

Hertfordshire Community NHS Trust

Inspection report

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

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

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

Ratings

Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

Hertfordshire Community NHS Trust provides a range of health services for adults and children across Hertfordshire (population over 1.2 million people). Services are diverse and cover the full age spectrum from pre-birth to end of life and ranging from school nursing and health visiting for children and young people, to community nursing, diabetes services, rehabilitation in community hospitals, as well as other specialist services for adults and children. At the time of the inspection, the trust had 48 CQC registered services and employed approximately 2,000 staff in a variety of roles.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good   

What this trust does

Between October 2018 and September 2019, care was provided for 227,600 people in the community and over 2,100 people within inpatient units. The trust carried out around 846,500 home visits and a total of 1.6 million patient contacts. Staff provide care in people's homes, children's centres, local health centres, HMP The Mount, in acute hospitals and in community hospitals. Staff often work as part of multi-disciplinary and multi-agency teams delivering integrated care to patients and families.

During 2019, demobilisation of adult community services for Herts Valley Clinical Commissioning Group (CCG) commissioned services (excluding diabetes and the nutrition and the dietetic service) has been undertaken with transition of services to Central London Community Health NHS Trust from October 2019. In February 2020, the trust had a total of 68 inpatient beds across three locations, Danesbury Neurological Rehabilitation Unit, The Queen Victoria Memorial Hospital and Hertfordshire and Essex Community Hospital. All three sites were visited during our inspection.

Hertfordshire Community NHS Trust provides the following core services:

- Community adults
- Community inpatients
- End of life care
- Community dental
- Children and young people's services

The trust has 6 registered locations:

- Howard Court – Trust HQ
- Queen Victoria Memorial Hospital
- HMP The Mount
- Herts Special Care Dental Services
- Danesbury Neurological Rehabilitation Unit
- Hertfordshire and Essex Hospital

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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

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

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

What we inspected and why

We inspected the following community health service as part of our continual checks on the safety and quality of healthcare provision:

- Community Health Inpatient Services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed: Is this organisation well-led? We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

What we found

Our full inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website.

Overall trust

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

We rated safe as requires improvement, and effective, caring, responsive and well-led as good. We rated well-led for the trust overall as good.

During this inspection we did not inspect community health services for children, young people and families, community health services for adults, community end of life or community health dental services. The ratings we published following the previous inspections are part of the overall ratings awarded to the trust this time.

Are services safe?

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

- Staff at the Herts and Essex Community Hospital did not always administer medicines in line with best practice.
- Staff did not effectively communicate whether one patient required barrier nursing. Therefore, staff were unclear how to effectively care for this patient.
- The trust generally had suitable premises and equipment and looked after them well. However, some buildings were old and in need of refurbishment.
- All staff did not have knowledge or easy access to the trust's standard operating procedure for the escalation of care and treatment for the deteriorating patient including sepsis.
- Staff at Danesbury did not regularly check the temperatures of the sample fridge which stored urine, faecal and blood samples.
- Staff could not easily access laboratory tests or x-ray results at Queen Victoria Memorial Hospital or Danesbury.

Summary of findings

- Staff used standard templates for care plans that could be edited by nurses to apply to individual patients. However, nurses did not consistently edit documents which meant that patients' care plans were not always updated according to the changing individualised needs of the patients.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

Are services effective?

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. However, staff at Queen Victoria Memorial Hospital did not consistently record improvements to patients' pain levels post analgesia.
- Staff monitored the effectiveness of care and treatment.
- Staff were in receipt of regular supervision.
- All those responsible for delivering care worked together as a team to benefit patients.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment.

However:

- Staff had not ensured that historical patient records were secured at the Queen Victoria Memorial Hospital.
- Not all staff received an appraisal in line with the trust's target of 90%.

Are services caring?

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

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

Are services responsive?

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

- The service planned and provided care in a way that met the needs of local people and the communities served.

Summary of findings

- The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received

However:

- Patient dignity was not always maintained when patients required assistance with personal needs. Staff did not always respond to call bells in a timely way. Patients and carers at Queen Victoria Memorial Hospital and Herts and Essex Community Hospital gave seven examples of occasions when they had to wait for staff to respond to call bells so they could be supported with their personal needs.

Are services well-led?

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

- The trust had managers and senior leaders at all levels with the right skills, knowledge and experience to run a service providing high quality sustainable care.
- The trust board had the appropriate range of skills, knowledge and experience to perform its role. Board members modelled leadership behaviours and demonstrated the values of the organisation.
- Senior leaders were very visible across all parts of the trust. Staff spoke highly of local leadership within the trust and felt supported by them.
- The trust board and senior leadership team displayed integrity on an ongoing basis. The trust board were proud of the work of their organisation and were actively working across the wider health community.
- The trust had structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures.
- The trust was actively engaged in collaborative work with numerous external partners across the health and social care sector as well as local voluntary and community partners.
- The trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt supported, respected, and valued and felt proud to work for the organisation.
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements.
- The trust had a robust process for reviewing deaths. This had improved since our last inspection.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with secure safeguards.
- The trust had taken an innovative approach to involvement of all staff in continuous quality improvement.
- Appropriate and robust arrangements were in place for safeguarding.
- The trust had made significant improvements to the monitoring of medical equipment/devices.

However:

Summary of findings

- We considered that the organisation had not been sufficiently strategic to date and lacked several strategies in a joined-up manner. The trust did not have a financial strategy, workforce strategy or equality and diversity strategy. The trust was sighted on this issue and working towards implementation to address these shortfalls.
- The trust did not have a patient experience strategy. The absence of a strategy, embedding measures, values and strategic aims owned by the board, demonstrated a failure to place the patient or carer agenda at the heart of the board's priority. We considered that the performance of this area of service delivery could not be adequately measured.
- The trust did not have a current executive director for workforce / people on the trust board. There was a risk that achievement of the overall trust strategy related to workforce would be impinged by this omission.
- The organisation was at the start of its journey of establishing equality and diversity networks and groups across all protected characteristics. Progress in this area was disappointingly slow.
- The trust had recently reviewed its governance structure to oversee performance, quality and risk, with board members represented across committees. However, we found a lot of cross over between committees and a couple of key people holding a lot of responsibility. The trust had review mechanisms planned.
- Whilst the trust ensured risk registers had oversight and maintenance of high-level risks, we considered capacity following recent corporate restructuring to enable equity of oversight of low-level risks could benefit from review.
- The trust had a three-tier approach to quality improvement. However, it was not clear if the executives had sufficient oversight of productivity, improvement and efficiency schemes.

Ratings tables

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

Outstanding practice

We found an area of outstanding practice within the community inpatient services and for the trust's safeguarding team.

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

Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found fourteen things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of three legal requirements in one core service.

For more information on action we have taken, see the sections on areas for improvement and regulatory action.

Summary of findings

What happens next

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

Outstanding practice

In the community inpatient services, we were particularly impressed by the impact of the work undertaken by staff working as 'progress chasers'. We observed several occasions where their input had enabled quick resolutions, for example, to patients' care package requirements. They worked effectively across the multidisciplinary team to support all disciplines. Staff we spoke with told us their work was invaluable and allowed clinical staff the time to concentrate on direct care activities with patients. We were shown examples where their input within the multidisciplinary team had very positive impact on patient care.

The knowledge and practice of the safeguarding leads was exemplary. Lead nurses were effective leaders and had well established and proactive partnership working with other health and non-health agencies, for example, the local mental health and acute trusts, clinical commissioning groups, fire and rescue, police, local authority and social care, and fully contributed to the wider national agendas. We were shown many examples where the trust safeguarding leads had either implemented, improved upon or supported safeguarding initiatives both within and outside of Hertfordshire. Feedback from stakeholders was very positive.

Areas for improvement

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

We told the trust that it must take action to bring services into line with three legal requirements. This action related to the community health inpatient service.

Action the trust **MUST** take to improve

- The trust must ensure staff follow the medicines management policy in relation to the safe administration of medicines. (Regulation 12 – safe care and treatment).
- The trust must ensure managers have oversight of supervision of staff to ensure compliance with the trust target. (Regulation 18 – staffing).
- The trust must ensure that staffing levels are sufficient to ensure patient call bells can be answered in a timely way. (Regulation 10 – dignity and respect).

Action the trust **SHOULD** take to improve

Overall Trust

- The trust should ensure it completes the implementation of strategies to address workforce, equality and diversity, patient experience and finances. (Regulation 17 – good governance).
- The trust should ensure it reviews and implements systems, processes and strategy for patient and carer engagement and involvement. (Regulation 17 – good governance).

Summary of findings

- The trust should ensure it implements appropriate equality and diversity network groups across all protected characteristics. (Regulation 17 – good governance).
- The trust should ensure it continues to review its governance structures to oversee performance, quality and risk and ensure these are working effectively. (Regulation 17 – good governance).
- The trust should ensure that oversight of low-level risks is sufficient to offer assurance. (Regulation 17 – good governance).
- The trust should ensure that executives have sufficient oversight of productivity, improvement and efficiency schemes (PIES). (Regulation 17 – good governance).

Community Inpatient Services:

- The trust should ensure all staff are knowledgeable of the standard operating procedure for the escalation of care and treatment for the deteriorating patient including sepsis and know how to access it. (Regulation 12 – safe care and treatment).
- The trust should ensure staffing numbers are appropriate to clinical demands. (Regulation 12 – safe care and treatment).
- The trust should ensure staff regularly check the temperature of the sample fridge to maintain the safety of samples. (Regulation 12 – safe care and treatment).
- The trust should ensure the environment at Queen Victoria Memorial Hospital is maintained. (Regulation 15 – premises and Equipment).
- The trust should ensure call bell audits are monitored to ensure staff are attending to the needs of patients in a timely way. (Regulation 17 – good governance).
- The trust should ensure all staff are competent and confident in using the electronic record system correctly. (Regulation 17 – good governance).
- The trust should ensure all staff complete mandatory training in accordance with the provider's target. (Regulation 18 – staffing).
- The provider should ensure all staff receive an annual appraisal. (Regulation 18 – staffing).

Is this organisation well-led?

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

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care. There had been a number of new appointments for executive directors and two new non-executive directors appointed.

Summary of findings

- The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience. The trust board consisted of the chief executive officer, the chair, five non-executive directors and five executive directors. It was acknowledged that the board had gone through a period of change and many of the executive directors were relatively new in post. Therefore, a period of transition was expected.
- The trust board had the appropriate range of skills, knowledge and experience to perform its role. Board members modelled leadership behaviours and demonstrated the values of the organisation. Non-executive directors were highly experienced with strong operational input. The board had an appropriate level of operational and financial experience and expertise across both non-executive directors and executives.
- Senior leaders were very visible across all parts of the trust. Staff spoke highly of local leadership within the trust and felt supported by them
- The trust board and senior leadership team displayed integrity on an ongoing basis. The trust board were proud of the work of their organisation and were actively working across the wider health community. Leadership development opportunities were available, including opportunities for staff below team manager level.
- The trust had structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures.
- The trust was actively engaged in collaborative work with numerous external partners across the health and social care sector as well as local voluntary and community partners. The trust's engagement with other healthcare organisations and professionals in the STP was good and showing an improving picture.
- The trust promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values. Staff felt supported, respected, and valued and felt proud to work for the organisation.
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements.
- The trust had a robust process for reviewing deaths. This had improved since our last inspection.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with secure safeguards.
- The trust had taken an innovative approach to involvement of all staff in continuous quality improvement.
- Appropriate and robust arrangements were in place for safeguarding both internally and externally with formal sub-contractors. The trust had well established processes, procedures and policies to ensure staff understood their responsibilities and took action when needed. We considered the knowledge and practice of the safeguarding leads to be exemplary.
- The trust had made significant improvements to the monitoring of medical equipment/devices. Compliance and oversight were now seen as robust, providing assurance that equipment was now regularly maintained and safe for use

However:

- We considered that the trust had not been sufficiently strategic to date and lacked several strategies in a joined-up manner. The trust did not have a financial strategy, workforce strategy or equality and diversity strategy. The trust was sighted on this issue and working towards implementation to address these shortfalls.

Summary of findings

- The trust did not have a patient experience strategy. The absence of a strategy, embedding measures, values and strategic aims owned by the board, demonstrated a failure to place the patient or carer agenda at the heart of the board's priority. We considered that the performance of this area of service delivery could not be adequately measured.
- The trust did not have a current executive director for workforce / people on the trust board. There was a risk that achievement of the overall trust strategy related to workforce would be impinged by this omission.
- The trust was at the start of its journey of establishing equality and diversity networks and groups across all protected characteristics. Progress in this area was disappointingly slow.
- The trust had recently reviewed its governance structure to oversee performance, quality and risk, with board members represented across committees. However, we found a lot of cross over between committees and a couple of key people holding a lot of responsibility. The trust had review mechanisms planned.
- Whilst the trust ensured risk registers had oversight and maintenance of high-level risks, we considered capacity following recent corporate restructuring to enable equity of oversight of low-level risks could benefit from review.
- The trust had a three-tier approach to quality improvement. However, it was not clear if the executives had sufficient oversight of productivity, improvement and efficiency schemes.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020	Good ↔ May 2020

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019
Community health services for children and young people	Good →← Oct 2016	Good →← Oct 2016	Good →← Oct 2016	Good →← Oct 2016	Good →← Oct 2016	Good →← Oct 2016
Community health inpatient services	Requires improvement →← May 2020	Good →← May 2020	Good →← May 2020	Requires improvement ↓ May 2020	Requires improvement →← May 2020	Requires improvement →← May 2020
Community end of life care	Good →← Jan 2019	Requires improvement →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good →← Jan 2019
Community dental services	Good →← Oct 2016	Good →← Oct 2016	Outstanding →← Oct 2016	Good →← Oct 2016	Good →← Oct 2016	Good →← Oct 2016

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

Community health inpatient services

Requires improvement   

Key facts and figures

The trust provides community inpatient services at three locations: Danesbury, Queen Victoria Memorial Hospital and Herts and Essex Community Hospital.

Danesbury Neurological Rehabilitation Unit has 18 neurological rehabilitation beds. Care is provided by specialist physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists and nurses. The maximum length of stay is 42 days.

The intermediate care unit at Queen Victoria Memorial (QVM) is situated in Hertfordshire and the site is shared with Danesbury. The unit provides 22 beds for rehabilitation and reablement, usually following a stay at a local acute trust.

The Rehabilitation unit at Herts and Essex Community Hospital has 28 beds between two wards, Oxford and Cambridge. Four of these beds are designated Stroke Rehabilitation beds that are supported by the East & North Herts Early Supported Stroke Discharge Team. The unit caters for patients who need rehabilitation following their stay in an acute setting or need extra support from the community.

The unit has its own occupational therapy and physiotherapy team with a gym and occupational therapy assessment room. The anticipated length of stay differs from patient to patient depending on their individual needs. On average patients can expect to be on the unit for 19 days.

The trust also provided community inpatient services at several other locations which are now run by other providers. These services were transferred on 1 October 2019. Details of these locations are shown below:

We carried out this unannounced inspection 17 – 21 February 2020. During the inspection, we spoke with 35 staff of various grades including service leads, matrons, therapy managers, ward sisters, nurses, student nurses, therapists, doctors and housekeeping staff. We spoke with 11 patients and 17 relatives, observed care and treatment and looked at 26 patients' records and 29 patients' prescription charts. We also looked at 15 do not attempt cardio pulmonary resuscitation records.

The service was last inspected in September 2018 and the report was published in January 2019. The community inpatient service was rated requires improvement for safe, good for effective, caring and responsive and requires improvement for well-led. Areas for improvement found included:

Ensuring the trust follows its medicines management policy in relation to the safe handling of medicine including supply, storage, administration, handling and recording.

Prescribe for patients the right drugs, by the right route in the right dosage at the right time.

During this inspection, we looked at the changes and considered any progress that had been made within the community inpatient services.

Summary of this service

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

Community health inpatient services

- Staff did not always administer medicines in line with best practice at Herts and Essex Community Hospital. Staff had not administered or did not record 33 doses of a variety of medicines as being administered. We raised this concern during the inspection and managers took immediate action including a harm review and detailed action plan. The harm review demonstrated that, of the 33 omitted medication doses, 29 resulted in no harm, 3 resulted in potentially low harm and 1 in potentially moderate harm.
- Staff at Queen Victoria Memorial Hospital did not consistently record improvements to patients' pain levels post analgesia. This had been identified during an audit of the pain tool assessments completed at Queen Victoria Memorial Hospital. Staff were working on improving post analgesia recording. Staff did not effectively communicate whether one patient required barrier nursing. Therefore, staff were unclear how to effectively care for this patient.
- At the Queen Victoria Memorial Hospital and Herts and Essex Community Hospital, staff did not always respond in a timely manner in order to maintain patients' dignity when requiring assistance with personal needs. Staff did not always respond to call bells in a timely way. Patients and carers at Queen Victoria Memorial Hospital and Herts and Essex Community Hospital gave seven examples of occasions when they had to wait for staff to respond to call bells so they could be supported with their personal needs. Three patients relayed occasions when they had accidentally soiled themselves due to waiting too long for staff to respond to call bells. Patients and carers told us that there was not enough staff to attend to them in a timely way, although when staff did attend to help them with their personal needs, they maintained privacy and dignity.
- The service did not always have enough nursing staff. Staff shortages were a known concern. Over 13 days between 14 and 26 February 2020, there were multiple shifts, across sites, where staffing fell below 80%. The service did not report any incidents of harm due to staff shortages.
- While the service provided mandatory training in key skills to staff, not all allied health professionals and nursing staff at Queen Victoria Memorial Hospital and Herts and Essex Community Hospital had completed all the required mandatory training. Staff did not always record supervision on the electronic database. Local managers kept records for their teams, but were no longer required to report compliance rates. We were therefore unclear how the trust had oversight of the frequency of supervision provided to staff. Not all staff received an appraisal in line with the trust's target of 90%.
- The environment at Queen Victoria Memorial Hospital required renovation. We observed chipped paintwork, exposed pipes, vermin traps and a staff toilet sink had twist taps which did not allow staff to ensure effective hand hygiene. Historical policies and old patient records were left out in the ward area where staff sat at Queen Victoria Memorial Hospital. We were concerned of the risk to patient confidentiality and the risk of staff unfamiliar with the service referring to out dated policies to guide them with clinical care.
- Staff used standard templates for patient care plans on the electronic system but did not consistently edit care plans to indicate changing individualised needs. All staff did not have knowledge or easy access to the trust's standard operating procedure for the escalation of care and treatment for the deteriorating patient including sepsis. We were concerned of the risk this posed to patients if staff were not responding to patients' deteriorating health in line with the trust's procedure.
- Staff at Danesbury did not regularly check the temperatures of the sample fridge which stored urine, faecal and blood samples. We were not assured of the safety of the samples. Staff could not easily access laboratory tests or x-ray results at Queen Victoria Memorial Hospital or Danesbury. The trust was liaising with local acute hospitals to improve access.
- Leaders did not have sufficient oversight of issues of concern that we identified during the inspection. For example, managers had not ensured effective monitoring of medication administration at the Herts and Essex Hospital. At the Herts and Essex Community Hospital and Queen Victoria Memorial Hospital, call bell audits were not being completed and monitored effectively to ensure patients were not waiting for long periods of time to have their needs

Community health inpatient services

attended to. At all locations, managers had not responded to shortfalls in staffing establishments for 13 days in February. At all locations, whilst ward managers kept lists of staff compliance with supervision, there was no senior oversight of supervision compliance for staff. Managers had not ensured all staff across all locations completed training or received an appraisal.

Is the service safe?

Requires improvement ● → ←

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

- Staff at the Herts and Essex Community Hospital did not always administer medicines in line with best practice. Staff had not administered or did not record 33 doses of a variety of medicines as being administered. We raised this concern during the inspection and managers took immediate actions including a harm review and detailed action plan.
- Staff did not effectively communicate whether one patient required barrier nursing. Therefore, staff were unclear how to effectively care for this patient.
- While the service provided mandatory training in key skills to staff, not all allied health professionals and nursing staff at Queen Victoria Memorial Hospital and Herts and Essex Community Hospital had completed all the required mandatory training.
- The trust generally had suitable premises and equipment and looked after them well. However, some buildings were old and in need of refurbishment. We observed chipped paintwork, exposed pipes, vermin traps and a staff toilet sink with twist taps, which did not allow staff to ensure effective hand hygiene at Queen Victoria Memorial Hospital.
- All staff did not have knowledge or easy access to the trust's standard operating procedure for the escalation of care and treatment for the deteriorating patient including sepsis. We asked several staff across all sites for the sepsis pathway they used if a patient was deteriorating. Staff were not aware of one, could not find one on the intranet and two staff were using a protocol from a different trust. We were concerned of the risk this posed to patients if staff were not responding to patients' deteriorating health in line with the trust's standard operating procedure.
- Staff at Danesbury did not regularly check the temperatures of the sample fridge which stored urine, faecal and blood samples. Staff did not record checks for three dates in February 2020, three dates for January 2020 and ten dates for December 2019. There were multiple occasions of high temperature ranges above 12 Celsius. We were not assured of the safety of the samples.
- Staff could not easily access laboratory tests or x-ray results at Queen Victoria Memorial Hospital or Danesbury. The trust was liaising with local acute hospitals to improve access.
- Staff used standard templates for care plans that could be edited by nurses to apply to individual patients. However, nurses did not consistently edit documents which meant that patients' care plans were not always updated according to the changing individualised needs of the patients.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Community health inpatient services

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Overall, staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. However, staff at Queen Victoria Memorial Hospital did not consistently record improvements to patients' pain levels post analgesia. This had been identified during an audit of the pain tool assessments completed at Queen Victoria Memorial Hospital. Staff were working on improving post analgesia recording.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff were in receipt of regular supervision. Staff did not always record supervision electronically, however managers kept local records for their teams.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Staff had not ensured that historical patient records were secured at the Queen Victoria Memorial Hospital. Patient records and old trust policies were left in a staff area. We were concerned of the risk to patient confidentiality and the risk that staff unfamiliar with the service might refer to out dated polices to guide them with clinical care.
- Not all staff received an appraisal in line with the trusts target of 90%.

Community health inpatient services

Is the service caring?

Good   

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

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

Is the service responsive?

Requires improvement  

Our rating of responsive went down . We rated it as requires improvement because:

- Staff did not always respond to call bells in a timely way. Patients and carers at Queen Victoria Memorial Hospital and Herts and Essex Community Hospital gave seven examples of occasions when they had to wait for staff to respond to call bells so they could be supported with their personal needs. Three patients relayed occasions when they had accidentally soiled themselves due to waiting too long for staff to respond to call bells. Patients and carers told us that there was not enough staff to attend to them in a timely way. However, when staff did attend to help them with their personal needs, they maintained privacy and dignity.

However:

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

Is the service well-led?

Requires improvement   

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

- Some staff were unable to complete mandatory training or receive an appraisal. Although staff said they were receiving supervision, they were not consistently recording this as being completed. This meant the trust did not have an oversight of the numbers of staff that had regular supervision to support their practice.

Community health inpatient services

- At the Herts and Essex Community Hospital, managers did not have an oversight of medication administration which was an issue found at the last inspection in January 2019. Staff did not administer or did not record 33 doses of a variety of medicines as being administered to patients. Managers have since devised an action plan to address the issue around medication management and have commenced a harm review to assess the level of harm to patients this may have caused.
- We were concerned about the oversight of call bell audits by managers in ensuring call bell audits were being completed and being completed correctly. Managers have since devised an action plan to re-commence call bell audits.
- Managers had completed a nursing establishment review of all three hospital sites in November 2019, which indicated that just Herts and Essex Community Hospital's establishment would increase. Although managers were reviewing and recording staffing regularly, the trust's safe staffing tool for all sites showed a shortfall where staffing fell below 80% over 13 days for multiple shifts between 14 February 2020 and 26 February 2020. The trust did report any incidents of harm as a result, but we were not assured of the trust's oversight and response to their safe staffing tool.

However:

- Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Outstanding practice

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

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Our inspection team

Kathryn Mason, head of hospital inspection led this inspection and an executive reviewer, Carolyn White, non-executive director Nottinghamshire Healthcare NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included two inspection managers, four inspectors, one expert by experience, and five specialist advisors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.