

# Gloucestershire Care Services 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 rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

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

Gloucestershire Care Services NHS Trust (GCSNHST) is the main provider of NHS funded community health and care across Gloucestershire. Gloucestershire covers 1045 square miles and is made up of the large urban communities of Gloucester and Cheltenham, sitting within a largely rural community from the Forest of Dean to the Cotswolds. The trust was established in 2012 as part of the transforming community services programme and is commissioned by Gloucestershire clinical commissioning group.

GCSNHST provides services to around 600,000 people. During 2016-17 the trust had approximately 1.4 million contacts with patients – which equates to an average of over 3,800 people every day.

The trust has 196 inpatient beds, 31 day case beds and conducts 487 outpatient clinics per week and employs approximately 2,700 staff (1640.50 contracted WTE). The services are delivered at or from;

One management and administrative base,

- Edward Jenner Court

Seven community hospitals including seven, minor injury units,

- Cirencester Hospital
- Dilke Memorial Hospital
- Lydney and District Hospital
- North Cotswolds Hospital
- Stroud General Hospital
- Tewkesbury Community Hospital
- Vale Community Hospital

Two acute hospitals in the county owned and run by Gloucestershire Hospitals NHS Foundation Trust,

- Cheltenham General and
- Gloucestershire Royal Hospital,

In addition, services are provided from five dental clinics, three community clinics, one hub and a medical centre across the county.

Gloucestershire Care Services NHS Trust is registered to carry on the regulated activities of

- personal care
- treatment of disease, disorder or injury
- surgical procedures
- diagnostic and screening procedures
- family planning services
- termination of pregnancies

The trust's services are mainly commissioned by NHS Gloucestershire CCG covering the local authorities of Gloucester, Cheltenham, Tewkesbury, Stroud, North Cotswolds, South Cotswolds and by Gloucestershire County Council.

# Summary of findings

## Overall summary

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

## What this trust does

GCSNHST manages seven community hospitals and provides a range of community nursing, therapy and specialist services including health visiting, school nursing and speech and language therapy services for children.

GCSNHST also provides a number of specialist services including sexual health, heart failure, community dentistry, diabetes, intravenous therapy, tissue viability and community equipment, a number of integrated health and social care services including reablement teams and locality referral centres.

The trust delivers services in peoples' homes, community clinics, outpatient departments, community hospitals, schools and GP practices. They provide in-reach services into acute hospitals, nursing and residential homes and social care settings. Services are provided at five dental clinics, three community clinics, one hub and a medical centre across the county.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Based on current intelligence and feedback from stakeholders, the inspection team decided that the following four of seven core services would be inspected:

- Urgent and emergency care
- End of life care
- Community adults
- Community inpatients (safe domain only),

The information that supported this decision included for example

In urgent and emergency care because

- The service was rated requires improvement overall in 2015. Key mandatory training completion rates had not been met for this core service and significant numbers of complaints (22%) involved urgent and emergency care. The trust had also acknowledged the need to develop new models of care to better manage demand in urgent care services.

# Summary of findings

In end of life care because

- The service was rated requires improvement overall in 2015. Key mandatory training completion rates had not been met for this core service. Also in 2016-17 the service only partially achieved a programme with commissioners for quality and innovation (CQuIN 3). The CQuIN was to enhance the availability of evidence-based, safe, timely and person-led end-of-life care for people cared for by community nurses, and increase staff's access to corresponding training opportunities.

In community adults because

- The service was rated requires improvement overall in 2015. There were a high number of incidents (38% of the total National Reporting and Learning System (NRLS) and the strategic executive information system (STEIS) data) and the highest number of duty of candour instances required, including the reported incidence of acquired pressures ulcers across community and inpatient services and falls in inpatient wards.
- The trust also planned to transfer more care from hospital to home in the context of increasing demand and cost improvement pressures across the health and social care system.
- The need to recruit and develop staff, with particular challenges associated with Band 5 nursing vacancies and introducing new roles.
- The need to complete annual personal development reviews and mandatory training.
- Some operational services continued to find the eight week referral to treat (RTT) target challenging (MSK and ICT therapy services).

In community inpatients (we inspected the safe domain only) because.

- The high number of incidents (57% of NRLS and STEIS data).
- The regular high bed occupancy in the community hospitals 96.4% 2017/18 YTD and plans for the trust to agree and recommend to the Board a revision of accepted bed occupancy level from a national best practice recommendation of 85% and a contracted level of 90% to 92%,

We also inspected community dentistry following a concern raised.

## Overall trust

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

We inspected four of the trust's seven core services and rated them as good during this inspection. We rated safe, effective, caring and well-led as good. In rating the trust, we took into account the current ratings of the three services not inspected this time. Responsive therefore remained as requires improvement.

We rated well-led as good because:"

- The trust had an experienced executive and non-executive director and senior leadership team with the skills, abilities, and commitment to lead the delivery of high-quality services. The leadership team recognised the training needs of leaders and managers at all levels, including themselves, and worked to provide development opportunities for deputies ensuring leadership succession.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to ensure staff at all levels understood them in relation to their daily roles.
- The trust strategy was directly linked to the vision and values of the trust, local sustainability and transformation plans and the joint work with local mental health foundation trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and work with the local mental health trust.

# Summary of findings

- There was a clear five-year quality strategy for the period 2014-19. There were strategic objectives which described the principle aims that the organisation aspired to achieve in 2016-17 and plans for implementation of the 2017-18 priorities to provide high-quality care with financial stability.
- Non-executive directors visited all parts of the trust on a three monthly basis and fed back to the board to discuss issues staff faced and challenged directors appropriately.
- The trust had a clear board assurance framework and structure for overseeing performance reports, quality and risk which enabled oversight of issues facing the service and it responded when issues in service were identified.
- The performance reports included quantitative and qualitative data about the services, which non-executive and divisional leads challenged appropriately.
- The trust was committed to improving services by learning from when things go well and when they went wrong, promoting training, research and innovation and it enabled divisions to share learning across the trust.
- The trust included and communicated effectively with patients, staff, the public, and local organisations. It supported divisions to develop their own communication and engagement strategies and encouraged staff to get involved with projects affecting the future of the trust.
- The trust recognised the risks created by the introduction of new information technology systems in the services. Staff managed these risks well at service level.
- We saw improvement to the supervision and leadership arrangements within the minor injury and illness units. There was evidence of high levels of respect between staff and passionate and knowledgeable managers who motivated their staff and made them feel valued. Staff told us how their working lives had improved as a result of changes.
- Board members recognised there were staff shortages in some community services and innovative measures had been taken to improve recruitment in community adults and other areas of the trust.
- The trust recognised that patients could not always access all services when they needed it. Some services were not always achieving targets for receiving treatment including musculoskeletal physiotherapy and musculoskeletal assessment and treatment services. The services were reviewing their waiting lists daily and implementing actions to improve performance.

However:

- Black and minority ethnic staff (BME) we spoke with felt the trusts efforts at enabling opportunities for them to be engaged needed to be better to properly recognise what it meant to individual and groups of BME staff in the service. Board members recognised that work was required to improve staff diversity and equality across the trust and at board level and had plans to engage staff better in 2018.
- Not all staff were trained in the safety systems, processes and practices to keep patients safe in community adults, community inpatients and urgent care. Strategies had been implemented to improve compliance with mandatory training including online training workshops and the appointment of training and development nurses to facilitate local training at community hospital locations.
- Not all staff had received an appraisal on time and some were given late.

## Are services safe?

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

### **In community adults**

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

# Summary of findings

- The service provided mandatory training to all staff, which included courses on patient safety. Managers and staff had oversight of what training was completed, due for completion and those which were overdue.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept themselves, equipment and the premises clean and audited practice across all services to monitor performance.
- Most premises and equipment were suitable and well maintained. There was good availability of specialist equipment and any repairs were dealt with promptly.
- Comprehensive risk assessments were carried out for patients and risk management plans had been developed. Appropriate actions were taken following assessments to reduce the possibility of patients suffering any avoidable harm.
- Community adults staffing levels and skill mix were planned and reviewed to ensure patients received safe care and treatment at all times. There were staff shortages, due to vacancies, in some services but associated risks were being addressed with effective caseload management, additional recruitment and bank staff.
- All of the records we reviewed were clear, up-to-date and available to all staff providing care. The records we reviewed also contained all relevant risk assessments and had been completed within 24 hours of a patient visit.
- The service prescribed, administered, recorded and stored medicines appropriately which was aided by the presence of non-medical prescribers in a number of services.
- Staff collected safety information and teams shared it. The service used this information to improve the service for example, to reduce the amount of pressure ulcers occurring throughout community services.
- Staff recognised incidents and reported them appropriately. 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.

However;

- Despite a comprehensive mandatory training programme available to staff the trust target for completion of mandatory training had not been met. Data provided before and after our inspection showed community adult services had not achieved the trust target of 92%.
- Whilst most equipment was suitable and well maintained, the systems for monitoring equipment and servicing did not always ensure equipment was safe for use in all localities and services.
- Poor record keeping practice across some services had been reported in an audit carried out between September 2016 and August 2017. An action plan for improving these issues had been implemented and a subsequent audit reported practice had improved.

## **In urgent care**

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

- Since our last inspection the trust had continued to deliver a number of training courses in the care and treatment of adults and children. This gave staff confidence they were providing a high standard of care.
- Systems and processes were in place to ensure the safeguarding of children and vulnerable adults.
- The clinical spaces were clean, well-maintained, spacious and well-lit. They ensured patient dignity and privacy was respected. The units made specific provision for children, including toys to distract children while they received treatment and to alleviate distress.

# Summary of findings

- Checks were carried out on equipment and it was safe to use.
- Monitoring tools were in place and pathways for the identification and treatment of sepsis were well understood.
- The triaging system introduced since our last inspection ensured patients were treated in order of clinical priority and the most unwell patients were treated without delay. Patients were triaged by a suitably trained clinician.
- Since our last inspection, a system for safe staffing levels and the skill-mix of staff had been introduced. This worked alongside a clear escalation process that helped service leads decide when a safe service could not be provided and the unit should be closed.
- Medicines were stored and managed in a way that kept people safe with clinical protocols that were clear and accessible. Medicines were checked regularly and stored securely and at the right temperatures.
- Since our last inspection, the culture had improved around the reporting of incidents. Staff understood why incident reporting was important and understood how it could improve patient care.

However:

- Mandatory and some essential training attainment were below target. For example fire safety, resuscitation (level two), safeguarding, infection prevention and control, safeguarding and the Mental Capacity Act.
- Standards of hygiene were not always maintained in line with trust policy. On some days, daily cleaning and equipment checks were not recorded as complete, beds not wiped down and a lack of consistency around the cleaning of toys.
- Sluices containing hazardous materials were sometimes left unlocked and accessible to patients.
- Audit of the standard of record keeping within the units required improvement. However, the records we reviewed were well-completed.
- Patients in Cirencester and Tewkesbury were not in direct line of sight by staff whilst they were waiting for treatment. The trust had mitigated risk to patients through intentional rounding, which involved checks every 30 minutes on patients waiting to be seen.

## End of life care

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

- The service provided mandatory training for all staff. There was a comprehensive mandatory training programme, which included courses around patient safety. End of Life training was not mandatory but was covered on the trusts induction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and were able to describe how they would make a safeguarding referral.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Most staff used control measures to prevent the spread of infection and audited practice across all services to monitor performance.
- Most premises and equipment were suitable and well maintained. Equipment was readily available and any repairs were dealt with promptly.
- The systems for monitoring equipment and servicing due dates ensured equipment was safe for use in community hospitals and patient's own homes.



# Summary of findings

- Comprehensive risk assessments were carried out for patients and appropriate plans were developed which ensured staff delivered safe care and treatment.
- Staff kept appropriate records of patients' care and treatment. All of the records we reviewed were up-to-date and available to all staff providing care. The Shared Care record was kept with the patient for use wherever the patient was receiving care. We saw contemporaneous records were made of the end of life template on the electronic patient record.
- Medicine management was safe. Staff ensured medicines were prescribed, administered, recorded and stored appropriately. The use of non-medical prescribing meant patients got their medication without delay
- Openness and transparency about safety issues was encouraged. Staff understood their responsibilities to raise concerns and report incidents. Patient safety incidents were reported appropriately and investigated.
- When something went wrong, there was appropriate investigation and any learning was shared across the trust.

However;

- Some specialised equipment was not readily available to the Palliative Care Occupational Therapists.
- The trust target for completion of mandatory training had not been met. Data provided before and after our inspection showed services had achieved 83% of staff completing mandatory training which was below the trust target of 92% of all staff completing each training module.
- The service did audit completion of records specific to end of life care, and so could not be assured that these were being completed effectively.

## Community inpatients

Our rating of safe remained as requires improvement. We rated it as requires improvement because

- Not all staff were trained in the safety systems, processes and practices to keep patients safe. Compliance with some mandatory courses was particularly low. For example, infection prevention and control, moving and handling level 1 and level 2, resuscitation level 2 and level 3, safeguarding children level 2.
- Nursing staff vacancies at some of the community hospital inpatient locations were impacting upon senior nurse time to complete managerial tasks and training opportunities. There were gaps in therapy staffing on the inpatient wards and the intermediate care unit, particularly occupational therapy.
- Nurses administered some medicines without a prescription and without appropriately signed off patient group directives. Not all hospitals used fail-safe methods for the administration of oxygen therapy.
- Nursing staff did not consistently follow protocols to prevent cross-infection from use of equipment cleaning checklists for clinical equipment were not reliably completed and 'I am clean' stickers were not always visible.
- The design and use of equipment did not always keep patients safe. There was a risk of cross infection healthcare associated infection because the workstations on wheels that staff used to complete patient records were not equipped with wipe-able keyboards.
- However
- There were systems to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff understood their responsibilities and adhered to safeguarding policies and procedures.
- During our inspection the inpatient areas were visibly clean. Audits of hand hygiene and surface bacteria showed that standards of cleanliness and hygiene were maintained. There were systems for the safe management of waste.



# Summary of findings

- There was sufficient equipment to meet the needs of patients. Where practical, equipment was single use to minimise risk of healthcare associated infection. Staff ensured that equipment was in safe working order
- Nursing teams used the National Early Warning Scores (NEWS) to identify and monitor changes to patients. Comprehensive risk assessments and risk management plans were developed for each patient. Inpatient teams practised safety drills to ensure all staff knew how to respond in emergency situations.
- Nurse staffing levels were planned so that patients were safe at all times. Over 95% of all planned nursing shifts were filled. Medical staffing was adequate to keep patients safe.
- There was a system for managing information about patients and their care. Audits of patient records were regularly undertaken. Staff completed accurate, legible and up to date records for individual patients.
- There were systems for the management of medicines. These systems included safe processes for obtaining, prescribing, recording, handling, storage and security, and disposal of medicines.
- Inpatient staff knew how to identify incidents and to report these. Staff received timely and informative feedback from the incidents they reported. Staff showed good awareness and understanding of the duty of candour regulation.
- The community hospital inpatient teams completed a report for all patient deaths and shared learning at multidisciplinary mortality review events that were held every six months.

Matrons monitored safety thermometer data and had a clear understanding of the safety performance of their hospitals.

## **Community dental – Southgate Moorings**

We did not inspect sufficient services to re-rate. However we found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.
- Premises and equipment were clean and properly maintained.
- The service had suitable arrangements for dealing with medical and other emergencies.

## **Are services effective?**

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

### **In community adults**

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

- There were processes to ensure care and treatment was delivered in line with current evidence-based national guidance. Team managers and professional leads audited practice and delivered training to staff to ensure the latest guidance was being followed. We observed staff providing care and treatment to patients which was in line with national guidance.
- Most staff assessed patients' nutrition and hydration needs using appropriate assessments, where applicable. The majority of patient records, within services we visited, contained malnutrition universal screening tool (MUST) assessments whenever required.
- Pain assessments were carried out routinely, reviewed regularly and patient's pain was managed effectively.
- The service collected data on the effectiveness of care and treatment provided to patients
- Staff were competent to carry out their roles. Managers carried out appraisals, monitored work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

# Summary of findings

- Nurses, therapists and other healthcare professionals supported each other to provide good care. We saw multiple examples of safe and high quality care provided to patients delivered in a coordinated way, by clinicians working across different services.
- Patients were given advice on improving their general health and wellbeing. This including staff advising patients on smoking cessation and weight loss. Staff within the homeless healthcare service were also supporting patients to address alcohol and drug dependencies.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system which they could all update. We reviewed patient records and saw that all relevant information was available and could be accessed quickly but there were some delays due to system connectivity issues.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to obtain consent and support those patients who lacked the capacity to make decisions about their care.

However;

- An audit of the complex leg wound services, carried out between September 2016 and August 2017, showed malnutrition universal screening tool (MUST) assessments had not been recorded in any patient records.
- Data was collected on patient outcomes within the speech and language, physiotherapy and occupational therapy services but we did not see how the data was being used to improve patient treatment.
- Not all staff across all services had received an appraisal. The appraisal rates were below the trust target of 92%.
- However not all documentation related to the Mental Capacity Act was completed in line with the trust's policy. Recent audit data from 2016 and 2017 showed some services were not recording all data related to consent or appropriate Mental Capacity Act assessments.

## **In urgent care**

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

- Clinical pathways, policies and audits were based on national guidance and evidence from NICE (National Institute of Health and Care Excellence) and RCEM (Royal College of Emergency Medicine).
- Staff had attended programmes of training to maintain and develop their skills. There was a skills and competencies framework that clearly outlined the skills and training required for staff in each role.
- Significant improvements had been made since the last inspection around the training of staff and the information provided about the care of children.
- Service leads promoted best practice to staff through audit feedback, supervision, newsletters and team meetings.
- Staff at all levels said they were well-supported. Although appraisals were not always up to date, staff received regular one to one meetings with their mentor or line manager and met regularly as a team.
- Most patients in urgent care were asked about their level of pain and given pain relief if they required it.
- The trust monitored patient outcomes in urgent care through audit and used the information to drive continuous improvement.
- The levels of unplanned re-attendance in urgent care were better than the national target (0.9% against a target of less than 5%).

# Summary of findings

- Staff of different professions and grades worked well together and made good use of each other's' areas of expertise.
- Effective pathways were in place for the referral of patients to specialist services; this included local mental health services.

However:

- The patient records for venous thromboembolism, chest pain and scaphoid management did not always confirm that the treatment being delivered was in line with the clinical pathways in place.
- Not all staff were up to date with their training in the Mental Capacity Act (2005).
- Pathways did not exist for the direct referral of patients for X-ray at the local emergency department. Patients were required to book in as a new patient and be reassessed by staff at the emergency department, which often took several hours.
- The recording of conversations around consent sometimes missed information about the anticipated outcome, risks, complications and alternative options available.
- Some staff had not received an annual appraisal.
- Agency staff did not always have the information they needed to work safely. The welcome pack containing relevant information for agency staff was not known of, or available, at one location.

## **In community end of life care**

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

- We saw little evidence of outcome data being used to improve or benchmark services. The service was not yet able to collect data about patients dying in their preferred place of death.
- Not all staff across all services providing end of life care had received an appraisal.
- The service could not be assured of the effectiveness of their End of Life Care. There was limited audit information relevant to End of Life Care to show the systems in place were being effective.
- Some staff working in the service at the time of the inspection had no End of Life Care training but were providing care. However detailed End of Life Care training for all relevant staff had been developed and was due to rolled out in the months following our inspection.

However:

- Patient care, treatment and support was delivered in line with legislation and national evidence-based guidance. Every staff member we talked to within inpatient wards and community settings talked about the 'Six Ambitions of Care'. This national guidance formed the basis of the trust's strategy for providing end of life care, and consequently translated into the actions of its staff.
- Staff assessed and managed patient's pain effectively.
- Staff, including nurses and therapists, from different disciplines and organisations worked together to benefit patients. We heard of numerous examples of care provided to patients delivered in a coordinated way, by clinicians working across different services.
- There was a holistic approach to planning patient's discharges/admissions to ensure they were in their preferred place of death where possible. Arrangements reflected individual circumstances and preferences.
- Staff had access to up-to-date and comprehensive information on patients' care and treatment. All staff had access to an electronic records system which they could all update.

# Summary of findings

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to obtain consent and support those patients who lacked the capacity to make decisions about their care.

## Are services caring?

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

### In community adults

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

- Staff treated patients with kindness and compassion. Staff ensured patient's dignity and respect was maintained.
- Friends and family test results were high although they were slightly lower (worse) than the England average.
- Staff identified and provided emotional support to patients to minimise their distress.
- Staff directed patients to support services when appropriate to do so.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients' and their loved ones' needs and decisions were respected and staff kept them informed of developments and treatment plans. Communication with patients was prompt and in a manner which could be easily understood.

### In urgent care

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

- We saw staff treating patients with dignity, respect and kindness at all times.
- Staff were aware of patient comfort and privacy. Doors were kept closed and cubicle curtains were drawn during treatment.
- Staff were sensitive to patient's emotional needs. Staff responded with kindness to patients who became distressed and private assessment areas were available where confidential conversations could take place.
- We saw examples of complex and sometimes non-medical needs of patients being handled with consideration. Staff were non-judgmental and non-discriminatory in their attitudes.
- We saw staff communicating well with patients and ensuring that they were fully informed about their diagnosis, their treatment options and how to look after themselves after treatment.

### In community end of life care

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

- Feedback from patients, those close to them, and stakeholders was continually positive about the way they were supported and cared for. Patients thought staff went the extra mile and the care they received often exceeded their expectations.
- Staff were highly motivated and inspired to offer care that was kind. Relationships between patients, those close to them and staff were strong, caring and supportive.
- Patients' privacy and dignity needs were understood and respected. Relatives of patients said they felt their loved ones were treated with care and compassion and in an individualised way.
- Patient's emotional needs and feelings were identified and treated sensitively. Patient's social needs were also identified. Staff directed patients to relevant support services when appropriate.

# Summary of findings

- Staff involved patients and those close to them in decisions about their care and treatment. Patients' and their loved ones' needs and decisions were respected and staff kept them informed of developments and treatment plans. Communication with patients was prompt and in a manner which could be easily understood.

## Are services responsive?

Our rating of responsive stayed the same. However, the services we inspected at this time were rated as good because:

### In community adults

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

- The trust planned and provided services in a way that met the needs of local people. Services were planned to ensure patients had flexibility and choice.
- Clinics were run from locations across the whole county and were available to patients at times most convenient to them. Staff provided training to patients and others to promote independence and reduce their reliance on services.
- The service took account of patients' individual needs. Staff understood how to manage and support patients living with dementia and with additional needs such as visual and hearing impairments, learning disabilities and people who required translation services. There were systems to support patients who required support with communication which staff were aware of and used them.
- The arrangements for referrals, triaging, treating and discharging patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Actions taken from complaints were shared with the complainant where appropriate. Learning from complaints was shared amongst services at clinical governance meetings. Complaints were acted on in an appropriate timeframe.

However;

- Patients could not always access all services when they needed it. Some services were not always achieving targets for receiving treatment, including musculoskeletal physiotherapy and musculoskeletal assessment and treatment services. The services in question, were reviewing their waiting lists daily and implementing actions to improve performance.

### In urgent care

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

- The service had been planned across the county to respond to the needs of the local population.
- Patients' treatment needs were evaluated quickly and in a way that met national standards. Clear information was available on the internet and at the units about what could and could not be treated.
- Staff treated and discharged the patients within four hours in line with national standards. The trust reported that the majority of patients were in fact discharged within one and a half hours.
- A process had been introduced to guide decisions about when to close the unit. This kept patients safe, ensured alternative options had been considered first and avoided unnecessary closures.
- An improved process had been introduced around the checking of X-rays and treatment plans for patients who had sustained a fracture. This made more efficient use of time for staff and patients by providing face to face appointments to those who needed adjustment to their treatment plan.

# Summary of findings

- Clinical protocols were established to ensure unwell or deteriorating patients received prompt treatment, their condition was monitored and they were given the necessary treatment.
- Effective pathways were in place to ensure patients could be referred to other services, such as out of hours doctors, orthopaedics and paediatrics.
- The trust had improved the referral pathways between urgent care and mental health services. Staff had received training in mental health and suicide prevention and staff told us they could access mental health support for patients in crisis.
- Staff in urgent care considered the language needs of patients by providing a translation service. They also considered the needs of people with hearing and sight impairment by performing a walk-round one of the units to identify how it could be improved.
- Staff responded to the social and non-medical needs of patients. We were shown a very positive example of ensuring a homeless patient was safely discharged.
- There was specific consideration for the needs of children, particularly at Cirencester Hospital. Toys, DVDs and sometimes balloons were available to distract children whilst receiving treatment.
- The trust had engaged with the local community when decisions were made about the delivery of the service, such as opening times and the relocation of services.
- Clear information was provided to patients who wished to make a complaint about the service.

However:

- X-ray facilities were unavailable during the periods of highest demand and the trust did not provide information on the internet about when the X-ray facilities were open or closed.
- X-rays were not re-checked by specialists at the local acute trust within the three to five day timeframes expected; patients often had to wait up to seven to 10 days. Although work was in progress to improve this timescale, it was not on the trust's risk register and no timeframe for improvement could be provided.

## **In community end of life care**

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

- Staff planned and provided services in a way that met the needs of local people. End of life Care was planned to ensure patients had flexibility, choice and continuity of care.
- Patients had access to community and inpatient based services when they needed them. Services were available 24 hours a day seven days a week.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs and promoted equality.
- The service took account of patients' individual needs. Staff understood how to manage and support patients living with sensory impairments, dementia and learning disabilities. Translation services, including British Sign Language, were available. Staff described having used the service.
- The service took concerns and complaints seriously. They were investigated and lessons learned were shared with all relevant staff.

However:

# Summary of findings

- The service did not capture information about a patient's preferred place of death so was not able to analyse if patient's choices were being met.

## **Community dental – Southgate Moorings**

We did not inspect sufficient services to re-rate. We found that this service was providing responsive care in accordance with the relevant regulations.

- The service's appointment system was efficient and met patients' needs.
- The service took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## **Are services well-led?**

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

### **In community adults**

Our rating of well-led stayed the same. We rated it 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. Professional leads had been recruited to ensure clinical leadership was effective. Service leads were visible, supportive and approachable.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. A quality improvement plan had been developed which addressed issues within services, including recruitment, waiting lists and appraisals. Staff were aware of the values of the trust which were centred on quality and safety.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt valued and respected by service leads, line managers and colleagues. The culture within services promoted challenge and performance improvement.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were effective processes for discussing, reviewing and disseminating information across services. Meetings to review service performance took place regularly and all levels of staff were involved in them.
- 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 security safeguards. Information collected within different services was used to review performance and identify areas of risk and improvement.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. There were initiatives to actively seek feedback, ideas and opinions from those within and outside the organisation in order to improve the services delivered.

### **In urgent care**

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

- There had been improvements to the leadership and governance arrangements of the service. Leaders had the skills, knowledge, experience and integrity needed to manage effectively. They were able to demonstrate that they understood the priority issues and could explain how they were addressing them, such as improvements to record keeping, skills and competencies of staff and workforce development.



# Summary of findings

- There was a well-structured systematic approach to managing risk that functioned effectively. Audit processes worked well and we saw staff fully engaged and responding professionally to audit outcomes. Risk registers were locally managed and monitored by senior managers. They were updated regularly and used to ensure risks to staff and patients were minimised.
- Improvements had been made to the out of hours support available to staff who were facing operational challenges. An on-call rota had been introduced to give nurses senior support when they needed it.
- Staff understood the trust's organisational values of caring, open, responsible and effective and demonstrated these positively during the inspection.
- Staff and managers learned from things that went wrong and used these experiences positively to improve services. All staff we spoke with demonstrated an open and honest approach to incident reporting and were fully focused on using the process to drive improvements to patient care.
- There was a strong culture of learning within the organisation. A framework was in place within which staff were given opportunities to develop the skills they needed to deliver high quality care. Since our last inspection, the trust had developed a clear process around skill-mix and safe staffing levels that ensured patients were safe.
- Relevant information about performance and the workforce was collected and analysed. Information was used by senior managers to make decisions, such as staffing levels, opening times and training priorities.
- The trust proactively engaged with staff, stakeholders and the local community when changing or developing services. Staff were encouraged to make suggestions and participate in projects so they were involved in service improvements.

However

- There was no clear strategy or vision for urgent care and objectives had not been well-defined.

## **In community end of life care**

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

- The trust had managers at all levels with the skills and abilities to run End of Life services. Professional leads had been recruited to ensure clinical leadership was effective. Service leads and managers were approachable and supportive.
- The trust had a vision for what it wanted to achieve in terms of End of Life services. A countywide strategy had been developed which included an End of Life training framework and improved ways to measure patient outcomes. Implementation was ongoing. Staff were aware of the values of the trust and the plans for End of Life services.
- Staff were proud to be working for the organisation and spoke highly of the culture across the trust. They felt valued and respected by service leads, line managers and colleagues. There were high levels of engagement with staff. Staff were actively encouraged to raise concerns.
- There were effective processes for discussing, reviewing and sharing information across services. Service wide and local team meetings took place regularly and all levels of staff were involved in them.
- The End of Life service had effective systems for identifying and managing risks. Staff were aware of significant risks within their services and knew what was being done to address them.
- The trust engaged with patients, staff, the public and local organisations to plan their services. There was a post bereavement survey carried out by the trust to actively seek feedback, ideas and opinions from relatives of patients who had died.

# Summary of findings

- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Pilots were being run within End of Life services to improve the care patients received.

However:

- A lack of processes to capture the effectiveness of End of Life Care meant there was not sufficient information to enable leaders to understand performance in this area.

## Community dental – Southgate Moorings

We did not inspect sufficient services to re-rate. We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had arrangements to ensure the smooth running of the service. These included systems for the service team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure.
- The service monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also 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 examples of outstanding practice in end of life and urgent care services.

For more information, see the Outstanding practice section of these reports

## Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right.

We also found 27 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 across three core services.

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

## 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

# Summary of findings

## Outstanding practice

### Urgent Care

- We found excellent provision for the needs of children and their carers in some units. This included thought for the environment they waited and received treatment in and also their safety whilst in the unit.
- Staff ensured that older children were involved in decision-making.
- We saw high levels of respect between staff and managers, and saw passionate and knowledgeable managers that motivated their staff and made them feel valued. Staff were fully engaged in service improvements and empowered to make suggestions of their own.
- There was a well-embedded culture of learning and improvement throughout the units. Staff were strongly encouraged to participate in learning activities and skill-developments that were based on things that had gone wrong.

### End of Life

- The operational and professional lead for children's community nursing described how their team worked with community nurses who provided palliative and end of life care to adults. This helped the children's team develop their skills, for example, with setting up syringe drivers for children and young people at the end of their life. There was a standard operating procedure between the teams to support this way of working.
- Staff were able to access a cultural app, developed by the trust, to ensure they were aware of the cultural and spiritual needs of patients from a variety of religions and beliefs. The app could be used with patients and those close to them to help develop a personalised care plan to meet patients' needs.
- Staff were described as 'going the extra mile'. In one example, bad snow made it difficult for community staff to get to a patient. Contact was made with the local fire service, which was able to pick up a staff member from a community hospital and take them to visit a patient who was at the end of their life in their own home to ensure they got the care and support they needed. Another example was of a younger person who needed intravenous fluids but wanted to spend some time at home with their teenage children before they died. Along with support from the intravenous therapy (IV) team the IV access was changed so it was able to be managed at home. Community based services were able to visit three times a day to provide care and support until the patient decided to be admitted to the hospice.
- The trust was currently working on the CARIAD (carer administration) project (with the palliative care team from the local NHS acute trust). This was a scheme to train relatives of patients at the end of their life to administer up to three sub cutaneous doses of medication. The project was soon to start in practice.
- The trust had a fulltime end of life care commissioner from the Clinical Commissioning Group working with staff to achieve their end of life targets in line with the Six Ambitions of Palliative and End of Life Care. The Sustainability and Transformation Plan had identified end of life as one of its priorities. Relevant Gloucestershire Care Services NHS Trust staff had undertaken quality improvement training with the Sustainability and Transformation Partnership to help take this forward.

## Areas for improvement

### Community Adults

The trust must:

# Summary of findings

- Ensure all staff are up to date with all mandatory training, including all safeguarding modules.

The trust should:

- Ensure all staff adhere to infection prevention and control policies, practices and procedures.
- Ensure all equipment is serviced at the appropriate time.
- Ensure staffing levels within services are safe.
- Ensure record keeping within all services is in line with policy.
- Ensure all services adhere to medicine management policies, practices and procedures.
- Ensure outcome data is used to improve and benchmark services.
- Ensure all staff have an annual appraisal.
- Ensure all staff have received Mental Capacity Act training and adhere to policies, practices and procedures related to documentation.
- Ensure referral to treatment times improve within the services which are not meeting their targets.
- Ensure all risk registers and associated actions are reviewed and updated so they reflect current risks to services.

## **Urgent Care**

The trust should

- Ensure staff have received the mandatory and essential training required for their role, including safeguarding, infection prevention and control and the mental capacity act.
- Ensure staff comply with infection prevention and control measures, including daily checks, cleaning beds between patients and the cleaning of toys from the children's areas.
- Ensure patients and visitors do not have access to sluices containing hazardous materials.
- Ensure patients at Cirencester and Tewkesbury can be observed whilst waiting for treatment.
- Ensure the following of clinical pathways for scaphoid fracture management, chest pain and venous thromboembolism and continue to improve the standard of record-keeping.
- Improve the time taken to triage patients arriving by ambulance.
- Ensure the welcome pack containing relevant information for agency staff is available at each department and known to other staff.
- Investigate whether more efficient pathways can be established for the direct referral of patients for X-ray at the local acute hospital, without having to be re-assessed at the emergency department.
- Improve the alignment between X-ray availability and patient attendance and improve the availability of information about when X-ray facilities are open and closed.
- Continue working with the local acute trust to improve waiting times for the re-checking of X-rays.
- Define and promote the organisation's vision and strategy

## **Community Inpatients**

The trust must:

# Summary of findings

- Ensure trust targets for compliance with mandatory training are met.
- Ensure, nursing staff consistently follow systems to ensure that clinical equipment is regularly cleaned.

The trust should

- Should ensure that patients and nurses can summon assistance using a call bell that is heard by ward staff.
- ensure, systems for the safe use of patient group directives should be reviewed

## End of Life

The trust must:

- Implement processes to monitor the effectiveness and outcomes of key end of life care indicators.
- Ensure all staff providing end of life care are suitably trained and skilled to do so.

The trust should:

- Consider ways to improve the completion of appraisals of staff in line with its target completion rate.
- Consider the use of audits and other methods that will enable it to accurately assess the effectiveness of record keeping and medicines prescriptions in end of life care.

## 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 improved. We rated well-led as good because:

- The trust had an experienced executive and non-executive director and senior leadership team with the skills, abilities, and commitment to provide high-quality services. The leadership team recognised the training needs of leaders and managers at all levels, including themselves, and worked to provide development opportunities for deputies ensuring leadership succession for the future of the organisation.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to ensure staff at all levels understood them in relation to their daily roles.
- The trust strategy was directly linked to the vision and values of the trust, local sustainability and transformation plans and the joint work with local mental health foundation trust looking at formal acquisition. The trust involved clinicians, patients and groups from the local community in the development of the strategy and work with the local mental health trust.
- There was a clear five-year quality strategy for the period 2014-19. There were strategic objectives which described the principle aims that the organisation aspired to achieve in 2016-17 and plans for implementation of the 2017-18 priorities to provide high-quality care with financial stability.
- Non-executive directors visited all parts of the trust on a three monthly basis and fed back to the board to discuss issues staff faced and challenged directors appropriately.

# Summary of findings

- The trust had a clear board assurance framework and structure for overseeing performance reports, quality and risk which enabled oversight of issues facing the service and it responded when issues in service were identified.
- The performance reports included quantitative and qualitative data about the services, which non-executive and divisional leads challenged appropriately.
- The trust was committed to improving services by learning from when things go well and when they went wrong, promoting training, research and innovation and it enabled divisions to share learning across the trust.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. It supported the divisions to develop their own communication and engagement strategies and encouraged staff to get involved with projects affecting the future of the trust.
- The trust recognised the risks created by the introduction of new information technology systems in the services. Staff managed these risks well at service level.
- We saw improvement to the supervision and leadership arrangements within the minor injury and illness units. There was evidence of high levels of respect between staff and managers, and saw passionate and knowledgeable managers that motivated their staff and made them feel valued. Staff told us how their working lives had improved as a result of changes.
- Board members recognised there were staff shortages in some community services and innovative measures had been taken to improve recruitment in community adults and other areas of the trust.
- The trust recognised that patients could not always access all services when they needed it. Some services were not always achieving targets for receiving treatment including musculoskeletal physiotherapy and musculoskeletal assessment and treatment services. The services were reviewing their waiting lists daily and implementing actions to improve performance.

However:

- Black and minority ethnic staff (BME) we spoke with felt that the trust's efforts at enabling opportunities for them to be engaged needed to be better and properly recognise what it meant to individual and groups of BME staff in the service. Board members recognised that work was required to improve staff diversity and equality across the trust and at board level and had plans to engage staff better in 2018.
- Not all staff were trained in the safety systems, processes and practices to keep patients safe in community adults, community inpatients and urgent care. Strategies had been implemented to improve compliance with mandatory training including online training workshops and the appointment of training and development nurses to facilitate local training at community hospital locations.
- Not all staff had received an appraisal on time and some were given late.
- The staff survey for 2017 indicated that there was slight reduction in response rate from 2016 and that the general trend of improvement had plateaued or was beginning to level out.

## Use of resources

- The trust was on target November 2017 or month eight (M08) and forecasted to be able to achieve its 'out turn' of £965,000 excluding the sustainability and transformation fund.

# Summary of findings

- The trust scored one for each of the five individual use of resources measures used by NHS Improvement (NHSI) and therefore had been given a score of one overall. The trust was deemed by NHSI as a 'low risk overall' with regard to finances 2017/18.
- The cost improvement plan (CIP) delivery was marginally ahead of planned progress (£76,000k) at £3, 000, 000 November 2017. However £1.8 million of the plan was 'one off', none recurrent savings. Full year CIP target 2017/18 is £4.6 million. The trust recognised that it needed to try to find more recurrent savings.
- There were no concerns about the finance teams capacity and capability
- The Trust was managing agency spend well; with forecast agency spend expected to be below the budget allocated.



## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Requires improvement ↔ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018
Community health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health inpatient services	Requires improvement ↔ Apr 2018	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community end of life care	Good ↔ Apr 2018	Requires improvement ↔ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
Community dental services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Urgent care	Good ↑↑ Apr 2018	Good ↑ Apr 2018	Good ↔ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
Sexual Health	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
<b>Overall*</b>	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Requires improvement ↔ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018

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

# Community end of life care

Good  

## Key facts and figures

We inspected community health services for adults as part of the new phase of our inspection methodology.

End of life and palliative care is provided 24 hours a day and seven days a week across community services including community hospitals and community based services. Services are provided to patients over the age of 18.

The children's community nursing team supports children and young people with end of life, palliative care and complex needs. Where required, they are able to draw upon support from the district nurses who also care for adult patients.

For adults, the trust has developed specific expertise to support end of life care through their:

- Integrated care teams, and specifically district nursing colleagues.
- Community rapid response teams.
- Specialist palliative care occupational therapy.
- Expertise within community hospitals inpatient services.
- Care home support team, which support residential and nursing homes, and the local mental health trust, to care for end of life residents and patients.

The trust works collaboratively with the palliative care team based at the local NHS acute trust and with local hospices.

We carried out a comprehensive inspection of end of life care between 16 and 18 January 2018. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

Throughout the inspection, we took account of what people told us, looked at how people were cared for, and checked medical and other records.

Our inspection was announced at short notice to ensure everyone we wanted to talk with was available.

We visited Cirencester, Lydney, Tewkesbury and Stroud hospitals. We spent time with staff from the Cheltenham Community Nursing team, Forest of Dean Integrated Community team, rapid response teams, out of hours' nurses, palliative care occupational therapists and the manager of the children's community nursing team. We spoke with members of the senior management team clinical leads, practice educators and the engagement team.

We spoke with 6 patients and those close to them, and 40 staff at all levels. We checked 9 patient records.

# Community end of life care

## Summary of this service

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

- Action had been taken to address the concerns raised during the last inspection.
- There was a strong and improving focus on monitoring and improving care for End of Life patients and those close to them.
- Openness and transparency were encouraged across the trust in terms of risk management and safety. Staff were encouraged to report incidents.
- There were safe staffing levels with an appropriate skill mix. Arrangements were in place if demand was unexpectedly high or in the case of adverse weather conditions.
- Staff were motivated and committed to providing the best care and support they could in collaboration with patients and other specialist services.
- There was a positive culture among the staff. Staff respected each other, their managers, their patients and those close to them. There was active engagement with the local community.
- Staff were caring and compassionate providing individualised support to patients and those close to them. They worked collaboratively with specialist services to ensure the best possible care for patients tailored to their needs.
- Patient information was up to date and available to relevant staff. Patients and those close to them were actively encouraged to be involved in decisions about their care.
- Feedback from patients was very positive. Feedback had identified areas for improvement and the trust had acted on these.
- Leaders were accessible, approachable and supportive.
- Staff were motivated and proud to be providing end of life care and support across the trust.

## Is the service safe?

Good   

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

- The service provided mandatory training for all staff. There was a comprehensive mandatory training programme, which included courses around patient safety. End of Life training was not mandatory but was covered on the trusts induction programme.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and were able to describe how they would make a safeguarding referral.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Most staff used control measures to prevent the spread of infection and audited practice across all services to monitor performance.
- Most premises and equipment were suitable and well maintained. Equipment was readily available and any repairs were dealt with promptly.

# Community end of life care

- The systems for monitoring equipment and servicing due dates ensured equipment was safe for use in community hospitals and patient's own homes.
- Comprehensive risk assessments were carried out for patients and appropriate plans were developed which ensured staff delivered safe care and treatment.
- Staff kept appropriate records of patients' care and treatment. All of the records we reviewed were up-to-date and available to all staff providing care. The Shared Care record was kept with the patient for use wherever the patient was receiving care. We saw contemporaneous records were made of the end of life template on the electronic patient record.
- Medicine management was safe. Staff ensured medicines were prescribed, administered, recorded and stored appropriately. The use of non-medical prescribing meant patients got their medication without delay
- Openness and transparency about safety issues was encouraged. Staff understood their responsibilities to raise concerns and report incidents. Patient safety incidents were reported appropriately and investigated.
- When something went wrong, there was appropriate investigation and any learning was shared across the trust.

However;

- The trust target for completion of mandatory training had not been met. Data provided before and after our inspection showed services had achieved 83% of staff completing mandatory training which was below the trust target of 92% of all staff completing each training module.
- The service did audit completion of records specific to end of life care, and so could not be assured that these were being completed effectively.

## Is the service effective?

**Requires improvement** ● → ←

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

- We saw little evidence of outcome data being used to improve or benchmark services. The service was not yet able to collect data about patients dying in their preferred place of death.
- Leaders could not be assured of competency of their staff because not all staff across all services had received an appraisal. The appraisal rates were 75.5% in August 2017 which was below the trust target of 92%.The service could not be assured of the effectiveness of their End of Life Care. There was limited audit information relevant to End of Life Care to show the systems in place were being effective.
- Some staff working in the service at the time of the inspection had no End of Life Care training but were providing care. However detailed End of Life Care training for all relevant staff had been developed and was due to rolled out in the months following our inspection.

However:

- Patient care, treatment and support was delivered in line with legislation and national evidence-based guidance. Every staff member we talked to within inpatient wards and community settings talked about the 'Six Ambitions of Care'. This national guidance formed the basis of the trust's strategy for providing end of life care, and consequently translated into the actions of its staff.

# Community end of life care

- Staff assessed and managed patient's pain effectively. Pain assessments were carried out as a matter of routine and reviewed regularly to ensure patients were comfortable. Staff, including nurses and therapists, from different disciplines and organisations worked together to benefit patients. We heard of numerous examples of care provided to patients delivered in a coordinated way, by clinicians working across different services.
- There was a holistic approach to planning patient's discharges/admissions to ensure they were in their preferred place of death where possible. Arrangements reflected individual circumstances and preferences.
- Staff had access to up-to-date and comprehensive information on patients' care and treatment. All staff had access to an electronic records system which they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to obtain consent and support those patients who lacked the capacity to make decisions about their care.

## Is the service caring?

Good ● → ←

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

- Feedback from patients, those close to them, and stakeholders was continually positive about the way they were supported and cared for. Patients thought staff went the extra mile and the care they received often exceeded their expectations.
- Staff were highly motivated and inspired to offer care that was kind. Relationships between patients, those close to them and staff were strong, caring and supportive.
- The service and staff always made sure that patients' privacy and dignity needs were understood and respected. Relatives of patients said they felt their loved ones were treated with care and compassion and in an individualised way.
- Patient's emotional needs and feelings were identified and treated sensitively. Patient's social needs were also identified. Staff directed patients to relevant support services when appropriate.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients' and their loved ones' needs and decisions were respected and staff kept them informed of developments and treatment plans. Communication with patients was prompt and in a manner which could be easily understood.

## Is the service responsive?

Good ● ↑

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

- Staff planned and provided services in a way that met the needs of local people. End of life Care was planned to ensure patients had flexibility, choice and continuity of care.
- Patients had access to community and inpatient based services when they needed them. Services were available 24 hours a day seven days a week.

# Community end of life care

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs and promoted equality.
- The service took account of patients' individual needs. Staff understood how to manage and support patients living with sensory impairments, dementia and learning disabilities. Translation services, including British Sign Language, were available. Staff described having used the service.
- The service took concerns and complaints seriously. They were investigated and lessons learned were shared with all relevant staff.

However:

- The service did not capture information about a patients preferred place of death so was not able to not able to analyse if patient's choices were being met.

## Is the service well-led?

**Good** ● ↑

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

- The trust had managers at all levels with the skills and abilities to run End of Life services. Professional leads had been recruited to ensure clinical leadership was effective. Service leads and managers were approachable and supportive.
- The trust had a vision for what it wanted to achieve in terms of End of Life services. A countywide strategy had been developed which included an End of Life training framework and improved ways to measure patient outcomes. Implementation was ongoing. Staff were aware of the values of the trust and the plans for End of Life services.
- Staff were proud to be working for the organisation and spoke highly of the culture across the trust. They felt valued and respected by service leads, line managers and colleagues. There were high levels of engagement with staff. Staff were actively encouraged to raise concerns.
- There were effective processes for discussing, reviewing and sharing information across services. Service wide and local team meetings took place regularly and all levels of staff were involved in them.
- The End of Life service had effective systems for identifying and managing risks. The End of Life service had a risk register. It was dated, had associated actions plans and was discussed on a monthly basis by senior managers. Staff were aware of significant risks within their services and knew what was being done to address them.
- The trust engaged with patients, staff, the public and local organisations to plan their services. There was a post bereavement survey carried out by the trust to actively seek feedback, ideas and opinions from relatives of patients who had died.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Pilots were being run within End of Life services to improve the care patients received.

However:

- A lack of processes to capture the effectiveness of End of Life Care meant there was not sufficient information to enable leaders to understand performance in this area.



# Community end of life care

## Outstanding practice

- As a result of problems accessing prescribed medication dispensed out of hours 'Just in Case' boxes had been developed and piloted in one community locality. GP's prescribed medicines for a patient who was nearing the end of their life. The prescription was dispensed into a sealed box, at a local pharmacy. The box was then delivered to a patient at home (which could be a care home). The medicines could then be used as required without a patient having to wait for them when they may already be in discomfort. The pilot had worked very well and was going to be rolled out across the whole trust from February 2018 onwards.
- The operational and professional lead for children's community nursing described how their team worked with community nurses who provided palliative and end of life care to adults. This helped the children's team develop their skills, for example, with setting up syringe drivers for children and young people at the end of their life. There was a standard operating procedure between the teams to support this way of working.
- Staff were able to access a cultural app, developed by the trust, to ensure they were aware of the cultural and spiritual needs of patients from a variety of religions and beliefs. The app could be used with patients and those close to them to help develop a personalised care plan to meet patients' needs.
- Staff were described as 'going the extra mile'. In one example, bad snow made it difficult for community staff to get to a patient. Contact was made with the local fire service, which was able to pick up a staff member from a community hospital and take them to visit a patient who was at the end of their life in their own home to ensure they got the care and support they needed. Another example was of a younger person who needed intravenous fluids but wanted to spend some time at home with their teenage children before they died. Along with support from the intravenous therapy (IV) team the IV access was changed so it was able to be managed at home. Community based services were able to visit three times a day to provide care and support until the patient decided to be admitted to the hospice.
- The trust was currently working on the CARIAD (carer administration) project (with the palliative care team from the local NHS acute trust). This was a scheme to train relatives of patients at the end of their life to administer up to three sub cutaneous doses of medication. The project was soon to start in practice.
- The trust had a fulltime end of life care commissioner from the Clinical Commissioning Group working with staff to achieve their end of life targets in line with the Six Ambitions of Palliative and End of Life Care. The Sustainability and Transformation Plan had identified end of life as one of its priorities. Relevant Gloucestershire Care Services NHS Trust staff had undertaken quality improvement training with the Sustainability and Transformation Partnership to help take this forward.

## Areas for improvement

We found areas for improvement in this service.

Actions the trust **SHOULD** take:

The trust should:

- Consider ways to improve the completion of appraisals of staff in line with it's target completion rate.
- Consider the use of audits and other methods that will enable it to accurately assess the effectiveness of record keeping and medicines prescriptions in end of life care.

Actions the trust **MUST** take:

The trust must:

# Community end of life care

- Ensure it implements processes that allow it to monitor the effectiveness and outcomes of key end of life care indicators.
- Ensure all staff providing end of life care are suitably trained and skilled to do so.

# Community health inpatient services

Requires improvement   

## Key facts and figures

Gloucester Care Services NHS Trust has seven community hospitals in Gloucestershire with a total of 196 in-patient beds. Teams on these wards care for adult patients only. The purpose of the community hospitals is to provide rehabilitation, recovery and end-of-life care to patients closer to home as well as providing an alternative to acute care admission. The trust also provided inpatient services at the Winchcombe Unit, an intermediate care facility within a nursing home. Winchcombe Unit is not registered with CQC as a Gloucestershire Care Services NHS Trust service

Our inspection was unannounced to enable us to observe routine activity. We inspected the 'safe' domain only. This domain was inspected to follow up on the findings of our last inspection where we rated Safe as requires improvement. All other domains were rated good at that time.

We visited Tewkesbury, the Vale, Lydney, Stroud North Cotswolds and Cirencester Hospitals. During this inspection we did not visit the Dilke Community Hospital because this unit was closed due to the influenza virus (flu). However we have included relevant data regarding this hospital wherever possible. We did not visit the Winchcombe Unit during this inspection.

We spoke with 13 patients and approximately 50 staff. We checked 10 patient records.

## Summary of this service

### Is the service safe?

Requires improvement   

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

- Not all staff were trained in the safety systems, processes and practices to keep patients safe. The trust set a target of 92% for completion of mandatory training. As of August 2017, the overall training compliance for all community hospitals was 76% against this target. At the time of our inspection, compliance for some courses was particularly low. For example, infection prevention and control, moving and handling level 1 and level 2, resuscitation level 2 and level 3, safeguarding children level 2 were all below 70% compliance. There was no data for compliance with food hygiene training.
- The design and use of equipment did not always keep patients safe. There was a risk of cross infection healthcare associated infection because the workstations on wheels that staff used to complete patient records were not equipped with wipe-able keyboards.
- The design and use of facilities did not always keep patients safe. At two hospitals, emergency call bells were not audible to staff assisting patients in en-suite bathrooms if the door was closed.
- Nursing staff did not consistently follow protocols to prevent cross-infection from use of equipment cleaning checklists for clinical equipment were not reliably completed and 'I am clean' stickers were not always visible.

# Community health inpatient services

- Nursing staff vacancies at some of the community hospital inpatient locations were impacting upon senior nurse time to complete managerial tasks and training opportunities. There were gaps in therapy staffing on the inpatient wards particularly occupational therapy.
- In one hospital, we saw that patient records were not always securely locked away when not in use.
- Nurses administered some medicines without a prescription and without appropriately signed off patient group directives.
- Strategies had been implemented to improve compliance with mandatory training including online training workshops and the appointment of training and development nurses to facilitate local training at community hospital locations.
- There were systems to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Staff understood their responsibilities and adhered to safeguarding policies and procedures.
- During our inspection the inpatient areas were visibly clean. Audits of hand hygiene and surface bacteria showed that standards of cleanliness and hygiene were maintained. Nursing staff followed protocols to minimise the risk of healthcare associated infection from person to person contact. Matrons and hotel services staff were aware of actions required to minimise risk of legionella infection. There were systems for the safe management of waste.
- There was sufficient equipment to meet the needs of patients. Where practical, equipment was single patient use to minimise risk of healthcare associated infection. Staff ensured that equipment was in safe working order
- Staff were familiar with the revised protocol for deteriorating patients which included the sepsis pathway. When a patient deteriorated, all community hospitals were able to access medical advice. Nursing teams used the National Early Warning Scores (NEWS) to identify and monitor changes to patients. Comprehensive risk assessments and risk management plans were developed for each patient. Nursing staff ensured that patient safety was maintained during shift changes. Inpatient teams practised safety drills to ensure all staff knew how to respond in emergency situations.
- Nurse staffing levels were planned so that patients were safe at all times. Over 95% of all planned nursing shifts were filled. Daily staffing levels were monitored by ward sisters who could request agency and bank staff when needed. Matrons were proactive in delivering plans to recruit to vacancies. Medical staffing was adequate to keep patients safe.
- There was a system for managing information about patients and their care. Audits of patient records were regularly undertaken. Staff completed accurate, legible and up to date records for individual patients.
- There were systems for the management of medicines. These systems included safe processes for obtaining, prescribing, recording, handling, storage and security, dispensing, and disposal of medicines. Staff were aware of these systems and followed them consistently during our inspection. Nurses followed safe systems for the management of controlled drugs in accordance with guidelines issued by the National Institute of Health and Care Excellence NG46 Controlled drugs: safe use and management.
- Inpatient staff knew how to identify incidents and to report these using the trust wide electronic incident reporting system. Staff received timely and informative feedback from the incidents they reported. Learning was shared amongst the team and between community hospital inpatient teams. Staff showed good awareness and understanding of the duty of candour regulation.
- When patients died, inpatient teams tried whenever possible to learn from these events. The community hospital teams completed a report for all patient deaths and shared learning at multidisciplinary mortality review events that were held every six months.

# Community health inpatient services

- Inpatient teams in all of the community hospitals used the NHS safety thermometer to measure harm free care. All matrons monitored safety thermometer data and had a clear understanding of the safety performance of their hospital. The number of incidences of new pressure ulcers was low. Inpatient teams were working together to improve safety performance around the number of patient falls and new pressure ulcers that occurred in community inpatient settings.

## Is the service effective?

We did not inspect or rate effective at this time.

## Is the service caring?

We did not inspect or rate caring at this time.

## Is the service responsive?

We did not inspect or rate responsive at this time.

## Is the service well-led?

We did not inspect or rate well-led at this time.

## Areas for improvement

We found areas for improvement for this service. These included:

In community inpatients, the trust must:

- Ensure that progress is made to meet the trust target for compliance with mandatory training.
- Ensure nursing staff consistently follow systems to ensure that clinical equipment is regularly cleaned.

In community inpatients, the trust should:

- Ensure that patients and nurses can summon assistance using a call bell that is heard by ward staff
- Review systems for the safe use of patient group directives.
- Review occupational therapy cover for inpatient wards.

# Community health services for adults

Good  

## Key facts and figures

We inspected community health services for adults as part of the new phase of our inspection methodology. The service was given a short notice period of 6 days in order to allow the inspection team to plan logistics and obtain consent to accompany staff on visit to patients in their own homes.

The service comprises of integrated community teams (ICTs), specialist countywide services, and outpatient services. The ICTs bring together district nursing, occupational therapy, physiotherapy, rapid response and IV therapy services within a single integrated team. The trust has realigned their ICTs to work around the GP clusters within Gloucestershire in order to offer a more co-ordinated approach to the delivery of health and social care services. The range of services provided by the ICTs and the specialist countywide services include:

- Integrated assessment and multi-disciplinary care planning and service provision.
- Safeguarding vulnerable adults.
- Support to people and carers to manage longer-term health and/or social care needs and conditions.
- Support for end of life care needs.
- Prevention of unnecessary admissions to hospital and/or nursing and residential care.
- Enable speedier discharge from hospital.

Specialist countywide services include;

- Promotion of bone health;
- Care home support team;
- Diabetes;
- Cardio-vascular disease and heart failure services;
- Parkinson's disease;
- Respiratory and home oxygen service;
- Early supported discharge for stroke patients;
- Tissue viability and complex wound service;
- Specialist palliative care occupational therapy;
- Telehealth services, an enabling service to support remote monitoring of a person's vital signs, including; blood pressure, weight, blood glucose and other blood monitoring;
- Homeless health care services, including a dedicated direct access walk-in primary health care service;
- Musculoskeletal (MSK) Services – including MSK physiotherapy, hand therapy and podiatry. These services provide advice and/or treatment to people with pain or deformity stemming from muscles, bones, joints and related soft tissue.

During the visit, we visited the following teams and services:

# Community health services for adults

- Cotswold Integrated Community Team
- Cheltenham Integrated Community Team
- Forest of Dean Integrated Community Team
- Gloucester Integrated Community Team
- Stroud Integrated Community Team
- Forest of Dean Rapid Response Team
- Cirencester Musculoskeletal Physiotherapy Team
- Evening and Night District Nursing Team
- Stroke Early Support Discharge Service Team
- Complex Leg Wound Service
- Falls Physiotherapy Service
- Musculoskeletal Assessment and Treatment (MSKCAT) Service
- Care Home Support Service
- Homeless Healthcare Team
- Intravenous Therapy Team
- Speech and Language Therapy (SALT) Services
- Podiatry Team
- Integrated Assessment Team

During the inspection visit, the inspection team:

- Spoke with 41 patients and seven relatives, which included 11 patients interviewed by an expert by experience;
- Observed staff giving care to 14 patients, which included care given in five patient homes;
- Reviewed 20 patient records;
- Reviewed at four staff records and trust policies ;
- Reviewed performance information and data from, and about the trust;
- Obtained patient feedback through Healthwatch and from reviewing results from the NHS Friends and Family test;
- Spoke with 63 members of staff at different grades from band three to band eight including nurses, physiotherapists, occupational therapists, speech and language therapists, podiatrists, allied health professionals, allied health professionals, administration staff and care support workers and;
- Met with service leads, professional leads and team managers.



# Community health services for adults

The Care Quality Commission last inspected the service in June 2015 and rated the community health services for adults as requires improvement overall with safe and responsive rated as requires improvement. The community health service for adults was issued with one requirement notice and six recommendations for service improvement in the safe and responsive domains. During our inspection, we looked at changes the community health services for adults had made to address these concerns.

## Summary of this service

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

- Additional systems had been put in place to protect patients from abuse and there were resources for staff to access for additional support. Safeguarding incidents, issues and themes were escalated appropriately and discussed in a wide range of forums.
- Processes were in place to prevent patients suffering harm. Risk assessments were carried out and risk management plans were implemented in line with guidance. Staff were aware of their responsibilities in ensuring safe care and treatment was delivered to patients at all times.
- Medicine management practices were safe. Staff ensured medicines were prescribed, administered, recorded and stored appropriately. Services use of non-medical prescribing promoted prompt and effective treatment as delays in prescribing were limited which in turn ensured patients received the right treatment at the right time.
- Safety performance was monitored and improved to ensure patients did not suffer avoidable harm. Data on safety was collected safety and shared with staff. Patient safety incidents were reported appropriately and investigated to ensure lessons were learned.
- Evidence based care and treatment was delivered to patients to ensure they achieved the best outcomes. Practice was audited by professional leads to ensure care and treatment was in line with professional standards.
- Staff were competent in the roles they performed. Competency frameworks were completed to ensure the care and treatment delivered to patient was safe. Staff underwent regular clinical and managerial supervision.
- Multidisciplinary working across all services was good. Clinicians within different disciplines worked together to achieve the best outcomes for their patients. Care was delivered in a coordinated way and communication between services, teams and staff was clear and prompt.
- The information available to staff was up-to-date, accurate and comprehensive. Staff could access patient information with relative ease which meant care and treatment could be delivered without delay.
- Patients received care from staff which was compassionate, kind and respectful. Patients dignity was protected at all times.
- Staff were aware of and addressed patient emotional needs and offered support whenever possible.
- Staff ensured patients and those close to them were involved in their own care and treatment.
- The services provided to patients were planned and provided to meet the needs of local people. Patients had flexibility and choice in respect of where and when they wanted their care and treatment.
- Patients' individual needs were considered and staff took action to manage and support patients living with dementia, learning disabilities and those with visual and hearing impairments.

# Community health services for adults

- Concerns and complaints were reviewed, managed and actioned appropriately. Lessons from complaints were identified and shared with staff.
- Leaders had the right skills and abilities to run their services which provided high-quality sustainable care to patients.
- The vision for services was based around improving the quality and safety for patients. The strategy for achieving the vision was reasonable and was centred on improving services by increasing staffing levels and their competency, improving access to information for staff and reducing the waiting lists.
- The culture within the service was positive and was shared by all staff. Staff felt supported and valued which created a sense of common purpose, promoted challenge and supported performance improvement.
- Services had systems to continually improve the quality of the care and treatment provided to patients. Information was discussed, reviewed and disseminated across services and to all levels of staff.
- Risks within services were identified, rated and reviewed. Systems were in place to ensure significant risks were identified and actions implemented to reduce the impact upon services.
- Information was collected, analysed, managed and used to support all service activities.
- Patients and staff were engaged to plan and manage services. Collaboration with partner organisations took place and resulted in improvements to services.

However;

- Despite a comprehensive mandatory training programme available to staff, mandatory training targets had not been met as staff within the service had not completed all modules. This included some safeguarding training.
- There were three occasions when staff did not follow trust policy, practices and procedures in relation to infection prevention and control.
- Equipment and servicing were not monitored effectively across all services and localities.
- There were staff shortages in some services.
- Record keeping within the service was not always in line with trust policy.
- It was unclear as to whether outcome measure data was being used to improve or benchmark services.
- Appraisal compliance rates were below the trust target.
- Documentation practices, related to the Mental Capacity Act, were not completed in line with the trust policy.
- Referral to treatment time targets were not be achieved in some services

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all staff. There was a comprehensive mandatory training programme available to staff, which included courses centred on patient safety. Staff felt the quality of the training was good and said they had oversight of what training they had completed, modules were due for completion and those which were overdue.

# Community health services for adults

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and were aware of how to apply it. There were systems available to staff which offered support with safeguarding issues. The trust had safeguarding leads for adults, children and domestic abuse.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Most staff used control measures to prevent the spread of infection and audited practice across all services to monitor performance.
- Most premises and equipment were suitable and well maintained. There was good availability of specialist equipment and any repairs were dealt with promptly.
- Comprehensive risk assessments were carried out for people and risk management plans were developed which ensured staff delivered safe care and treatment. Patients were assessed by staff at first contact and on an ongoing basis to identify potential risks to their health and wellbeing. Appropriate actions were taken following assessments to reduce the possibility of patients suffering any avoidable harm.
- Staffing levels and skill mix were planned and reviewed to ensure patients received safe care and treatment at all times. Services were designed keep people safe from avoidable harm and abuse and provide the right care and treatment. There were staff shortages, due to vacancies, in some services but any associated risks were being addressed with effective caseload management, additional recruitment and bank staff
- Most staff kept appropriate records of patients' care and treatment. All of the records we reviewed were clear, up-to-date and available to all staff providing care. The records we reviewed also contained all relevant risk assessments and had been completed within 24 hours of a patient visit. An audit, carried out between September 2016 and August 2017, highlighted both good and poor practice. Good practice included individual care plans being present in almost all records, evidence of patients being involved in their care and records being written in full.
- The service prescribed, administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time, which was aided by the presence of non-medical prescribers in a number of services. Non-medical prescribing is the term used to describe any prescribing done by a healthcare professional other than a doctor or dentist. We saw evidence of effective and safe medicine management practices and processes.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff. The service used information to improve the service. For example, we saw action being taken to reduce the amount of pressure ulcers occurring throughout community services.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.

However;

- The trust target for completion of mandatory training had not been met. Data provided before and after our inspection showed services had not achieved the trust target of 92% of all staff completing each training module.
- Compliance with safeguarding training was high but did not meet the trust target of 92%.
- There were instances where staff did not adhere to trust policy, practices and procedures in relation to infection prevention and control, but these were minimal.
- The systems for monitoring equipment and servicing due dates did not always ensure equipment was safe for use in all localities and services.

# Community health services for adults

- Poor record keeping practice across some services had been reported in an audit carried out between September 2016 and August 2017. This included records not being completed contemporaneously, abbreviations being used and informed consent was not always recorded. An action plan for improving these issues had been implemented and a subsequent audit reported practice had improved.
- Fridge temperatures were not always being recorded daily in the homeless healthcare service.

## Is the service effective?

Good   

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

- There were processes to ensure care and treatment was delivered in line with current evidence-based national guidance. Team managers and professional leads audited practice and delivered training to staff to ensure the latest guidance was being followed. We observed staff providing care and treatment to patients which was in line with national guidance.
- Most staff assessed patients' nutrition and hydration needs using appropriate assessments, where applicable. The majority of patient records, within services we visited, contained malnutrition universal screening tool (MUST) assessments whenever required. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.
- Staff assessed and managed patient's pain effectively. Pain assessments were carried out as a matter of routine and reviewed regularly to ensure patients were comfortable.
- The service collected data on the effectiveness of care and treatment provided to patients but it was unclear as to whether the findings were used to drive improvement. Services collected data on patient outcomes and goals within the physiotherapy, occupational therapy and speech and language therapy services.
- The service ensured staff were competent for their roles. Staff completed competency frameworks, which were signed off by supervisors, which ensured they were able to deliver safe care and treatment to patients. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff within different disciplines worked together as a team to benefit patients. Nurses, therapists and other healthcare professionals supported each other to provide good care. We saw multiple examples of safe and high quality care provided to patients delivered in a coordinated way, by clinicians working across different services.
- Patients were given advice on improving their general health and wellbeing. This including staff advising patients on smoking cessation and weight loss. Staff within the homeless healthcare service were also supporting patients to address their alcohol and drug dependencies.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system which they could all update. We reviewed patient records and saw that all relevant information was available and could be accessed quickly but there were some delays due to connectivity issues. Staff said this helped to deliver safe care to patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to obtain consent and support those patients who lacked the capacity to make decisions about their care.

However;

# Community health services for adults

- An audit of the complex leg wound services, carried out between September 2016 and August 2017, showed MUST assessments had not been recorded in any patient records.
- We saw no evidence of outcome measure data being used to improve or benchmark services. Data was collected on patient outcomes within the speech and language, physiotherapy and occupational therapy services but we did not see how the data was being used to improve patient treatment.
- Not all staff across all services had received an appraisal. The appraisal rates were below the trust target of 92%.
- Not all documentation related to the Mental Capacity Act was completed in line with the trust's policy. Recent audit data from 2016 and 2017 showed some services were not recording all data related to consent or appropriate Mental Capacity Act assessments.

## Is the service caring?

Good   

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

- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff paid good attention to ensure patient's dignity and respect were maintained. Friends and family test results were high although they were slightly lower (worse) than the England average.
- Staff provided emotional support to patients to minimise their distress. Patient emotional needs and feelings were identified and were treated sensitively. Staff directed patients to support services when appropriate to do so.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients' and their loved ones' needs and decisions were respected and staff kept them informed of developments and treatment plans. Communication with patients was prompt and in a manner which could be easily understood.

## Is the service responsive?

Good  

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

- The trust planned and provided services in a way that met the needs of local people. Services were planned to ensure patients had flexibility and choice. Clinics were run from locations across the whole county and were available to patients at times most convenient to them. Staff provided training to patients and loved ones to promote independence and reduce their reliance on services.
- The service took account of patients' individual needs. Staff understood how to manage and support patients living with dementia and with additional needs such as visual and hearing impairments, learning disabilities and people who required translation services. There were systems to support patients who required support with communication which staff were aware of and used them.
- The arrangements for referrals, triaging, treating and discharging patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Actions taken from complaints were shared with the complainant where appropriate. Learning from complaints was shared amongst services at clinical governance meetings. Complaints were acted on in an appropriate timeframe.

# Community health services for adults

However;

- Patients could not always access all services when they needed it. Some services were not always achieving targets for receiving treatment within targeted timeframes, including musculoskeletal physiotherapy and musculoskeletal assessment and treatment services. The services in question, were reviewing their waiting lists daily and implementing actions to improve performance.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it 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. Professional leads had been recruited to ensure clinical leadership was effective. Service leads were visible, supportive and approachable.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. A quality improvement plan had been developed which addressed issues within services, including recruitment, waiting lists and appraisals. Staff were aware of the values of the trust which were centred on quality and safety.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt valued and respected by service leads, line managers and colleagues. We were told the culture within services promoted challenge and performance improvement.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were effective processes for discussing, reviewing and disseminating information across services. Meetings to review service performance took place regularly and all levels of staff were involved in them.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks within services were recorded on registers and were discussed in detail on a monthly basis. Staff were aware of significant risks within their services and knew what was being done to address them.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Information collected within different services was used to review performance and identify areas of risk and improvement.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. There were initiatives to actively seek feedback, ideas and opinions from those within and outside the organisation in order to improve the services delivered.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Pilots were being run within community health services for adults to improve the care patients received.

## Areas for improvement

We found areas for improvement for this service.

The trust must:

- Ensure all staff are up to date with all mandatory training, including all safeguarding modules.

# Community health services for adults

The trust should:

- Ensure all staff adhere to infection prevention and control policies, practices and procedures.
- Ensure all equipment is serviced at the appropriate time.
- Ensure staffing levels within services are safe.
- Ensure record keeping within all services is in line with policy.
- Ensure all services adhere to medicine management policies, practices and procedures.
- Ensure outcome data is used to improve and benchmark services.
- Ensure all staff have an annual appraisal.
- Ensure all staff have received Mental Capacity Act training and adhere to policies, practices and procedures related to documentation.
- Ensure referral to treatment times improve within the services which are not meeting their targets.
- Ensure all risk registers and associated actions are reviewed and updated so they reflect current risks to services.



# Urgent care

Good  

## Key facts and figures

Gloucestershire Care Services operate seven minor injury and illness units (MIU) in the Gloucestershire area in the following locations:

- The Vale Community Hospital
- Cirencester Hospital
- North Cotswolds Hospital
- Lydney and District Hospital
- Dilke Memorial Hospital
- Tewkesbury Hospital
- Stroud General Hospital

The MIUs provide treatment for a range of minor illnesses and injuries for adults and children seven days a week. The two larger units at Cirencester and Stroud treat approximately 1,300–1,500 patients per month and are open from 8am to 11pm. The remaining units treat approximately 600-800 patients per week. Lydney and Dilke Hospital are open from 8am to 11pm and Tewkesbury, North Cotswolds and The Vale Hospitals are open from 8am to 8pm.

The units are busiest during the summer months and at the weekends. X-ray facilities are available, but operating times vary. Only Stroud and Cirencester Hospitals' X-ray facilities were available at the weekend, the remaining units only had X-ray facilities available on all or some weekdays. Children under two could not be X-rayed at any of the units.

We carried out a comprehensive inspection of the MIUs from 16 to 18 January 2018. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005. Our inspection was unannounced (staff did not know we were coming), which enabled us to observe routine activity. During this inspection we spoke with two matrons and 28 members of staff. We also observed 17 patients and one relative receiving treatment and reviewed 20 clinical records.

## Summary of this service

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

- Actions had been taken to address most of the concerns raised following the last inspection



# Urgent care

- The arrangements for triage had greatly improved. We found it was conducted by suitably trained staff, in an appropriate area and in such a way that they could ensure the most unwell patients were seen without delay and other patients were seen in order of priority. Self-presenting patients were triaged within the 15 minute target timeframe.
- There were comprehensive arrangements for audit and the service had a strong focus on monitoring and improving the clinical care of patients to ensure it was in line with best practice guidance.
- Arrangements for clinical skills training were excellent. Skills analysis had been undertaken and staff were aware of the skills they should develop in each role and timescales were laid down for achieving them. Enhanced training had been provided in some subjects, particularly in relation to the care of children and mental health patients.
- Safe staffing numbers and skill mix had been determined and escalation arrangements were used for managing risk to patients when staffing was disrupted or demand was unexpectedly high.
- The arrangements for equipment, devices and medicines had been improved. Equipment had recently been safety checked and was in in good condition. Medicines were well-organised, stored safely and at the right temperature.
- A healthy reporting culture existed where incidents were reported and learning from them was shared with all staff. Staff understood their responsibilities to raise concerns. Serious incidents were managed appropriately and changes made to pathways and processes to prevent things going wrong again.
- Consideration was given to the needs of patients with mental health needs. Some staff had received training in suicide prevention, information was available for patients engaged in self-harming behaviours and pathways for referring patients to mental health services had improved.
- Safeguarding procedures and a proactive safeguarding team existed to ensure staff were supported when protecting patients from harm or abuse.
- There was a positive and caring working culture. Staff respected the patients, their colleagues and managers. We saw healthy engagement with the local community, service users and stakeholders. The trust had an open and transparent approach to enquiry.
- We saw that staff were caring and compassionate towards patients. They spoke respectfully at all times and responded kindly if patients were afraid or distressed. Staff understood the need for some patients to have privacy or a quiet space. Staff had also thought of the needs of children receiving treatment, particularly at Cirencester Hospital.
- Arrangements for leadership had improved and staff felt this had directly impacted on their working environment. Staff said that they worked better, were well-supervised and, overall, they felt safer in their work since the new management structure had been introduced.

However:

- Mandatory and some essential training had fallen below the trust's expected standards in some subjects. These included fire safety, resuscitation (level 2), safeguarding, infection prevention and control, safeguarding and the mental capacity act.
- Not all staff had received an appraisal.
- Cleaning still needed to be improved. Although we saw good hand hygiene and effective infection control arrangements, we saw occasions when beds were not wiped between patients and cleaning checklists were not completed and there was an inconsistent approach to washing toys in the children's waiting areas.

# Urgent care

- Patients in some units could not be observed by staff waiting for treatment. This was a concern for patients who may deteriorate whilst waiting for treatment. This issue was on the departmental risk register, however it had not been resolved since the last inspection when it was highlighted.
- The improved audit arrangements had highlighted some performance concerns where patient records suggested the relevant clinical pathways had not been followed in relation to scaphoid fractures, chest pain and venous thromboembolism. Actions had been agreed and re-audits were already planned.
- The availability of X-ray facilities did not match the times of highest demand. Also, an effective X-ray referral pathway had not been established or discussed with the local acute hospital X-ray department.

## Is the service safe?

Good   

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

- The trust had identified the competencies and training requirements for staff working in the MliUs. Since our last inspection it had delivered a number of training courses in the care and treatment of adults and children and there was an ongoing programme of training. This gave staff confidence they were providing a high standard of care.
- Systems and processes were in place to ensure the safeguarding of children and vulnerable adults. Staff in the MliUs understood their responsibilities to protect children and vulnerable adults from harm and made safeguarding referrals when appropriate. Pathways existed and were used for staff to share information with other professionals who worked within the local area's safeguarding system.
- The clinical spaces were clean, well-maintained, spacious and well-lit. They ensured patient dignity and privacy was respected. The units made specific provision for children, including toys to distract children while they received treatment and to alleviate distress.
- Staff had the equipment and medicines they needed to assess and treat patients. Equipment was of good quality, was in a good state of repair and had been safety-checked. Medicines were well-organised and stored securely. They were also supported by clinical protocols that were clear and accessible.
- The trust had developed effective protocols to ensure safe care for patients who presented to the units acutely unwell and those at risk of deteriorating. Monitoring tools were in place for unwell patients and pathways for the identification and treatment of sepsis were well understood.
- The triaging system had been introduced since our last inspection ensured patients were treated in order of clinical priority and the most unwell patients were treated without delay. Patients were triaged by a suitably trained clinician and the trust had a good record for triaging patients within 15 minutes and for completing their care within four hours.
- Since our last inspection, a system for safe staffing levels and the skill-mix of staff had been introduced. This worked alongside a clear escalation process that helped service leads decide when a safe service could not be provided and the unit should be closed.
- Since our last inspection escalation processes had been introduced to ensure the units could be safely managed when attendance levels were unexpectedly high and/or staffing was disrupted.
- Medicines were stored and managed in a way that kept people safe. They were checked regularly and stored securely and at the right temperatures.

# Urgent care

- Since our last inspection, the culture had improved around the reporting of incidents. Staff understood why incident reporting was important and understood how it could improve patient care. Staff had embraced this change and were enthusiastic about new learning. We saw several examples of improvements within the MliUs in response to incidents. New processes were monitored to ensure changes in practice were properly embedded.

However:

- Mandatory and some essential training had fallen below the trust's expected standards in some subjects. These included fire safety, resuscitation (level two), safeguarding, infection prevention and control, safeguarding and the Mental Capacity Act.
- Standards of hygiene were not always maintained in line with trust policy. On some days, daily cleaning and equipment checks were not recorded as complete, on occasions beds were not wiped down and there was a lack of consistency around the cleaning of toys and they were not cleaned as often as they should have been in one location.
- Some risks existed because of the way some chemicals were stored. Sluices in the MliUs containing hazardous materials were sometimes left unlocked and accessible to patients.
- Audit of clinical record keeping and clinical care had identified that the standard of record keeping within the units required improvement.. However, the records we reviewed were well-completed.
- Patients in Cirencester and Tewkesbury were not in direct line of sight by staff whilst they were waiting for treatment. The trust had mitigated risk to patients through intentional rounding, which involved checks every 30 minutes on patients waiting to be seen.

## Is the service effective?

**Good** ● ↑

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

- The clinical pathways, policies and audits used by the MliUs were based on national guidance and evidence from NICE (National Institute of Health and Care Excellence) and RCEM (Royal College of Emergency Medicine).
- Staff had attended programmes of training to maintain and develop their skills. There was a skills and competencies framework that clearly outlined the skills and training required for staff in each role.
- Significant improvements had been made since the last inspection around the training of staff and the information provided about the care of children.
- Service leads promoted best practice to staff through audit feedback, supervision, newsletters and team meetings.
- Staff at all levels said they were well-supported. Although appraisals were not always up to date, staff received regular one to one meetings with their mentor or line manager and met regularly as a team.
- Most patients in the MliUs were asked about their level of pain and given pain relief if they required it.
- The trust monitored patient outcomes in the MliUs through audit and used the information to drive continuous improvement.
- The MliUs' levels of unplanned re-attendance were better than the national target (0.9% against a target of less than 5%).
- Staff of different professions and grades worked well together and made good use of each other's' areas of expertise.

# Urgent care

- Effective pathways were in place for the referral of patients to specialist services; this included local mental health services.

However:

- The patient records for venous thromboembolism, chest pain and scaphoid management did not always confirm that the treatment being delivered was in line with the clinical pathways in place.
- Not all staff were up to date with their training in the Mental Capacity Act (2005).
- Pathways did not exist for the direct referral of patients for X-ray at the local emergency department. Patients were required to book in as a new patient and be reassessed by staff at the emergency department, which often took several hours.
- The recording of conversations around consent sometimes missed information about the anticipated outcome, risks, complications and alternative options available.
- Some staff had not received an annual appraisal.
- Agency staff did not always have the information they needed to work safely. The welcome pack containing relevant information for agency staff was not known of, or available, at one location.

## Is the service caring?

Good   

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

- We saw staff treating patients with dignity, respect and kindness at all times.
- Staff were aware of patient comfort and privacy. Doors were kept closed and cubicle curtains were drawn during treatment.
- Staff were sensitive to patient's emotional needs. Staff responded with kindness to patients who became distressed and private assessment areas were available where confidential conversations could take place.
- We saw examples of complex and sometimes non-medical needs of patients being handled with consideration. Staff were non-judgmental and non-discriminatory in their attitudes.
- We saw staff communicating well with patients and ensuring that they were fully informed about their diagnosis, their treatment options and how to look after themselves after treatment.

## Is the service responsive?

Good  

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

- The service had been planned across the county to respond to the needs of the local population.
- Patients' treatment needs were evaluated quickly and in a way that met national standards. Clear information was available on the internet and at the units about what could and could not be treated.

# Urgent care

- Staff treated and discharged the patients within four hours in line with national standards The trust reported that the majority of patients were in fact discharged within one and a half hours.
- A process had been introduced to guide decisions about when to close the unit. This kept patients safe, ensured alternative options had been considered first and avoided unnecessary closures.
- An improved process had been introduced around the checking of X-rays and treatment plans for patients who had sustained a fracture. This made more efficient use of time for staff and patients by providing face to face appointments to those who needed adjustment to their treatment plan.
- Clinical protocols were established to ensure unwell or deteriorating patients received prompt treatment, their condition was monitored and they were given the necessary treatment.
- Effective pathways were in place to ensure patients could be referred to other services, such as out of hours doctors, orthopaedics and paediatrics.
- The trust had improved the referral pathways between the MliUs and mental health services. Staff had received training in mental health and suicide prevention and staff told us they could access mental health support for patients in crisis.
- The MliUs considered the language needs of patients by providing a translation service. They also considered the needs of people with hearing and sight impairment by performing a walk-round one of the units to identify how it could be improved.
- Staff responded to the social and non-medical needs of patients. We were shown a very positive example of ensuring a homeless patient was safely discharged.
- We saw positive examples of the trust listening and responding to patient feedback.
- There was specific consideration for the needs of children, particularly at Cirencester Hospital. Toys, DVDs and sometimes balloons were available to distract children whilst receiving treatment.
- The trust had engaged with the local community when decisions were made about the delivery of the service, such as opening times and the relocation of services.
- Clear information was provided to patients who wished to make a complaint about the service.

However:

- X-ray facilities were unavailable during the periods of highest demand and the trust did not provide information on the internet about when the X-ray facilities were open or closed.
- X-rays were not re-checked by specialists at the local acute trust within the three to five day timeframes expected; patients often had to wait up to seven to 10 days. Although work was in progress to improve this timescale, it was not on the trust's risk register and no timeframe for improvement could be provided.

## Is the service well-led?

Good  

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

# Urgent care

- There had been improvements to the leadership and governance arrangements of the service. Leaders had the skills, knowledge, experience and integrity needed to manage effectively. They were able to demonstrate that they understood the priority issues and could explain how they were addressing them, such as improvements to record keeping, skills and competencies of staff and workforce development.
- There was a well-structured systematic approach to managing risk that functions effectively. Audit processes worked well and we saw staff fully engaged and responding professionally to audit outcomes. Risk registers were locally managed and monitored by senior managers. They were updated regularly and used to ensure risks to staff and patients were minimised.
- Improvements had been made to the out of hours support available to staff who were facing operational challenges. An on-call rota had been introduced to give nurses senior support when they needed it.
- Staff understood the trust's organisational values of caring, open, responsible and effective and demonstrated these positively during the inspection.
- Staff and managers learned from things that went wrong and used these experiences positively to improve services. All staff we spoke with demonstrated an open and honest approach to incident reporting and were fully focused on using the process to drive improvements to patient care.
- There was a strong culture of learning within the organisation. A framework was in place within which staff were given opportunities to develop the skills they needed to deliver high quality care. Since our last inspection, the trust had developed a clear process around skill-mix and safe staffing levels that ensured patients were safe.
- Relevant information about performance and the workforce was collected and analysed. Information was used by senior managers to make decisions, such as staffing levels, opening times and training priorities.
- The trust proactively engaged with staff, stakeholders and the local community when changing or developing services. Staff were encouraged to make suggestions and participate in projects so they were involved in service improvements.

However

- Although service leads had clear plans for developing the MliUs in the future, there was no written strategy or vision for the MliUs and objectives had not been well-defined.

## Outstanding practice

We found examples of outstanding practice in this service.

- We found excellent provision for the needs of children and their carers in some units. This included thought for environment they waited and received treatment in and also their safety whilst in the unit. We saw a variety of toys, DVDs, books teddy bears and balloons available and staff ensured that older children were involved in decision-making.
- We saw an enormous improvement to the supervision and leadership arrangements within the units and were impressed by how staff had responded to these changes. We saw high levels of respect between staff and managers, and saw passionate and knowledgeable managers that motivated their staff and made them feel valued. Several members of staff told us how their working lives had improved as a result of these changes..

# Urgent care

- There was a well-embedded culture of learning and improvement throughout the units. Staff were strongly encouraged to participate in learning activities and skill-developments that were based on things that had gone wrong. We could see changes to pathways as a direct result of missed diagnoses and successful use of audit to improve performance. Staff were fully engaged in service improvements and empowered to make suggestions of their own.

## Areas for improvement

### Action the trust **SHOULD** take to improve

- Ensure staff have received the mandatory and essential training required for their role, including safeguarding, infection prevention and control and the mental capacity act.
- Ensure staff comply with infection prevention and control measures, including daily checks, cleaning beds between patients and the cleaning of toys from the children's areas.
- Ensure patients and visitors do not have access to sluices containing hazardous materials.
- Ensure the following of clinical pathways for scaphoid fracture management, chest pain and venous thromboembolism and continue to improve the standard of record-keeping.
- Ensure patients at Cirencester and Tewkesbury can be observed whilst waiting for treatment.
- Ensure the welcome pack containing relevant information for agency staff is available at each department and known to other staff.
- Investigate whether more efficient pathways can be established for the direct referral of patients for X-ray at the local acute hospital, without having to be re-assessed at the emergency department.
- Improve the alignment between X-ray availability and patient attendance and improve the availability of information about when X-ray facilities are open and closed.
- Continue working with the local acute trust to improve waiting times for the re-checking of X-rays within the three to five day timeframe.
- Improve the time taken to triage patients arriving by ambulance.

Define and promote the organisation's vision and strategy for MliUs.

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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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

#### Regulation

Diagnostic and screening procedures

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Personal care

Surgical procedures

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Diagnostic and screening procedures

Regulation 12 HSCA 2008 (Regulated Activities)

Personal care

Regulations 2010 Cleanliness and infection control

Surgical procedures

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Diagnostic and screening procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Personal care

Surgical procedures

Treatment of disease, disorder or injury



This section is primarily information for the provider

## Enforcement actions

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

# Our inspection team

Mary Cridge, Head of Hospital Inspections, led this inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included two inspection managers, eight inspectors, one pharmacy inspector, 11 specialist advisers, and two experts by experience.

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.