic updates.

Community health services for adults

The trust vision incorporated a 'common purpose' and three trust values. The senior leadership team had successfully communicated the provider's vision and values to the frontline staff in the service and we found that staff at all levels were able to describe these values and how they applied to their roles. Managers reviewed these values during appraisals and had discussions with staff about how they met these when carrying out their roles. Information about trust vision and values was on display at each of the sites we visited.

Culture

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.

Staff felt respected, supported and valued. There was a strong culture of teamwork prioritising patient care. Staff told us they felt comfortable and able to raise concerns without fear. They knew how to use the whistleblowing process and about the role of the Speak Up Guardian. There was freedom to speak up champions within each team who worked with the freedom to speak up guardian and provided advice to staff about how to raise concerns. There was information on display at the sites we visited letting staff know how to contact the freedom to speak up guardian.

The service recognised staff success. Managers described a peer recognition process whereby staff awarded a trophy to one of their peers during handover. Feedback was frequently recognised and celebrated across the trust and was a key focus of the trust's recently celebrated International Nurses Day (IND) celebrations in May 2023. We had sight of a Trust bulletin and saw that the trust had recognised the professionalism and pride of staff. This included 'shoutouts' to staff, summarising staff stories, and acknowledging areas of good practice within the teams.

All staff we spoke with felt supported by colleagues and managers. They told us that their teams would go above and beyond for patients, and that they enjoyed working for the service. They felt the trust supported professional development and that there was a culture of shared responsibility and learning.

Staff reported that the service promoted equality and diversity in its day-to-day work. Managers described how they had made reasonable adjustments for staff to enable them to observe their religious or cultural beliefs. There was a reasonable adjustments policy in place and staff were supported with reasonable adjustments matters by occupational health.

The service provided examples of how they had completed workplace assessments for disabled staff or those who required these due to illness and how they had obtained additional equipment or implemented individualised measures to support those staff to carry out their work.

The service recognised staff success within the service. Managers described a peer recognition process whereby staff awarded a trophy to one of their peers during handover.

Governance

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.

There was a system of governance meetings which enabled the escalation of information upwards and the cascading of information from the management team to frontline staff. These included daily handovers and hub meetings, team

meetings, and safe operational performance and governance team meetings. There were also dedicated meetings for each locality, team leader meetings and monthly budgeting meetings. We looked at various governance and quality related meeting minutes and saw these were effective forums to review incidents, performance issues and planning, amongst other topics.

Frontline staff had daily handover meetings where all relevant safety information was shared with the teams. These were supplemented by monthly team meetings. Staff told us they found team meetings useful as it was a means of keeping up to date with local and organisational matters. Staff were positive about team meetings and valued them as a source of feedback and the opportunity to discuss and escalate issues.

The service had clinical audit programme in place. Managers maintained audit results and findings, and developed action plans which they used to improve the service.

The service used it's Trust Information Gateway (TIG system) to ensure a robust tracking of risk assessments within the community nursing teams. Managers told us this had resulted in significant improvements in pressure ulcer care. The outcome of this work had resulted in no serious incidents as defined within the Serious Incident Framework, relating to pressure ulcers during the 2022/ 2023 period.

Management of risk, issues and performance
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.

Teams demonstrated good management of risk for their individual location and patient group. Frontline staff were aware of key risks and worked hard to ensure that they prioritised the treatment of patients with the most urgent needs.

Areas of risk or concern were discussed during daily handover, multidisciplinary meetings, and team meetings. Managers also shared summaries of current risks in 'safety soundbite' bulletins by email.

Managers had access to the risk register. The key risks described to us included role specific training, staffing, and tissue viability key performance indicators. We reviewed the risk register and saw that the risks described by staff matched those on the risk register. Risk control measures were in place, which were reviewed regularly by senior managers. Managers we spoke with were very aware of these risks and could describe how they worked to minimise them as far as possible.

Information Management
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.

The business intelligence team within the trust collated a variety of data concerning staffing, appointments and patient contacts, and clinical interventions. They regularly shared this information with managers to help them understand their services and to identify themes, trends or risks.

The service kept records of all notifications to external bodies as needed. These included statutory notifications to the Care Quality Commission and serious incidents reported to NHS England through the Strategic Executive Information System (STIES).

Community health services for adults

Staff showed us where they could find the providers' policies and procedures on the intranet. We reviewed information on the intranet and saw this was clear and accessible. The intranet was available to all staff and contained links to relevant guidance, policies, and standard operating procedures.

Staff had access to the equipment and information technology needed to do their work including adequate supplies of laptops and mobile phones. The information technology infrastructure, including the telephone system, worked well, and helped to improve the quality of care.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patients and carers had opportunities to give feedback on the service, although some patients, families and carers told us they found the electronic feedback survey difficult to use.

Staff, patients, and carers had access to up-to-date information about the work of the trust and the services they used through the intranet, bulletins, newsletters and the trust website. Staff could meet with members of the provider's senior leadership team to give feedback.

There was a monthly 'get together' meeting via videoconference hosted by the chief executive of the trust. This gave staff at all levels a direct opportunity to raise questions to them and other senior leaders. This meeting was recorded and shared with staff who couldn't attend.

Learning, continuous improvement and innovation

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

We saw a range of quality improvement initiatives that were taking place across the service including a health inequalities tool. This involved the development of a local risk stratification weighting tool to enable staff to triage and prioritise care based on vulnerability, inequality and clinical need.

Managers described how they had implemented a patient portal app 'Airmid' which enabled patients to take control of their healthcare needs. The app allowed patients to book their own appointments, send messages to the clinical team, take part in virtual consultations, return surveys and questionnaires, and have sight of their clinical information. The trust launched the Airmid pilot in the MSK service and managers told us they intended to implement this across the organisation.

The integrated specialist palliative care team had implemented quality improvement work to increase the use of the service's 'planning for your future' advanced care planning document. This had seen the service achieve its target of 80% completion rate of this form. The service described how this had led to positive outcomes for patients including more personalised care. The document facilitated staff to have conversations with patients and their family about advanced care planning and end of life care.

Other projects included developing a walk round video for the community cardiology service to support patient access and experience. This was developed following patient feedback to help improve attendance rates and reduce patient's anxieties about attending the service.

Community health inpatient services

Good 🟢

Is the service safe?

Good 🟢

This service had not been previously rated. We rated it as good.

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. The service's compliance rate for mandatory training was all above the trust target of 90%. Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they received regular emails reminding them when training was due.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included basic life support, mental health, autism, learning disability, health and safety, equality and human rights and electronic prescribing and medicines administration, as some examples. Training was a mixture of e-learning and classroom based.

Safeguarding

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.

Compliance with safeguarding adults' level 1 training was 100% and exceeded the trust target of 90%. Safeguarding children level 1 training was 100%, safeguarding adults' level 2 was 95% and safeguarding adults' level 3 was 92%. Safeguarding children level 1 compliance was 100% and safeguarding children level 2 was 97%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were aware of the trust's safeguarding adults from abuse and safeguarding children's policies.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The trust had a safeguarding team and staff were aware of who to contact for advice. Staff were supported by two safeguarding lead nurses who regularly visited the service and were on site at the time of our inspection. Staff spoke positively about the support and guidance they received from the lead safeguarding nurses.

Staff followed safe procedures for children visiting the ward. The trust had a policy in place for children visiting their sites.

Cleanliness, infection control and hygiene

Community health inpatient services

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.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned areas and furnishings regularly and cleaning records confirmed this.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff and visitors followed trust infection and prevention control and COVID-19 guidelines that were in place at the time. Hand sanitisers were mounted on walls throughout the premises.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Equipment used for monitoring patients' health also contained stickers indicating they had been disinfected after use. For example, we observed the correct infection prevention control measures were being followed on Iris wards where patients were being cared for in isolation in a bay and single room due to COVID-19.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use the therapy equipment and facilities, as well as equipment to aid patient's mobility and or monitor their health conditions. Staff managed clinical waste well.

Patients could reach call bells and staff responded quickly when called.

Staff carried out daily safety checks of specialist equipment. The service had resuscitation equipment and was checked daily. Equipment was clean. Maintenance checks were regularly carried out and were up to date. Daily checks were carried out of mattresses and pressure cushions.

The service had suitable facilities to meet the needs of patients' families. There were rooms on each ward for families and visitors to use to relax and spend time with their relative. Single bedrooms were spacious, which meant families could stay overnight with their relatives.

The service had enough suitable equipment to help them safely care for patients. Each ward had access to a therapy gym with equipment and a therapy kitchen to assess and treat patients as part of their rehabilitation programme.

Each ward had an up-to-date fire risk assessment in place completed by the trust's health and safety team and the clinical lead for the service. In addition, annual or more frequent reviews of security of the wards were completed by the service lead. This included internal and external security profiles, access controls, key management, staff training and awareness, and lockdown procedures. An action plan was put in place for any identified remedial actions.

An up-to-date environmental suicide risk assessment was in place for the service. This was reviewed annually. Each ward also had a ligature cutter.

Staff disposed of clinical waste safely. Health and safety workplace inspections were carried out every six months. These included an audit of the storage of hazardous substances and the disposal of clinical waste. An action plan was put in place following each audit where needed and actions were allocated to a named person.

Assessing and responding to patient risk

Community health inpatient services

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 a standard operating process to include or exclude patients referred for rehabilitation. The referral criteria included patients living in the community who were not currently managing well in their package of care and requires a period of assessment, patients at risk of hospital admission due to an emergency with their carer (not carer respite) and patients who required stabilisation and recovery post ill health or hospitalisation.

The service had a defined inclusion and exclusion criteria. However, the service could be flexible, and each admission was considered within the context of the ability to meet the needs of the patient. Therefore, on occasion patients were admitted outside the defined inclusion criteria.

Diagnostic and screening tests were requested and reviewed by the service GP, as the service had access to the local acute laboratory and diagnostic services. Laboratory and other diagnostic results were accessible by the service GP as the service had access to the acute service electronic patient record system and could access results on the same day. Staff used nationally recognised tools to identify deteriorating patients and escalated them appropriately. These included the National Early Warning Score (NEWS) 2, which improves the detection and response to clinical deterioration in adult patients, the Malnutrition Universal Screening Tool (MUST) and the Braden Scale, which predicted the risk of developing pressure ulcers.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Risk assessments were completed and were up to date in all the care records we viewed.

Staff knew about and dealt with any specific risk issues. As part of the admission process, staff assessed the risk of long-term conditions such as diabetes and venous thromboembolism (VTE), or blood clots in the veins. Staff also used the NEWS 2 to monitor for the risk of infection (sepsis).

A multi-disciplinary team (MDT) 'safety huddle' meeting took place every morning where all patients were discussed, and actions were allocated. This included patients at risk from falls, pressure ulcers, catheter care or any patients who had become unwell. Staffing numbers were reviewed, and discharges were discussed.

A handover meeting took place at each shift change. Shift changes and handovers included all necessary key information to keep patients safe.

We spoke with six patients, a relative and two carers during the inspection. Patients had not reported any incidents on the wards, however told us they felt safe, especially when needing help with, or to improve their mobility. Three patients told us they were at risk of falling. One patient told us to reduce the risk they were assisted by a staff member at all times when walking. The other two patients showed us the bed sensors that had been put in place to alert staff when they were moving from their bed.

A GP service supported the review of patients, as patients were temporarily registered with a GP following admission. GPs visited the ward daily, reviewed patients and prescribed medicines as needed. The service also had 24-hour access to the tele-triage service, which offered rapid clinical assessment remotely using telephone and internet conferencing.

Staffing

Community health inpatient services

The service had enough staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency, and locum staff a full induction.

Nurse staffing

The service had enough nursing and support staff to keep patients safe. A daily staffing board detailed the planned and actual expected minimum safe staffing levels. This did not include the ward or deputy ward managers, who coordinated staffing and made sure sufficient numbers of staff were allocated to each ward zone. Zones included tagged bays or single bedrooms of patients identified as being at the highest risk of falls. These zones required a staff member to be always present. We received three months staffing rosters from the trust and were assured that staffing levels were safe.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The number of nurses and healthcare assistants matched the planned numbers.

The ward manager could adjust staffing levels daily according to the needs of patients. A patient acuity/dependency tool was used to determine the number of staff required based on patient needs.

The service had low vacancy rates. The trust had carried out an overseas nurse recruitment drive to fill gaps in staffing. Several band 2 and 3 health assistant vacancies had been filled, as well as band four therapy assistants.

The service had low vacancy rates. The staff vacancy rate for the last 12 months was 8.1%, which was above the trust wide percentage rate of 3.3% for the same period.

The service had a sickness rate of 8.4%, for the last 12 months, which was above the trust wide percentage rate of 6.5 % for the same period. Staff told us short notice or sickness within the service was covered through using their own staff first, and if they could not fill the shift, bank or agency staff were used. Managers told us permanent staff were very flexible and accommodating. Ward and deputy managers also helped to cover shifts when required.

The service had reducing rates of bank and agency nurses used on the wards. Staff told us staffing had improved and agency nurse usage had reduced significantly in recent months. When required, managers requested agency staff familiar with the service.

Medical and allied health staffing

The service had enough medical and allied health 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 and gave locum staff a full induction.

The service had enough medical and allied health staff to keep patients safe. Staff and patients reported no issues with accessing medical or allied health staff. A GP reviewed all patients at least weekly or more regularly as needed. Allied health professionals included occupational therapists, physio therapists, tissue viability nurse, speech and language therapist and social worker as part of the multidisciplinary team.

Community health inpatient services

The service had a good skill mix of allied health staff on each shift, which was reviewed regularly. A local GP service provided cover during the day with a separate out of hours on call service. If patients required urgent medical treatment, this was through the 999 ambulance service.

Records

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.

Patient notes were comprehensive, and all staff could access them easily. Electronic care records, charts and documentation were kept up to date, with evidence of involvement from patient, families, and MDT staff.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff had access to the acute trust and GP records systems. Information was accessed via the flow coordinator and tele-triage staff. This allowed information to be shared prior to admission and discharge. For example, if a patient deteriorated following admission to the service, and required readmission to the acute trust, information could be accessed and or shared quickly. Patients discharged from the service had a full GP discharge letter sent to their own GP surgery.

Records were stored securely and were easily available to all staff providing care. All records were stored on a secure electronic system.

Medicines

Staff did not always follow systems and processes to administer medicines safely.

Although medicines were stored in locked clinic rooms, we found on one ward that the cupboard was not secured. We raised this on the first day of inspection and the lock was changed.

At the time of the inspection ward managers described their process for the storage and monitoring of oxygen cylinders on the wards. Each ward had 2 oxygen cylinders per ward stored in the locked clinic (medicines) room. Daily checks were undertaken using a standardised checklist to monitor the volume of oxygen remaining in the cylinder and ensure there was an oxygen mask attached to each cylinder. The checks are undertaken daily by the night team.In addition to the daily checks, the medicines management team conduct regular face to face audits and regular weekly spot checks were also undertaken for ongoing medicines monitoring (including oxygen). The monitoring of oxygen was also included in the ward accreditation programme for the service.

Appropriate checks were made when additional monitoring was needed to ensure medicines were prescribed safely. A GP or qualified independent prescriber, worked as part of the multi-disciplinary team prescribed medicines and if required, nurses would transcribe medicines onto the electronic system when they arrived from the pharmacy.

There were policies in place for checking medications and the transcribing process. This included a second check (by a nurse) and third check (by a pharmacist). Training packages were designed and delivered by the medicine management team ensured staff had the knowledge and skills to conduct their role in relation to medicine management. The transcribing process was described in detail within trust policies, and these were evaluated when staff completed a training workbook as part of their medicine management training.

Community health inpatient services

We did not find any examples of delays associated with the prescribing or transcription service, we found one person had a delay in receiving antibiotics because of a delay in the delivery from the community pharmacy over the weekend period. This delay did not cause harm to the patient.

Weekly audits of the electronic medicine and patient systems were in place to identify any medication that was missed due to lack of availability or other specified checks by staff. Results of audits were shared with the ward managers to continually check staff competency levels and identify staff who required further training and support.

The service recognised following the opening of the service during the COVID19 pandemic, there were consequences of some of processes that were setup at pace. One example was having to use two separate electronic patient record systems for prescribing and transcribing medicines. The trust had recognised the added complexity this had created within the pathway from prescribing (from GP), delivery (from community pharmacy) and the need for transcribing. This had resulted in delays in the receipt of medication on the ward for the community pharmacy. These issues were recognised on the service risk register and an action/improvement plan put in place to reduce the number of missed medications due to non-delivery. This was monitored through the trust governance processes and included alerts to staff on the electronic medicine systems to prompt staff when a medicine was prescribed and received on the ward. The process highlighted if a medication has not been received and may require additional follow up.

The service advised us there were active discussions taking place with the Wirral Place, integrated care board the GP practice to re-design the medicines pathway and move to a single electronic patient record that would allow the GPs to prescribe directly on to the system, reduce the need to transcribe and simplify the pathway to reduce medication delays. The trust had contracted pharmacist support from the local acute trust to provide learning and support to staff until using two systems had been resolved.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

A clinical pharmacist was available on the wards 4 days a week and spoke to patients and carers about their medicines. The pharmacist was part of the ward MDT and attended ward rounds with the GP and nursing staff.

Staff completed medicines records accurately and kept them up to date.

We saw that charts were completed accurately to provide assurance that medicines had been administered. However, we found no clear record for one person who required thickening powder to be added to drinks to prevent choking, so it was unclear if this had taken place. The trust strategy did not provide clear direction on the requirements to record the use of thickening powder, so we could not be assured that patient drinks were thickened correctly to support a safe swallow.

Staff stored and managed all medicines and prescribing documents safely.

The service used an electronic system to manage the prescribing and administration of medicines and access to this system was controlled by passwords and use of smartcards.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Community health inpatient services

People brought their medicines into the service on admission and nursing staff checked that they were correct and there was enough medication, Details of the medicines were transcribed onto the electronic system. The clinical pharmacist provided further checks, who works 4 days a week. Should any medication queries arise outside of the working hours of the pharmacist, there was access to medical expertise via the trusts GP Out of Hours service could be obtained. During this inspection no delays of screening of medicines were noted. Controlled drug storage facilities were present and our checks of these found receipt, storage administration and disposal was managed safely.

Incidents

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.

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents in line with trust policy. The trust was an early adopter site for the Patient Safety Incident Response Framework (PSIRF) and provided training for staff on the framework to support staff with the analysis of accidents or incidents. Staff told us how the PSIRF training had improved their assessment and analysis of falls within the service.

Incidents were reported as required by the trust through the Strategic Executive Information System (StEIS), NHS England's web- based serious incident management system. Incidents and triage level were discussed at the weekly clinical risk management group (CRMG). Staff were invited to these meetings if they needed guidance and/or feedback on incidents reported. The service had no never events on any of the three wards in the 12 months prior to inspection.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff were able to provide examples of incidents they would report under the trust duty of candour policy.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made because of feedback. All incidents were reviewed at the safety huddle every morning. Information was shared with staff through handovers and team meetings.

The patient safety partners reviewed incidents from a patient perspective and ensured the patient voice was added to improvements identified in practice. Patient safety partners, and the 'Trust Your Voice' group were to be involved in the creation and development of the patient information for the service.

Managers investigated incidents thoroughly. Patients and their families participated in these investigations. Managers debriefed and supported staff after any serious incident. Staff described the positive support they received after any incident, for example, if a patient or relative had been uncivil or had a fall due to not following advice and or guidance. They could seek support from someone more senior to discuss their psychological safety.

Is the service effective?

Good 🟢

Community health inpatient services

This service had not been previously rated. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. Patients with long-term conditions, complex needs or who were having rehabilitation had clear personalised care plans which were regularly reviewed, up to date and based on national and best practice guidance. Patients care plans were personalised and included patients' individual goals and outcomes. Patients were able to describe their goals and outcomes, for example improved mobility, flexibility, and strength.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Trust policies were up to date and regularly reviewed. Staff training included information about patients who had other physical and mental health conditions, for example diabetes, obesity, dementia, and learning difficulties.

In 2022, the trust developed the multidisciplinary inpatient falls prevention assessment tool (MIFPAT) within the service as part of an ongoing quality improvement programme. The MIFPAT was implemented in July 2022 and aligned to national best practice guidance. The tools used were designed with staff, alongside a standard operating procedure for falls prevention. A falls prevention care plan was developed in addition to the MIFPAT guidance, following feedback from staff.

In July 2021, the trust undertook a pilot to create a ward accreditation scheme. This was completed as a quality improvement project based on NHS England's guidance to measure and continuously improve the quality of care on NHS hospital wards. The trust used the best practice standards 'Nursing Assessment and Accreditation System' (developed by an NHS Foundation Trust (NAAS).

The aim of the ward accreditation scheme was to develop a nurse ward assessment and accreditation tool (recognised by the Royal College of Nursing (RCN) and NHS England). In January 2022, a standard operating procedure was created to support the accreditation scheme and in August 2022, initial accreditation was completed. The tool was used on all three wards between August 2022 and March 2023 and accreditation repeated in March 2023. Patients noted improvements in menu choice and quality of food improving. The scheme also identified the need for more dietitian input and resulted in a dietitian attending the ward one day a week.

Improvements in staff practice because of the scheme included the implementation of electronic prescribing and medicines administration (EPMA) and falls prevention assessment and documentation.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural, and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Mealtimes were observed to be calm, and food was served in a timely manner. Staff offered patients a choice of food and drink. Menus were flexible and included culturally appropriate choices, and other options such as gluten free, vegetarian, or vegan choices. Any food allergies were recorded in patient records. Menus included consistency menus, available for patients with swallowing difficulties.

Community health inpatient services

Staff fully and accurately completed patients' fluid and nutrition charts where needed and these were up to date. However, we noted on Iris ward that agents used to thicken drinks were not being recorded consistently. Whilst staff were following guidance where thickening agents were being used and recording this accurately in patient's care records, they were not recording this information on fluid monitoring charts. We raised this immediately with the service director on the first day of inspection and this was addressed. The service introduced an updated recording tool for the recording of thickening agents at the time of our inspection, which was to be overseen by the service lead and service director, so standardisation of practice was monitored.

The service was following appropriate guidance as required. This included the Stroke and Transient Ischaemic Attack in Over Sixteens: Diagnosis and Initial Management NICE guideline ([NG128) and international dysphagia diet standardisation initiative and NICE Clinical Guidelines: 32, Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition, the malnutrition universal screening tool (MUST) records were accurate and up to date.

Specialist support was available for patients who needed it. There was ward based occupational therapists, therapy assistants and physiotherapists. These allied health professionals also worked over the weekend, so therapy continued to support patients. In addition, the ward had access to dietician services, speech and language services and continence advisors who were available as part of the multidisciplinary team and accessed through the tele triage team.

Pain relief

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 assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Appropriate pain assessment records and pain management plans were in place.

Patients received pain relief soon after requesting it. This was prescribed and recorded accurately. However, we noted in three patient records that staff were recording paracetamol as being administered too frequently, for example, within the minimum safe recommended time interval for doses of paracetamol, of every four to six hours. We raised this immediately with the service director on the first day of inspection and this was addressed. The service director and service lead issued a guidance memo to ward managers to monitor paracetamol administration times through daily safety huddles and medicines audits.

Patient outcomes

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 trust monitored patients' health inequalities, so the service offered appropriate care to patients referred to the service. The health inequalities data did not identify any specific patient groups but identified the need to create a service to avoid hospital admission and reduce the length of stay of patients in acute trust beds.

The service participated in relevant national clinical audits. The service used therapy outcome measures (TOMs) a standardised tool used pre and post therapist intervention level to highlight change over time across a range of

Community health inpatient services

domains. This included impairment, activity, participation, and wellbeing. The data set from the tool used by the service demonstrated significant clinical changes in 93% of patients in at least of one of the TOM's domains. This included improvements in 79% of activity scores, 50% of wellbeing scores and 20% of participation scores. Seventy nine percent of carer wellbeing scores improved after occupational therapy intervention. Visual dashboards were created to validate outcome information shared within the service the teams and to monitor impact of interventions across the domains. There was a multi-professional TOMs network meeting every quarter to discuss improvements across the trust.

Assessment tools included the Mini-Addenbrooke's Cognitive Examination (Mini-ACE) cognitive screening tool for mild cognitive impairment and dementia, a six-item cognitive impairment tool and general practitioner assessment of cognition tool (GPCOG).

Outcomes for patients were positive, consistent, and met expectations, such as national standards. Personalised care plans were in place, with evidence of patient involvement in planning their care and goals. Patients we spoke with told us they improved their mobility, balance, strength, and quality of life. Patients told us their improvements were monitored daily and they were used to evaluate decisions to discharge patients. The service staff told us the role of the flow coordinator had a positive impact upon the service as the number of inappropriate referrals to the service had reduced, and the content of referral information from the acute trust improved, with more accurate information about patients' needs.

An example of a patient outcome was received directly from feedback from a patient on the ward with a life changing injury. The patient described their struggles to physically and emotionally cope. The patient described how the staff built a trusting relationship which helped them to rebuild their confidence and self-belief. Over several months the patient made positive progress from initially requiring a hoist to transfer, to becoming fully mobile with a walking aid.

Managers and staff used the results to improve patients' outcomes and carried out a comprehensive programme of repeated audits to check improvement over time. Daily and weekly audits of the MUST, care and medicine records were completed. The trust used the Commissioning for Quality and Innovation (CQUIN) framework to measure improvements in the quality of service delivered. In 2022/ 2023 the service carried out audits on the fall's prevention standards audit, falls management standard audit, MIFPAT, pressure ulcer management, pressure ulcer prevention and malnutrition screening in the community, amongst others. Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits.

Competent staff

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 were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Staff were proactively supported and encouraged to acquire new skills. Specific competencies had been reviewed and developed by the service lead, ward managers and allied health leads for the distinct roles within the service. These included identifying what additional training was required. Staff told us they were supported to develop and progress in their roles.

Managers gave all new staff a full induction tailored to their role before they started work. This included bank and agency staff. Staff spoke positively about the quality of the induction and of the training available.

Community health inpatient services

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection, the staff appraisal rate was above the trust target of 90%.

Managers supported staff to develop through regular, constructive clinical supervision of their work. At the time of our inspection, the compliance rate for staff clinical and managerial supervisions was above the trust target of 90%.

The clinical educators supported the learning and development needs of staff. The trust offered apprenticeships for staff, for example an apprenticeship for a health care or therapy assistant.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Ward managers held staff meetings monthly. The service lead and service director conducted weekly quality meetings with ward managers.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, syringe driver awareness, wound care, pressure ulcers, intravenous therapy, delirium training, and palliative care.

Managers identified poor staff performance promptly and supported staff to improve. Staff described a supportive management team who they could approach for advice and guidance.

Multidisciplinary working

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 held regular and effective multidisciplinary meetings to discuss patients and improve their care. These included the daily safety huddle meetings and a multidisciplinary team meeting (MDT) attended by the GP, allied health and social care professionals and other staff from the service. The safety huddles were used to identify which patients needed to go to MDT. Every patient who had a fall was automatically discussed at daily safety huddles and MDT for a post-fall review. GPs visited the ward daily and reviewed patient's progress. The decision to discharge a patient did not have to wait for a multidisciplinary team meeting due to the frequency of MDT meetings. The service did not offer an end-of-life care pathway.

Patients had their care pathway reviewed by relevant consultants. Care records were regularly reviewed, and any concerns were addressed at daily safety huddles and by MDTs. If patients were receiving care from the acute trust while having a period of rehabilitation, they would attend any relevant appointments with consultants or other allied health professionals.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support on wards. This included healthier menu choices, and advice about smoking and alcohol use. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Care records included information provided to patients on how to lead healthier lifestyles. For example, exercise and dietary advice.

Community health inpatient services

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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 understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were trained in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Patients who lacked capacity to make specific decisions were referred onto social services.

Bespoke training packages were provided to staff for mental capacity understanding, to enhance the mandatory on-line training. The flow coordinator had completed the Best Interests Assessor training.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. These decisions were clearly recorded in patient records.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff routinely completed capacity assessments, and if there were concerns around capacity this was discussed at the daily safety huddle and staff sought support from patient families and checked if they had legal powers to make decisions on their family members behalf. A best interest meeting would be held if patients did not have a family or carer to represent them. This would include the ward based social care staff, GP and other health and social care professionals involved in the patient's care.

Staff made sure patients consented to treatment based on all the information available. Consent was recorded appropriately in all the records we looked at. There were information leaflets and boards within the wards to provide patients with information about social care assessments, accessing and loaning equipment, safeguarding, complaints, advocacy, and local support services, as some examples.

All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. At the time of the inspection the compliance rate for training on the Mental Capacity Act was above the trust target of 90%.

As part of the MIFPAT framework, managers monitored the use of DoLS and made sure staff knew how to complete them. Staff could describe how they accessed and followed the policy and could get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Good 🟢

This service had not been previously rated. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Community health inpatient services

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were observed to be approachable, with a friendly, professional attitude towards patients. Patients told us they had regular contact with all the staff team, this included administration, catering, and domestic staff.

Patients said staff treated them well and with kindness. One patient told us, "Staff are friendly, and we have a laugh, I feel we're all one team working together." Another patient told us, "All the staff go the extra mile to make sure I walk around safely, there's always someone checking on me as I'm stubborn and try to help myself, and may fall, but staff remind me it's not a wise thing to do." Another patient said, "I'm registered blind, and when I want a shower or help, the staff place my toiletries and clothing where I ask them, so I can wash and dress myself, which I'll do when I go home."

Notice boards on the ward displayed feedback from patients and relatives on the positive care they received. This included thank you cards and thank you books. In addition feedback from patients was collated by the trust and shared with staff. feedback was very positive about the care patients received. Three out of the 10 comments the trust provided us with said, staff went above and beyond what they expected from the service.

The service also celebrated events such as the Queen's Jubilee and the world cup and posted information on social media.

Staff followed policy to keep patient care and treatment confidential. Patients knew their personal information was not to be shared unless they said they wanted it to be, and electronic records could only be accessed by staff. One patient told us, "I asked the staff to give the same information to my children and great grandchildren, so they all receive the same, and there's no misunderstanding."

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Patient's individual needs were discussed on admission and documented in care records. Staff were aware, and could provide examples, of patient's individual needs. For example, one patient liked to go to the downstairs café to meet his wife and family when they visited.

Emotional support

Staff provided emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs. Emotional support included visits from a therapy dog to aid and improve patient's physical, emotional and mental wellbeing.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff were aware that by the time patients arrived at the service, they may need continued emotional support as they had already accessed several different services, for example the local acute trust, or local authority social care. The flow coordinator also supported patients who were self-funded and helped families to access care home or other services suitable to their needs, which helped with the emotional impact of needing an additional support network. A relative told us, "I am confident mum is well cared for, and her rehabilitation has been more successful than we first thought it would be. We were directed to speak to a nurse specialist about questions we had about a care home, as mum will need to pay for her own care. Knowing we could get advice was a huge help."

Community health inpatient services

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. As part of role essential training staff completed the making every contact count (MECC), an approach used by health and social care staff to use the opportunities arising during routine interactions with patients to have conversations about how they might make positive improvements to their health or wellbeing, ask questions about their care and treatment, or share things they had concerns about.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. A service director told us, "Relatives and carers are partners, their input is important and valued. They are so important in filling those gaps in information we cannot always get from a patient on admission, especially when the patient cannot provide it at that time."

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families, and carers to understand their condition and make decisions about their care and treatment. Care records contained evidence of patient and family involvement and described how they had been involved in making decisions about their care and treatment. A visitor told us, "As a visiting clergy, I have seen several of my parishioners here over several months, as well as speaking to their families. What I see and hear matches exactly what parishioners and families tell me about their care and that is so positive." The service provided information to carers on local support groups, where carers enquired about longer carer support.

Staff made sure patients and those close to them understood their care and treatment. Families participated in planning and reviewing their relative's care.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. Patients and relatives told us staff helped them to understand their care and treatment and explained any procedures or treatment they received. One patient told us, "Being registered blind, I like staff to write things down in large words, if I can't understand." Another patient told us, "The staff discussed the use of the alarm they put by my bed. I was ok with that as it's to warn staff when I get up. I had a fall at home and think I can do more than I am able to."

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service lead, service director and ward managers were visible in the wards. Feedback from patients was displayed in ward areas. Patients could use smart phones and a patient experience app to provide feedback. Other methods and options were provided.

Information was collected from patients on admission about their aspirations and goals and reviewed on discharge to see whether the goals had been met. One patient told us, "I have a long-term health condition and my medicine is time critical, staff understand this, and it's my goal to be discharged home and to keep taking my own medicines without help."

Staff supported patients to make both informed and advanced decisions about their care. These were clearly documented in care records.

Is the service responsive?

Good 🟢

Community health inpatient services

This service had not been previously rated. We rated it as good.

Service planning and delivery to meet the needs of the local people

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.

Managers planned and organised services, so they met the changing needs of the local population. The service had been developed to meet the needs of patients in the local area and opened in January 2021 with the aim of avoiding hospital admission and reduce the length of stay in the acute hospital trust. The design and effectiveness of the service had been regularly reviewed since it opened during the COVID-19 pandemic to ensure it continued to meet patient's needs. The service was a non-acute rehabilitation focused service, aimed at enhancing patients' independence.

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach. Staff were aware that male and female patients were not accommodated in the same small, bedded bays. Accommodation comprised of single bedrooms and small bedded bays.

Facilities and premises were appropriate for the services being delivered. Patients spoke positively about the environment and said the wards were "clean" and the service provided a "well-equipped environment."

The service had systems to help care for patients in need of additional support or specialist intervention. The wards had therapy gyms, with kitchen equipment attached to them so patients' mobility, balance, strength, and ability to prepare a drink or a meal could be assessed. The staff team included occupational and physiotherapist staff and assistants. There was access to speech and language, dietetic, tissue viability and continence specialists.

The service relieved pressure on other departments when they could treat patients in a day. The service had links into the acute hospital discharge hub, and there were systems and processes in place to manage bed occupancy, ensuring patients for specialist rehabilitation were referred, triaged, assessed, and admitted. The service could refer patients to other services through a GP referral, for example, to the local mental health trust.

Meeting people's individual needs

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.

Wards were designed to meet the needs of patients living with dementia. Dementia friendly signage was in place. White boards located behind each patient's bed indicated if patients required additional assistance.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. As part of role essential training staff completed training on dementia. Staff also used the 'this is me' document and patient passports. The 'this is me' document provided information about the patient at the time of completion. This helped staff build a better understanding of who the person really was and helped staff to provide care that was person centred.

Community health inpatient services

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service could provide easy read documentation for patients who had a learning disability. Assistive technology, such as a portable induction loop was available, and leaflets were available in different languages if required. The trust website met the accessible information standards, and the patient engagement groups we met with told us they had been involved in creating and testing the accessibility and usability of the website.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences. A multi-faith room was available to use for patients with religious or spiritual needs. Menus offered culturally appropriate meals for patients.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed periods and national targets. The trust aimed to transfer appropriate patients into the service as quickly as possible. The trust reported an average time from referral to admission because referral to admission times were monitored and patients were usually admitted within 24 hours of referral. Sometimes, for reasons outside the services control, and clinical operational reasons, this did not happen on the same day. Admissions processes were being managed by ward managers, therapy leads and a flow coordinator. The flow coordinator also linked into the acute trust discharge hub. Patients' admissions were from the acute trust, though the care pathway allowed patients to be admitted directly from home.

The service had a clear referral process and exclusion criteria to aid access and flow to the service. For example, patients were not referred for respite care and not admitted if they were not registered with a Wirral GP or not a Wirral resident. There was a detailed admissions and triage process but occasionally an inappropriate admission took place. To mitigate this, the service implemented a new transfer of care process and review of the referral to prevent future inappropriate admissions. One of the aims of the flow coordinator role was to reduce the number of inappropriate admissions at the referral stage.

Managers and staff worked to make sure patients did not stay longer than they needed to. The service monitored the length of stay of patients weekly to ensure they were responsive to patient needs and system pressures. The average (median) length of stay for the 12 months prior to inspection was 23 days, which was higher than the trust target of 21 days. There were daily reviews of patients who exceeded the 21-day target and reasons for these were recorded and shared with the service lead and service director. We spoke with two patients whose discharges were delayed over 21 days. A review of their records demonstrated there were known delays and patients were aware of the reasons for the delays. Delayed discharges were due to lack of community care packages and alterations or availability of equipment for patient properties. Delays is discharges were monitored daily by the ward and service managers along with the flow coordinator. The flow coordinator linked into the community services meeting along with the service based social worker to monitor progress on discharges.

Staff did not move patients between wards at night unless their health deteriorated, and they required acute care. Patients would only be discharged to the acute trust if patients required more urgent care.

Community health inpatient services

Managers monitored that patient moves between wards/services were kept to a minimum. The service had recently introduced the role of a flow coordinator to support the admission and discharge of patients to the service. The role of the flow coordinator involved working in collaboration with the acute hospital and other professionals across the Wirral system, to review patients identified for transfer to the rehabilitation service, and to consult with their families/carers at the earliest opportunity.

The role included information and support to aid admission and discharge to and from the rehabilitation service. These included patients being involved early in the discharge planning process, ensuring the patient voice was heard and working with the service's multi-disciplinary team. The role was created to support the discharge planning process to proactively identify and address any challenges to discharge, and to escalate concerns to system partners. The flow coordinator attended daily safety huddles and was a member of the daily board rounds and weekly long length of stay patient level review meetings with system partners.

Learning from complaints and concerns

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.

Patients, relatives, and carers knew how to complain or raise concerns. Patients told us that any minor concerns about the quality of the service were addressed promptly by staff, for example, the quality of the food.

The service clearly displayed information about how to raise a concern in patient areas. The process for making a complaint was discussed with patients on admission. Information on how to make a complaint was available on ward information boards.

Staff understood the policy on complaints and knew how to handle them. Staff gave us examples of how they responded to concerns and or complaints. They told us they would always try to resolve any concerns raised by patients, relatives, or carers at the time. If this could not be achieved, they were directed to the complaints process or could speak to the deputy or ward manager.

Managers investigated complaints and identified themes. There had only been two formal complaints raised about the service in the previous 12 months. One had been thoroughly investigated and was not upheld. The second complaint was still being investigated at the time of our inspection.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us that complaints and compliments were discussed at staff meetings and feedback about learning was shared by the service and ward managers.

Is the service well-led?

Good 🟢

This service had not been previously rated. We rated it as good.

Community health inpatient services

Leadership

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 was overseen by a service director and service lead. Multidisciplinary meetings took place regularly and were well attended by all disciplines. Multidisciplinary meetings were led by the ward and or deputy manager with the therapy lead. The service director, service lead and ward managers and therapy leads were open and transparent throughout the inspection visit. They had a good knowledge of the service and how the teams worked together. Staff told us that leaders were visible, approachable, and supportive. Staff described the service having 'one team' that worked together.

There were good opportunities for staff development at all levels and this was encouraged and supported by managers. For example, the trust offered apprenticeships for health care assistants and band four therapy instructor roles.

Vision and Strategy

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.

Managers and staff were aware of the trust's visions and values. Information on these was posted on notice boards on all the wards. Ward managers described how they and their teams fitted into the trust's vision and values and how their quality improvement projects fed into them. Since the service opened, the organisational development team had supported staff to identify service objectives within the trust strategy and these continued to be refined. An example of this was creating a one team identity.

Culture

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.

Staff knew how to escalate concerns and were aware of the trust whistleblowing policy. Training on freedom to speak up was provided and all staff had completed this training, and the service had a freedom to speak up champion. Effective speaking-up arrangements helped to protect patients and improve staff experience.

We spoke to two staff recruited as overseas nurses and reviewed the recruitment process and records for one staff member recruited through this process. Staff spoke positively about the recruitment and vetting process being through a host organisation, which supported the application and immigration processes and registration with the Nursing and Midwifery Council and post registration experience. Staff said the recruitment process helped them to meet their employers and the team they would work with and were supported to find accommodation for them and their families. They described how this helped their transition into the local community and support included contacts with local faith, community groups and the trust equality networks. Staff were award of how they could progress to more senior posts once they had completed a post registration process.

Community health inpatient services

There was a positive staff culture. Staff respected each other and worked together as a team. All staff we spoke with described positive teamwork and how the team supported one another. Staff told us the staff team were striving to achieve standardisation of practice across the three wards, and this was why they referred to there being 'one team' in the service.

Regular staff surveys and staff meetings took place. Staff were consulted about shift patterns and could submit requests. Family friendly policies were in place and adjustments were made for staff who requested them.

Ward managers told us they were confident staff would come to them with any issues or concerns. Staff we spoke with confirmed this.

Governance

Leaders usually 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. However, we found errors in the governance system related to the monitoring arrangements to make sure that medicines with a minimum dosage interval were administered as prescribed, and the use and recording of thickeners were monitored to ensure national guidance was followed.

A senior leadership team supported the service. Systems and processes were in place to assess and monitor the quality of the service.

Ward manager audits were conducted weekly. These included reviewing care plans, risk assessments and other care documentation. Monthly audits included infection prevention and control.

Areas of specific clinical focus had an associated quality improvement action plan which was reviewed regularly at various levels of the trust governance structure, including CRMG and was aligned with the principles of PSIRF.

A medicine management quality improvement action plan was in place to reduce the number of missed medicines due to non-delivery. Improvements included staff being trained to utilise a placeholder option within the electronic medicines system. This option alerted staff that a medicine was awaiting delivery and needed to be commenced. So, where medicines were prescribed and before the medicine was received onto the ward, staff were aware of the medicine being in process.

Staff at all levels were clear about their roles and participated in quality assurance processes.

The trust's organisational development team used staff surveys, appraisal, supervision completion and concerns raised by the CQC (Care Quality Commission) to develop an action and support plan for the service in response to concerns about staffing after the service opened.

Areas identified for improvement included addressing staff shortages and creating stability within the team, building confidence in the skills and knowledge required to work at the service, developing ongoing leadership skills and encourage the celebration of achievements and continuous improvement. Progress with the action plan had been continuously reviewed and was on track. The review identified staffing and recruitment had improved and service staff survey responses showed increased levels of engagement.

Community health inpatient services

The trust had excellent systems in place to collect data which was used proactively to constantly review and improve service delivery. The collection of data had supported the trust to develop the multidisciplinary inpatient falls prevention assessment tool (MIFPAT) and provide data for a forthcoming review of the safe staffing data. In addition, the service used therapy outcome measures (TOMs) a standardised tool used pre and post therapist intervention. Visual dashboards were created to validate outcome information shared within the service the teams and to monitor impact of interventions across the domains

Management of risk, issues, and performance

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.

Risk information about the service was regularly reviewed at local, divisional and Board level through the governance processes. For example, information relating to safety incidents, falls, pressure ulcers and safeguarding were discussed at the clinical risk management group (CRMG). Advice and assurance were provided at CRMG, and issues were escalated through the governance process through divisional and trust level committee, for example we attended the people and culture and finance committee meetings and information relevant to the operational risk and performance of the service was discussed and assurance provided through committee papers.

Senior managers and staff were aware of service level risks and managers knew what was on the risk register and how to escalate to risk. The risk register identified risks such as staffing, the service not having a rehabilitation focused electronic patient system and the fact that building where the service located was not purpose built and leased from another provider. Risks to patients, staff and others were professionally managed within the teams through the CRMG. Discussions took place on incidents reported through PSIRF and StEIS system. Incidents were appropriately reported and investigated.

Information

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.

The trust safety dashboards provided staff at all levels with patient safety data. Patient information was stored on a secure electronic record system, which all staff could access. This system was used throughout the trust which helped teams to effectively communicate and manage a patient's care and treatment journey.

Information governance and data security awareness were included in staff mandatory training. Compliance with information governance and security training was 96%.

Engagement

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.

We met with 'your voice' and 'involve' groups as well as patient safety partners. All three groups were positive about the level of engagement they had with the trust and patients in the community. The groups were involved in representing

the patient voice in several ways. This included creating information streams about services on the trust website, information leaflets about services and development of accessible and usable information on the trust website. The groups also presented projects they had been involved into the trust board. The involve group were involved in school and other young people services and highlighted gaps in information about the trust and other provider services, for example transgender services. Your voice group linked to local community groups and used this information to gather information, for example on health inequalities. There were several staff equality groups within the trust to support staff, this included a carers support and menopause group.

Managers and staff engaged well with other healthcare professionals. They described how they worked with coordinators at the local NHS acute trust to improve the transfer of patients and the quality of care documentation.

Learning, continuous improvement and innovation

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

in July 2021, the trust undertook a pilot to create a ward accreditation scheme. This was completed as a quality improvement project based on NHS England's guidance to measure and continuously improve the quality of care on NHS hospital wards. The trust used the best practice standards 'Nursing Assessment and Accreditation System' (Salford Royal NHS Foundation Trust (NAAS).

The aim of the ward accreditation scheme was to develop a nurse ward assessment and accreditation tool (recognised by the Royal College of Nursing (RCN) and NHS England). In January 2022, a standard operating procedure was created to support the accreditation scheme and in August 2022, initial accreditation was completed. The tool was used on all three wards between August 2022 and March 2023 and accreditation repeated in March 2023. Patients noted improvements in menu choice and quality of food improving. The scheme also identified the need for more dietitian input and resulted in a dietitian attending the ward one day a week.

Improvements in staff practice because of the scheme included the implementation of electronic prescribing and medicines administration (EPMA) and falls prevention assessment and documentation.

The trust safety dashboards provided staff at all levels with patient safety data. Patient information was stored on a secure electronic record system, which all staff could access. This system was used throughout the trust which helped teams to effectively communicate and manage a patient's care and treatment journey.

New patient information leaflets were planned to be designed with patient safety partners and the 'your voice' group.

Community health sexual health services

Outstanding ☆ ⬆⬆

Is the service safe?

Good 🟢 ⬆

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

Mandatory Training
The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Staff received trust wide mandatory training which included a range of relevant courses. Mandatory training also included preventing radicalisation and the Oliver McGowan Mandatory Training on Learning Disability and Autism. The aim of the Oliver McGowan training was to save lives by ensuring the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability.

Staff working in the sexual health service had role essential training, which was training relevant to delivering a sexual health service and individual staff took part in continuing professional development courses relevant to their roles.

The mandatory training was comprehensive and met the needs of patients and staff. Completion rates for mandatory training were 94% and 88% for role specific training.

Managers monitored mandatory training through a training matrix and alerted staff when they needed to update their training. Managers were able to talk us through and show us the systems they used.

Safeguarding
Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to an appropriate level. Staff worked closely with the trust safeguarding team and had regular discussions with the team for support and advice.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff assessed safeguarding at every contact to ensure that people were supported and protected. Staff were aware of the risk factors affecting people and were continually assessing safeguarding risks at every contact.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff completed safeguarding forms for any young person under 16 years of age. Staff we spoke with were able to demonstrate a clear understanding of all aspects of safeguarding young people, and adults, and demonstrated an understanding of policies, procedures, guidelines and local referral protocols and pathways. They described being well supported and knew how to seek advice and escalate appropriately.

Community health sexual health services

Staff gave an example of a safeguarding intervention involving a young person which the team had received an external award for after being nominated.

Cleanliness, infection control and hygiene
The service-controlled 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.

All areas were clean and had suitable furnishings which were also clean and well-maintained. Clinical areas were clean and staff and patients had access to sinks and toilets. People had access to well maintained, comfortable waiting areas.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We observed cleaning staff working during the inspection.

Staff followed infection control principles and cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Cleaning wipes were available for staff to use, and we observed equipment being cleaned.

Environment and equipment
The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

The trust health and safety team completed environmental risk assessments which were comprehensive and up to date. St Catharine's health centre was the main base of the integrated sexual health service and all relevant equipment needed to carry out the service was available to staff. Clinical areas at satellite clinics were shared with other teams and staff took the relevant equipment with them on these days.

The design of the facilities kept people safe. Consultation rooms were fitted with alarms. The reception desk had been moved closer to the admin office to enable access for reception staff if required. Patients accessed reception through a door from the waiting area.

Staff carried out daily safety checks of specialist equipment.

The service had enough suitable equipment to help them to safely care for patients. Patients could book a scan appointment with a doctor at the main hub.

Staff disposed of clinical waste safely. Arrangements were in place for the management of clinical waste, including sharps bins. The service also had arrangements for the safe transfer of blood samples to pathology laboratories.

Assessing and responding to patient risk
Staff assessed risk for each patient at every contact.

All referrals were triaged clinically, and patient appointments prioritised based on this. Referrals for sexual health services could be prioritised if patients were in pain or presenting with specific symptoms. Appointments could be offered on the same day in drop-in clinics.

Community health sexual health services

Staff completed a risk assessment for each patient at each contact. The assessment included relevant information such as sexual history, current relationship status and any safeguarding concerns. Staff could explain the processes in place for anyone who presented with a mental heath condition, drug and/or alcohol use and sexual exploitation. All young people under 16 had a children's safeguarding assessment completed.

Staff demonstrated understanding of their personal responsibilities regarding the identification, immediate response and subsequent reporting of risks and their part in risk assessment. Staff had received training on managing difficult behaviour.

Staffing
The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had a full clinical and medical team which was made up of doctors, nurses and healthcare workers. The staffing establishment was 12.8 clinical staff who worked a range of shifts to cover the service. The trust did not directly employ doctors and medical cover was provided through a service level agreement with a local acute hospital. Doctors provided a range of sessions throughout the week and brought skills and experience in sexual health from the acute trust. Medical cover was provided by a lead consultant and 3 doctors with a doctor providing liaison with the local GP practices.

The service had a dedicated administrative team which included 7.7 staff. Administrative staff provided patients with self-testing kits and were responsible for ensuring that blood results were sent off and received back. The team had worked hard with the laboratories to ensure that the 8-day target was being met.

The service had low vacancy rates at 0.5%

The service had low turnover rates at 3%

The service had a reducing sickness rate at 8%.

The service had its own bank staff that could be used when needed. Occasionally agency admin staff were used who were familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service.

Records
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.

Patient notes were comprehensive, and all staff could access them easily. Staff demonstrated a detailed knowledge of the electronic system. Patient information including testing and results was easy to access. We reviewed 10 records and found that patient information was of a good standard.

Records were stored securely on the electronic system. Systems were in place to ensure appropriate information was shared with GPs and other relevant professionals.

Community health sexual health services

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Nurse prescribers could prescribe the contraceptive pill remotely to those deemed low risk ensuring that people had access to ongoing contraception.

The service maintained a stock of medicines for treatment of sexually transmitted infections, including antibiotics and topical preparations. This was checked and restocked on a regular basis. The service also maintained stocks of contraceptives, including emergency contraceptives.

Staff stored and managed all medicines and prescribing documents safely.

Incidents

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.**

The provider used an electronic system which all staff could access. Staff knew what incidents to report and how to report them. These were reviewed by managers within 5 working days and monthly reports were generated to identify any learning opportunities.

There had been no serious incidents in the last 12 months and most incidents were low level. Recent incidents involved the delay in test results and staff had worked together to resolve this issue.

The service had had no incidents which met the threshold for duty of candour in the last 12 months. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made because of feedback. In response to staff concerns the staff alarms had been moved to a more suitable location in the clinic space. The reception desk had been moved closer to the admin office. This meant that staff felt safer and more connected to other staff members.

Managers debriefed and supported staff after any incidents and informal discussions took place daily around service delivery.

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Is the service effective?

Good 🟢 ➔ ⬅

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

Evidence-based care and treatment
The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff within the services followed guidance and best practice, including the Faculty of Sexual and Reproductive Healthcare Contraceptive guidance and British Association for Sexual Health and HIV guidelines (BASHH).

Staff also worked to The National Institute for Health and Care Excellence guidance including guidance related to young people.

We observed clinic appointments for routine contraceptive treatments and treatment appointments for sexually transmitted infection assessments and treatment. Staff followed prepopulated templates which ensured relevant questions were asked. Staff also asked about wider health issues and offered screening for other health issues. Staff were aware of and could signpost to other agencies including smoking cessation, substance misuse services and local mental health services.

Patients had access to psychosexual therapies and the clinical staff could refer people into this service if required.

Staff managed results in line relevant BASHH quality standards and people were informed and treated in a timely manner.

The service was part of the condom distribution scheme working with local schools and colleges.

Patient outcomes
Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in relevant national clinical audits. An audit schedule was in place which included trust wide and service specific audits. Quarterly safeguarding audits were carried out for adult and child safeguarding referral processes and the quality of referrals to children's social care Service.

Annual safeguarding audits were completed for children's health assessment feedback and safeguarding Level 3 training evaluation.

Regular pharmacy audits were completed, and the recent audit contained 2 actions which were discussed at the senior management team. Actions included that prescriptions should be signed by 2 staff. As staff were usually busy in clinics seeing other patients, managers were exploring the possibility of admin staff assisting with this.

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Outcomes for patients were positive, consistent and met expectations. Managers and staff used data and feedback to improve patients' outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Regular audits included implant audit, audit of attendances for aged 13 and under at Wirral Sexual Health / Brook Wirral, safeguarding audits and quality of risk assessments and screening tools.

Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits and that improvements were monitored.

Competent staff
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 were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff had role specific training and completed continuing professional development courses related to their roles.

Managers gave all new staff a full induction tailored to their role before they started work. Staff completed a trust induction as well as a specific sexual health induction.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. A full staff meeting was held once a month and no clinics were scheduled on that day so that everyone could attend. Guest speakers were invited to attend and talk to staff about relevant topics. The sessions were interactive and used for team building.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Two staff members had started on the Mary Seacole training which is an innovative and inspirational leadership development program designed specifically for those in emerging and first-time leadership roles.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff were receiving supervision and compliance rates were 92% for clinical supervision and 96% for managerial supervision.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working
Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff within the services provided support and assistance to each other. Doctors, nurses and health care assistants worked well together. They worked across health care disciplines and with other agencies when required to care for patients. The consultant was also part of a wider regional network and on the British Association for Sexual Health and HIV guidelines National Audit Committee.

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Staff worked closely with a range of partner organisations including school nurses and GPs for the delivery of test results and treatment. Staff worked with specialist community nursing teams for the condom distribution scheme.

Staff had good links with the local safeguarding authorities to refer or to request advice. Staff from the service attended the multi-agency child sex exploitation meetings and multi-agency risk assessment conferences. This ensured they were aware of local concerns and fed any intelligence or themes into a multi-agency approach.

Staff referred patients for mental health assessments when they showed signs of mental ill health and/or depression. They also had links with drug and alcohol services and other local community groups.

Health promotion
Staff gave patients practical support and advice to lead healthier lives.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. The service had relevant online information promoting healthy lifestyles and staff could signpost patients by texting the relevant link to patients.

Consent, and Mental Capacity Act
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 understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment.

Staff received and kept up to date with training in the Mental Capacity Act.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Is the service caring?

Good 🟢 ➔ ⬅

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

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Compassionate care
Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. 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. Staff were discreet and responsive when caring for patients and took time to interact with patients and those close to them in a respectful and considerate way. We observed appointments, with the patients' permission, in three separate clinics. Staff took the time to explain clearly and put patients at ease. Patients had time to discuss their worries and concerns and to ask questions. Staff used prompt sheets on the reception desk for people to point to the service they wanted to access if they seemed nervous or were talking quietly.

Patients said staff treated them well and with kindness. Staff demonstrated a professional and caring approach to service delivery. Staff showed a commitment to the individual patients and to the wider public health agenda.

Staff followed policy to keep patient care and treatment confidential. Consideration of people's privacy and dignity was consistently embedded in everything that staff did. We observed reception staff ensuring that people had privacy when approaching the reception desk. The outreach worker was also mindful of maintaining people's confidentiality whilst being accessible and contactable. Systems were set up to ensure that information and records were secure and confidential.

Emotional support
Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff recognised and respected people's needs and continually took people's personal, cultural, social, and religious needs into account. Staff were always looking at innovative ways to meet those needs. People's emotional and social needs were seen as being as important as their physical health.

Staff gave patients and those close to them help, emotional support and advice when they needed it and gave advice and support to people in places where they felty comfortable.

Staff were skilled and experienced in discussing delicate and difficult issues and in ensuring patients were able to disclose their fears or anxieties.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were skilled and demonstrated empathy when having difficult conversations. Patients consistently gave positive feedback about how staff had disclosed test results or diagnoses with them. Staff were adept at discussing treatment, prognosis and instilling hope and positive expectations.

Understanding and involvement of patients and those close to them
Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
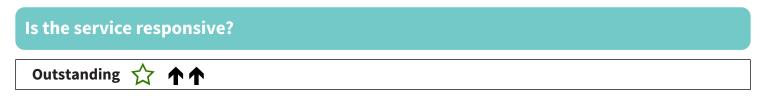
Staff made sure patients and those close to them understood their care and treatment. We saw that staff talked with patients in a way they could understand, using communication aids where necessary. Staff could contact partners anonymously but encouraged patients to take responsibility for informing sexual contacts. Where partners attended the service, this was recorded and linked to the index patient in a way that preserved individual patient confidentiality.

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Patients could give feedback on the service and their treatment and staff supported them to do this. The service collated data from people accessing the service on a regular basis. Paper forms were handed out in the reception areas or available electronically for patients to fill in on a device.

Staff recognised and respected the totality of patient's needs. They always took patient's personal, cultural, social, and religious needs into account, and found innovative ways to meet them. Staff within the service took comprehensive histories from patients to make sure they understood their holistic needs. Staff worked hard to develop and maintain good rapport with patients. They planned care flexibly in ways that worked for patients delivering a range of appointment-based sessions and drop-in clinics across 6 days including evenings and Saturday mornings. Outreach clinics were delivered into other services.

Staff supported patients to make informed decisions about their care. Staff explained the benefits and drawbacks of proposed treatments, particularly when discussing methods of contraception. Patients gave consistently positive feedback about the service. The outreach worker collated feedback from every session delivered and feedback cards were consistently positive about the staff.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. Staff gave examples of supporting people with autism and/or a learning disability to understand the services offered and ensure they understood what was being offered to them.

Is the service responsive?

Outstanding ☆ ⬆⬆

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

Service planning and delivery to meet the needs of the local people.
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 such as public health and local authority colleagues to plan care as part of wider strategies and action plans.

Managers had a proactive approach to understanding the needs and preferences of different groups of people and delivered services in a way that meets these needs. Managers had an excellent knowledge of the local area and involvement in different community groups. The service was committed to reducing health inequalities and staff were continually looking at ways to improve access to the service. Staff had an understanding and awareness of the links between sexual health, poverty, disability, and social exclusion.

An outreach worker was employed by the service who was able to access groups who would not normally access the service. The worker engaged with people within the multi-cultural community and a doctor from Muslim background supported this work. They worked together to gain people's trust and were able to support people effectively within these communities. The worker also worked closely with women involved with a national charity that works to improve the lives of women who have had or are at risk of having children removed from their care. The worker was sensitive to the needs of the women and had a genuine non-judgemental approach.

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The outreach worker was committed and passionate about engaging with groups who wouldn't normally access the service. Innovative ways were explored to gain trust and confidence in using the service. The worker visited local groups and services such as street worker services, men groups and women's exercise groups.

Staff ensured that they were accessible to vulnerable groups and were engaging with the asylum seeker population to offer testing and contraceptive services. Staff responded to a request for a sexual health clinic where asylum seekers were living and delivered a general screening and health check. People were able to talk about their experiences and were provided with sexual health guidance and prevention advice. Staff arranged interpreters to ensure the needs and preference of different groups of people were understood and accessible,

Staff worked closley with the wider health sevice which included joint working with the local midwives to ensure women were offered contraception after giving birth. Staff also worked closely with the local acute trust after receiving correspondence from a paediatric practitioner in the emergency department asking for advice and information for young people presenting for sexual health. Staff attended the emergency department weekly meeting and delivered a bespoke session to staff.

Staff engaged with LGBTQ organisations and stakeholders to learn about how best to reach these groups. Staff tailored education and communication resources to meet needs and used data to continuously improve the service. A dedicated Link Team worked in close partnership with local support services and Wirral LGBTQ network who were committed to Inclusion ensuring delivery of person focused care on an individual basis.

The link team ensured access was easy for those who may be more vulnerable or who have a protected characteristic. Staff worked closely with partner agencies such as Mencap, Wirral black and ethnic minority groups, Tomorrows Women, Drug and Alcohol services and LGBT networks to make sure colleagues could easily refer into the service and help promote an Inclusive approach.

The service had a website to offer an 'online hub' where people could register for testing kits to be sent out direct to their homes. Information on the site included advice and information about sexually transmitted infections, pregnancy, contraception (including methods and what to expect at appointments) and details of other health services including smoking cessation, substance misuse and breast and testicular checking. Appointments could be booked online or over the phone. This reduced the need for some people to attend the premises.

The services response during the pandemic had been dynamic, adapting to government guidance. Staff had been supported to work flexibly where needed, with investment in equipment to enable this. There had been a continued face to face service operating throughout for those who needed it. Measures had been put in place to ensure people still had access to contraceptive which was delivered direct to people through the post. The service had continued with some of the measures adapted during this time to suit peoples' individual circumstances.

Facilities and premises were appropriate for the services being delivered. The main hub was located in a relatively new building which had parking and coffee shop facilities. Other health services were delivered from this base which meant greater access for people.

The service had systems to help care for patients in need of additional support or specialist intervention. For example, the provider hosted a wellbeing event where women were given specialist advice and booked for smears where needed. Staff delivered a bespoke cervical screening session to the local drug and alcohol servcie and attended the servcie health huddle where they were able to reach those women who would not normally attend for screening.

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Managers monitored and took action to minimise missed appointments and were mindful that structured appointment times could be challenging for some individuals. Staff had worked with PAUSE to develop easy access to the service, providing named nurses, longer appointment times and priority access should people come into clinic without an appointment. Managers evaluated the process during 6 monthly meetings to monitor improvements. Staff also attended 'client huddles' and provided sexual health information in a way that is accessible to people. Staff sent reminders to people who did have a set appointment time.

Posters were displayed asking patients to wait at the door until called to ensure privacy and dignity. Admin staff checked that people who arrived at the desk together were actually together before they started to ask questions.

Meeting people's individual needs
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.

Staff were inclusive and took account of people's individual needs and preferences. Staff made reasonable adjustments to help patients access services. The service was able to adjust for patients with reduced mobility and a lift was available at the main hub.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff could describe how they supported people with a learning disability.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. We saw examples of where staff helped people whose first language was not English. Patients were offered language line and independent interpreter if required. Patients could access google translate on the trust website when English was not there first language.

Access and flow
People could access the service when they needed it and received the right care in a timely way. Technology was used innovatively to ensure people had timely access to treatment, support and care.

People could access the services in a way and at a time that suited them. The service offered a range of appointments throughout the week and held drop-in clinics including evenings and Saturday mornings. Appointments were offered at the main base as well as from satellite clinics. People could book appointments either through the services online booking system or by telephoning the service. People could scan a QR code which gave them details of all the services on offer.

The service worked in partnership with a free online sexual health service and free postal testing kits could be ordered online using this service. Testing kits could also be collected by visiting one of the drop-in clinics and requesting them from reception.

Testing kits were sent out in discrete, unmarked grey plastic envelopes, and were dispatched either the same or next working day. They contained all the equipment needed to carry out testing. Freepost envelopes were provided to securely post samples back to the laboratory, and no personal details were included on returned samples.

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Managers monitored access times against a public health performance framework. Waiting times for appointments and treatment were monitored monthly to ensure that patients could access services when needed and received treatment within agreed timeframes and national targets. People received test results within eight working days by text or phone call depending on the result. Those diagnosed with an infection received treatment within three weeks. Staff were able to access and track positive results reports and a proforma was generated for all positive results.

Staff monitored missed appointments and were continually looking at ways to reduce these. Patients received a confirmation of their appointment date and time, and a reminder was sent the day before. Campaigns took place to reduce missed appointments and posters were displayed in waiting areas. Appointments could be changed online as well as calling the service.

Administrative staff checked in positive chlamydia & gonorrhoea positive results. They contacted people to ensure they were overseen by clinical staff. Patients who did not respond to contact after the prescribed number of attempts were recorded and contained within the patient notes.

Learning from complaints and concerns

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.

Patients, relatives and carers knew how to complain or raise concerns. Information was displayed on the trust website and on the dedicated sexual health website. Posters were displayed around the premises with details of the trust complaints and patient and advisory liaison service.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Most complaints were resolved locally, and managers investigated complaints which were received into the trust. There had been no formal complaints in the previous 12 months.

Staff could give examples of how they used patient feedback to improve daily practice.

Is the service well-led?

Outstanding ☆ ⬆ ⬆

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

Leadership

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.

Leaders had an excellent understanding of the service and worked consistently well as a management team. The service was led by a service manager and deputy who worked together to ensure the delivery of an evidenced based sexual

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health service. Managers were passionate about the service they delivered and took pride in the service. Staff reported that the new service manager had greatly improved morale since starting in post and that there had been a greater focus on staff development. Managers fully understood the importance of ensuring the wellbeing of staff, and how this could impact positively on patient care.

Senior managers were visible within the service and the service director worked closely with the senior management team. Staff consistently reported that they felt supported and that the service was well run.

Vision and Strategy

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 how they could make the service accessible to everyone who needed it.

The service had developed a communication, marketing, and engagement strategy for 2023-2024. The aim of the service was to ensure that all people living in the area had access to a free and confidential service which was non-judgmental and friendly. This aspiration was shared by all the staff we spoke with, and leaders continually monitored the progress of the strategy.

Culture

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.

There was clear evidence of a cultural change in the service. Some staff used the word transformational when talking about the change to the service over the last 18 months. An increase in staff engagement and support had improved the wellbeing of all staff. Managers ensured that staff felt listened to and supported to maintain a work life balance. This was reflected in how staff spoke about the service they delivered and how passionate they felt about supporting people.

Staff felt proud of the service they delivered and provided good care for patients. Staff spoke passionately about the work that they did with patients. Staff felt they worked within flexible and supportive teams. They valued the experience and skills of each other. Staff told us they felt supported by managers and could raise any issues.

The trust provided opportunities for development, and we saw staff had been supported to take part in training and skills development. There was strong collaboration, team-working and support across the integrated service.

Regular team meetings were held to ensure staff could feedback any issues or concerns and celebrate success. Managers responded to staff feedback to make improvements to the service based on these results.

Staff knew and understood the trust policy around Duty of Candour and applied this appropriately. Staff were able to explain when an apology would be made for poor care. The service had no incidents of using duty of candour in the previous 12 months.

Governance

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.

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The service had a robust governance system to ensure performance was monitored. The service senior management team met weekly to discuss service delivery. Managers attended monthly governance meetings with the service director and other managers within the directive to discuss quality, safety and information governance. The divisional quality leads met to discuss wider service issues and were requested to report by exception.

Management of risk, issues and performance
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.

Managers had access to reports to monitor key performance indicators and service information. Performance reports were easy to understand and were RAG rated to show a visual representation of the service. The service was meeting all the targets within the quality indicators set by the local authority.

There was a clear flow of information from the service to executive level with clear oversight of performance. Staff completed performance reports on the quality of the service delivery for commissioners and partners.

The service was included in the divisions risk register. At the time of the inspection there were no clinical risks on the register. The register contained one operation risk on pay bands for doctors. The risk was that the service could potentially loose doctors who worked through service level agreements. The register was up to date, shared within the service and included clear dated actions. The service had business continuity plans and had been able to continue to operate throughout the pandemic period with flexibility to meet the needs of patients and staff.

Information Management
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 had access to the intranet and shared folders which contained all the information they needed to deliver the service. Staff had access to the IT equipment and systems needed to do their work. The trust provided all community staff with their own individual electronic devices to enable them to work effectively whilst in the community.

Staff had access to innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. Managers had access to a range of information which was up to date and assisted in the delivery of a consistently good sexual health service.

Engagement
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 service had a communication, marketing, and engagement plan in place for April 2023-March 2024. Managers strived to ensure that the services delivered were more than just a clinic and engaged with patients, stakeholders, support groups, community networks and trust staff to improve the service. Patients were encouraged to give feedback

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through surveys which were handed out at each contact. Managers used the feedback and any learning outcomes from the complaints process to make improvements to their service. We saw that any negative feedback was discussed at the weekly meetings and actions put in place to resolve any issues. People had access to the service's dedicated internet page which provided information, advice, and the provision to book appointments.

Managers reviewed comments from the staff suggestions box in the senior management team meeting. Staff said there was an open culture where staff could put forward suggestions to improve the service.

The outreach worker had established links with local statutory and community organisations and the wider team supported this work in terms of engagement. This included local primary care services, women's groups, mental health services and substance misuse services. Staff attended multi-agency meetings to engage with appropriate groups.

Staff took park in various campaigns to raise awareness of relevant topics. During cervical screening awareness week staff met with local women's groups and raised awareness around screening. During HIV awareness week staff delivered mental health talks, HIV clinics and targeted advertisements through social media and the website.

Learning, continuous improvement and innovation

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

Staff were involved in the Pre-Exposure Prophylaxis (PrEP) impact Research Trial. PrEP is used to reduce the risk of getting human immunodeficiency virus (HIV). It works by stopping HIV from getting into the body and making copies of itself (replicating).

The impact trial was a national trial designed to gather information around PrEP and HIV treatment by asking a range of questions. The trial was led by the sexual health consultants and involved 10,000 patients nationally. Study results were presented and published in a clinical study report. The findings from this study enabled NHSE and the local authority to make decisions around how PrEP was to be provided to patients. PrEP is now available, free, in NHS sexual health clinics and excellent outcome for patient and a positive experience for the service.