

Birmingham Community Healthcare NHS Foundation 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

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

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

Birmingham Community Healthcare NHS Foundation Trust (BCHC) delivers community-based healthcare services to the 1.1 million residents of Birmingham. In addition, the trust provides universal and specialist services to 5.5 million people across 103 square miles of the wider West Midlands region, including Sandwell, Dudley and Walsall.

Over 100 clinical services are delivered from hospitals, health centres, clinics and peoples' own homes. These include services for adults, services for children and young people, inpatient services, end of life services, community dental services and learning disability services.

The trust was first registered with Care Quality Commission in March 2011 and achieved foundation trust status in 2016.

Overall summary

Our rating of this trust went down since our last inspection. We rated it as **Requires improvement  **

What this trust does

Birmingham Community Healthcare NHS Foundation Trust (BCHC) delivers community-based healthcare services to the 1.1 million residents of Birmingham. In addition, the trust provides universal and specialist services to 5.5 million people across 103 square miles of the wider West Midlands region, including Sandwell, Dudley and Walsall.

Over 100 clinical services are delivered from hospitals, health centres, clinics and peoples' own homes.

Core services delivered by this trust include:

- Community health services for adults
- Community health services for children and young people
- Community health inpatient services
- Community end of life care
- Secondary care and community dental services
- Learning disability services

The trust employs more than 4200 whole time equivalent staff and delivered 2.1 million patient interactions in the last financial year.

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.

Summary of findings

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.

Between 15 May and 21 June, we inspected two core services and well led. We inspected community services for children and young people, and community health adult inpatients. We inspected these services as part of our continual checks on the safety and quality of health care. Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed Is this organisation well-led? We inspected the well led key question between 20 and 21 June 2018.

What we found

Overall trust

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

- We rated effective, caring and responsive as good. We rated safe and well led as requires improvement.
- We rated well led for the trust overall as requires improvement. The rating for well led is based on our inspection at trust level. Taking in to account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.
- At core service level we rated effective, caring and responsive as good overall. We rated safe and well led as requires improvement. This meant we rated community inpatient services as good overall and community services for children and young people as inadequate overall. In rating the trust, we took in to account the current ratings of the core services not inspected on this occasion.
- Community health services for children and young people went down from good to inadequate overall. The question of safety went down from good to inadequate. Effective went down from good to requires improvement. Caring stayed the same as good. Responsive stayed the same as requires improvement, and well led went down from good to inadequate. Mandatory training and safeguarding training were below target. The safeguarding children policy did not support staff effectively. Staffing levels and performance were not aligned to national standards. Staff did not adhere to infection prevention and control standards. Systems to secure investigation, audit and learning were inefficient. Care planning was inconsistent and referral to treatment waits were beyond the 18-week target for therapy and child development services.
- Community inpatient services remained good overall. The question of safety went down from good to requires improvement. Effective, caring, responsive and well led remained good. Patient risks were assessed and managed appropriately and incidents were managed and lessons learned. Staffing levels were planned and managed well. Staff used evidence based interventions and best practice guidelines, auditing their practice. Teams were made up of staff from a wide range of disciplines to meet the needs of the patient groups they worked with. Staff were supported in ensuring they were reflective in their practice and identified learning and skills areas for improvement. Staff understood the principles relating to mental capacity and restrictions placed on the patient's liberty. Staff worked compassionately and displayed a caring and patient centred approach. Patients found services accessible and stakeholders were involved to ensure needs were met. Leaders were efficient at managing resources and a supportive environment. Governance arrangements were in place and staff understood their responsibilities. We found areas for improvement relating to staff training and appraisals along with patient access to services.

Summary of findings

Are services safe?

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

- Services for children and young people went down in safe from good to inadequate. The service did not meet mandatory training or safeguarding requirements for medical staff and systems and processes to safeguard children and young people were inconsistent. Staff did not comply with infection prevention and control requirements. Systems to respond to and manage risk were ineffective. Staffing levels were below requirements and some caseloads were unmanageable. Audit results demonstrated deterioration and were not always accurate. Learning from incidents was inconsistent and may have resulted in harm. Service leaders did not consistently understand, act on or support staff to raise concerns. However, the systems to prevent and protect children and young people from a healthcare-associated infection were effective. Mandatory and safeguarding levels for nurses were achieved and staff were knowledgeable about safeguarding responsibilities and processes.
- Community adult inpatient services went down in safe from good to requires improvement. There were risks associated with gaps in mandatory and safeguarding training across the service. The trust had not provided staff with level 2 training as recommended in the safeguarding children intercollegiate document. However, the service managed patient safety incidents well, sharing lessons learned with the whole team and the wider service. The service controlled infection risk well. Staff assessed and responded to risk using a comprehensive range of methods and tools. The service had enough staff with the right qualifications, skills, training and experience. Staff kept appropriate records of patients' care and treatment and the service prescribed, gave, recorded and stored medicines well.

Are services effective?

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

- Services for children and young people went down from good to requires improvement. Health visiting teams did not undertake all aspects of the healthy child programme or consistently record the advice given to families. Healthcare passports were not embedded within the service for children in care and children with complex health needs were not supported effectively to plan transition. There was not always a clear approach to monitoring, auditing and benchmarking the quality of services. Targets for training were often not met. However, there was a comprehensive competency assessment and renewal process for those staff caring for children and young people with complex healthcare needs.
- Community inpatient services improved to good. The service provided care and treatment based on national guidance. The effectiveness of care and treatment was monitored well with regular cycles of audit activity. Staff were competent and received regular appraisals to deliver their roles. Systems of multi-disciplinary working were efficient and staff understood their roles and responsibilities under the Mental Health Act (1983) and the Mental Capacity Act (2005). However, the service had not complied with its appraisal target.

Are services caring?

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

- Services for children and young people stayed the same as good for caring. We observed that staff were kind and children and families told us staff were kind and compassionate. Staff gave young people, parents and carers the time and opportunity to ask questions and be involved in care decisions. Care and emotional support was individualised and children and young people were involved in their care. However, we found variability in approaches to joint working between children, young people and families across the service.

Summary of findings

- Community inpatient services stayed the same as good for caring. Staff cared for patients with compassion and the feedback from patients confirmed that staff treated them well and with kindness. Staff ensured personal preferences were included in care and afforded people privacy, dignity and respect. Staff provided emotional support to patients and facilitated religious support. Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

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

- Services for children and young people stayed the same as requires improvement for responsive. Some waiting times were worse than national targets and some services did not monitor performance against demand. We found an inconsistent approach to supporting people under the Equality Act (2010) and some services did not have the resources required to meet the needs of the service. Mechanisms to ensure lessons learned from concerns and complaints were inconsistent and unclear. However, staff could access telephone and face-to-face translation services and the PSAS (paediatric sexual assault service) offered 24-hour service provision. The service supported children and young people with additional needs and those with complex health care needs to remain in school. School nurses delivered important public health education to children and young people.
- Community inpatient services stayed the same as good for responsive. Services were tailored to meet the needs of the local population, offering flexibility and choice. Reasonable adjustments were accommodated including disabled access, hearing loops for those with hearing impairments, translation services, dementia friendly environments, equipment and tools to aid accessibility. Waiting times were in line with good practice and the service worked well with social care colleagues.

Are services well-led?

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

- Services for children and young people went down for well led from good to inadequate. Risks were not consistently or effectively managed and investigations were not prioritised. Staff were unaware of who was part of the trust's senior leadership team and some experienced negative responses from local managers when they spoke up about concerns. Service strategies were outdated and staff were unclear as to the current strategy which was being refreshed at the time of the inspection. There was no systematic programme of clinical or internal audit and leaders were not sighted on team performance. Leaders did not have full oversight of the performance and outcomes within the division because the children, young people and families' division did not participate in the trust wide essential care indicators. Managers did not always adhere to trust policies and procedures regarding staff performance and record keeping was not always effective. There were gaps in communication and information sharing. Lone working practices were mixed across the service and not in line with trust's lone working policy. However local managers were visible and accessible and most staff described a positive culture. The children in care team enabled the young person's voice to be heard and children and young people were included in interview processes. Children and young people with a learning disability were supported to draw their feedback to ensure their voices were heard.
- Community inpatient services stayed the same as good for well led. Managers had the right skills and abilities to run a service providing high-quality sustainable care and promoted a positive culture. The service identified risk effectively and engaged well with patients, carers and families. The service encouraged learning and promoted training, research and innovation. However, service strategies were outdated and staff were unclear as to the current strategy which was being refreshed at the time of the inspection.

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Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each community service and for the whole trust. They also show the current ratings for services not inspected this time. We took all ratings into account in deciding overall ratings.

Areas for improvement

We found areas for improvement. We found 18 things the trust must improve to comply with breaches and 22 things the trust should improve to comply with minor breaches that did not justify regulatory action.

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

Action we have taken

We issued a warning notice to the trust. This meant the trust must demonstrate significant improvements in certain areas to ensure the quality of healthcare.

We issued three requirement notices to the trust. Our action related to breaches in both 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 make sure 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.

Areas for improvement

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

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services in to line with legal requirements. This action related to two services and overall.

For the overall trust:

- Ensure compliance with the requirements of the fit and proper person's regulation 5 of the Health and Social Care Act and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In Community Health services for Children and Young People the trust **MUST**:

- Ensure that it has effective governance systems and processes in place to identify, assess, monitor and mitigate risk within the children's community services it provides.
- Ensure all staff adhere to the trust's infection prevention and control policies, practices and procedures;
- Establish the number of medical staff that should be safeguarding children level 4 trained, and demonstrate it meets this.
- Ensure that medical and dental staff who should have competences in safeguarding or child protection at Levels 3 to 5, are also trained at each of the preceding levels.

Summary of findings

- Ensure action plans are put in place and across all parts of the service where shortfalls had been identified by the trust's 2017/18 patient records audit.
- Ensure outcome measures are recorded, monitored and reviewed to drive improvement within the health visiting service;
- Ensure that all clinical staff received regular one to one clinical supervision.
- Ensure all children and mothers under the care of the health visiting service receive care and treatment in line with the healthy child programme. For any deviation from the national key performance indicators set down to provide this; robust, consistent and accountable risk management decisions must be made.
- Ensure that the performance of all services within the children, young people and family service are monitored and reviewed in order that improvements can be made.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff to deliver all aspects of care throughout universal, specialist and inclusion services.
- Ensure that the environment in which care is delivered is fit for purpose and complies with relevant national guidance and legislation.
- Ensure that it has systems and processes in place to assess, monitor and mitigate the risk to patients waiting longer than the 18-week national target to receive treatment within specialist and inclusion services.
- Ensure that it has systems and processes in place to assess, monitor and mitigate the risk to staff lone working.
- Ensure children of 14 years and over with additional needs and long term and complex conditions have comprehensive care plans in place for transition to adults' services that include goals and desired outcomes.
- Ensure systems in place to assess, monitor, manage and mitigate identified risks are producing reliable data.

In Adult Community Inpatient services, the trust MUST:

- Ensure all staff receive level two child protection training.
- Ensure all staff receive relevant mandatory training.

Action the trust SHOULD take to improve

For the overall trust:

- Ensure the effectiveness of governance arrangements and that the board is consistently informed of and sited on risks.
- Ensure that there is further exploration and improvements aligned to the current issues and concerns presented by BME (Black and minority ethnic) staff.
- Engage staff in the strategic direction of the trust and services.
- Ensure a consistent trust wide approach and shared culture to the reporting of and learning from incidents.
- Ensure timely and accurate performance management across the divisions.
- Ensure that the feedback of staff is acted upon and responded to in a timely way.
- Ensure the executive team are seen as visible and approachable to all services.

In Community Health services for Children and Young People the trust SHOULD:

Summary of findings

- Ensure staff health visitor caseloads do not exceed the Community Practitioners and Health Visitors Association (CPHVA) optimum average caseload.
- Ensure all health visiting teams have safe staffing levels to ensure they can provide children and their families with the care, treatment, support and advice they need.
- Ensure all patient records are completed contemporaneously.
- Review the trust's target for achieving safeguarding children Level 2 and Level 3 staff training compliance.
- Ensure all five key contacts of the healthy child programme are delivered.
- Ensure all staff are aware of the various sources of up to date evidence based care and treatment.
- Ensure all care pathways used by the health visiting team are reviewed and reflect the most up to date evidence based guidance.
- Ensure performance data is collected, monitored and reviewed to improve performance.
- Ensure that patients have care plans to follow in respect of clinical interventions being delivered.
- Ensure that patient outcomes are monitored, and used to improve practice.
- Review the training provided to staff within specialist services to ensure it meets the needs of both staff and patients.
- Ensure detailed strategies are in place for all aspects of the service, and these are communicated to staff effectively.

In Adult Community Inpatient services, the trust SHOULD:

- Ensure that nurses receive an annual appraisal to support them in their professional development.
- Identify clear steps to improve access to translation services in order to meet the needs of those patients where English is not their first language and ensure additional communication needs are identified and addressed.
- Support that the vision, values and strategy trust wide work supported leaders at service level to also secure re-defining the vision and values at local level.

Is this organisation well-led?

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

We rated well led at the trust as requires improvement because:

- There was a governance structure in place. However, this did not always provide accurate or reliable assurance to the board. Information did not flow effectively between the tiers of the governance structure, including via the quality, governance and risk committee (QGRC). Leaders were therefore not always aware of the risks across the organisation. Examples from our inspection include that the board were not sighted on failures to deliver the ante-natal visit programme and high-risk caseloads across the children and families division.

Summary of findings

- The trust did not meet the Fit and Proper Persons Regulation. A sample of eight personnel files found seven did not meet the required standard of annual checks. There was a lack of organisation to the files and some had electronic signatures on the declaration, with no date for the signature recorded. This meant the trust could not assure itself that the individual had read and understood the policy and could not demonstrate compliance with the regulation.
- The board assurance framework (BAF) was not dynamic. Whilst the framework clearly set six strategic objectives (purpose, people, price, promotion, place and partnership) and seven aligned quality priorities, the board did not assess and review progress and priorities regularly.
- The current strategy from 2016 was recognised to be outdated when compared to the current plans of the trust. The strategy set six objectives as people, purpose, partnerships, promotion, price and place. Some board members reflected that the strategy was statement focused and did not provide assurance that the organisation would learn from feedback. We were also told that the Trust was in the process of refreshing its vision, values and strategy at the time of our inspection with the new strategy due to be launched in the autumn.
- Staff did not always feel actively engaged with, empowered by or respected by the organisation.
- Concerns raised by staff were not always managed appropriately. For example, we heard staff were not told about the actions needed to secure improvements and learn. People did not always receive a timely apology when something went wrong and were not consistently told about any actions taken to improve processes to prevent the same happening again.
- Staff development was not always given sufficient priority.
- Despite the launch of a strategy in 2016, equality, diversity and human rights (EDHR) agendas were not consistently promoted and the causes of workforce inequality were not always identified or adequately addressed.
- The board were not fully sighted on the significant concerns and experiences of black and minority ethnic (BME) staff across the trust. The board had however commissioned an external expert review to help it understand and respond effectively to these concerns.
- The arrangements for governance and performance management were not fully clear and did not always operate effectively. Staff were not always clear about their roles, what they are accountable for, and to whom.
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts to secure improvements. However; the systems were not functioning effectively. There was no triangulation of identified themes and no robust process for following up on learning to ensure this had been embedded and outcomes improved.
- The information used to inform board reporting, performance management and oversight of care delivery was not always accurate, reliable or timely.
- Leaders and staff did not always receive information to allow them to challenge or improve performance. Information was used mainly for assurance and was reactive rather than proactive.
- Safeguarding policy, practice and procedure was not robust across the organisation, including a lack of clear guidance or procedures. Therefore, there was a risk staff neither knew what to look for and then what to do if they uncover suspected abuse or neglect.
- There was a lack of evidence of learning from incidents. The trust had been slow to act on learning from a recent incident.

Summary of findings

- Divisions across the structure did not always share information and this resulted in limitations of learning and sharing of staff views. In addition, there was insufficient attention to appropriately engage with those with protected characteristics under the Equality Act (2010); and so the feedback of staff was not always reported or acted on in a timely way.
- Improvements were not always identified or action was not always taken proactively. Instead the organisation often relied upon external partners to identify key risks.

However,

- The executive team made consistent efforts to engage with and visit staff and services. This included a well-planned schedule of patient safety visits.
- The non-executive directors provided challenge and scrutiny at board level.
- Financial governance was well established with effective processes to hold divisions to account. The finance director was very well sighted on risks, priorities and the future strategy and so provided well informed and effective challenge when considering the operational and financial pressures of the organisation.
- Ongoing improvements were a continued focus for the executive team such as the refresh of the trust strategy, visions and values. Work was well underway across the organisation to refresh the strategy, engaging with all staff via 'the big conversation', with a launch plan for autumn 2018.
- Board development sessions commenced with a patient story, meaning the board were focused on the experiences of patients, carers and families.
- A programme of regular board development days was in place and board members considered these to be highly effective.
- The board commissioned external reviews as a mechanism to identify areas for improvement. At the time of inspection, ongoing reviews included a focus on the leadership of the organisation and EDHR.
- There were plans in place to develop leaders across the organisation supported by a strategy.
- The vision and the six values (accessible, responsive, quality, caring, ethical, commitment) were well embedded across the organisation. Individual and team development, along with staff awards (VIP – values in practice) were aligned to the values and were well communicated.
- There was a drive to improve information management with the implementation of key performance indicators.
- There was a focus on a future of continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research. This also included the promotion of recognised improvement methodologies.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 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 Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community health services for children and young people	Inadequate ↓↓ Sept 2018	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Requires improvement →← Sept 2018	Inadequate ↓↓ Sept 2018	Inadequate ↓↓ Sept 2018
Community health inpatient services	Requires improvement ↓ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community end of life care	Good Sept 2014	Good Sept 2014	Outstanding Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community dental services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Learning disability services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Overall*	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 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 health inpatient services

Good   

Key facts and figures

Birmingham Community Healthcare NHS foundation Trust provides community inpatient services from a variety of locations across the area. Services are delivered by multi-disciplinary teams and aim to provide personalised, integrated services that best meet the needs of individual patients and their carers.

Services at the West Midland Rehabilitation Centre include regional posture and mobility centre, Birmingham wheelchair services, access to communication technologies, environmental controls and augmentative and alternative communications, specialist orthotics and amputee rehabilitation services and clinical measurement laboratory.

Services at the Moseley Hall Hospital include the , and in addition to rehabilitation wards and a Community Clinical Decision Unit (CCDU) which provides assessment and admissions services for older people’

We visited four of the community inpatient locations:

We visited two of the inpatient wards at West Heath Hospital. They provided 58 beds and accommodated male and female patients in single sex bays. We visited Willow House, a dementia friendly unit and ward 12, a trauma and orthopaedic rehabilitation ward. The wards had their own multidisciplinary team including nurses, doctors, physiotherapists, occupational therapists, social workers, rehabilitation assistants, domestics and housekeepers. There is also provision for patients to access speech and language therapy, specialist nursing and dietetics.

We visited the Perry Trees Centre, a 32-bedded centre accommodating male and female patients in single sex rooms, with its own multidisciplinary team. The team consisted of a Clinical Lead, nurses, healthcare assistants, occupational therapy, physiotherapy, G.P service, social worker, consultants from Birmingham Heartlands Hospital, housekeepers, domestics and administrative staff. Any adult aged 18 and above can access this service if they are registered with a Birmingham GP and have a level of cognitive ability to be able to participate in rehabilitation.

We visited Good Hope Hospital- Community Unit 27 (CU27), a 28-bedded unit (which could be flexed to 33 beds at times of escalation) accommodating male and female patients in single sex bays. This unit offers enhanced assessment to patients who are medically fit for discharge from an acute hospital bed, but are unable to return to their place of residence due to a change in their health or social function. The unit offers a multi-disciplinary assessment to patients and families to support life changing decisions on their future place of residence or the support that they will need to return to their own home. The service is for adults aged 65 and over and they can access this service if they are registered with a Birmingham GP. The ward could increase capacity up to 33 beds during the winter period.

We inspected Moseley Hall Hospital and visited all the inpatient wards. The wards comprised of 118 beds and accommodated male and female patients in single sex bays. The team provide a short-term community based rehabilitation programme for older adults with dementia, adults with neurological problems, such as brain injury, stroke and multiple sclerosis. The teams were multidisciplinary and in addition to doctors and specialist nursing staff consisted of speech and language therapists, physiotherapists, occupational therapists, consultants in rehabilitation and consultants in geriatric medicine, rehabilitation assistants and a clinical psychologist.

There was a general rehabilitation unit, a specialist stroke rehabilitation unit for adults who are recovering after stroke, a specialist assessment and intensive rehabilitation for people with disabilities resulting from neurological conditions. Any health or social care professional, carers, voluntary agencies or patients themselves can make a referral into this service.

Community health inpatient services

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

At this inspection, we re-inspected all key questions and the service overall.

During the inspection, the inspection team:

Spoke with 30 patients and 13 visitors of those who were using the service.

Spoke with four senior managers, three consultants, four clinical team leaders, four matrons, six speech and language therapists, four physiotherapists, two occupational therapists, one lead allied health professional, one pharmacist, 13 healthcare assistants, one consultant therapist, 24 nurses, two rehabilitation assistants and one student nurse.

Reviewed 14 sets of patient care records.

Observed board rounds, handovers, staff safety huddles, and multidisciplinary meetings and had a tour of each ward environment.

The Care Quality Commission previously carried out a comprehensive inspection between 23 and 27 June 2014, which found that overall, the trust had a rating of 'good'.

Summary of this service

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

- Patient risks were assessed and managed appropriately and incidents were managed and lessons learned as a result. Staffing levels were planned and managed to ensure patients and staff needs were managed safely.
- Staff used evidence based interventions and best practice guidelines to ensure positive outcomes for those using the services. They regularly audited their practice and made changes when appropriate. Teams were made up of staff from a wide range of disciplines to meet the needs of the patient groups they worked with. Staff were supported in ensuring they were reflective in their practice and identified learning and skills areas for improvement. Staff understood that patients should have their needs met based on their consent. They understood the principles relating to mental capacity and restrictions placed on the patient's liberty. As such they ensured they practiced in their patient's best interests.
- Staff worked compassionately and displayed a caring attitude to those they worked with and those who were involved in patient care. Staff demonstrated a patient centred approach and were emotionally supportive which was relayed to us by those who used the services.
- All services were delivered with the rehabilitation, wellbeing and comfort of patients at its heart. Patients found services accessible, adjustments were made and resources provided if required. All key stakeholders were involved to ensure everyone's needs were met. Peoples' views were encouraged and used to make changes to improve on accessibility and outcomes.
- Leaders were efficient at managing resources and providing a supportive environment for staff. Staff were supported in their learning and development and there were opportunities to reflect and be supported in professional growth as well as staff wellbeing. Information was shared, staff engaged in service development and research. Governance arrangements were in place and staff understood their responsibilities. There was a culture of putting patients first and staff feeling they played a valuable role in contributing to positive outcomes.

However:

Community health inpatient services

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. This meant the service could not assure itself that staff working in the inpatient units had the skills essential and necessary for the safe and efficient delivery of services.
- Staff we spoke with understood how to protect patients from abuse, however, not all eligible staff had completed training on how to recognise and report abuse. The trust had not provided staff with child protection level 2 training as mandated in the safeguarding intercollegiate document. When we raised our concerns with the trust appropriate and timely action plans were put in place immediately.
- There was work to be done on building the strategy, vision and values of the service. This was because of change in the direction of the organisation and new leadership.

Is the service safe?

Requires improvement ● ↓

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

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. This meant the service could not assure itself that staff working in the inpatient units had the skills essential and necessary for the safe and efficient delivery of services.
- Staff we spoke with understood how to protect patients from abuse. However, not all eligible staff had completed training on how to recognise and report abuse. The trust had not provided staff with child protection level 2 training as recommended in the safeguarding intercollegiate document. When we raised our concerns with the trust appropriate and timely action plans were put in place immediately.
- Some areas were short of storage space with equipment stored on corridors.

However,

- 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.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- There was a consistent approach to clinical risk assessment. Staff assessed and responded to risk using a comprehensive range of methods and tools. This included involving a range of key people and being person centred to ensure people were kept safe.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records overall, were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.

Community health inpatient services

Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Patients and families told us that care and treatment had improved their outcomes.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers monitored the performance of staff and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care, ensuring there was a multi-disciplinary approach to their care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act (1983) and the Mental Capacity Act (2005). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Inpatient adult services had not complied with its appraisal target. This meant the trust missed valuable opportunities to ensure staff felt motivated, well supported and confident to deal with the many issues and challenges they face in their role and for staff to evaluate their performance, receive constructive feedback, build upon strengths and address any areas for development. The trust has plans in place to address this.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff showed kindness and empathy to those in their care by communicating with people in a way that took on board personal preferences and afforded people privacy, dignity and respect.
- Staff provided emotional support to patients to minimise their distress. There were other professionals and services available to people using services to provide emotional support such as religious support.
- Staff involved patients and those close to them in decisions about their care and treatment.

Community health inpatient services

Is the service responsive?

Good   

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

- The service planned and provided services in a way that met the needs of local people. The facilities and premises were generally appropriate for the services that were planned and delivered.
- The services provided reflected the needs of the population served and offered patients flexibility, choice and continuity of care.
- Reasonable adjustments were considered and introduced to ensure accessibility. There was disabled access, hearing loops for those with hearing impairments, translation services, dementia friendly environments, equipment and tools to aid accessibility.
- Based on the 18-week national referral to treatment target for consultant-led compliant services, people could access the service when they needed it and waiting times from treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The trust acknowledged there were delayed discharges due to social care capacity within the health system, however managed them using monitoring tools and involving commissioners and social care and health partners.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The trust did not risk assess the safety and suitability of the environment for male and female patients in relation to same sex accommodation.

Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they felt proud to work for the trust and took pride in the work they did with patients.
- The service 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.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Community health inpatient services

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

However;

- The service was working towards refreshing a vision for what it wanted to achieve and developing workable plans to turn it into action with input from staff, patients, and key groups representing the local community. Staff were invited to contribute and we saw some evidence of staff engagement and involvement in the process. The new Chief Executive had introduced an initiative across the trust to improve communication and engagement by staff in the delivery of a newly established vision.

Areas for improvement

We found areas for improvement in this service:

The trust must:

- Ensure all staff received level two child protection training.
- Ensure all staff receive relevant mandatory training.

The trust should:

- Ensure a risk assessment is carried out in relation to the safety and suitability of the environment for male and female patients in relation to same sex accommodation.
- Ensure they review all relevant policies to ensure they remain relevant to the regulated activities; this includes the policy for the safe transfer and clinical handover of care of patients and service users.
- Ensure that nurses receive an annual appraisal to support them in the professional development.
- Ensure developments to improve access to translation services to meet the needs of those patients where English was not their first language and connect with those with additional communication needs.
- Consider how they monitor human resources policies, including exit interviews and staff turnover and staff sickness.
- Consider that the vision, values and strategy trust wide work supported leaders at service level to also secure re-defining the vision and values at local level.

Community health services for children and young people

Inadequate ● ↓↓

Key facts and figures

We inspected community health services for children, young people and families as part of the new phase of our inspection methodology. The service was given a short notice period of two days to allow the inspection team to plan logistics and obtain consent to accompany staff on visits to patients in their own homes.

The trust had a wide range of accessible and responsive universal and specialist services which were provided for children, young people and families in homes, schools and clinics across Birmingham, working closely with maternity, education, social care and third sector partners. It aimed to support every child from pre-birth to five years old by health visiting teams, which were part of the new Early Years Health and Wellbeing service, together with Children's Centres, from January 2018. Nurses in mainstream and specialist schools provided continuing health checks, immunisations and support. For children with additional needs, specialist support was also provided in families' homes, the five child development centres and special schools by teams of specialist nurses, community paediatricians and allied health professionals. Regional Child Health Information and Paediatric Sexual Assault Services were also provided by the Trust.

Adult Specialist Rehabilitation: Nutritional & Dietetics provided paediatric primary care services across the city.

Respite services were provided jointly with the local authority at Edgewood Road in a six-bedded bungalow which provided short breaks for children with long term conditions, disabilities and/or complex health needs from the age of five to eighteen years old.

At this inspection, we re-inspected all key questions and the service overall.

During the inspection, the inspection team:

- Spoke with four children/young people and five relatives of children using the services
- Observed care to three children/young people
- Reviewed 11 patient records
- Spoke with 37 members of staff at different grades from band 3 to band 8 nurses, safeguarding children leads; doctors, consultants and therapists; divisional leaders and clinical director for children and families.
- Reviewed trust policy documents and strategy plans.

The Care Quality Commission last inspected the service in June 2014 as part of its Comprehensive Inspection programme and rated the community health services for children, young people and families as 'Good' overall with the responsive domain rated as 'Requires Improvement'. The community health service for children, young people and families was issued with seven recommendations that they should implement for service improvement in the safe, effective and responsive domains.

Summary of this service

Our rating of this service went down. We rated it as inadequate because:

Community health services for children and young people

- There was a lack of a learning culture. Learning from lessons was not always shared to ensure action was taken to improve safety. Following a serious incident within the health visiting service, which occurred in April 2017, learning appeared to have been identified but there was no evidence it had been shared with staff within the trust.
- There was a lack of understanding of the risks within the service. The trust's serious incident investigations did not consider broader, systemic issues that may have contributed to an incident, so learning was limited.
- We found risk management was limited across children, young people's and family services. Risk assessment was not consistently undertaken to ensure those most vulnerable received timely and effective care and support.
- Leaders did not always understand the importance of staff being able to raise concerns and appropriate learning and action was not always taken as a result. Concerns raised by staff about their colleagues were not always investigated or acted on which impacted on the care delivered to children. Some staff told us they felt fearful of raising concerns with their managers.
- We found staffing levels inadequate to provide the level of service required across health visiting, children in care teams and therapy services. The trust was unable to respond effectively to ensure the risk of harm was being assessed and managed.
- Health visiting teams did not meet the requirements of the healthy child programme or consistently undertake antenatal visits.
- There was not always a clear approach to monitoring, auditing and benchmarking the quality of all services or the outcomes for people receiving care and treatment within the children, young people and families' division.
- Mandatory training compliance did not consistently meet the trust average target of 85%. Safeguarding training did not consistently meet the trust targets and was not in line with intercollegiate guidance.
- The safeguarding children's policy did not effectively support staff in the trust's endorsement of the Birmingham Safeguarding Board (BSB) or the West Midlands protocols.
- Staff did not adhere to Infection prevention and control best practice, national guidance and the trust's policies across all children's services.
- Care planning was not consistently done and care plans not consistently updated across the service.
- The service did not consistently achieve the trust target of 90% compliance with yearly appraisals for staff.
- Staff compliance with Mental Capacity Act 2005 training was below the trust target of 85% for medical and dental staff.
- The trust was not meeting the referral to treatment (RTT) target of 92% of patients being seen within 18 weeks of the referral within therapy and children's development centres. Nor were assured that deterioration of the child was not occurring as a result.
- Compliance with the Equality Act (2010) was ineffective: we found a lack of specialist training for staff to support transgender young people within the paediatric sexual assault service and a lack of information in languages other than spoken English, including medical advice and treatment plans.
- There was no systematic programme of clinical and internal audit to monitor quality, operational and financial processes or systems to identify where action should be taken.
- Although leaders understood the challenges to quality and sustainability, and could identify the actions needed to address them, they were not always aware of the performance of their teams.

However:

Community health services for children and young people

- Medicine management was good across the service.
- Staff across the service had good knowledge of how to safeguard people and what their responsibilities were.
- Staff supervision was happening, including safeguarding supervision however this was not always consistently provided and undertaken.
- Staff met the nutritional needs of children and young people, including specialist and non-oral feeds.
- Competency assessments were undertaken yearly to ensure effective and safe care delivery by staff.
- Staff were kind and compassionate when delivering care to patients and their families.
- Staff provided support to patients and families in difficult and emotional situations.
- Children and young people with additional needs and those with very complex needs were supported by school nurses and the complex care team to attend school.
- Local team leaders were visible and approachable. Most staff felt supported by their line manager and local leaders.
- The children in care team and complex care team engaged service users in the development of the services.

Is the service safe?

Inadequate ● ↓↓

Our rating of safe went down. We rated it as inadequate because:

- Staffing levels across most teams within children, young people and family services were inadequate to meet the needs of the service.
- Health visitors had caseloads of between 370 and 500 children; this was significantly above the recommendation from the Community Practitioners and Health Visitors Association of 250 children per health visitor. The looked after children team had approximately 600 children or young people per practitioner, which was also significantly above the national guidance of 100 per practitioner.
- Within health visiting, the service did not know the number of visits it had carried out in relation to the number of referrals. When health visitors did not have capacity to take on additional mothers for antenatal visits, these mothers were not monitored or contact made to ensure their safety and wellbeing. There was no data available on the number of referrals which had not been allocated or the reasons why the visits were not carried out. This meant the trust could not be sure risk was being safely managed.
- Not all eligible staff had completed training on how to recognise and report abuse. The trust had not provided staff with child protection level 2 training as recommended in the safeguarding intercollegiate document. When we raised our concerns with the trust appropriate and timely action plans were put in place immediately.
- The safeguarding children's policy did not adequately support staff in the trust's endorsement of the Birmingham Safeguarding Board (BSB) and West Midlands protocols. It lacked important detail of how the community services for children worked with others such as the local authority and the police. It did not address domestic abuse and the particular issues that arise for children with complex health needs and their families were not specifically acknowledged.

Community health services for children and young people

- We found an inconsistent approach in the systems to safeguard children and young people. The health visiting team did not consistently undertake antenatal visits and we found limited risk assessments in place to mitigate the risk. The trust had attempted to manage this risk through the risk register but ineffective data collection contributed to an unclear picture of the situation. The children in care team's oversight of the most vulnerable children and young people were not robust.
- The service was not meeting national treatment time targets and could not provide assurance that child health was not deteriorating as a result.
- We found the trust's infection prevention and control policies that supported best practice and national guidance were not always adhered to across children's services. Health visitors were not always complying with policy and there was no auditing of infection prevention and control actions within the health visiting service.
- Ineffective systems in place to assess and respond to patient risk in the health visiting service.
- Records audits carried out by the trust from 2017/18 showed worse results than the previous records audit undertaken in 2016/17. In 2017/18, the service achieved an overall compliance rate of 78% against an 85% target. Within the complex care team, we found errors within records that had been already identified within the audit.
- Health visitors did not consistently record the advice given to families within records.
- Coordinated care pathways were in place (for example for behaviour management, new born baby heel prick tests and premature babies); however, we found these were not updated regularly. We found two care pathways out of date and should have been reviewed by October 2015 and April 2016 respectively.
- Efficiencies around learning from incidents were mixed across children's services. We found an example of a serious incident where the learning from a similar previous near miss had not prevented it recurring. Staff from the health visiting service spoke to the inspection team about serious incidents and subsequent process for investigation. We raised our concern with the trust that where incidents should have been reported to CQC, this was not always done.
- Leaders did not always understand the importance of staff being able to raise concerns and appropriate learning and action was not always taken as a result. Concerns raised by staff about their colleagues were not always investigated or acted on which impacted on the care delivered to children.

However:

- Despite the inconsistent adherence to the trust's infection prevention and control policies, the service had in place systems to prevent and protect people from a healthcare-associated infection.
- Safety systems, processes and practices were developed, implemented and communicated to staff to ensure the safety of patients. The service could access the infection prevention and control team, who were responsible for ensuring the trust's practices, related to infection prevention and control (IPC).
- Medicine management was generally good across children's services.
- Nursing staff achieved the trust 85% target for compliance with mandatory training. Nursing staff achieved the required targets for safeguarding training.
- We found staff across children's services were knowledgeable about safeguarding process and their responsibilities to safeguarding children, young people and families.

Is the service effective?

Requires improvement ● ↓

Community health services for children and young people

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

- The health visiting teams did not undertake all aspects of the healthy child programme.
- Healthcare passports were not embedded within the service for children in care.
- There was not always a clear approach to monitoring, auditing and benchmarking the quality of all services or the outcomes for people receiving care and treatment within the children, young people and families' division.
- The service had no transitional care pathway embedded. Within the complex care team, we found no children over the age of 14 years had a plan in place to transition their care from children's services to adult service. Senior staff were unable to show us examples of transitional planning during the inspection and subsequent follow up.
- Children, young people and family services did not meet the trust target of 90% compliance for appraisals, achieving 84% in the last year. Compliance amongst medical staff was 76% and nursing services 85%. Only allied health professionals (physiotherapists, occupational therapists and speech and language therapists) achieved the target, with an average compliance of 98%.
- Medical staff did not meet the trust target of 85% compliance with Mental Capacity Act (2005) training, achieving an average of 78%.

However:

- Transition planning for young people to adult's services was at the strategy agreement stage with other stakeholders and agencies with a view to implement in 2018/19.
- Children and young people's nutritional needs were being met throughout the service. For example, school nurses had the competencies to deliver enteral feeds.
- Staff within the complex care team underwent yearly competencies for the children and young people they provided care to. We saw evidence of the trust updating these, and staff not working independently if their competencies were out of date.

Is the service caring?

Good   

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

- We observed staff were kind and protected peoples' dignity when delivering care.
- Patients and families told us staff were kind and compassionate.
- Staff gave young people and parents and carers the time and opportunity to ask questions and be involved in care decisions.
- Patient feedback was consistently positive.
- Patients could access tailored emotional support. For example, the paediatric sexual assault service ensured a crisis worker and counselling were available for every referral.
- School nurses involved children and young people in the identification of health needs, and helped the child or young person to prioritise these from their own perspective.

However:

Community health services for children and young people

- We found a mixed approach to joint working between children, young people and families and the complex care team. Children and young people (or their family or carer representative) did not consistently sign to agree to the care plans.

Is the service responsive?

Requires improvement ● → ←

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

- During this inspection, we found referral time to treatment (RTT) for all specialist children's services were worse than the national target of 92% of patients being seen within 18 weeks. The picture seemed to be worsening each month with no clear improvement plans.
- Between October 2017 and March 2018, an average of only 36% of patients referred to the children's development centre were seen within 18 weeks. Between April 2017 and March 2018, occupational therapy, physiotherapy and SALT did not achieve the 92% target for RTT. Occupational therapy performed worse, achieving an average of 45% of patients seen within 18 weeks of referral.
- The health visiting team did not know the number of visits it had carried out in relation to the number of referrals. This meant the service was unable to plan and provide services in a way that met the needs of local people.
- We found an inconsistent approach to supporting people under the Equality Act (2010). For example, reports given to parents following assessments, which contained information on beginning treatment at home, were only available in written English. This meant information was not accessible for those services users and carers with a visual impairment or where English is not their first language.
- Services were not planned or delivered in line with the needs of children, young people and families. This meant that the service was not meeting the needs of the local population.
- The children in care team told us they did not have the resources to support the most vulnerable children and young people, for example those unaccompanied child refugees, children that had been sexually exploited and those with no known school or GP.
- It was not clear when and how lessons learned from concerns and complaints were shared with staff from the health visiting service.

However:

- Staff had access to telephone and face-to-face translation services. Staff knew how to access these.
- We found some evidence of learning from complaints and changes being implemented in some teams.
- The paediatric sexual assault service (PSAS) provided a reliable service in relation to access to treatment and support. PSAS aimed for all necessary professionals to be available within 90 minutes of a referral, 24 hours a day.
- The complex care team and the special school nurses supported children with additional needs and also those with multiple disabilities and compromising health conditions to participate in school.
- School nurses delivered key public health education messages in mainstream schools and supported children with health issues to continue attendance at school.

Community health services for children and young people

Is the service well-led?

Inadequate ● ↓↓

Our rating of well-led went down. We rated it as inadequate because:

- We found risk was not consistently or effectively managed across children, young people's and family services. There were risks to patients and to staff that could compromise their safety.
- Local service leaders were not ensuring effective escalation of the significant safety issues known or actively working to secure service wide improvements.
- Following serious incidents and near misses the trust did not prioritise investigations or learning to reduce the risk of incidents happening again. Serious incident investigations did not consider broader, systemic issues that may have contributed, so learning was limited.
- Staff were unaware of who was part of the trust's senior leadership team.
- A few staff told us they had experienced very negative responses from local managers when they spoke up about concerns.
- The inclusion services (physiotherapy, occupational therapy and speech and language therapy) strategy provided by the trust was a draft, unratified version. We could not be sure the trust had a dynamic strategy in place to address the concerns raised at the previous inspection to meet the needs of the local population.
- None of the eight specialist services strategies identified dates for implementation so we were unable to measure progress against the one and two-year objectives.
- There was no systematic programme of clinical and internal audit to monitor quality, operational and financial processes or systems to identify where action should be taken.
- Leaders understood the challenges to quality and sustainability, and could identify the actions needed to address them. However, we found they were not always aware of the performance of their teams.
- Poor or variable staff performance within the health visiting service was not always managed well. This had a direct impact on outcomes for children, as the systems did not always ensure staff performance was safe and of high quality. Managers did not always adhere to trust policies and procedures regarding staff performance and record keeping was not always effective. There were gaps in communication and information sharing in respect of staff performance which meant appropriate action could not always be taken.
- Procedures to ensure the safety of staff lone working was mixed across the service, and not in line with trusts lone working policy.
- The senior leadership team did not have full oversight of the performance and outcomes within the division because the children, young people and families' division did not participate in the trust wide essential care indicators.

However:

- We found local managers were visible and accessible to staff. Most staff told us they felt well supported by local managers.
- Most staff told us they found the culture within their local teams to be positive despite the pressures of demand.
- Staff felt engaged in the service and able to provide feedback and make suggestions on service improvements.

Community health services for children and young people

- The children in care team enabled the young person's voice to be heard. They used current young people in care to interview new staff and their opinion accounted for half of the applicants score.
- The complex care team had worked with children and young people to develop feedback cards for specific groups, for example those with a learning disability where the service user could draw their feedback rather than write words.

Areas for improvement

We found areas for improvement in this service.

The trust must:

- Ensure that it has effective governance systems and processes in place to identify, assess, monitor and mitigate risk within the children's community services it provides.
- Ensure all staff adhere to the trust's infection prevention and control policies, practices and procedures;
- Establish the number of medical staff that should be safeguarding children level 4 trained, and demonstrate it is meeting this.
- Ensure medical and dental staff that should have competences in safeguarding or child protection at Levels 3 to 5 possess the competency at each of the preceding levels also.
- Ensure action plans are put in place and across all parts of the service where shortfalls had been identified by the trust's 2017/18 patient records audit.
- Ensure outcome measures are recorded, monitored and reviewed to drive improvement within the health visiting service;
- Ensure that all clinical staff received regular one to one clinical supervision.
- Ensure all children and mothers under the care of the health visiting service receive care and treatment in line with the healthy child programme. For any deviation from the national key performance indicators set down to provide this; robust, consistent and accountable risk management decisions must be made.
- Ensure the performance of all services within the children, young people and family service is monitored and reviewed in order that improvements can be made.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff to deliver all aspects of care throughout universal, specialist and inclusion services.
- Ensure that the environment in which care is delivered is fit for purpose and complies with relevant national guidance and legislation.
- Ensure that it has systems and processes in place to assess, monitor and mitigate the risk to patients waiting longer than the 18-week national target to receive treatment within specialist and inclusion services.
- Ensure that it has systems and processes in place to assess, monitor and mitigate the risk to staff lone working.
- Ensure children of 14 years and over with additional needs and long term and complex conditions have comprehensive care plans in place for transition to adults' services that include goals and desired outcomes.
- Ensure systems in place to assess, monitor, manage and mitigate identified risks are producing reliable data.

The trust should:

Community health services for children and young people

- Ensure staff health visitor caseloads are safe and that progress is made towards the Community Practitioners and Health Visitors Association recommendation.
- Ensure all health visiting teams have safe staffing levels to ensure they can provide children and their families with the care, treatment, support and advice they need.
- Ensure all patient records are completed contemporaneously.
- Review the trust's target for achieving safeguarding children Level 2 and Level 3 staff training compliance.
- Ensure all five key contacts of the Healthy Child Programme are delivered.
- Ensure all staff are aware of the various sources of up to date evidence based care and treatment.
- Ensure all care pathways used by the health visiting team are reviewed and reflect the most up to date evidence based guidance.
- Ensure performance data is collected, monitored and reviewed to improve performance.
- Ensure the executive team are seen as visible and approachable by all services.
- Ensure that patients have care plans to follow in respect of clinical interventions being delivered.
- Ensure that patient outcomes are monitored, and used to improve practice.
- Review the training provided to staff within specialist services to ensure it meets the needs of both staff and patients.
- Ensure detailed strategies are in place for all aspects of the service, and these are communicated to staff effectively.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Nursing care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Donna Sammons, Inspection Manager led this inspection. Victoria Watkins, Head of Hospital Inspection and executive reviewer, Judy Gillow, supported our inspection of well-led for the trust overall.

The team included nine inspectors, one executive reviewers, 11 specialist advisers, and one 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.