CareQuality Commission

Staffordshire & Stoke-on-Trent Partnership NHS Trust

Quality Report

Morston House
The Midway
Newcastle Under Lyme
Staffordshire
ST5 1QG
Tel: 08456026772
Website: www.staffordshireandstokeontrent.nhs.uk

Date of inspection visit: 2 – 6 November 2015
Date of publication: 11/05/2016

Core services inspected	CQC registered location	CQC location ID
Community health services for adults Community health services for children, young people and families Community sexual health services Community end-of-life care services	Staffordshire and Stoke on Trent Partnership NHS Trust - HQ	R1EG3
Community health services for adults Community end-of-life care services Community health inpatient services Community end-of-life care services Community health services for adults Community health inpatient services	Cheadle Hospital Bradwell Hospital Leek Moorlands Hospital	R1EE4 R1EE5 R1EE3
Community health services for adults Community health inpatient services Community end-of-life care services	Haywood Hospital	R1E56
Community dental services	Cross Street Clinic Hanley Health Clinic	R1E09 R1EY5

Summary of findings

Meir Health Clinic	R1E80
Stafford Central Clinic	R1E34

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for community health services at this provider	Requires improvement	●
Are services safe?	**Requires improvement**	●
Are services effective?	**Requires improvement**	●
Are services caring?	**Good**	●
Are services responsive?	**Requires improvement**	●
Are services well-led?	**Inadequate**	●

Summary of findings

Contents

Summary of findings

Overall summary

Letter from the Chief Inspector of Hospitals

The Staffordshire and Stoke on Trent Partnership NHS Trust provides community health and adult social care services and is responsible for adult social and community healthcare within Staffordshire, and community healthcare in Stoke-on-Trent. It also provides health and care services in the community, including community hospitals, health centres, nursing homes, schools, prisons and in a patient's own home.

Staffordshire and Stoke on Trent Partnership NHS Trust currently provides Sexual Health Services in Shropshire, Telford & Wrekin and Leicestershire.

It serves a population of more than 1.1 million people and employs more than 6,000 staff.

We inspected this trust as part of our comprehensive inspection programme. We visited the trust on 2 to 6 November 2015; additionally we carried out unannounced visits to a number of locations.

During our announced visit we carried out a full inspection of the trust testing whether services are safe, effective, caring, responsive to people's needs and well led. We looked at all the services it provided. We inspected community inpatient services; services for adults; services for children, young people and their families; end-of life-care services; sexual health services and dental services. The CQC also inspected adult social care provided by the trust at a number of locations. These reports have been published and services were rated as Good at Living Independently Staffordshire - Lichfield & Tamworth, Living Independently Staffordshire – Moorlands and Requires Improvement at Brighton House Care Home.

Following our visit, we remained concerned about a number of services that the trust provided and we issued it with a warning notice setting out areas where it needed to make immediate, significant improvements to services. We received an action plan from the trust setting out the steps it intended to take with regard to the immediate issues we raised.

In 2014, three whistle-blowers independently contacted the Care Quality Commission (CQC) to share concerns about the trust. Specifically, they raised concerns about a poor leadership culture; unsafe staffing levels and, resulting from this, patient safety. We carried out an unannounced visit to a targeted area of the trust (community inpatients and community services for adults) over one day in November 2014. We looked only at whether the services were safe and well led.

We published our report from this inspection. We said that the trust must review its staffing levels in community adult nursing; must ensure staff were engaged in change and improvement programmes; and must improve communication and engagement with staff.

The Staffordshire and Stoke on Trent Partnership NHS Trust created a role of 'Ambassador for Cultural Change'. This innovative role was designed to allow the staff voice to be heard and concerns from staff to surface in a way that focused on the topic rather than the individual, protecting the identity of any staff member wanting to remain anonymous. This initiative received significant national attention. We saw that not all staff were happy with this role. They were often guarded and concerned they might not have the full protection promised. While some staff engaged with the Ambassador for Cultural Change many felt that the actions from this did not follow on as expected.

Overall, we rated the trust as inadequate for Well Led. We rated the trust as Requires Improvement for Safe, Effective and Responsive, and we rated it as good for Caring.

Overall, we rated the trust as Requires Improvement.

Our key findings were as follows:

- There were significant staffing shortages in community services for adults. This led to poor and unsafe practices, for example, we saw some shifts with no trained nurse on duty.

- Staff in community services for adults were under significant workload pressure. We did not see adequate action from the senior management or the trust executive to manage the significant issues that threatened the delivery of safe and effective care. Staff morale was low.

Summary of findings

- Services in the community for adults were inequitable between North and South of the trust's area. We identified this along with poor staffing, in our 2014 visit; in our 2015 visit, we found this had not improved.

- Due to increased demand, patients visits were frequently cancelled or if the day staff could not visit they were handed over to the night staff. In some cases, they could not see the patients either, so handed them back to the day staff.

- Handover between community nursing teams was inadequate and in some areas carried out by answerphone. The trust did not collect any data on the number or frequency of cancellations.

- The 'do not attempt cardio pulmonary resuscitation' (DNACPR) order recording system was not operating effectively; practice varied across the trust and was unsafe. DNACPR documentation was poorly completed.

- We found poor prescribing practices in end-of-life care. There were no formal arrangements in place to support and oversee the prescribing practice and competence of the palliative care nurse consultants.

- There was no credible statement of vision or strategy for end-of-life care services. Systems and processes to assess, monitor and improve the quality and safety of end-of-life care services were not sufficiently established or operated.

- There was limited data on patient outcomes. Staff told us they were too busy to monitor this information. The trust did not collect data on some routine areas of provision (for example, responding to urgent and routine appointments) and was, therefore, unable to assess how well it was meeting peoples' needs.

- Compliance with mandatory training and staff appraisal were below the trusts target.

- Appointment systems in Sexual Health services do not enable people to access service when they need to; there are long waiting times in some areas and no action to address this. Test results were not always shared in a timely way.

- The trust had not undertaken a full analysis of staff requiring safeguarding training for children above level 1 reflecting the requirements of the Intercollegiate Document on safeguarding children and young people. Not all staff working with children were trained to the required level to ensure they were able to fully protect vulnerable children.

- Staff were not well engaged with the trust's overall vision and strategy; many staff said they were too busy. Some staff told us senior managers were less visible to the clinical teams within the service.

- Infection prevention and control procedures were good. We saw staff adhere to handwashing procedures and the use of hand gel. We saw that nursing and medical staff washed their hands and used hand gel between patients.

- Staff were caring and supportive of their patients. Despite the challenges in some areas with workload, staff put their patients at the heart of their work.

We saw several areas of outstanding practice, including:

- The trust recently set up a palliative care contact centre in the North division to improve care for patients needing palliative or end-of-life care. This drew on services from a range of local providers to meet individual patient needs.
- We saw that services in the trust's community dental health services were good in all areas.
- The staff on Bennion ward at Bradwell Hospital had introduced many dementia care initiatives, including:
- staff wearing theatre scrubs on night duty to mimic nightwear so that patients living with dementia were encouraged to sleep, and night time care plans.
- A reminiscence room with pictures and books.
- A garden shed had been changed into 'The Bradwell Arms' where patients, in better weather, would be able to play darts and cards.

However, there were also areas of poor practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure staffing levels in community adult nursing are sufficient to ensure that patients receive safe and

Summary of findings

effective care in a timely way and that this is continually reviewed using a systematic approach to determining the number of staff and range of skills required.

- Review caseloads and workloads of staff in the community adult teams to ensure that the significant issues that threatened the delivery of safe and effective care and addressed and mitigated.

- Ensure that DNACPR practice across the trust is consistent, the effectiveness of the DNACPR policy and procedures and regularly reviewed and audited.

- Review the nurse consultant prescribing procedures for pain management in end-of-life care services, ensuring that more effective systems of support and clinical supervision are put in place.

- Develop a vision and strategy for end-of-life care services which sets out the objectives and plans for the service and reflects the local health economy needs. The strategy should be embedded in the organisation and shared widely with staff so they understand it. Leadership of end-of-life care services should be clarified and clearly articulated to all staff.

- Develop a training needs analysis and clear plan to ensure all relevant staff in all services are trained to level 3 in adult safeguarding and child protection to comply with requirements of the

- Review appointment processes in sexual health services to ensure that patients and the public are able to access services in a timely manner.

- Ensure that patients and the public are not put at risk by ensuring that all post-test contact systems within sexual health services have sufficient staff to ensure late or missing results are identified.

At the end of the inspection, we issued the trust with a warning notice served under Section 29A of the Health and Social Care Act 2008. The warning notice related to consent, systems to assess, monitor and mitigate risk, systems to assess, monitor and improve the quality and safety of services and Duty of Candour.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement 🟠

We have rated this provider as requiring improvement for safe. This is because:

- The system for assessing staffing levels in community services for adults was ineffective, there were substantial staff shortages affecting the ability to provide care. Demand for community nursing visits routinely outstripped capacity, with visits regularly postponed or cancelled. Staff routinely worked extra hours to meet patient needs.
- Systems for handover from one shift to another in community services for adults in East Staffordshire were inadequate and did not allow proper transfer of information between clinical teams.
- Staff understanding of Duty of Candour was poor. Staff were not engaged with the process. Trust processes did not ensure Duty of Candour regulations were met and staff were not prepared to personally sign letters to patients which expressed regret for the harm caused to them.
- There was limited learning from reported incidents and trends were not always identified and reviewed.
- The trust had not undertaken a full analysis of staff requiring safeguarding training for children above level 1 reflecting the requirements of the Royal College of Paediatrics and Child Health "Safeguarding Children and Young people: roles and competences for health care staff", Intercollegiate Document. Staff in some critical areas (sexual health and children's services) had not received the required level of children's safeguarding training.
- The trust had not undertaken a full analysis of staff requiring safeguarding training for adults above level 1.
- We found poor practice in regard to medicines management in in the community hospitals and in relation to end-of-life care, particularly around the prescribing of pain relief and missed doses.
- Patients and their partners were put at risk as post-test contact systems within sexual health services in Leicester were not properly monitored to prevent late or missing results not being communicated in a timely manner.
- The trust had not met its own targets for staff mandatory training.

However, we also saw that:

Summary of findings

- Equipment was readily accessible, regularly serviced and maintained.
- We saw staff had good hand hygiene and aseptic technique.
- Appropriate systems were in place to respond to patient risk.
- Plans were in place in the event of a major incident.

Are services effective?   Requires improvement 🟠

We have rated this provider as requiring improvement for effective. This is because:

- Staff did not always consistently follow systems to establish patients' capacity.
- DNACPR documentation was poorly completed, which meant that staff could not be assured that patients' wishes had been recognised and appropriate consent had been obtained.
- There was limited evidence that patient outcomes were monitored. Where evidence was available, patients desired outcomes were not always being achieved.
- The trust did not have any quality indicators for fast tracking patients who chose to die at home.
- The trust had not met its own targets on staff appraisal.
- There was limited access to formal clinical supervision for staff, particularly, palliative care nurse consultants.
- Care pathways or arrangements for transition to adult services for children with complex needs were not available.

However, we also saw that:

- Current evidence-based guidance was used to develop how care and treatment was delivered.
- There was good collaborative working across all the services we visited.

Are services caring?   Good 🟢

We have rated this provider as good for caring.

- People were supported and treated with dignity and respect.
- Feedback from people using services was positive about the way they had been treated by staff.
- Interactions were all undertaken with kindness and compassion.
- Patients and carers felt engaged and involved in their care and treatment.
- Staff responded compassionately to patients' concerns.

Summary of findings

Are services responsive to people's needs?

Requires improvement ●

We have rated this provider as requiring improvement for responsive. This is because:

- Patients were not able to access community services in a timely manner, the trust did not provide data to show that urgent appointments were seen within agreed timeframes, and that cancelled appointments were monitored to ensure they were rescheduled in a timely manner.
- The trust did not have any quality indicators for monitoring the response times when patients are referred to the palliative care team.

- Learning from complaints was not always followed up so actions were not consistently embedded in the organisation or shared widely.

However, we also saw that:

- Services were planned with the needs of the local population in mind.
- The community hospital environment was dementia friendly and staff had implemented a range of initiatives to meeting the needs of patients living with dementia.
- Systems and processes were in place to identify people who used services who might be in vulnerable circumstances.
- Complaints were taken seriously by the trust and we saw they were handled responsively.

Are services well-led?

Inadequate ●

We have rated this provider as inadequate for well led. This is because:

- There was limited evidence that the medium and long-term strategy for the organisation had been articulated in a way that meant it could be communicated and understood by staff.
- Few staff we spoke with during the inspection understood the trust values.
- Some services lacked a specific strategy that articulated the detailed objectives and plans for the service, this meant some staff did not understand their role in contributing to the strategy.
- Governance arrangements were in place but were inconsistent and not well managed across the organisation. Managers were not taking action to mitigate significant issues that threaten the delivery of safe and effective care in community services for adults.
- There were not robust systems or processes to assess, monitor and improve the quality and safety of services.

Summary of findings

- There was no credible statement of vision or strategy for end-of-life care services. Systems and processes to assess, monitor and improve the quality and safety of end-of-life care services were not sufficiently established or operated.
- Few of the issues identified during this inspection were reflected in the trust's risk register.
- Staff morale in community adult nursing services was low. Staff told us they felt despondent, demoralised, frustrated and let down by senior managers.
- The visibility of trust executives (other than the Chief Executive) and senior management was inconsistent.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh OBE FRCP, consultant in medicine for the elderly, East Lancashire Hospitals NHS Trust.

Head of Hospital Inspections: Tim Cooper, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including:

Head of quality; deputy director of nursing; consultant nurse; clinical quality manager, community matrons; nurse team managers; senior community nurses; occupational therapists; physiotherapists; community children's nurses; school nurses; health visitors; palliative care consultant; palliative care nurse; sexual health nurses and specialist dental advisors.

The team also included experts by experience. These were people with experience as patients or users of some of the types of services provided by the trust.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

We inspected this service in November 2015 as part of the comprehensive inspection programme.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?

- Is it effective?

- Is it caring?

- Is it responsive to people's needs?

- Is it well led?

Before visiting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew. We carried out an announced visit from 3 to 6 November 2015.

We did not hold a public listening event before this inspection as we were looking to assess changes and progress over a defined period, however, we did contact

Staffordshire Healthwatch and Stoke Healthwatch to seek the views that they had recently formed on the trust. Additionally, number of people contacted CQC directly to share their views and opinions of services.

We met with the trust executive team both collectively and on an individual basis. We also met with service managers and leaders, and clinical staff of all grades.

Prior to the visit, we held seven focus groups with a range of staff across Staffordshire and Stoke on Trent who worked within the service. 120 staff attended those meetings and shared their views.

We visited many clinical areas and observed direct patient care and treatment. We talked with people who use services. We observed how people were cared for, talked with carers and family members, and reviewed care or treatment records of people who used services. We met with people who used services and carers, who shared their views and experiences of the core service.

We carried out an unannounced visit on the evening of Thursday 18 November 2015.

Summary of findings

Information about the provider

Staffordshire and Stoke on Trent Partnership NHS Trust provides community health services and adult social care in Staffordshire, and health services in Stoke-on-Trent.

These include district nursing, health visiting, school nursing, four community hospitals with 279 beds, health services in six prisons, and specialist community care for adults across 178 locations. The trust also provides dental services from 12 locations.

The Partnership Trust is the biggest integrated health and social care provider in the UK and currently offers health and social care to adults living in Staffordshire (outside of Stoke-on-Trent) through integrated care locality teams.

The trust serves a population of 1.1 million people and employs around 6,000 staff. It is located within the geographical boundaries of Staffordshire County Council and Stoke-on-Trent City Council and contains a number of urban centres including Stoke-on-Trent, Leek, Burton upon Trent, Cannock, Lichfield, Stafford, Tamworth and Wombourne, although the geographic area is largely rural.

In addition, the trust provides sexual health services to people living in Shropshire, Telford & Wrekin and Leicester city, Leicestershire and Rutland.

Key facts from year 2014 to 2015

- The trust made two million community contacts.
- A total of 5,272 day cases were treated.
- The trust admitted 4,219 patients to one of the four community hospitals.
- Walk-in centres and minor injuries units were attended by 17,210 people.
- Across Staffordshire, the trust supported the social care needs of around 23,700 people.
- Reablement services were provided to 4,300 local people throughout the year.
- Total trust income was £372 million.
- 79,000 new outpatient appointments and 169,000 follow-up appointments were made within community health and social care services.

The trust holds four main health and social care contracts and a range of smaller and single-service contracts. These are Health Contract (North), Health Contract (South) Specialised Commissioning Contract and Staffordshire County Council contract for Adult social care.

What people who use the provider's services say

We spoke with many patients and their carers during the inspection across all core service areas. All responses were very complimentary about the staff and the care and attention they received.

Patients told us how kind and caring the staff were and how well staff understood their needs. They said they were pleased with the service provided.

The trusts Friends and Family survey results showed that between February and September 2015, 97% of respondents said they would recommend the trust.

Good practice

The staff on Bennion ward at Bradwell Hospital had introduced many dementia care initiatives including staff wearing theatre scrubs on night duty to mimic nightwear therefore patients were encouraged to sleep and night time care plans. A reminiscence room had been developed with pictures and books. A shed had been changed into 'The Bradwell Arms' where patients, in better weather, would be able to play darts and cards.

Summary of findings

The trust set up the palliative care coordination service (PCCC) in the North division in 2009 to improve care for patients needing palliative or end of life care. This drew on services from a range of local providers to meet individual patient needs

The Butterfly Scheme allowed people whose memory was permanently affected by dementia to make this clear to hospital staff and provided them with a strategy for meeting their needs. The patients received more effective and appropriate care, reducing their stress levels and increasing their safety and well-being. The butterfly scheme was used on the ward for recognition of dementia; however the butterfly was not used by the bedside to avoid labelling patients.

The school nursing service had developed an innovative method of gaining feedback about their service from students. Nine students across two schools had been designated 'school health champions'. Their role was to gain feedback from other students about how to improve the school nursing service and to support students within their schools by signposting young people to the school nursing services.

Dental services within the trust were good in all five domains.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

- Ensure staffing levels in community adult nursing are sufficient to ensure that patients receive safe and effective care in a timely way and that this is continually reviewed using a systematic approach to determining the number of staff and range of skills required.

- Review caseloads and workloads of staff in the community adult teams to ensure that the significant issues that threatened the delivery of safe and effective care and addressed and mitigated.

- Review arrangements for handover between teams to ensure this is effective and staff are able to manage the risks to people using services.

- Monitor response times to urgent and routine appointments within community adults services and monitor the number and frequency of cancelled appointments to ensure patients receive care in a timely manner.

- Monitor response times for patients referred to the palliative care team to ensure patients receive care in a timely manner.

- Ensure that DNACPR practice across the trust is consistent, the effectiveness of the DNACPR policy and procedures and regularly reviewed and audited.

- Set clinical quality indicators for fast tracking patients who are in their last days of life, to their preferred place of death, which reflect nationally recognised good practice. Performance against the indicators should be routinely monitored to ensure patients are able to achieve their goals.

- Review the nurse consultant prescribing procedures for pain management in end-of-life care services, ensuring that more effective systems of support and clinical supervision are put in place.

- Develop a vision and strategy for end-of-life care services which sets out the objectives and plans for the service and reflects the local health economy needs. The strategy should be embedded in the organisation and shared widely with staff so they understand it. Leadership of end-of-life care services should be clarified and clearly articulated to all staff.

- Ensure that policies and procedures in relation to Duty of Candour support a culture of openness and transparency and all staff have received appropriate training and there arrangements in place to support staff involved in a Duty of Candour incident.

Summary of findings

- Ensure that all staff have are up to date with their mandatory training requirements and that compliance is monitored on a regular basis to ensure compliance is maintained.

- Ensure that all staff have regular access to appraisals in order for them to develop their skills and competency.

- Ensure that learning from patient incidents and complaints is shared and that all identified actions are followed up to minimise the likelihood of reoccurrence and improve care.

- Review the systems and processes for managing and recording the quality of missed medicine doses and clear action plans should be developed implemented and audited to improve reporting, documentation and auditing.

- Review arrangements for compliance with the MCA and improve staff competence to discharge their responsibilities under the Act.

- Undertaken a full analysis of staff requiring safeguarding training for children above level 1 reflecting the requirements of the

- Review appointment processes in sexual health services to ensure that patients and the public are able to access services in a timely manner.

- Ensure that patients and the public were not put at risk by ensuring that all post-test contact systems within sexual health services were properly services and monitored to prevent late or missing results not being communicated in a timely manner.

- Ensure that there is a clear vision and strategy for CYP services linked to the trust strategy and it is shared and understood by all staff in the service

- Ensure care pathways or arrangements for transition to adult services for children with complex needs are developed.

- Ensure that there is a medicines policy developed specifically for children to ensure medicines are prescribed, managed and administered in a safe way.

Action the provider SHOULD take to improve

- Review the quality of record keeping in adult community services to ensure patients records are maintained to ensure risks are managed.

- Include patient's emotional and spiritual needs in end-of-life care plans of care.

- Review staffing levels in community sexual health services to ensure they are able to deliver and responsive and safe service.

- Review the process for completing Root Cause Analysis investigations to ensure they consistent and an action plan is developed.

- Improve access to clinical policies for staff working away from base.

- Increase visibility of senior leaders amongst front line staff groups.

- More effectively engage and support staff in proposed changes to service configuration and their role within the service.

Staffordshire & Stoke-on-Trent Partnership NHS Trust

Detailed findings

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

Requires improvement 🟠

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We have rated this provider as requiring improvement for safe. This is because:

- The system for assessing staffing levels in community services for adults was ineffective, there were substantial staff shortages affecting the ability to provide care. Demand for community nursing visits routinely outstripped capacity, with visits regularly postponed or cancelled. Staff routinely worked extra hours to meet patient needs.

- Systems for handover from one shift to another in community services for adults in East Staffordshire were inadequate and did not allow proper transfer of information between clinical teams.

- Staff understanding of Duty of Candour was poor. Staff were not engaged with the process. Trust processes did not ensure Duty of Candour regulations were met and staff were not prepared to personally sign letters to patients which expressed regret for the harm caused to them.

- There was limited learning from reported incidents and trends were not always identified and reviewed.

- The trust had not undertaken a full analysis of staff requiring safeguarding training for children above level 1 reflecting the requirements of the Royal College of Paediatrics and Child Health "Safeguarding Children and Young people: roles and competences for health care staff", Intercollegiate Document. Staff in some critical areas (sexual health and children's services) had not received the required level of children's safeguarding training.

- The trust had not undertaken a full analysis of staff requiring safeguarding training for adults above level 1.

- We found poor practice in regard to medicines management in in the community hospitals and in relation to end-of-life care, particularly around the prescribing of pain relief and missed doses.

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

- Patients and their partners were put at risk as post-test contact systems within sexual health services in Leicester were not properly monitored to prevent late or missing results not being communicated in a timely manner.

- The trust had not met its own targets for staff mandatory training.

However, we also saw that:

- Equipment was readily accessible, regularly serviced and maintained.

- We saw staff had good hand hygiene and aseptic technique.

- Appropriate systems were in place to respond to patient risk.

- Plans were in place in the event of a major incident.

Our findings

Incident reporting, learning and improvement

- There were 264 serious incidents that required investigation reported from 1 August 2014 to 7 August 2015. The serious incidents related to 195 pressure ulcers, most of which occurred in the patient's own home. Twenty-three percent of serious incidents related to inpatient services.

- All the staff we spoke with across the trust were aware of their responsibilities to report incidents and knew how to access and use the trust-wide electronic reporting system. However, some staff reported that they did not record all incidents on the electronic system as they were too busy or the incidents were too high in volume, for example, where end-of-life-care patients were not able to get to their preferred place of death within agreed target times.

- Serious incidents were investigated using root cause analysis methods (RCA). We looked at 86 RCA reports and found inconsistencies within the investigations. Some investigation reports did not offer an opinion as to whether the pressure ulcer was avoidable or not, and some did not have an action plan following the incident.

This meant that valuable lessons to develop patient safety may not be learnt and could not be shared. The trust's Tissue Viability Panel reviewed all serious incidents relating to pressure ulcers.

- Staff confirmed that they received feedback on any incidents they raised, but this was inconsistent. Some staff told us that feedback merely consisted of being told the issue had been escalated or simply closed. Others said that they were provided with the full details of the investigation and lessons had been shared.

- We did not see that the learning from incidents was more widely shared. For example, in sexual health services, we asked staff and managers at the different locations about learning from a serious incident and found that staff were unable to recall the incident or any learning which had been shared from it, unless they were directly involved.

- We were given a number of examples across the trust where changes had been made to services because of learning from incidents. For example, colour-coded consent forms for different immunisations were introduced to children and young people services following an incident.

- There were no never events reported in the last year by the trust. Never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Duty of Candour

- There was mixed understanding amongst staff about 'Duty of Candour'. Staff were adopting defensive behaviour and described it as "saying sorry without admitting liability". Staff did not see duty of candour as a process of being open with their patients. We saw this was a position throughout the organisation. This remained unchallenged by senior managers.

- We asked staff if they had received training on the 'Duty of Candour' regulations but no staff we asked told us they had received this training. One team leader told us they had received an email that week which included information about it. Staff in children and young person's services told us they had watched a DVD 'Raising Concerns' which included 'Duty of Candour' information.

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

- Staff told us that they were concerned in admitting liability. Nursing staff refused to sign Duty of Candour letters in their own name in case this made them liable. Staff insisted on signing letters on behalf of the trust. We saw that the trust accepted this position.

- During our inspection, we reviewed 10 incident records where it was noted that Duty of Candour applied. We reviewed the investigation plan, letter to the patient or relatives and any accompanying documentation. We saw that investigation documentation does not include a prompt to ensure investigating staff consider Duty of Candour.

- We looked at three letters to patients, which showed that letters to patients and/or relatives were standardised and not adapted for individual circumstances. We saw that letters to patients were pre-printed and staff deleted or filled in the blanks as necessary. We saw letters where this had not happened. For example, a number of letters expressed regret for a patient's "grade 3/grade 4 pressure ulcer". The letters also showed that apologies were not meaningful. The letters we reviewed described sorrow for the harm caused without apportioning blame to the organisation.

- We noted that the investigation plan documentation did not include a prompt for the investigator to consider Duty of Candour. This meant there may be a delay in notifying the patient involved.

Safeguarding

- Between 1 September 2014 and 31 August 2015, CQC received 39 safeguarding notifications, 21 of which related to adult social care services.

- The trust target was that 90% of all staff should have completed level 1 training in safeguarding adults and level one in child protection training. Records provided by the trust showed it had failed to achieve this target with 80% of all staff being up to date with level one training in safeguarding adults and 82% of staff being up to date with level one in child protection training.

- In March 2014, the Royal College of Paediatrics and Child Health published the Safeguarding Children and Young people: roles and competences for health care staff, Intercollegiate Document. The document defines the level of child safeguarding training that is required for various staff groups.

- We asked the trust for the percentage of staff trained to level three within the different disciplines as per the Intercollegiate Document. They informed us that 172 staff across the trust has been trained to level three safeguarding but were unable to provide further assurance around how many of these staff were in the relevant roles and the trust had not undertaken a training needs analysis of which staff within the trust required the appropriate training.

- During our inspection, we met staff who should have had level 3 training, in accordance with the Intercollegiate Document but who had not. For example, in the children's speech and language therapy service and staff working in the community sexual health services.

- Despite the limited assurance around training, staff at all locations demonstrated a good understanding of when and how safeguarding referrals should be made. Staff from the family nurse partnership, school nursing and health visitor services involved with safeguarding cases received regular safeguarding supervision sessions.

Medicines management

- The trusts oversight of medicines management was insufficient. During our inspection, we found poor practice in regard to medicines management in in the community hospitals, children's community services, and in relation to end-of-life care.

- We found significant numbers of missed medicine doses, including those on the critical medicines list e.g. insulin and antibiotics. On five wards we looked at 10 charts and found 83 missed doses At Haywood Hospital, 66 missed doses were identified (Grange ward, Chatterley ward and Scotia ward) and 17 missed doses at Leek Moorlands (Saddler ward and Cottage ward). Six of these doses were critical medicines, which included anticoagulants, opioids, systemic antibiotics and insulin. The trust had carried out a missed doses audit in June 2015. An action plan was drawn up and there was a plan to re audited in 6 months.

- The trust had two palliative care consultant nurses in post. One consultant nurse was in the North division and one in the South division. Both had authority to prescribe medication. There were no formal arrangements in place to oversee the prescribing practice and competence of these post holders. One of

the nurse consultants told us the documentation for authorising prescribing of drugs was 'slightly different' in the North and South divisions of the trust. This was an historical anomaly from preceding cancer network groups, which the trust had not addressed.

- We saw that this lack of oversight had led to poor prescribing for pain relief. Nurse prescribers were providing an inappropriately wide prescription range for community nurses to select an appropriate dose according to the needs of the patients. There was no oversight to confirm this was being carried out correctly. This led to a risk of inexperienced nurses not selecting the optimum dose.

- The children's community nursing team followed the trust's medicines management policy; however this did not fully support some practices within the children's service. Because children differ from adults in their response to drugs, special care is needed in ensuring the drug prescribed is appropriate and that the correct dosage is given. The chief pharmacist was meeting with the community team to address issues where the policy did not fully support practice.

- At most of the locations we visited medicines was stored safely and checked regularly but there were two exceptions in adult community services.

- At Haywood community hospital, access to the pharmacy was not adequately controlled as it could not be restricted outside the department's normal operating hours. This meant that security of medicines could not be guaranteed. The trust's chief executive was informed of this situation before we completed our inspection, and undertook to improve security.

- We observed correct disposal of sharps in all locations we visited.

Safety of equipment and facilities

- We found all areas we visited to be exceptionally clean, well maintained and free from trip hazards. There were systems in place to ensure that equipment was regularly serviced and maintained.

- The trust had exceeded the national average of 98% across all community hospitals for patient-led assessments of the care environment (PLACE). Results were displayed on each ward we visited.

- Patients were seen in a wide variety of locations throughout the trust ranging from health centres, residential homes and in their own homes. Equipment we looked at had been appropriately calibrated and maintained and had received required safety checks.

- Emergency packs and trolleys at all the locations we visited contained equipment for basic life support and treatment of anaphylaxis (a severe, life-threatening allergic reaction). We inspected trolleys in five locations and found that regular checks were recorded and all of the consumable items and medicines were in date.

Records management

- We saw in the community hospitals that there was an active nursing record and a separate medical record. Patients' individual care records were accurate, complete, up-to-date, and stored securely. We saw this was also evident in all other services with the exception of community adult services. Records were maintained to a good standard in community sexual health services, community dental services and in children and young person's services.

- In community adult services and end-of-life-care services, record keeping was inconsistent and variable. In some areas we found that records were complete, with detailed records of visits and of care and treatment. However, we also observed in several care plans that there was no date for the care to be reviewed or an evaluation of the patients care needs. One community nurses told us that the evaluation of the care was included on a day-to-day basis but it was difficult to identify current and on-going care needs.

- We saw that staff completion of risk assessments such as pressure ulcer and nutrition risk was variable. Risk assessments were not always completed or had been reviewed. Some care plans had not been reviewed for significant periods, one since 2013.

- Where staff used carbonated paperwork, there were inconsistent views on which copy should go where. We observed that in at least eight of the 20 records we looked at, the carbonated or copied sheets were not legible.

- Community nurses reported difficulty in documentation due to workload pressures. We met one nurse working

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

on her day off to try and catch up with the records of a patient she had visited earlier that week. One patient had been seen four days previously but the nurse had not had time to complete a care plan.

- We observed at Grey Friars Stafford that boxes containing patient files were not securely locked away. More than 36 boxes were being stored in staff corridors and in an unlocked meeting room. We highlighted this to the trust during our inspection. The trust told us that all boxes had been moved into the meeting room, which was now locked with restricted staff access and would not be used until more suitable storage could be found.

Cleanliness and infection control

- We saw staff had good hand hygiene and aseptic technique and made appropriate use of personal protective equipment such as gloves and aprons, with patients in community hospitals and patients in their own homes. There was a clear infection control policy in place

- Zero tolerance of Methicillin-resistant Staphylococcus Aureus (MRSA) target was achieved in the community hospitals. MRSA patient screening on admission target was 95% with 100% achieved.

- All the locations we visited appeared clean and tidy. Hand washing facilities were available in all examination and treatment rooms. Alcohol gel dispensers were visible. We saw used dressings and needles were appropriately and safely disposed.

Mandatory training

- The trust identified ten subject areas that made up their mandatory training schedule. The target for compliance was for 90% of all staff to be up to date with their training. Data provided showed that the trust had failed to achieve this target, achieving only 83% across all service areas as at October 2015. End-of-life care services was the best performing core service area with 92% compliance overall and only failing to achieve 90% in one subject area (conflict resolution). Inpatient services was the poorest performing core service area achieving only 76% overall.

- Staff reported that the reason for low compliance was staffing shortages. Staff in one community nursing team told us that all mandatory training was cancelled during

August due to staff sickness and annual leave and staff at Leek Moorlands Community Hospital told us that they were unable to complete their mandatory training due to staff shortages.

Assessing and responding to patient risk

- Appropriate systems were in place to respond to patient risk. Assessment tools were used to identify and manage patient risk where necessary. For example, on the inpatient wards, modified early warning scores (MEWS) were used for the assessment of unwell patients; simple observations detected when a patient's condition required a more intense observation and for further investigation.

- We observed staff handovers on the community inpatient wards was a formal process to ensure that all staff were aware of the patients on the ward. Handover occurred at the start and end of each shift.

- We observed a community nursing team handover at three locations. We saw that concerns were identified between team members and escalated appropriately. Staff demonstrated confidence in being able to escalate their concerns about deteriorating patients. Senior clinical staff provided advice and capacity of the team to respond to the needs of vulnerable patients.

- Community nurses in East Staffordshire told us, and we observed this during our unannounced visit that there was no handover between day and evening staff and night and day staff. Details of required visits were left on an answerphone as there was no overlap between the shifts. Staff raised concerns about this arrangement as there was no opportunity to clarify any patient information such as their address, or how staff might gain access. One nurse we spoke with told us that one day they had a message (from a receptionist) to visit a patient who required end of life care and required a syringe driver but no details were given about what medicines were needed or the patient's diagnosis.

- We spoke with a health advisor at one community sexual health service location who had responsibility for contacting patients with test results. They described how the department had been short staffed for a number of months and a backlog of two months had built up in their contact lists. The trust confirmed to us that since 12 August 2015, a backlog of 79 patients had built up. Data from the trust showed that during the

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

period May to October 2015, 91.8% of patients were notified of their test results within 10 working days against a standard of 95%. Patients who had screening tests were told that they would be contacted within two weeks if their results were positive. This meant that patients who were potentially infected; were not contacted within two weeks and may have resumed unprotect sexual activity in the belief they were clear of infection.

Staffing levels and caseload

- The trust had met the 2015 trajectory target for employing additional health visitors in response to the National Health Visitor Implementation Plan 'A Call to Action' which aimed to expand and strengthen Health Visiting services. There were 267 health visitors providing a service in the North and the South of the region. There was adequate staffing across services for children and young people to meet the needs of children and families

- In the community hospitals, staffing levels were planned around the dependency of the patients on the ward and in line with current guidance. Actual staffing levels were as planned and were displayed on the wards. An escalation policy was in place for addressing shortfalls in staffing when they occurred.

- The community hospitals had 22 consultants, 17 middle grade doctors and eight junior doctors supporting the nursing team. There were five consultant vacancies, nine middle grade vacancies and four junior doctor vacancies. This equated to 32% of medical staff. To cover the vacancies seven consultants and seven middle grade doctors were supplied by an agency and there was one locum consultant in post.

- Staffing levels in therapy specialist community intervention services were adequate to meet patient needs and demand. These included physiotherapy, occupational therapy, community intervention service, tissue viability, stroke rehabilitation and integrated pain management services.

- In community sexual health services, 13% of qualified nursing posts and 24% of nursing assistant posts were vacant. We were told that seven nursing assistants were due to take up posts within two weeks of our inspection. Vacancies were covered by staff working additional hours, or by bank staff. Agency staff were used for some

vacancies. Data provided showed that 44 shifts were not covered between May and July 2015. Staff reported low staffing numbers was the main reason for not seeing patients in a timely manner.

- Staffing levels in the community nursing teams were assessed using the trust's workforce planning tool. All community nursing teams were subject to a review during 2014/2015 but the exercise had not been repeated despite changes to activity levels of the community nursing teams structure.

- The workforce planning tool calculated that to provide safe staffing levels, 2,354, community nursing staff were needed. As at July 2015, there were 2,049 staff in the service, including nurses, health care assistants and physiotherapists this meant there were 305 vacancies; which equated to approximately 13% of the workforce.

- Information provided by the trust identified bank staff were used and occasional agency staff were used to cover the shortfall. Team leaders also told us their own staff worked additional hours to cover shifts. Data showed, and we observed during our inspection that shifts went uncovered. Information provided by the trust identified that from January 2015 to August 2015 only between 0.7% and 3.4% of community nursing shifts were filled by bank staff.

- Staff across the trust told us and we observed that they regularly worked over their contracted hours. Some community nurses were managing their caseloads by starting work earlier and finishing later than their rostered duties. They said the service relied on their good will to meet patients' needs. We saw examples of nurses working on their day off to complete work that was not possible in their contracted days. Community nurses told us that staffing levels had been a longstanding problem and they were exhausted. Many staff told us they felt they were "unable to cope with demand".

- Data from the trust showed vacancy rates of 16% for qualified nurses and 28% for healthcare assistants for the North division. During the month of July 2015, 18% of community nursing shifts had not been covered.

- The evening service in East Staffordshire told us there should be two qualified nurses and two health care

support workers on duty between 6pm and 11pm. Staff told us and records we looked at confirmed, that there were times that there was just one nurse on duty covering both Uttoxeter and Burton areas.

- We visited the out of hours service during our unannounced inspection and also spoke to staff. The trust told us that for the evening team working from Uttoxeter the staffing requirement was two registered nurses and two healthcare assistants on each shift. During our inspection, we identified that on two shifts (1 and 3 November 2015) there was only one registered nurse on duty.

- A review of previous staffing rotas showed that between June and October 2015 on 50 shifts there was only one registered nurse on duty. This equates to 32% of all evening shifts. Furthermore, the staffing rotas showed that on two occasions during this period there were no registered nurses on duty.

- We told the trust about our concerns regarding the lack of a qualified nurse on night duty for East Staffordshire. The trust told us the required staffing in the current model for the Burton overnight service was one registered nurse and one healthcare assistant on each shift. During our inspection we identified four shifts (1, 2, 3 and 4 November 2015) when no qualified nurse was on duty. Further investigation determined that the previous week, there were also three shifts without a registered nurse on duty (26, 27 and 28 October 2015). A review of previous staffing rotas showed that between May and September 2015, 16 shifts were also without a qualified nurse. This equated to 10% of all night nursing shifts. On these shifts services were provided by healthcare assistants. In response to our concerns, the trust immediately hired an agency nurse for four weeks. The trust have since indicated that this agency nurse will remain in post indefinitely.

- All community nurses we spoke to told us they ensured that all urgent visits were prioritised and undertaken. However, we were also informed that less urgent or routine appointments were frequently cancelled due to lack of capacity. For example, continence assessment were classed as non-urgent visits, we were told that the wait for these visits was up to six months.

- We asked the trust for data on how many visits were postponed or rearranged but they were not able to provide this as it was not routinely collected. There was no standard operating procedure in place to provide guidance and consistency when cancelling patient visits. There was no system in place to ensure that appointments were not repeatedly cancelled for the same patient, patients were reliant on the nurse recognising their name.

- In November 2014, CQC carried out an unannounced inspection at the trust. The inspection identified that there were staffing shortfalls and recommended a review of staffing levels. In August 2015, the trust provided CQC with an action plan which specified all the actions the trust had taken to address the staffing shortfalls and showed that these had been completed. However, during this inspection in November 2015, staffing shortfalls remained a significant concern

Managing anticipated risks

- The trust had a lone working policy in place. All of the community staff we spoke with were aware of these procedures and told us they used them and they were effective.
- Community nursing staff all told us they mostly worked alone. Some community teams told us that informal buddy arrangements were in place to check that staff had safety completed their duties. All staff had mobile phones but the mobile signal was variable in many rural locations and they were not always contactable.
- Some staff in the county had lone worker devices which they could active to alert an operator if they felt vulnerable. Action could then be taken to check the staff member's wellbeing. Staff working for the night service in East Staffordshire told us they had previously had a lone worker device but they had been taken off them.

Major incident awareness and training

- Potential risks were taken into account when planning services, for example seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing.

- The trust had a business interruption plan which included arrangements for staff to support patients in extreme cold and snow.

- A trust-wide table top exercise for a major incident was completed in September 2015.

Are services effective?

Requires improvement 🟠

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We have rated this provider as requiring improvement for effective. This is because:

- Staff did not always consistently follow systems to establish patients' capacity.

- DNACPR documentation was poorly completed, which meant that staff could not be assured that patients' wishes had been recognised and appropriate consent had been obtained.

- There was limited evidence that patient outcomes were monitored. Where evidence was available, patients desired outcomes were not always being achieved.

- The trust did not have any quality indicators for fast tracking patients who chose to die at home.

- The trust had not met its own targets on staff appraisal.

- There was limited access to formal clinical supervision for staff, particularly, palliative care nurse consultants.

- Care pathways or arrangements for transition to adult services for children with complex needs were not available.

However, we also saw that:

- Current evidence-based guidance was used to develop how care and treatment was delivered.

There was good collaborative working across all the services we visited.

Our findings

Evidence-based care and treatment

- We saw that the trust had a range of policies based on national good practice and followed national clinical guidelines where available. Guidance was available on the trust's intranet and some staff showed us they were readily accessible.

- Specific pathways and guidance were used for long-term conditions such as 'Gold standard' for chronic obstructive pulmonary disease (COPD).

- In response to the 2013 national review of the Liverpool Care Pathway (LCP) the trust had withdrawn the LCP document from practice and guidance had been issued to staff on the need to generatean individualised personalised care plan reflective of patient needs. We asked the trust to tell us arrangements in place to achieve the Priorities for Care of the Dying Person set out by the Leadership Alliance for the Care of Dying People in 2014. They told us that a care plan is in draft and being consulted upon which is built on the priorities. Timescales for implementation of the care plan were not provided.

- The Healthy Child Programme was delivered by health visitors and school nurses. The Healthy Child Programme is a key universal public health service for improving the health and well-being of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes.

- Sexual health services had been integrated in line with the Department of Health National Service Specification. We saw that guidance from the British Association for Sexual Health & HIV (**BASHH**) and British HIV Association (**BHIVA**) was used to ensure pathways of care met people's needs.

Outcomes of care and treatment

- The Sentinel Stroke National Audit Programme (SSNAP) aims to improve the quality of stroke care by auditing stroke services against evidence-based standards, and national and local benchmarks. In August 2015, the SSNAP level was D with a SSNAP score of 58. Physiotherapy services scored B and discharge processes scoring A.

- The trust did not achieve 27 of its KPI targets for adult community services during 2014/2015. The trust hit all the CQUINs except for two which were not achieved and two which were partially achieved. The trust hit all their targets in their Quality Account apart from 12, which were not met and two which were partially met.

- Community therapy services used a standardised questionnaire to assess the effectiveness of treatment

Are services effective?

Requires improvement 🟠

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

provided for patients. The questionnaire was completed and results assessed each time a patient was seen by a therapist. For 2014-2015 out of 300 patients, 86% experience an improvement in their condition following physiotherapy. The Physiotherapy and Orthopaedic Medicine musculoskeletal service reported that out of 52 responses, 52% found the treatment very helpful and 41% helpful.

- The trust had taken part in the National Audit of Intermediate Care service user questionnaire for home based and enablement service. The local interim report showed positive patient outcome improvements but there was no comparison with other similar services. Thirty-six percent of patients reported improvements in mobility, 44% reported improvements in the category of personal care and 41% reported improvements in food preparation.

- The recommendations from the National Care of the Dying audit report (13 August 2015) were to be discussed at the mortality review group on 4 November 2015.

  The trust told us that it had carried out no audits of EoLC services within national frameworks beyond the NICE QS13 End-of-Life Care for Adults Guidance compliance assessment.

- The trust achieved two out of four KPI targets for End of Life Care.

- The health visiting service monitored their performance against Department of Health indicators. They benchmarked themselves against the regional and national which demonstrated that they were exceeding both regional and national results in terms of performance against the targets.

- The trust engaged with national and regional British Association for Sexual Health & HIV (BASHH) and British HIV Association (BHIVA) audits. The sexual health service also participated in a range of local audits including an audit of new HIV patients.

Competent staff

- Data provided by the trust showed that as at 31 July 2015, only 59% of all non-medical staff had had an

appraisal, although the trust told us this figure had increased to 74% by October 2015. The poorest compliance levels were in inpatient services, where only 40% of staff had completed their appraisal.

- Staff told us they were encouraged and given opportunities to develop. Nursing and care staff told us they considered the training sufficient to meet their learning needs. However, attending training when it was booked was problematic as staff could not always be released from the wards due to staffing shortages.

- Staff working in community adult services did not have adequate access to clinical supervision. Clinical supervision is a requirement for continued registration by all clinicians to maintain safe and effective practice. Therapy staff told us they received regular clinical supervision however community nursing staff at all the locations we visited told us hat it happened very rarely, if at all.

- Doctors working in the community inpatient services and community sexual health services had adequate access to supervision and support.

- We received conflicting information about formal clinical supervision arrangements for the two palliative care nurse consultants at the trust. The trust told us there were arrangements in place but the consultant nurses view was they had no arrangements beyond good will relationships with acute trust oncology consultants.

- Trust arrangements for nurse revalidation were in early development. Staff at the community hospitals were aware that discussions were being planned but nothing further. Nurses working in community adults services we spoke with were not aware of any arrangements

- Competency assessment frameworks to test clinical competency in specific areas were in place. Competencies should be reviewed on a regular basis but staff told us this was not happening due to pressure of work in some areas.

Multidisciplinary working and co-ordination of care pathways

- There was good collaborative working across all the services we visited.

Are services effective?

Requires improvement 🟠

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The multidisciplinary meetings and discussions we observed in community hospitals and sexual health services were professionally managed; patient focussed and considered all elements of a patient's well-being.

- The palliative care coordination service coordinated planned and unplanned supportive services for patients requiring palliative and end-of-life care in the North division. There was no equivalent service in the South division

- In East Staffordshire, there was a 'virtual ward' of frail community patients who had complex health problems. A 'virtual ward round' took place every two weeks to discuss patients who were unwell and had frequent hospital admissions. A consultant in older persons' medicine from the local trust reviewed the patient's treatment plan to minimise the likelihood of admission to hospital.

- There was clear evidence of good multidisciplinary team working and communication within records demonstrating joined up, holistic care planning in services for children's and young people

- There was effective and collaborative working across disciplines involved in patient's care and treatment in dental services.

Referral, transfer, discharge and transition

- There were systems in place for the referral, transfer and discharge of patients across the services we reviewed.

- The community hospitals had an effective process for preparing letters and medicines to promote a timely discharge for patients. We saw that patients were assessed and appropriately transferred to the local acute hospital when the ward was unable to manage the patient's acute medical condition. Bed occupancy was consistently higher than the England average. Broadfield ward had the highest bed occupancy at 97% whilst Grange ward had the lowest at 87%.

- Referrals to community health services came from a variety of services including GPs, practice nurses, community nurses, patients being discharged from hospital wards and complex cases in nursing homes and residential care.

- Community therapy staff told us they experienced delays in discharging patients because of the availability of social care.

- The trust did not have any quality indicators for fast tracking patients in the last days of their lives who chose to die at home. nursing leader told us it was common for patients to be discharged within 48-hours but this could be subject to delays. Local leaders told us this was due to community care packages not being available in a timely manner, the trust told us they were engaging with local commissioners to address this. A palliative care nurse consultant told us there were too many delays in fast tracking patients home to keep reporting as an incident.

- The PCCC facilitated the approval of funding and sourcing of a care package within 48 hours of referral for patients identified as being in the last three months of life and eligible for fast-track NHS fully funded Continuing Health Care. Data provided by the trust showed that this was achieved in 92% of cases.

- The trust recorded the preferred place of care for all (100%) end of life care patients. Data provided by the trust showed that 50.5% of patients achieved their preferred place of death, against a target of 75%.

- There was an established transition model for children with diabetes transferring to adult services and a transition programme was in place in the Children's Physiotherapy Service for young people moving to adult services.

- There were no care pathways or arrangements for transition to adult services for children with complex needs.

- The trust did not have a policy for following up patients with sexual infections who disengaged with the service. Staff at the different locations used their own initiative by liaising with GP services, social care services and in some cases making home visits to encourage patients to re-engage with the process. Referral processes were in place for support for young or vulnerable pregnant women.

Availability of information

- We reviewed information on the trust intranet that staff used to support their work and saw the information was clear and accessible. This also enabled staff to access

Are services effective?

Requires improvement 🟠

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

information about evidence based patient care and treatment through external internet sites. Staff outside Staffordshire described difficulties with the reliability of links between their systems and the trust.

- Computerised records systems did not always communicate with each other this made sharing information with GPs and out-of-hours services problematic.

- Not all staff had integrated IT systems to enable them to access records. Some records were in paper format within different teams. There was a plan to roll out an integrated IT system in 2016.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- We found there were systems in place to establish patients' capacity and to make decisions about their welfare and care. However these were not always consistently followed and there was confusion among staff around obtaining valid consent from patients, who did not have the capacity to give it.

- We found the 'do not attempt cardio pulmonary resuscitation' (DNACPR) Order recording systems were not operating effectively; practice varied across the trust and was unsafe. This meant a patient may be resuscitated when they had expressed a wish not to be. It also meant a patient may not be resuscitated when they wished to be because the documentation available to a clinician at the point of care was not complete and up to date. We raised our concern about this with the trust during our visit and they undertook to review this.

- DNACPR documentation was poorly completed, varied in its completeness within inpatient wards and within community practice. Many patients' care files contained no DNACPR Order although they had DNACPR review sheets being actively used by clinicians.

- We looked at the care records of six inpatients and saw that DNACPR documentation was poorly completed, and varied in its completeness within inpatient wards and community practice. Staff could not be assured that patients with a DNACPR continued to agree to the order being in place or they continued to have the capacity to agree to such an order.

- At the time of the inspection, the trust did not have a policy on the Mental Capacity Act. We were told as an interim measure, staff were provided with information through internal communications.

- The trust told us that training on the Mental Capacity Act 2005 was mandatory for all front line staff who have a care management responsibility, every three years. In the trust 1,290 clinical and medical staff had been trained in the Mental Capacity Act 2005, equating to less than one-third of all staff. Data for adult community services alone was not available.

- There had been 34 Deprivation of Liberty safeguards applications between March 2015 and August 2015. Twelve applications were made from Haywood hospital and we were able to see that these were agreed to be made during the multidisciplinary assessment due to life changing illness and change of circumstances.

- Gillick competence principles were used throughout community sexual health services and community services for children and young people, to ensure patients under 16 years of age who declined to involve their parents or guardians in their treatment had sufficient maturity and understanding to enable them to provide full consent. Fraser guidelines were used when people under 16 years of age required access to contraception.

Are services caring?

Good 🟢

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We have rated this provider as good for caring. This is because:

- People were supported and treated with dignity and respect.

- Feedback from people using services was positive about the way they had been treated by staff.

- Interactions were all undertaken with kindness and compassion.

- Patients and carers felt engaged and involved in their care and treatment.

- Staff responded compassionately to patients concerns.

Our findings

Dignity, respect and compassionate care

- Care and treatment of patients across all services was empathetic and compassionate. Staff promoted and maintained the dignity of all patients when they delivered care from various community settings such as community hospitals, community clinics and in patient's own homes.

- We accompanied staff on over 30 home visits to patients and observed care being delivered on wards, in clinics and in outpatients. In every case, we saw compassionate, kind care being provided and patients being treated with dignity and respect. We saw staff interactions with children and their parents were positive, respectful and child-centred.

- Feedback from people who used the service and those who were close to them was positive about the way staff treated them.

- During September 2015, the community hospitals received 248 compliments. The PALs service had received 207 compliments from patients and 41 from carers.

Patient understanding and involvement

- People were involved and encouraged to be partners in their care and in making decisions, with support they needed. Plans of care centred on what the patient wanted.

- We saw staff taking time to listen to patients' concerns and explaining care plans in clear, simple language to make sure patients understood what was going to happen.

- In the community hospitals, medical and nursing staff completed a 'meet and greet' process when patients were admitted to the wards. This was an opportunity to discuss the patient history, individual needs and plan of care. This was also a time to recognise when patients and those close to them needed additional support to help them understand and be involved in their care and treatment

- Support for children across CYP services was child-centred and we saw children and parents were involved in decision-making, treatments and options available to them. Staff talked to the child and the parent involving them both.

Emotional support

- Staff helped patients and those close to them to cope emotionally with their care and treatment. They are enabled to manage their own health and care when they can, and to maintain independence.

- We observed community nursing staff gave holistic care including support for close relatives. Where appropriate patients and their carers were given details for support groups.

- Patients told us they were given appropriate and timely support and sufficient information to deal with their treatment and condition.

- One bereaved family spoke with us to commend the care their loved one had received, and said they were comforted by the clear caring and compassion of the staff.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We have rated this provider as requiring improvement for responsive. This is because:

- Patients were not able to access community services in a timely manner, the trust did not provide data to show that urgent appointments were seen within agreed timeframes, and that cancelled appointments were monitored to ensure they were rescheduled in a timely manner.

- The trust did not have any quality indicators for monitoring the response times when patients are referred to the palliative care team.

- Learning from complaints was not always followed up so actions were not consistently embedded in the organisation or shared widely.

However, we also saw that:

- Services were planned with the needs of the local population in mind.

- The community hospital environment was dementia friendly and staff had implemented a range of initiatives to meeting the needs of patients living with dementia.

- Systems and processes were in place to identify people who used services who might be in vulnerable circumstances.

- Complaints were taken seriously by the trust and we saw they were handled responsively.

Our findings

Planning and delivering services which meet people's needs

- The needs of the local population were considered in how the community services were planned and delivered. Commissioners, social care providers and relevant stakeholders were all involved in planning services through network meetings ensuring flexibility, choice and continuity of care.

- Adult community services planned and coordinated care packages for patients who needed integrated teams to provide support at home. For example, we saw patients being supported by the community nurse, occupational therapists and social services. Staff told us that as an integrated health and social care team the service facilitated setting up short and long-term care packages and reduced delays in the transfer of care.

- End of life services including palliative care were delivered across the trust through two geographical divisions, the configuration of services was different in each division. Some of the services we visited in the North division had been adapted to meet local needs. Local leaders in the South told us they felt the service being delivered to the local community did not fully reflect the commissioning intentions of the local CCG and they were concerned about the impact on the service if commissioners opted to enforce the terms of the contract.

- Care for children and young people was well organised and managed, keeping the child at the centre of treatment and care. Senior managers told us they met monthly with commissioners to discuss service provision.

Equality and diversity

- Equality and diversity issues were managed appropriately. Where it was identified that patients required support we saw that this this was pre-arranged when required. Although we noted the inpatient service did not proactively recognise the additional needs of patients in same sex relationships, particularly those who, habitually, may not feel safe disclosing a significant relationship.

- Disabled access to buildings was good with accessible toilet facilities available and well signposted.

- Staff confirmed translation services were available for people whose first language was not English and were able to provide examples where the interpreter service had been used.

- Training on equality, diversity and human rights was one of the ten areas identified by the trust as mandatory. Data provided by the trust showed that 83% of trust staff were up-to-date with their training.

Meeting the needs of people in vulnerable circumstances

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- Systems and processes were in place to identify people who used services who may be in vulnerable circumstances. This enabled staff to ensure that services could take these situations in account when being planned delivered. We saw many examples of this.

- Promotion of a dementia-friendly environment had been embraced by the community hospitals including the introduction of the 'Blue Butterfly scheme' and dementia screening for all patents over 75. The Butterfly Scheme allowed people whose memory was permanently affected by dementia to make this clear to hospital staff and provided them with a strategy for meeting their needs. The patients received more effective and appropriate care, reducing their stress levels and increasing their safety and well-being. The butterfly scheme was used on the ward for recognition of dementia; however, the butterfly was not used by the bedside to avoid labelling patients.

- We visited Bennion ward at Bradwell Hospital; the staff had introduced many dementia care initiatives including staff wearing theatre scrubs on night duty to mimic nightwear therefore patients were encouraged to sleep and follow night-time care plans. A reminiscence room had been developed with pictures and books. A garden shed had been sourced and developed into a pub called 'The Bradwell Arms'. Patients would be able to play darts and cards.

- Care plans we looked at for end-of-life-care inpatients and patients being cared for in their own homes did not include emotional and spiritual goals. They were not holistic in their approach and they focussed only on physical needs.

- Staff in adult community services were focused on meeting the needs of patients and individualised care plans reflected this. We saw good evidence of patients being offered choices about care and treatment and staff actively sought best options to work around patients' daily lives while balancing safe methods for best health outcomes. We observed community staff providing care and treatment for people living with a learning disability.

- The community sexual health service had clear arrangements for dealing with vulnerable patients under the age of 13 years. Any patient under that age would automatically be referred to safeguarding.

Treatments and counselling may still be provided if parental consent or ward of court consent is given. Staff at one location described their actions in relation to a vulnerable 12-year-old patient they dealt with.

- Health advisors were involved when young people engaged with the sexual health services and staff linked in with social services.

- The health visiting service was developing a strategy using a model of geographical deprivation linked to case load distribution. More staff were allocated to the more vulnerable children and young people living in the most deprived areas.

Access to the right care at the right time

- The community nursing services provided care seven days per week. Some teams provided the service 24/7 whilst others worked days and evenings with cover overnight provided by community intervention teams.

- Community nursing staff told us that all urgent patient referrals would be visited within two hours of the referral and non-urgent visits would be visited within two days. Community nurses (in all areas we visited) told us that end of life and pain relief visits would always be prioritised.

- We asked the trust for information about response rates for 'urgent and non-urgent' visits. The trust was not able to provide us with information about how long patients waited.

- Staff told us they were not always able to undertake all visits. They told us that visits would be assessed and low priority visits such as continence and skin assessment were sometimes postponed or cancelled. We asked the trust for information about the numbers of visits that were postponed but they were unable to provide us with this information.

- Nurses working at several locations in the North community teams told us they had raised concerns about the number of calls being missed by day staff due to the volume of work and large geographical area they covered. They also told us that missed day calls that were passed to the out of hours team often came back to them the following day because the out of hours team had not been able to attend them. The trust did not routinely record this information so we were unable to determine how frequently this occurred.

Are services responsive to people's needs?

Requires improvement ●

By responsive, we mean that services are organised so that they meet people's needs.

- Assessment to refer to the continence service was aimed to be achieved within three weeks; we saw delays of up to six months due to community nursing capacity.

- The trust did not have any quality indicators for monitoring the response times when patients are referred to the palliative care team. Data collected locally showed that in the South division, 67% of patients were seen by the palliative care team within 24-hours of referral. In the North division, response times were not monitored.

- During 2014/15 at the Haywood walk in centre and Leek Moorlands minor injury unit the target of treating and discharging, or transferring patients within 4-hours was consistently achieved.

- Data provide by the trust showed that approximately two-thirds of patients accessed sexual health services on a walk-in basis. The Department of Health Integrated Sexual Health Services, National Service Specification states that the maximum waiting time for patients should be 2-hours. The trust monitored clinic waiting times in the Leicester, South Staffordshire and Shropshire and Telford services. Data provided by the trust for these three areas showed that for the period May to October 2015, this target was consistently achieved. The trust does not routinely monitor clinic waiting times in North Staffordshire.

- Waiting times for access to some children's therapy services were variable. The target is for 95% of patients will to be seen within 18 weeks of referral. For example, waiting times targets for children's physiotherapy were achieved between April and August 2015, in two out of five months for patients on a non-admitted pathway and in one out of five months for patients on an incomplete pathway that have yet to be seen whose wait remains within 18 weeks.

Complaints handling and learning from feedback

- The trust had a complaints policy and a Patient Advice and Liaison Service (PALS). In addition, the trust had instigated the formation of an independent complaints panel. The panel made up of volunteer organisations review a representative number of complaints to scrutinise how the trust investigate and manage complaints. During 2014/15, the panel reviewed 25 complaints.

- Information regarding how to make a complaint was clearly displayed in every clinic and service area we visited.

- In the period 2014/2015, the trust received 203 formal complaints. Approximately half of all these complaints related to aspects of clinical treatment.

- During our inspection, we reviewed seven randomly selected complaint files. We noted responses to the complainant were comprehensive and addressed all the concerns raised. We noted apologies were provided where things had gone wrong.

- We noted that the actions taken following the investigation were appropriate but there was limited evidence of assurance that learning had been embedded in the area the complaint was made or that learning from complaints was more widely shared. When we spoke with staff, feedback on complaints was reported to be inconsistent.

Are services well-led?

Inadequate ●

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We have rated this provider as inadequate for well led. This is because:

- There was limited evidence that the medium and long-term strategy for the organisation had been articulated in a way that meant it could be communicated and understood by staff.

- Few staff we spoke with during the inspection understood the trust values.

- Some services lacked a specific strategy that articulated the detailed objectives and plans for the service, this meant some staff did not understand their role in contributing to the strategy.

- Governance arrangements were in place but were inconsistent and not well managed across the organisation. Managers were not taking action to mitigate significant issues that threaten the delivery of safe and effective care in community services for adults.

- There were not robust systems or processes to assess, monitor and improve the quality and safety of services.

- There was no credible statement of vision or strategy for end-of-life care services. Systems and processes to assess, monitor and improve the quality and safety of end-of-life care services were not sufficiently established or operated.

- Few of the issues identified during this inspection were reflected in the trust's risk register.

- Staff morale in community adult nursing services was low. Staff told us they felt despondent, demoralised, frustrated and let down by senior managers.

- The visibility of trust executives (other than the Chief Executive) and senior management was inconsistent.

- Results of the NHS Staff Survey reflected the issues we saw and heard from staff.

Our findings

Vision and strategy

- The trust's vision was, "To deliver personalised care of the highest quality with the best possible outcomes for users and carers empowering them to be independent". We found that most staff shared this vision and understood how it related to their service.

- The trust's values were 'quality, people and responsibility'. We asked staff what they understood about the values and what they meant to them in their provision of patient care. Very few of the staff we spoke with had heard of the values

- The board had articulated internally the medium and long-term strategy for the organisation and this was shared amongst senior executives. However, there was limited evidence that this had been shared and understood further down the organisation. Few staff we spoke with understood their role or contribution in achieving the overall strategy

- Individual services such as end-of-life-care and community services for children and young people lacked a specific strategy that articulated the ambitions of the service and identified to staff how it would develop.

- Staff felt more engaged locally but less so with the wider trusts identity. Staff were unclear of their individual contribution to achieving the trusts wider strategy and some staff felt uncertainty about the future of their services.

Governance, risk management and quality measurement

- Governance arrangements were in place but were inconsistent and not well managed across the organisation.

- We saw that governance systems did not always work well. In some areas we saw the absence of measurement of effectiveness and the lack of the "and so what" question. We saw failure to 'close the loop' on actions along with lack of learning from complaints and incidents in many areas across the organisation.

- Local managers in adult community services were aware of the challenges around staffing and meeting caseload demands. Staff had raised issues with managers and completed incident forms. However, problems persisted and this was having a significant impact on staff and patients. Many staff we met

Are services well-led?

Inadequate ●

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

frequently worked additional unpaid hours to meet the needs of patients; this was not being acknowledged or addressed by managers. There were no systems and processes in place to review and monitor the quality and effectiveness of patient care. There was no oversight of the planning and delivery of patient visits and systems for handover were not robust.

- We saw a number of failings in the delivery of and monitoring of end-of-life care. There were not robust systems or processes to assess, monitor and improve the quality and safety of end-of-life care services. There was not sufficient board level focus and no executive lead. Therefore, end-of-life care services were not given sufficient priority at board level.

- Staff in some critical areas (sexual health and children's services) had not received the required level of children's safeguarding training, despite there being national guidance published in 2014.

- We noted that throughout the inspection a number of trust policies were either out of date in in draft format. This did not provide reassurance that systems and processes had been fully implemented and audited to ensure they were embedded.

- Data showed that compliance with mandatory training across the organisation was variable. In some areas, mandatory training levels were around 60%, against a trust target of 90%.

- Data from the trust showed compliance of child protection and adult safeguarding training at level one but there was little oversight of training at levels two and three as required for specific groups of staff.

- The trust highlighted poor compliance with mandatory and appraisal on its risk register. However, this did not contain a comprehensive trust-wide strategy to achieve target levels.

- The trust risk registered contains 16 identified risks. All but one risk remained high risk after mitigation. Seven risks had been on the register for more than 12 months, two of which had been there for more than two years. Of all the risks identified, the mitigation applied by the trust was unable to change the overall risk rating for 12 risks. This meant that the trust were not effective in their mitigation and management of risk.

- Five identified risks related to factors outside the trust's direct control, such as commissioning, social care provision and regulation.

- With the exception of staffing in the community adult services, none of the issues identified during this inspection were reflected in the trusts risk register.

Leadership

- The trust chairman had recently left the organisation and the deputy chair was in an interim post at the time of our inspection. Our interview with him showed he had a clear understanding of the issues the organisation faced. We saw that the interim chairman was providing strong leadership to the trust and had a vision of how his new role would influence the delivery of care within the organisation.

- The Chief Executive was considered visible. Staff in the areas we visited acknowledged that the Chief Executive personally made efforts to visits teams and this was seen positively.

- The visibility of other trust executives and senior management was inconsistent. In areas where there were concerns, staff reported seeing senior managers whereas staff in other areas told us they had never seen senior management. Some staff told us they felt senior trust managers did not listen to them and were out of touch with their daily challenges.

- We saw some examples of good leadership at middle management level; however, this was not universally across the organisation. Poor oversight, poor delivery and lack of historical action on the concerns we have identified have meant risks to patients have gone unaddressed.

- Staff spoke positively about local leaders and told us they felt well supported by their team leaders and area managers.

Culture across the provider

- We found staff were hard working, caring and committed to the care and treatment they provided. They demonstrated a strong patient focused culture and were proud of the work they did.

Are services well-led?

Inadequate ●

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- All staff we spoke with said they felt confident about speaking up and raising concerns with their line managers. However, some local clinical leaders told us their voice was not heard by senior leaders in the trust.

- Staff morale in community adult nursing services was low. We consistently heard that community nursing staff felt despondent, demoralised, frustrated and let down by senior managers. Staff regularly worked over their contracted hours. They said the service relied on their good will to meet patients' needs.

- The chief executive had tried to create a culture of inclusivity. The Ambassador for Cultural Change role was developed to give staff an opportunity to raise issues and concerns directly but in a safe way. Some staff found this beneficial; however, many staff were uncertain of the benefits of the process because they thought it was "managed" by the organisation. The role worked in isolation and lacked a network to engage with the wider organisation.

- A number of whistle-blowers contacted CQC before and during the inspection. They raised concerns about attitude and approach to raising concerns and described a poor response from the leadership team to whistle-blowers. This reinforced the concerns raised staff we heard from in 2014, prior to our unannounced inspection.

- Staff we spoke with during the inspection felt the trust listened to them but did not consistently demonstrate they had responded. This left staff with a lack of closure.

- Staff who raised concerns with us described a lack of transparency and a belief that the senior management team was not responding seriously to concerns.

Fit and proper person requirement

- All board members were aware of the principles of the Fit and Proper Person test and were aware of their responsibilities.

- We reviewed a randomly selected sample of four executive director's personal files in relation to the Fit and Proper Person test. We found all the documentation to be satisfactory.

Public and staff engagement

- Every Friday the trust published a staff newsletter called "The Word". Staff told us that this covered the latest news, successes, achievements and developments happening across the trust. The Word was available on the intranet and some paper copies were printed to ensure all staff had access to it.

- The trust held regular "one vision" staff engagement events where staff could speak with senior managers. We found that while many were, not all staff were aware of these events. Staff who were aware and had attended spoke positively about the events, but many staff told us they would like to attend but could not be released to go to them due to their workload.

- The results of the 2014 NHS Staff Survey revealed that the trust performed worse than the national average for several areas including, job satisfaction, stress at work, motivation and structured appraisals. The trust performed better than the national average for support from immediate managers, pressure to attend work when unwell, and experiencing physical violence or harm from patients, relatives and staff.

- The 2015 NHS Staff Survey was published following our inspection, but covered the period leading up to and during the inspection of the trust. The data show the trust worse than the national position on key indicators such as work related stress; fairness and effectiveness of incident reporting; communication between staff and senior management; reporting abuse, harassment or bullying (which has worsened significantly since 2014).

- Approximately 50% of staff in both 2014 (50%) and 2015 (51%) would recommend the trust as a place to work. The national average for community trusts is 57% of staff recommending the trust as a place to work. This was consistent with the messages we heard from whistle-blowers before our 2014 inspection and also people who came to us during the 2015 inspection.

- In the 2015 survey, Staff motivation; support from immediate line managers; appraisal; patient/user feedback; opportunities for flexible working were all better than the national average.

- The trust used patient engagement events during consultations on service changes. For example, the trust met patients in specific group areas such as mosques and Sikh temples.

Are services well-led?

Inadequate 🔴

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Innovation, improvement and sustainability

- The Cultural Ambassador for Change role was an innovative approach to engaging with staff, however, it was not sustainable in its current format. For the trust to develop the concept, staff needed to feel more reassured about the impartiality of the process.

- We saw the use of coloured wristbands on dependant patients that identified their level of mobility and the level of observation required. This system was introduced on the wards at Leek Moorlands and had proved invaluable for the staff and therapists providing early recognition of a patient's ability. This process was being introduced in to other wards.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11 (1):** Care and treatment of service users must only be provided with the consent of the relevant person. **Staff were not acting in accordance with the Mental Capacity Act 2005 and there was poor understanding of its application amongst staff.** **The DNACPR documentation was poorly completed, varied in its completeness within inpatient wards and within community practice. Many care files contained no DNACPR Order although they had DNACPR review sheets being actively used.** **This meant that staff could not be assured that patients with a DNACPR continued to agree to the order being in place and they continued to have the capacity to agree to such an order. Staff could not be assured that patients living with dementia were consenting to care and treatment or that these decisions were being formally made in their best interest.**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (1) (2) (a) (b) (c):** (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to —

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

There were no systems and processes in place to review and monitor the quality and effectiveness of patient care. There was no oversight of the planning and delivery of patient visits and systems for handover were not robust.

Governance arrangements were in place but were inconsistent and not well managed across the organisation. Managers were not taking action to mitigate significant issues that threaten the delivery of safe and effective care in community services for adults.

There was no overall on-going vision or strategic overview of the service. No Board member was committed to taking strategic responsibility for end-of-life care services.

Systems or processes were not sufficiently established and operated to effectively ensure the trust was assessing, monitoring and mitigating the risks which arise from providing of end-of-life care services.

Regulated activity	Regulation

Requirement notices

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 (1) (2) (a) (b) (c):18—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

(2) Persons employed by the service provider in the provision of a regulated activity must —

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

(b) be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and

(c) where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.

The system for assessing staffing levels was ineffective, there were substantial staff shortages affecting the ability to provide care. Demand for community nursing visits routinely outstripped capacity, with visits regularly postponed or cancelled. Staff routinely worked extra hours to meet patient needs.

Patients who call the district nursing evening or overnight services were being put at risk as the trust had not made sufficient arrangements to ensure there were registered nursing staff available on all shifts. Escalation plans were unclear and inconsistent.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

Regulation 20 (1) (2) (3) (4):(1) Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

(2) As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a registered person must—

(a) notify the relevant person that the incident has occurred in accordance with paragraph (3), and

(b) provide reasonable support to the relevant person in relation to the incident, including when giving such notification.

(3) The notification to be given under paragraph (2)(a) must—

(a) be given in person by one or more representatives of the registered person,

(b) provide an account, which to the best of the registered person's knowledge is true, of all the facts the registered person knows about the incident as at the date of the notification,

(c) advise the relevant person what further enquiries into the incident the registered person believes are appropriate,

(d) include an apology, and

(e) be recorded in a written record which is kept securely by the registered person.

(4) The notification given under paragraph (2)(a) must be followed by a written notification given or sent to the relevant person containing—

(a) the information provided under paragraph (3)(b),

(b) details of any enquiries to be undertaken in accordance with paragraph (3)(c),

(c) the results of any further enquiries into the incident, and

(d) an apology.

This section is primarily information for the provider
Requirement notices

The trust did not promote a culture that encourages candour, openness and honesty at all levels, staff were not aware of or had limited knowledge of their responsibilities and were not fully engaging with the Duty of Candour process.