

Croydon Health Services NHS Trust

Inspection report

Croydon University Hospital
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Date of inspection visit: 10, 11 and 16 July 2018
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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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

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

Croydon Health Services NHS Trust provides acute and community healthcare services across the borough of Croydon either in patients' own homes or from clinics and specialist centres, including Croydon University Hospital and Purley War Memorial Hospital in Croydon. We inspected Croydon University Hospital and Purley War Memorial Hospital.

The trust has 443 inpatient beds. The emergency department is at Croydon University Hospital. Purley War Memorial Hospital does not have any inpatient beds and services provided include phlebotomy and outpatient clinics.

Croydon Clinical Commissioning Group (CCG) is the lead commissioner.

We last inspected the trust in November 2017.

Overall summary

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



Summary of findings

What this trust does

The trust provides services at Croydon University Hospital (CUH), Purley War Memorial Hospital (PWMH) and community services. It provides a range of inpatient services at CUH including surgery, medicine, urgent and emergency care, outpatients, end of life care, maternity, critical care and services for children and young people. Services at Purley War Memorial Hospital include outpatients, phlebotomy, podiatry and physiotherapy. Community services are provided for adults and children in health clinics and in their homes.

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.

During this inspection on 10 and 11 July, we visited Croydon University Hospital (CUH) to inspect the medical care provided by the trust. In addition, we inspected the community health services for adults and community health services for children and young people provided by the trust on 10, 11 and 16 July. The information we held on these areas indicated the need for inclusion in this inspection: at the last inspection in June 2015 they were rated requires improvement.

What we found

Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement and caring as good. We rated three of the trust's 11 services as requires improvement. In rating the trust, we took into account the current ratings of the eight services not inspected this time.
- In medical care there were large number of outliers and patients being moved at night.
- The medical care service was reliant on the use of bank and agency staff to cover gaps in the staffing provision; however the trust could not be assured agency and bank staff were being inducted onto wards appropriately or when they commenced on a new ward.
- Some concerns that had been found at the June 2016 inspection of community services for adults had not been resolved including insufficient speech and language staff and waiting times for access to the domiciliary speech and language team. There were also issues with staffing numbers in medical care.
- The trusts own internal audit data for hand hygiene within the medical care service identified compliance was variable across the medical wards. Compliance varied from between 100% and 56%.

Summary of findings

- Maintenance on the medical care wards and equipment was not always undertaken in a timely way. We found that repairs to windows on one ward had been waiting for six months.
- Wards within the medical care service had little public health information on the national priorities to improve the population's health on smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.
- Medical outliers were treated on surgical wards. The trust reported that over the last 12 months for the period April 2017 to March 2018 the number was 9,646.
- In community services for children and young people (CYP) we found the caseload numbers were well above the recommended number for health visitors to safely manage. This was a finding at the inspection in June 2016.
- Multidisciplinary working was not fully embedded in all services for CYP.
- Processes to monitor and review the quality of care in CYP services were not robust and in services for adults the trust did not provide outcome data for adults.
- Services for CYP were not planned to meet all of their needs and within national timescales.
- Performance for CYP services had been below national and local indicators for the last twelve months.
- The roll out phones for community adult nurses was not complete and some staff were using their own phones which potentially compromised their safety and was a data protection risk.
- In both community services we found there was a lack of use of interpreters and an over reliance on family members to interpret which is not line with best practice.
- Patient information leaflets were not always available in different languages if requested.

However:

- There was a clear leadership structure within the medical care core service.
- Within the medical care core service there was a culture of honesty, openness and transparency. We saw evidence of senior staff carrying out duty of candour responsibilities which detailed the involvement and support of patients or relatives in serious incident reports.
- We saw evidence of secure record keeping within the medical care core service.
- Within the medical care core service, serious incidents were discussed as part of the monthly patient safety and mortality committee meetings and the integrated adult care governance. SIs were investigated, had an action plan and lesson learnt identified
- In medical care, the trust had introduced a '10 steps' meal distribution process to ensure that patient received their correct diet. Protected meal time were being strictly observed. Nursing staff were on ward so they could support and monitor patients who required assistance. The nurse in charge checked to ensure that patients were being given the right food which was checked against menu sheets and the nutrition boards.
- The results of recent published audits showed the medical care core service to be performing in line with national averages. In some cases where performance fell below the England average there was an improvement seen since the previous audit.
- Both community services provided care and treatment that was informed by national guidance.
- There was effective multidisciplinary working in both community services for adults and medical care.
- Staff understood and knew how to protect adults and CYP from abuse.

Summary of findings

- Staff had access to training and were competent to carry out their role.
- Adults and CYP using the community services were positive about the care they received and told us they were involved in decisions about their care. They told us staff treated them with kindness and compassion.
- In both community services, staff were positive about the local and executive leadership of the trust. They felt valued and told us there was a supportive culture.

Are services safe?

We rated safe as requires improvement. We rated three of the trust's 11 services as requires improvement for safe in this inspection. In rating the trust, we took into account the current ratings of the eight services not inspected this time.

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

- There were issues with vacancy in the adult community health services, this included insufficient speech and language therapist, which had not improved since the last inspection.
- In community health services for CYP the caseloads for health visitor were significantly higher than the recommended number which was a potential risk to their safety.
- The medical care service was reliant on the use of bank and agency staff to cover gaps in the staffing provision; however the trust could not be assured agency and bank staff were being inducted onto wards appropriately or when they commenced on a new ward.
- On the medical wards we saw observed good practice in relation to hand hygiene. However the trusts own internal audit data has identified compliance was variable across the medical wards. Compliance varied from between 100% and 56%.
- Maintenance on the medical wards and equipment was not always undertaken in a timely way.

However:

- Staff in community services were aware of the signs of abuse and knew the actions to take to protect adults and CYP from abuse, care records were complete and up to date and medicines were stored and managed safely.
- In medical care, records were stored safely and securely.
- Serious incidents within medical care were investigated, had an action plan and lesson learnt identified and shared with staff.

Are services effective?

We rated effective as requires improvement. We rated two of the trust's 11 services as requires improvement and one as good for effective in this inspection. In rating the trust, we took into account the current ratings of the eight services not inspected this time.

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

- CYP services were not meeting national and local targets for seeing and reviewing CYP.
- Community services did not have a policy to coordinate the transition between children and adult services that covered all the services provided.

However:

Summary of findings

- Staff within community services were competent to carry out their role and received supervision. In community health services for adults we found care and treatment was informed by national guidance and there was good multidisciplinary working.
- The medical care service had an effective process for ensuring the delivery of nutrition and hydration for patients.
- There was effective multidisciplinary team working in medical care in the ward areas.
- Staff in medical care had opportunities for further development.

Are services caring?

We rated caring as good. We rated three of the trust's 11 services as good for caring in this inspection. In rating the trust, we took into account the current ratings of the eight services not inspected this time.

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

- Staff in all the services we inspected were observed to be kind and compassionate
- Patients spoke positively about the care they received. Staff provided emotional support and involved adults and CYP in discussions about their care.
- In medical care, chaplaincy and counselling services were available to patients who needed them.

Are services responsive?

We rated responsive as requires improvement. We rated three of the trust's 11 services as requires improvement for responsive in this inspection. In rating the trust, we took into account the current ratings of the eight services not inspected this time.

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

- Community health services for adults did not always meet the referral to treatment times for speech and language therapy.
- Community services did not always take into account and meet the individual needs of adults and CYP.
- There were capacity issues within medical care which meant that patients were frequently moved at night, or were outlying on non-medical wards.

However:

- All of the services investigated and learnt from complaints.
- Care of the elderly wards were dementia friendly.

Are services well-led?

We rated well led as requires improvement. We rated three of the trust's 11 services as requires improvement for well led in this inspection. In rating the trust, we took into account the current ratings of the eight services not inspected this time.

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

- Within community services, the systems for monitoring the quality and safety of care and treatment were not robust. Although risks had been identified action taken had not always been prompt to mitigate them. Similarly, within medical care, risks were not always reviewed and dealt with in a timely way.

Summary of findings

- Although the medical care core service had taken significant actions to address staff shortages, those actions had, to date, not resulted in improvements in permanent staff numbers.
- The majority of staff within medical care that we spoke with were unaware of the integrated medicines divisional strategy.

However:

- We found staff in both community services spoke positively about the local managers the executive team.
- Staff in community services told us there was an open supportive culture and they felt valued.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and 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

- The adults community speech and language therapy team were involved in a research project with City University in “Eva Park”. “Eva Park” is a virtual reality environment for the SALT team and their patient’s with aphasia to carry out rehabilitation remotely.
- The adults community staff had recently developed a virtual reality training prototype for staff to create a new, interactive way of learning. The tool further encouraged staff to uptake training and created a virtual experience of a community setting to help educate acute staff about some of the challenges that staff faced working in a community setting.
- The trust’s homeless health team, based at Rainbow Health Centre, provided an in-reach and outreach programs to both support and provide purposeful interventions to asylum seekers and homeless people. This service took a holistic approach which included coordinating accommodation for service users.

Areas for improvement

Actions the provider MUST take to improve:

In medical care:

- The service must work improve access and flow, to ensure that there is sufficient capacity in the service and that patients are cared for in the right ward for them, without the need for frequent moves within the hospital. Further, the service must reduce the number of patients who are moved at night.
- The service must ensure that there are effective processes in place to manage risk. In particular, as well as identifying and monitoring risk, the service should take action to eradicate or mitigate those risks.

In community services for adults:

- The trust must ensure there are sufficient numbers of speech and language therapists to meet the needs on the population.
- The trust must take steps to integrate their electronic patient record systems to enable a shared care record, including social care and GP records.
- The trust must ensure patients have access to interpreters when required.

Summary of findings

- The trust must ensure that the service information on how to access services and other information leaflets were available in other languages.
- The trust should ensure it collects and stores appropriate information on sufficiently robust patient outcomes audits, on a regular basis to ensure the safe care and treatment of patients and identify any issues in the delivery of care and treatment.
- The trust must ensure lone working community staff have phones provided in order to avoid risk of harm.

In community services for children and young people:

- The trust must ensure that information provided to patient is available in other languages.
- The trust must take steps to reduce the high caseload for health visitors.
- The trust must develop a clear audit plan to ensure services are being delivered in line with local and national guidelines and that audit findings are acted on and re-audits are planned to monitor improvement.

Actions the provider SHOULD take to improve:

In medical care:

- The service should ensure agency and bank staff were being inducted onto wards appropriately or when they commenced on a new ward.

In community services for adults:

- The trust should monitor if their new approach to assessing pressure ulcers in the community sees a reduction in acquired pressure ulcers.
- The trust should ensure a culture of incident reporting is embedded across the adult community services.

In community services for children and young people:

- The trust should ensure take steps to improve appraisal rates for some staff groups.
- The trust should ensure staff comply with infection control and dress code policy consistently.
- The trust should ensure actions from audit findings are acted upon and re-audit planned within an appropriate timeframe.
- The trust should ensure the directorate had a clear strategy and business plan, which should be communicated to staff.
- The trust should take the appropriate steps to ensure performance is in line with local indicators and national targets.
- The trust should plan and provide all services in a way that meets the needs of all local people.
- The trust should have a transition policy, based on national guidance, to assure consistency in the transitioning of children and young people to adult services.

Action we have taken

We issued four requirement notices to the trust. Our action related to breaches of four legal requirements across the three core services inspected.

Summary of findings

What happens next

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

Outstanding practice

We found examples of outstanding practice in community services for adults, please see below for details.

Areas for improvement

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

We told the trust that it must take action to bring services into line with four legal requirements. This action related to three core services.

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.

At this inspection we focussed solely on medical care, community services for adults and community services for children and young people. We did not carry out a well led inspection on this occasion. Our most recent well led inspection report was published in February 2018.

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 →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Sept 2018	Requires improvement →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement →← Sept 2018	Requires improvement →← Sept 2018
Community	Requires improvement →← Sept 2015	Requires improvement →← Sept 2015	Good →← Sept 2015	Requires improvement →← Sept 2015	Requires improvement →← Sept 2015	Requires improvement →← Sept 2015
Overall trust	Requires improvement →← Sept 2018	Requires improvement →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement →← Sept 2018	Requires improvement →← Sept 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Croydon University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Medical care (including older people's care)	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Surgery	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Critical care	Requires improvement Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018	Inadequate Feb 2018	Requires improvement Feb 2018
Maternity	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Gynaecology	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Outpatients	Good Feb 2018	N/A	Good Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018
Overall*	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept	Requires improvement ↔ Sept

*Overall ratings for this hospital 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.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Requires improvement →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement →← Sept 2018
Community health services for children and young people	Requires improvement ↓ Sept 2018	Requires improvement →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement →← Sept 2018	Requires improvement →← Sept 2018
Overall*	Requires improvement →← Sept 2018	Requires improvement →← Sept 2018	Good →← Sept 2018	Requires improvement →← 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.

Acute health services

Background to acute health services

Croydon Health Services NHS Trust provides acute and community healthcare services across the borough of Croydon either in patients' own homes or from clinics and specialist centres, including Croydon University Hospital and Purley War Memorial Hospital in Croydon. We inspected Croydon University Hospital and Purley War Memorial Hospital.

The trust has 443 inpatient beds. The emergency department is at Croydon University Hospital. Purley War Memorial Hospital does not have any inpatient beds and services provided include phlebotomy and outpatient clinics.

Summary of acute services

Our rating of these services stayed the same. We rated them as requires improvement.

Croydon University Hospital

530 London Road
Croydon
Surrey
CR7 7YE
Tel: 02084013348
www.croydonhealthservices.nhs.uk

Key facts and figures

It has 443 inpatient beds and provides services to the local population including:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Maternity and gynaecology
- Outpatients and diagnostic imaging
- Critical care
- End of life care
- Children and young people's services

CUH performs around 26,000 surgical procedures every year and provides more than 100 specialist services, including for conditions affecting the heart, cancer care and treatment for musculoskeletal disorders. CUH also offers 24/7 maternity services, including a labour ward midwifery-led birth centre and the Crocus home birthing team.

The trust was entered into Financial Special Measures (FSM) in the summer of 2016. In the spring of 2017 it was stated by NHSI that the trust no longer required to be part of the special measures programme and was subsequently removed. FSM had enabled the trust to focus on reducing its deficit whilst maintaining care quality and patient experience. For this financial year its projected income is £277 million and a planned deficit of £-19135.

Summary of services at Croydon University Hospital

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

- In medical care, there were large number of outliers and patients being moved at night.
- The service was reliant on the use of bank and agency staff to cover gaps in the staffing provision; however the trust could not be assured agency and bank staff were being inducted onto wards appropriately or when they commenced on a new ward.
- The trusts own internal audit data for hand hygiene within the service identified compliance was variable across the medical wards. Compliance varied from between 100% and 56%.

Summary of findings

- Maintenance on the medical care wards and equipment was not always undertaken in a timely way. We found that repairs to windows on one ward had been waiting for six months.
- Wards had little public health information on the national priorities to improve the population's health on smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.
- Medical outliers were treated on surgical wards. The trust reported that over the last 12 months for the period April 2017 to March 2018 the number was 9,646.

However:

- There was a clear leadership structure within the medical care core service.
- There was a culture of honesty, openness and transparency within the service. We saw evidence of senior staff carrying out duty of candour responsibilities which detailed the involvement and support of patients or relatives in serious incident reports.
- We saw evidence of secure record keeping within the medical care core service.
- Serious incidents were discussed as part of the monthly patient safety and mortality committee meetings and the integrated adult care governance. SIs were investigated, had an action plan and lesson learnt identified.
- The trust had introduced a '10 steps' meal distribution process to ensure that patient received their correct diet. Protected meal time were being strictly observed. Nursing staff were on ward so they could support and monitor patients who required assistance. The nurse in charge checked to ensure that patients were being given the right food which was checked against menu sheets and the nutrition boards.
- The results of recent published audits showed the service to be performing in line with national averages. In some cases where performance fell below the England average there was an improvement seen since the previous audit.
- There was effective multidisciplinary working within medical care.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The inpatient medical and older people's inpatient services at Croydon University Hospital includes emergency medicine, respiratory, stroke, care of the elderly, cardiology and haematology.

The endoscopy unit at Croydon University Hospital undertakes diagnostic and therapeutic procedures such as oesophageal-gastro-duodenoscopy (OGD), colonoscopy, bronchoscopy and endoscopic-retrograde-cholangio-pancreatograph (ERCP).

Between April 2017 and March 2018 the endoscopy service undertook 11,699 procedures. The three main procedures undertaken were OGD 4,366, colonoscopy 3,356, cystoscopy 1,795.

The medical care service at Croydon University Hospital had 277 inpatient beds plus 13 emergency department trolleys in beds located across 13 wards and units.

Wards	Speciality	Beds
ACE – acute care of the elderly	Care of the elderly	14
AMU – acute medical unit	Emergency Medicine	42
Coronary Care Unit	Cardiology	12
Duppas 1 and 2	Cardiology / Haematology	29
Heathfield 1	Geriatric Medicine	26
Heathfield 2	Respiratory Medicine	22
Purley 1	General Medicine	28
Purley 2	General Medicine	28
RAMU – rapid acute medical unit	Emergency medicine	13 trolleys
Wandle 1	Care of the elderly	28
Wandle 2	Care of the elderly	28
Wandle 3	Care of the elderly	28
Heart Centre		n/a

Medical care (including older people's care)

The trust had 54,645 inpatient admissions between March 2017 and February 2018. Medical admissions accounted for 14,428 (26.4 %), elective 387 (0.7%) and remaining were day cases 8,698 (16%).

The tops three admissions by speciality were:

- General medicine: 6,731 admissions
- Gastroenterology; 5,761 admissions
- Care of the Elderly: 3,726 admissions

During the inspection we visited ACE, AMU, Coronary Care Unit (CCU), Duppas Ward, Heathfield 1, Heathfield 2, Purley 1, Purley 2, RAMU, Wandle 1, Wandle 2.

During this inspection we spoke with 67 staff including health care assistants, doctors, nurses, allied health professionals and ancillary staff. We also spoke with the directorate leadership team. We spoke with 13 patients and relatives. We reviewed 13 patient records and 11 medication administration records. We made observations and looked at documentary information accessible within the department and provided by the trust.

Summary of this service

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

- The service had failed to manage the flow of patients through the service with a large number of outliers and patients being moved at night. This means the trust was not focussed on getting patients a bed on a ward for their speciality
- Although the medical care core service had taken significant actions to address staff shortages, those actions had, to date, not resulted in improvements in permanent staff numbers.
- The integrated adult care division risk register had 33 risks identified and we saw evidence that these had been reviewed and updated. Some of the risks had been on the register since 2014. This meant some risks were not being dealt with in a timely way.
- Most staff in the medical services knew the trust values. However most staff we spoke with were unaware of the integrated medicines divisional strategy.
- The medical care service was reliant on the use of bank and agency staff to cover gaps in the staffing provision; however due to inconsistencies in the completion of induction sheets the trust could not be assured agency and bank staff were being orientated or inducted onto wards appropriately.
- Mandatory training in key skills for nursing and medical staff completion rate was 86%. This had improved since the last inspection when the completion rate was 63%. The trust target was 90%.
- Safeguarding adults level 2 training for medical and nursing staff completion rate was 88%. This had improved since the last inspection when the completion rate was 63%. The trust target of 90%.
- On the wards we saw evidence of good practice in relation to hand hygiene. However the trusts own internal audit data has identified compliance was variable across the medical wards. Compliance varied from between 100% and 56%.
- Maintenance on the wards and equipment was not always undertaken in a timely way. For example on one ward found that repairs to windows had been waiting for six months.

Medical care (including older people's care)

- Appraisals were on a rolling programme with the expectation that all staff would have an appraisal at least once a year. In the last 12 months 77% of registered nurses and 72% of health care assistants had an appraisal which was lower than the trust target of 95%.
- Wards had little public health information on the national priorities to improve the population's health on smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.
- There was not enough capacity as a result of the flow issues within the hospital to manage the medical patients in the right ward. There were a total of 1442 patients moved at night between 8.00pm and 7.00am between April 2017 and March 2018.
- A total of 2125 patients were discharged at night between 8.00pm and 7.00am between April 2017 and March 2018 on the medical wards.
- Medical outliers were treated on surgical wards. The trust reported that over the last 12 months for the period April 2017 to March 2018 the number was 9,646.

However:

- There was a clear leadership structure. The integrated adult care division was responsible for the emergency department and all the medical services across the hospital. At a local level they were supported by four clinical business units which had responsibility for specialist, care of the elderly, general and emergency medicine.
- There were effective structures and process of accountability to support the services within the integrated adult care division. Clinical governance was focused on the quality and safety of care which monitored and reported on infection control, serious incidents, incidents, feedback from friends and family tests, and audits.
- There was a culture of honesty, openness and transparency. We saw evidence of senior staff carrying out duty of candour responsibilities which detailed the involvement and support of patients or relatives in serious incident reports.
- The trust used electronic patients records (EPR) on the wards. The EPR could only be accessed by staff using a swipe card and password so the system was protected. This meant that patient information and records were stored securely.
- Patients were being assessed using the Early Warning System. Staff were knowledgeable in responding to any changes in the observations which necessitated the need to escalate the patient to be seen by medical staff or the critical care outreach team.
- Serious incidents were discussed as part of the monthly patient safety and mortality committee meetings and the integrated adult care governance. SIs were investigated, had an action plan and lesson learnt identified.
- The trust had introduced a '10 steps' meal distribution process to ensure that patient received their correct diet. Protected meal time were being strictly observed. Nursing staff were on ward so they could support and monitor patients who required assistance. The nurse in charge checked to ensure that patients were being given the right food which was checked against menu sheets and the nutrition boards.
- The results of recent published audits showed the trust to be performing in line with national averages. In some cases where performance fell below the England average there was an improvement seen since the previous audit.
- Patients prescribed pain relief to be given 'when required' were able to request this when they needed it. Patient notes recorded whether patients had been asked about pain.
- There was effective multidisciplinary team working in the ward areas. Relevant professionals were involved in the assessment, planning and delivery of patient care.

Medical care (including older people's care)

- Staff had opportunities for further development. Staff could apply for additional training if it was relevant to their role. Practice development educators for supported nursing staff for their revalidation and new nurses in the preceptorship programme.
- At the last inspection we found mental capacity assessments were not being undertaken when needed and consent was not recorded in patient notes and on this inspection we found this had improved.
- We saw clinical staff treat people with dignity, respect and kindness during their stay on the wards. Staff were seen to be considerate and empathetic towards patients. Most of the patients we spoke with were positive about the staff that provided their care and treatment.
- Friends and family test results were displayed on the medical wards. Between May 2017 and May 2018 the trust scored between 87% in April 2018 and 94% in December for recommending the hospital for all inpatient wards. The response rate for inpatient wards over the same period was between 20% in February 2018 and 38% in June 2017.
- Most patients we spoke with said they felt involved in their care. Most patients knew the name of their consultant and who was in charge of their care.
- Chaplaincy and counselling services were able to patients who needed them. The hospital had two full time chaplains co-ordinating the provision of 24/7 spiritual and religious care.
- The care of the elderly wards had been made more dementia friendly. There was matt rather than shiny flooring and use of contrasting colours, large signage with pictures and text for toilets and bathrooms and a sensory room.
- To expedite weekend discharges patients being considered for discharged consultants would complete a 'purple form' on Friday which detailed the criteria for discharge and any pending investigations so that patients could be reviewed and discharged if appropriate.
- On the care of the elderly wards volunteers assisted staff at meal times and provided shared reading and poetry sessions for patients.

Is the service safe?

Requires improvement ● ➡ ➡

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

- The medical care service was reliant on the use of bank and agency staff to cover gaps in the staffing provision; however due to inconsistencies in the completion of induction sheets the trust could not be assured agency and bank staff were being orientated or inducted onto wards appropriately.
- Mandatory training in key skills for nursing and medical staff completion rate was 86%. This had improved since the last inspection when the completion rate was 63%. The trust target was 90%.
- Safeguarding adults level 2 training for medical and nursing staff completion rate was 88%. This had improved since the last inspection when the completion rate was 63%. The trust target of 90%.
- On the wards we saw evidence of good practice in relation to hand hygiene. However the trusts own internal audit data has identified compliance was variable across the medical wards. Compliance varied from between 100% and 56%.
- Maintenance on the wards and equipment was not always undertaken in a timely way. For example on one ward found that repairs to windows had been waiting for six months.

Medical care (including older people's care)

However:

- The trust used electronic patients records (EPR) on the wards. The EPR could only be accessed by staff using a swipe card and password so the system was protected. This meant that patient information and records were stored securely.
- Patients were being assessed using the Early Warning System. Staff were knowledgeable in responding to any changes in the observations which necessitated the need to escalate the patient to be seen by medical staff or the critical care outreach team.
- Serious incidents were discussed as part of the monthly patient safety and mortality committee meetings and the integrated adult care governance. SIs were investigated, had an action plan and lesson learnt identified.

Is the service effective?

Good   

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

- The trust had introduced a '10 steps' meal distribution process to ensure that patient received their correct diet. Protected meal time were being strictly observed. Nursing staff were on ward so they could support and monitor patients who required assistance. The nurse in charge checked to ensure that patients were being given the right food which was checked against menu sheets and the nutrition boards.
- The results of recent published audits showed the trust to be performing in line with national averages. In some cases where performance fell below the England average there was an improvement seen since the previous audit.
- Patients prescribed pain relief to be given 'when required' were able to request this when they needed it. Patient notes recorded whether patients had been asked about pain.
- There was effective multidisciplinary team working in the ward areas. Relevant professionals were involved in the assessment, planning and delivery of patient care.
- Staff had opportunities for further development. Staff could apply for additional training if it was relevant to their role. Practice development educators for supported nursing staff for their revalidation and new nurses in the preceptorship programme.
- At the last inspection we found mental capacity assessments were not being undertaken when needed and consent was not recorded in patient notes and on this inspection we found this had improved.

However:

- Appraisals were on a rolling programme with the expectation that all staff would have an appraisal at least once a year. In the last 12 months 82% of registered nurses and 78% of health care assistants had an appraisal which was lower than the trust target of 95%.
- Wards had little public health information on the national priorities to improve the population's health on smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.

Is the service caring?

Good  

Medical care (including older people's care)

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

- We saw clinical staff treat people with dignity, respect and kindness during their stay on the wards. Staff were seen to be considerate and empathetic towards patients. Most of the patients we spoke with were positive about the staff that provided their care and treatment.
- Friends and family test results were displayed on the medical wards. Between May 2017 and May 2018 the trust scored between 87% in April 2018 and 94% in December for recommending the hospital for all inpatient wards. The response rate for inpatient wards over the same period was between 20% in February 2018 and 38% in June 2017.
- Most patients we spoke with said they felt involved in their care. Most patients knew the name of their consultant and who was in charge of their care.
- Chaplaincy and counselling services were able to patients who needed them. The hospital had two full time chaplains co-ordinating the provision of 24/7 spiritual and religious care.

Is the service responsive?

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

- There was not enough capacity as a result of the flow issues within the hospital to manage the medical patients in the right ward. There were a total of 1442 patients moved at night between 8.00pm and 7.00am between April 2017 and March 2018.
- A total of 2125 patients were discharged at night between 8.00pm and 7.00am between April 2017 and March 2018 on the medical wards.
- Medical outliers were treated on surgical wards. The trust reported that over the last 12 months for the period April 2017 to March 2018 the number was 9,646.

However:

- The care of the elderly wards had been made more dementia friendly. There was matt rather than shiny flooring and use of contrasting colours, large signage with pictures and text for toilets and bathrooms and a sensory room.
- To expedite weekend discharges patients being considered for discharged consultants would complete a 'purple form' on Friday which detailed the criteria for discharge and any pending investigations so that patients could be reviewed and discharged if appropriate.
- On the care of the elderly wards volunteers assisted staff at meal times and provided shared reading and poetry sessions for patients.

Is the service well-led?

Requires improvement  

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

- The service had failed to manage the flow of patients through the service with a large number of outliers and patients being moved at night. This means the trust was not focussed on getting patients a bed on a ward for their speciality.
- Although the medical care core service had taken significant actions to address staff shortages, those actions had, to date, not resulted in improvements in permanent staff numbers.

Medical care (including older people's care)

- The integrated adult care division risk register had 33 risks identified and we saw evidence that these had been reviewed and updated. Some of the risks had been on the register since 2014. This meant some risks were not being dealt with in a timely way.
- Most staff in the medical services knew the trust values. However most staff we spoke with were unaware of the integrated medicines divisional strategy.

However:

- There was a clear leadership structure. The integrated adult care division was responsible for the emergency department and all the medical services across the hospital. At a local level they were supported by four clinical business units which had responsibility for specialist, care of the elderly, general and emergency medicine.
- There were effective structures and process of accountability to support the services within the integrated adult care division. Clinical governance was focused on the quality and safety of care which monitored and reported on infection control, serious incidents, incidents, feedback from friends and family tests, and audits.
- There was a culture of honesty, openness and transparency. We saw evidence of senior staff carrying out duty of candour responsibilities which detailed the involvement and support of patients or relatives in serious incident reports.

Areas for improvement

Actions the provider **MUST** take to improve:

- The service must work improve access and flow, to ensure that there is sufficient capacity in the service and that patients are cared for in the right ward for them, without the need for frequent moves within the hospital. Further, the service must reduce the number of patients who are moved at night.
- The service must ensure that there are effective processes in place to manage risk. In particular, as well as identifying and monitoring risk, the service should take action to eradicate or mitigate those risks.

Actions the provider **SHOULD** take to improve:

- The service should ensure agency and bank staff were being inducted onto wards appropriately or when they commenced on a new ward. .
- The service should ensure mandatory training for medical and nursing staff meets the trust target of 90%.
- The service should ensure safeguarding adults level 2 training for medical and nursing staff meets the trust target of 90%.
- The service should ensure that staff appraisal rates meet the trusts target of 95%.

Community health services

Background to community health services

Croydon Health Services NHS Trust provides services across the area of Croydon to a population exceeding 360,000. It provides the following core services: Community services for adults and community services for children and young people. This includes community nursing, health visiting, school nursing, family nursing partnership project, therapy services and outpatient clinics including continence clinics, musculoskeletal physiotherapy, podiatry, dietetics, wheelchair and posture management. Services are provided in people's home, in health clinics and in schools.

Croydon Health Services NHS Trust was formed in July 2010 with the integration of Mayday Healthcare NHS Trust with Croydon Community Health Services.

Summary of community health services

Our rating of these services stayed the same down. We rated them as requires improvement.

Community health services for adults

Requires improvement   

Key facts and figures

Croydon Health Services NHS Trust is based in Croydon, Surrey, and serves a population exceeding 360,000, providing acute care from Croydon University Hospital and outpatient services from Purley War Memorial Hospital, Croydon. In addition, there are 15 community clinics providing a range of services as part of the trust across an area of 87 square kilometres. The services are predominantly commissioned by Croydon clinical commissioning group (CCG).

The trust provides community health services for adults to people in the Croydon area. The service operates across two localities: North and South. Services include community nursing and therapy services and outpatient clinics including continence clinics, musculoskeletal physiotherapy, podiatry, dietetics, speech and language therapy, wheelchair and posture management and occupational therapy clinics, among others. These services supported people with long-term conditions (LTCs) such as diabetes, neurology and stroke, learning disabilities.

In addition, the adult community services include a rapid response service which has a multidisciplinary team of GPs, physiotherapists, occupational therapists, community nurses, a social worker and community matron. The trust also provides therapy services to patients in intermediate care services which are managed by other providers.

These services are delivered in a range of settings including patient's homes, health clinics, hospitals and GP surgeries.

The Indices of Multiple Deprivation indicate that Croydon is the eighth borough out of 326 in terms of deprivation (the first being the most deprived). Croydon has the highest proportion of hard-to-reach black and minority ethnic groups in South London at 44.9%. The number of people not registered with a GP in the north of the borough is 6.3%, which represents the worst in London and is more than three times the national average.

Information about the sites which offer community health services for adults at this trust is shown below. The table only includes the sites we inspected:

Name of site visited	Address	Details of services provided at this site
Woodside Health Centre	3 Enmore Road, South Norwood, London, SE25 5NT	District Nursing - Cluster 2 & 3, Initial Accommodation Health Services, CICS Team, Podiatry
Parkway Health Centre	Parkway, New Addington, CR0 0JA	District Nursing - Cluster 5, Older People Specialist Health Visiting, Podiatry, MSK Physiotherapy, Dietetics
Rainbow Health Centre	141 Brigstock Road, Thornton Heath, CR7 7JN	Homeless Health Team, Initial Accommodation Health Services
Lennard Road	12-18 Lennard Road, Croydon, CR9 2RS	Out of Hours Service, LIFE team including Rapid Response service, Tissue Viability
Shirley Clinic	135 Shirley Road, Shirley, CR0 7LR	Podiatry, MSK Physio, Older People Specialist Health Visiting

Community health services for adults

Croydon University Hospital	530 London Road, CR7 7YE	Podiatry, MSK Physiotherapy, A&E Liaison
Purley War Memorial Hospital	856 Brighton Road, CR8 2YL	Podiatry, MSK Physiotherapy, District Nursing - Cluster 6
Broad Green Clinic	1-13 Lodge Road, CR0 2PD	Community Integrated Neuro Team
Bernard Weatherill House	Bernard Weatherill House, CR0 1EA	Community OT, Joint Learning Disability Team

Summary of this service

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

- Staffing levels were consistently lower than the recommended numbers for the domiciliary speech and language therapy (SALT) team. This had not improved since the last inspection.
- The trust did not have integrated electronic patient record systems to enable a shared care record. This had not improved since the last inspection.
- The service did not always take account of patients' individual needs. Information on how to access services and other information leaflets were not easily accessible in other languages. Staff told us they regularly used relatives to translate during drop in sessions.
- The service was not meeting referral to treatment times. This was a significant issue for the domiciliary SALT team and there had been no improvement since the last inspection.
- The service did not always have a satisfactory system to book appointments. In a podiatry clinic, patients were required to ring and book their next appointment and this posed a risk that a person may forget to do this.
- The trust did not ensure that all staff had the equipment they required to work safely. The trust's roll out of phone to the community nurses teams had not been completed.
- The trust did not ensure that patients always had access to interpreters when required.
- The use of personal phones by staff to contact patients presented a significant data protection risk.
- Some of the data provided by the trust lacked depth and granularity, in particular staffing and audit information. The service did not provide sufficient data around patient outcomes and therefore missed opportunities to identify potential risks to patients.

However:

- The service managed patient safety incidents well. Incidents were reported and investigated appropriately. Lessons learned were shared across teams and the wider service.

Community health services for adults

- Staff kept appropriate records, paper and electronic, of patients' care and treatment. Records were clear and up to date.
- Staff carried out risk assessments for all patients on initial and subsequent visits. Appropriate assessment tools were used to identify and help manage patient risks.
- Clinical rooms we visited were clean and tidy. We saw evidence of regular and compliant infection control audits across the community adults services.
- Multidisciplinary working was embedded across community adult services.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made sure staff were competent for their roles. Staff were well trained, received appropriate supervisions and showed overall good compliance for appraisal rates.
- Staff encouraged patients to proactively manage their own health. Staff were passionate about supporting patients to improve their own health and wellbeing.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated patients kindly and with dignity.
- Staff involved patients and those close to them in decisions about their care and treatment.
- All staff we spoke with told us that there was an open and honest culture. Staff were encouraged to report incidents and there was a no blame culture when incidents were reported.

Is the service safe?

Requires improvement   

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

- Staff kept appropriate records, paper and electronic, of patients' care and treatment. Records were clear and up to date.
- Staff carried out risk assessments for all patients on initial and subsequent visits. Appropriate assessment tools were used to identify and help manage patient risks.
- Clinical rooms we visited were clean and tidy. We saw evidence of regular and compliant infection control audits across the community adults services.

However:

- The staffing levels were consistently lower than the recommended numbers for the domiciliary speech and language therapy (SALT) team. This had not improved since the last inspection.
- The trust did not have integrated electronic patient record systems to enable a shared care record. This had not improved since the last inspection.

Is the service effective?

Good   

Community health services for adults

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

- The service made sure staff were competent for their roles. Staff were well trained, received appropriate supervisions and showed overall good compliance for appraisal rates.
- Multidisciplinary working was embedded across community adult services.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff encouraged patients to proactively manage their own health. Staff were passionate about supporting patients to improve their own health and wellbeing.

However:

- The trust did not provide sufficient data around patient outcomes. This meant that the trust did not hold adequate central information with regard to some patient outcomes and could not be assured patient outcomes were positive.

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 patients kindly and with dignity.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Requires improvement ● ➡ ➡

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

- The service did not always take account of patients' individual needs. Information on how to access services and other information leaflets were not easily accessible in other languages. Staff told us they regularly used relatives to interpret during drop in sessions.
- The service was not meeting referral to treatment times. This was a significant issue for the domiciliary SALT team and there had been no improvement since the last inspection.
- The service did not always have a satisfactory system to book appointments. In a podiatry clinic, patients were required to ring and book their next appointment and this posed a risk that a person may forget to do this.

However:

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service met the needs of people in vulnerable circumstances. The homelessness team provided support and care for patients in vulnerable circumstances and from hard-to-reach backgrounds.

Community health services for adults

Is the service well-led?

Requires improvement  

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

- There were a range of issues that the service had not addressed from our last inspection. These included staffing levels, referral to treatment times of the domiciliary SALT team and not all staff were able to access a shared record system.
- The service had a governance structure and a risk register but, the roll out of phones to the community nurses teams had not been completed, which comprised staff safety. This meant staff often used personal phones to contact patients which also presented a significant data protection risk.
- Some of the data provided by the trust lacked depth and granularity, in particular staffing and audit information. The service did not provide sufficient data around patient outcomes and therefore missed opportunities to identify potential risks to patients.

However:

- All staff we spoke with told us that there was an open and honest culture. Staff were encouraged to report incidents and there was a no blame culture when incidents were reported.
- Local and executive managers across the trust promoted a positive culture that supported and valued staff. Staff were complimentary of the local and executive leadership team.
- The trust had a clear vision and had made progress in integrating the adult acute and community services.

Outstanding practice

We found examples of outstanding practice in this service, outlined as follows:

- The community SALT team was involved in a research project with City University in “Eva Park”. “Eva Park” is a virtual reality environment for the SALT team and their patient’s with aphasia to carry out rehabilitation remotely.
- Community staff had recently developed a virtual reality training prototype for staff to create a new, interactive way of learning. The tool further encouraged staff to uptake training and created a virtual experience of a community setting to help educate acute staff about some of the challenges that staff faced working in a community setting.
- The trust’s homeless health team, based at Rainbow Health Centre, provided an in-reach and outreach programs to both support and provide purposeful interventions to asylum seekers and homeless people. This service took a holistic approach which included coordinating accommodation for service users.

Areas for improvement

Actions the provider MUST take to improve:

- The trust must ensure there are sufficient numbers of speech and language therapists to meet the needs on the population.
- The trust must take steps to integrate their electronic patient record systems to enable a shared care record, including social care and GP records.

Community health services for adults

- The trust must ensure patients have access to interpreters when required.
- The trust must ensure that the service information on how to access services and other information leaflets in other languages are easily accessible.
- The trust should ensure it collects and stores appropriate information on sufficiently robust patient outcomes audits, on a regular basis to ensure the safe care and treatment of patients and identify any issues in the delivery of care and treatment.
- The trust must ensure lone working community staff have phones provided in order to avoid risk of harm.

Actions the provider SHOULD take to improve:

- The trust should monitor if their new approach to assessing pressure ulcers in the community sees a reduction in acquired pressure ulcers.
- The trust should ensure a culture of incident reporting is embedded across the adult community services.

Community health services for children and young people

Requires improvement  

Key facts and figures

Croydon Health Services NHS Trust is an integrated provider of acute hospital and community health services for adults and children across the London Borough of Croydon. The services are delivered by multidisciplinary teams and services delivered include health visiting, family nurse partnership, school nursing, paediatric therapy services as well as community medical services

We inspected children and young people clinics at the trust as follows:

Lennard Road Health Centre where we met the safeguarding team, family nurse partnership lead as well as the hospital at home and school nurses. We also observed a speech and language therapy outpatient clinic.

The Crystal Child Development Centre where we met with therapists and community paediatricians.

Thornton Heath centre where we observed a health visitor led baby clinic.

Eldridge Road health centre where we attended a baby café, where breastfeeding support was offered.

St Giles special school where we observed therapy and nursing sessions.

We also accompanied staff from the asthma, hospital at home, diabetes and the looked after children on visits in the community.

The last comprehensive inspection of the service took place in 2015. We rated the service as good for the key questions of safe, caring and well-led, with the key question of effective and responsive rated as requires improvement. This resulted in a rating of requires improvement overall.

At this inspection, we re-inspected all key questions. We rated safe and caring as good and , effective, responsive and well-led as requires improvement, providing a rating of requires improvement overall.

We inspected the whole service, looking at all five key questions.

Our inspection was conducted by short announcement (with 48 working hours' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available.

During the inspection visit we spoke with:

- seven parents/carers who were using the service.
- the leadership team.
- 23 other staff members; including doctors, nurses, health visitors, support workers and allied health professionals.

We reviewed 10 sets of patient records and looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- The service did not always comply with infection control policies. Staff were not always adhering to the bare below the elbow policy and audits findings were not always actioned.

Community health services for children and young people

- The caseload numbers for health visitors was consistently higher than the recommended numbers. This had not improved since the last inspection.
- The multidisciplinary working was not fully embedded in the child development centre. This was an ongoing concern since 2016.
- We did not see evidence that all services monitored the effectiveness of care and treatment and used the findings to improve them. They did not compare local results with those of other services to learn from them.
- The service was not consistently meeting the national and local targets for completion of assessments within a set timescale.
- The service did not have a policy in place to coordinate the transition between children and adult services that covered all the services offered. Where transition plans were in place, this did not comply with National Institute for Health and Care Excellence (NICE) guidance for when this process should start.
- The service did not consistently plan and provide all services in a way that met the needs of all local people.
- The service did not always take account of patients' individual needs. Information on how to access services and other information leaflets were not available in other languages. Staff told us they regularly use relatives to interpret during drop in sessions.
- Although a risk register was in place, we did not see evidence actions had been taken to mitigate these risks to an acceptable level.
- The trust collected, analysed, managed and used information to monitor performance against local indicators. However performance for health visitors had been below the expected national and local indicators for the last 12 months.
- The audit process was not well embedded to assure the leadership team that services were being provided in line local and national guidelines. There was limited audit activity and the actions from audit findings were not consistently followed through.

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 prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records electronic record of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care via mobile devices at the point of care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff were aware of guidelines relevant to their service.

Community health services for children and young people

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were complimentary of the local leadership team.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Is the service safe?

Requires improvement  

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

- The caseload numbers for health visitors was consistently higher than the recommended numbers across all teams, despite not having a high vacancy rate. This had not improved since the last inspection and staff told us they were not aware of any plans to reduce caseload numbers.
- The service did not always comply with infection control policies. We saw low scores in infection prevention and control audits with no clear action plans. During the inspection, some staff were not bare below the elbow and in some locations, some soft toys were in use, which meant staff were unable to decontaminate these after use. The IPC audit also noted there was no cleaning schedule in place to demonstrate that toys were cleaned regularly.
- Mandatory training completion rates for each module did not consistently meet the trust target of 90% compliance.
- Staff working at various clinics across the borough were not always aware of the location of the emergency/first aid equipment at each location. This meant they were not always equipped to deal with an emergency.

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 prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records electronic record of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care via mobile devices at the point of care.
- We saw excellent supervision arrangement in the hospital at home team and staff were supported with their clinical caseload and safeguarding cases as well as receiving emotional support with complex cases.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Community health services for children and young people

Is the service effective?

Requires improvement   

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

- The multidisciplinary working was not fully embedded in the child development centre. This was an ongoing concern since 2016.
- We did not see evidence that all services monitored the effectiveness of care and treatment and used the findings to improve them. They did not compare local results with those of other services to learn from them.
- The service was not consistently meeting the national and local targets for completion of assessments, such as new birth visits and health assessment looked after children, within a set timescale.
- The service did not have a policy in place to coordinate the transition between children and adult services that covered all the services offered. Where transition plans were in place, this did not comply with NICE guidance for when this process should start.

However:

- 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 that they could all update.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff were aware of guidelines relevant to their service.

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 involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Requires improvement  

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

- The service did not consistently plan and provide all services in a way that met the needs of all local people.

Community health services for children and young people

- Some services such as school nursing and health visiting were not able to deliver the full range of services or meet national targets due to high caseload.
- The service did not always take account of patients' individual needs. Information on how to access services and other information leaflets were not available in other languages. Staff told us they regularly used relatives to interpret during drop in sessions.
- Information on how to raise a concern or make a complaint was not readily available or included in information packs given to parents and young people.

However:

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service was meeting referral to treatment times.

Is the service well-led?

Requires improvement   

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

- The trust had effective systems for identifying risks, however we saw limited planning on how to mitigate these risks.
- The service did not have an up to date business plan and we saw some of the actions from the 2017/18 plan was still outstanding. Staff were unclear whether the organisation had a strategy for children and young people's services.
- Although the leadership team were aware of the high caseload for health visitors, at the time of the inspection, we did not see evidence of how the trust was planning to address this issue in order to bring the caseload to within the recommended numbers.
- The trust collected, analysed, managed and used information to monitor performance against local indicators. However performance for health visitors had been below the expected national and local indicators for the last 12 months.
- The audit process was not well embedded to assure the leadership team that services were being provided in line with local and national guidelines. There were limited audit activity and the actions from audit findings were not consistently followed through.

However:

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were complimentary of the local leadership team.
- The trust engaged well with staff and local organisations to plan and improve services.
- The trust had a vision to integrate the acute and community children services and had made good progress with the appointment of rotational nurses and a joint head of nursing.
- The trust was committed to improving services by learning from when things go well and when they go wrong.

Areas for improvement

Actions the provider MUST take to improve:

Community health services for children and young people

- The trust must ensure that information provided to patient is available in other languages.
- The trust must take steps to reduce the high caseload for health visitors.
- The trust must develop a clear audit plan to ensure services are being delivered in line with local and national guidelines and that audit findings are acted on and re-audits are planned to monitor improvement.

Actions the provider SHOULD take to improve:

- The trust should ensure take steps to improve appraisal rates for some staff groups.
- The trust should ensure staff comply with infection control and dress code policy consistently.
- The trust should ensure actions from audit findings are acted upon and re-audit planned within an appropriate timeframe.
- The trust should ensure the directorate had a clear strategy and business plan, which should be communicated to staff.
- The trust should take the appropriate steps to ensure performance is in line with local indicators and national targets.
- The trust should plan and provide all services in a way that meets the needs of all local people.
- The trust should have a transition policy, based on national guidance, to assure consistency in the transitioning of children and young people to adult services.

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 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Andrew Brown, a CQC inspector, led the inspection which was overseen by Margaret McGlynn, Inspection Manager.

The team included CQC inspectors and a variety of specialists including senior nurses and therapy staff with a background in community health.