Isle of Wight NHS Trust

Inspection report

St Mary's Hospital
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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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

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

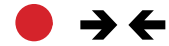
Background to the trust

The Isle of Wight NHS Trust is an integrated trust that includes acute, ambulance, community and mental health services. Services are provided to a population of approximately 140,000 people living on the island. The population increases to over 230,000 during the summer holiday and festival seasons. St Mary's Hospital in Newport is the trust's main base for delivering acute services for the Island's population. The hospital has 246 beds and handles 22,685 admissions each year. Ambulance, community and mental health teams work from this base and at locations across the island. The trust also provides a GP out of hours service and NHS 111 services.

The trust was established in April 2012, following the separation of the provider and commissioner functions.

We undertook a comprehensive inspection of all services at the trust in June 2014, and the trust was rated requires improvement. Following inspection of trust wide leadership, and core services in November 2016, the trust was rated as inadequate. Immediately following that inspection, we used our powers to urgently impose conditions on the trust's registration in relation to mental health services. The trust was placed in special measures in April 2017.

Overall summary

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

What this trust does

St Mary's Hospital in Newport is the trust's main base for delivering acute services for the Island's population. The hospital has 246 beds and handles 22,685 admissions each year. Services include urgent and emergency care, medicine, surgery, intensive care, maternity, gynaecology, services for children and young people, neonatal intensive care unit, diagnostic imaging and outpatient services.

Mental health inpatient services are provided on the St Mary's hospital site at the Sevenacres unit, and Shackleton ward in the main hospital mental health beds. Woodlands, a mental health rehabilitation unit, is located in Ryde.

Community health services and community mental health services are provided across the three island localities West and Central Wight, North and East Wight and South Wight. There are community bases at St Mary's Hospital and clinics and health centres across the island.

The ambulance service headquarters and emergency ambulance station are based on the site of St Mary's Hospital. The service responds to 999 calls, 24 hours a day, 365 days a year. The emergency operations centre (EOC) for the ambulance service is located on the site in a multidisciplinary hub office that contains desks for other trust services such as community health services, and 111 services. The trust also provides a patient transport service (PTS), seven days a week for outpatient appointments, admissions, discharge and transfer.

The trust also provides a GP out of hours service, located adjacent to the emergency department.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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

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

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

What we inspected and why

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

The trust was placed in special measures following significant concerns found at trust wide inspection and core services across acute, community, mental health and ambulance services in November 2016. Although most services were inspected in November 2016, several acute services had not been inspected since June 2014, when they were rated as good. We therefore decided to undertake a comprehensive inspection of all core services at the trust, (acute, mental health, community, ambulance and primary care), at this inspection in 22-25 January 2018.

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 well led at trust level. The trust level well led inspection took place 20- 22 February and the findings are in the section headed 'is this organisation well led'.

What we found

Overall trust

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

- Overall trust wide we rated safe, and well-led as inadequate; effective and responsive required improvement. We rated seven of the trust's 23 services as inadequate, and 11 as requires improvement. The findings of focused inspection of safe and well led in gynaecology services, an additional core service are in a separate report and not included in the overall trust rating.
- We did not rate acute services in November 2016 as not all services were inspected at that time. The overall rating of acute services went down to inadequate since inspection in 2014. Five services were rated as requires improvement. Three services, emergency care, medical care and end of life care services, were rated as inadequate. Safe, effective and well led was rated as inadequate across acute services overall, with responsive as requires improvement.
- The overall rating for mental health services remained as inadequate overall. Three of the seven services inspected were rated as inadequate, one was rated requires improvement. Safe, responsive and well led was rated as inadequate across mental health services overall, with effective as requires improvement.
- Our rating of community services overall went down to inadequate. Community services for children, young people was rated inadequate overall with community services for adults requiring improvement. Safe and well led was rated as inadequate across community services overall, and effective as requires improvement.
- The rating of ambulance services was requires improvement overall, however well led was rated inadequate across two of the three ambulance services and the 111 service. Safe and effective was rated as requires improvement for the ambulance and 111 services.

Summary of findings

- The GP out of hours service was rated requires improvement overall, with well led inadequate and safe, effective and responsive requiring improvement.
- We rated well-led for the trust overall as inadequate

However:

- All services were rated good for caring, with one service rated outstanding for this domain.
- Two acute services, critical care and outpatients, were rated good overall.
- There were improvements in some mental health services. Acute adult wards and PICU, and specialist community mental health services improved to a rating of good overall. Community mental health services for people with a learning disability or autism remained good overall. Long stay rehabilitation wards, had improved from inadequate to requires improvement.
- The overall rating of ambulance services had improved, from inadequate in November 2016 to requires improvement

Are services safe?

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

- We rated eight of the trust's 23 services as inadequate for safe, and 11 as requires improvement. Acute, mental health and community services were rated inadequate overall for safe.
- Safety systems were not fit for purpose, or were not implemented sufficiently, across many services. In surgical services medical staff were not sufficiently engaged in the safety checks in surgery. Staff did not always assess and manage risks to patients appropriately, to keep them safe from avoidable harm.
- There was an overall low rate of compliance with mandatory training, with very low rates of completion for some courses. Not all staff had completed appropriate safeguarding training.
- There were insufficient provision for infection prevention and control trust wide, and staff not always follow best practice to keep patients safe.
- There were substantial staff shortages across services and gaps in rotas could not always be filled. There was a reliance on locum doctors and agency nurses, who were often poorly managed and disengaged.
- There were a range of different patient records systems, which did not communicate, and in some services these were not fit for purpose. Patient records were not always completed fully or correctly.
- Medicines were not always managed and stored safely across services.
- Some services did not have consistently suitable premises and equipment.
- There was limited measuring and monitoring of safety performance. Safety information was not shared with staff and patients.
- There was improvement in the recognition and reporting of serious incidents at trust level, but this was not embedded across all services. Some staff did not recognise or report incidents or near misses. There was limited evidence of learning from incidents and some staff did not report as they were not confident it would make a difference.

Are services effective?

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

Summary of findings

- We rated three of the trust's 23 services as inadequate for effective, and 10 as requires improvement. Acute services were rated inadequate overall for effective.
- Care and treatment did not always reflect or meet the current evidence based guidance and best practice standards.
- Care assessments in some services did not fully consider the range of patient needs.
- Staff did not consistently work well together as a team to benefit patients.
- Services did not consistently carry out audits or use national audit findings to improve..
- There were gaps in competency assessment, appraisal, training and supervision of staff across many services
- The trust had not addressed the requirement for seven day services and the project to implement this had not been fully developed.
- Not all staff had received training or understood their roles and responsibilities towards the Mental Capacity Act 2005.

Are services caring?

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

- We rated 21 out of 23 core services as good for caring and patient transport services was rated outstanding. Caring on inpatient services for older people with mental health problems required improvement. Acute, mental health, community health, ambulance and primary medical care services were all rated good overall for caring.
- Staff treated patients with kindness, respect and compassion, providing emotional support when needed.
- Overall staff respected and promoted privacy and dignity
- As far as possible, staff involved patients and those close to them in decisions about their care and treatment

Are services responsive?

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

- We rated two of the trust's 23 services as inadequate for responsive, and 10 as requires improvement. Mental health services were rated inadequate overall for responsive.
- Services were not always delivered in a way that met patient's holistic needs. Service environments were not always suitable for children or people living with dementia.
- Patients could not always access services when they needed, this was of particular concern for patients in mental health crisis.
- Patients were not discharged from services in a timely and responsive way to meet their needs. Delayed discharges led to waits and crowding in the emergency department and wards, and mixed sex breaches in critical care.
- The trust did not comply with the Accessible Information Standard and action had yet to be taken
- The trust was starting to be take complaints seriously, but response times continued to be slow. Complaints and concerns were rarely used to improve the quality of care.

Are services well-led?

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

Summary of findings

- We found there clear signs of recovery and improvement since our inspection in November 2016 and there was growing momentum. However this recovery was starting from a very low base and, despite some elements of outstanding leadership from the senior team, it was too early for the overall rating to change.
- We rated 12 services as inadequate for the well led domain, and nine as requires improvement.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in acute outpatient services and emergency ambulance services

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

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

For more information on the action the trust MUST take to improve, see the Areas fo rimprovement section of this report.

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of 11 legal requirements at a trust-wide level and across all core services and locations.

At previous inspection in November 2016 we took enforcement action and imposed urgent conditions on the trust's registration in respect of mental health services. Following this most recent inspection we have removed some conditions relating to the safety of mental health acute and rehabilitation inpatient environments, as improvements were found. Conditions relating to in community mental health services remain in place, as insufficient action had been taken to address concerns.

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

What happens next

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

Summary of findings

Outstanding practice

We found a number of examples of outstanding practice across trust services:

Acute services:

- There was a strong culture of promoting quality and teamwork in the hospital sterilisation and decontamination unit. Staff maintained a full accreditation from the Medicines and Healthcare Products Regulatory Agency (MHRA). They assisted in other departments during the winter plan, to support staffing needs and they had gone the extra mile to maintain business continuity by taking surgical kits to the mainland for sterilisation.
- There was an orientation visit to the chemotherapy unit for patients who had received a diagnosis of cancer. This gave them an opportunity to ask questions, get a greater understanding of the unit and what their treatment would entail. They also had access to hospital psychologists who provided continuing emotion support and advice.
- The collaboration between the David Hide Asthma and Allergy Research Centre and the Isle of Wight NHS asthma and allergy outpatient service provided an outstanding service for patients in this disease area.

Ambulance services

- The community first responder programme had been recognised by the Resus Council UK in response to the resuscitation training carried out across the island. The programme had also significantly expanded the number of automated external defibrillators available across the island.

Paramedics from the service were finalists of the ITV Good Morning Britain Health Star Awards 2017. They were recognised for delivering life-saving high dose antibiotics to patients with suspected Sepsis before they reached hospital.

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.

Action the trust MUST take to improve

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

Trust overall

The trust must ensure:

- There is competency based recruitment to leadership posts and a leadership development programme is implemented, so leaders at all levels are supported and leadership improves at all levels across the trust. Regulations 19(1)(2);18(2)

Summary of findings

- Urgent improvements are made to human resources processes, including recruitment and clearly defined and consistent management of performance. Regulation 19(2)

- The Health and Social care Act 2008: Code of Practice for prevention and control of infection is followed at all levels and services of the trust. Regulation 12(2)(h)

- There is a credible trust strategic vision and plans, developed with partners on and off the island, so staff are clear of their role and actively involved in delivery of meaningful plans to achieve sustainable services for the island population. Regulation 17(2)(e)

- There is improved clinical engagement and leadership across all services and clinical business units and they support the provision of high quality and sustainable and integrated services for patients. Regulations 17(2)(f); 19(2)(e)

- The work to progress organisational development and culture change is accelerated, so there is increased staff engagement and candour, openness and challenges to poor practice are improved. Regulations17(2)(f);18(2);19(2)

- Links are made with national experts in the fields of leadership development, diversity, equality, inclusion, organisational and system change. And improvements are made to the equality and diversity programme within the trust, so as to ensure equality for all staff and patients. Regulation 17(2)(e)

- Governance arrangements that support monitoring of quality, safety and performance are embedded across all levels and services across the trust. Regulation 17(1)(2)(f)

- Mental Health Act administration and governance is improved in line with the updated Code of Practice, that all staff are trained and aware of updated guidance and compliance is monitored by the Board. Regulations 12(2); 17(2)
- There are arrangements in place for identifying, assessing, managing and where necessary effectively escalating risk at all levels and staff are appropriately trained in this. Regulation 17(2)(b)

- The board uses the assurance framework to identify and take early action on any concerns arising in any services. Regulation 17(2)(a)(f)

- There are improvements to the accuracy, reliability, validity and timeliness of information and its use to support the monitoring of performance, quality and safety. Regulation 17(2)(a)(f)

- Patient records systems are fit for purpose, accessible to relevant staff and support the delivery of safe services for patients. Regulation 17(2)(c)

Summary of findings

- Information management and information governance systems are developed in line with statutory requirements and are implemented and embedded across the trust. Regulation 17(2)(d)

- Effective partnership working with partners on the island and mainland, to facilitate access and timely flow along patient pathways and future service planning. Regulation 17(2)(e)

- There is proactive and meaningful engagement and involvement of patients and the public, in the improvements and developments to services. Regulation 17(2)(e)

- Staff and service leads are trained and supported in making quality improvements and innovations they identify are needed to support sustained quality services. Regulation17(2)(f)

- Systems for learning from all incidents, events, complaints and deaths are developed and embedded across all areas of the trust. Regulation 17(2)(f)

- Improvements continue to be made to the timeliness and quality of response to complaints. Regulation 16 (1)(2)

Acute services

Urgent and emergency services

The trust MUST ensure that;

- There are sufficient numbers of suitably qualified, competent, skilled and experienced nurses to meet the needs of patients in the Emergency Department (ED). Regulation 18(1)
- There is a consultant presence in the ED for 16 hours each day. Regulation 18(1)
- There are systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the ED. Regulation 17(2)(a)
- There are accurate, complete and contemporaneous records for each patient in the ED. Regulation 17(2)(c)
- Adequate levels of adult safeguarding training are provided for ED staff. Regulation 12(2)(c)
- Crowding is reduced so that patients do not have to wait on trolleys in the corridor in the major treatment area. Regulation 12(2)(b)
- Patients whose clinical condition is at risk of deteriorating are rapidly identified and monitored appropriately. (Regulation 12(2)(a)(b)
- There is always a senior doctor in the department with the appropriate skills to effectively resuscitate adults and children. Regulation 18(2)(b)
- There is always a nurse in the department with the appropriate skills and knowledge to care for sick children. Regulation 18(1)

Medical care services

Summary of findings

- The trust must ensure completion rates for mandatory training across all staff groups meets the trust target. (Regulation 18(2)(a))
- The trust must ensure that staff completion rates for intermediate life support training meet the trust's policy and target. (Regulation 18(2)(a))
- The trust must ensure medical staff have a good understanding about safeguarding processes.(Regulation 13(2))
- The trust must ensure all staff complete safeguarding training in line with the trust policy and trust targets. (Regulation 13(2))
- The trust must ensure clinical waste is stored securely and is not accessible to the public. (Regulation 12(2)(h))
- The trust must ensure all staff use personal protective equipment when handling used bed pans and urinals. (Regulation 12(2)(h))
- The trust must ensure staff wash their hands flowing national guidance (Regulation 12(2)(h))
- The trust must ensure all staff adhere to the trust's bare below elbows policy and national guidance.(Regulation 12(2)(h))
- The trust must ensure all equipment is cleaned between patient use. (Regulation 12(2)(h)
- The trust must make sure equipment is clean and free from dust.(Regulation 12(2)(h))
- The trust must ensure the contents of the emergency resuscitation trolleys are checked twice in 24 hours as per the trust policy. (Regulation 12(2)(e))
- The trust must ensure equipment in working order is not labelled not to be used. (Regulation 12(2)(e))
- The trust must ensure staff always complete all patient risk assessments. (Regulation 12 (2)(a))
- The trust must ensure all staff follow the NEWS process correctly and escalate patients identified through the NEWS process as at risk of deterioration. (Regulation 12(2)(b))
- The trust must ensure staff check the position of patients' naso gastric tubes daily as per trust policy and good practice guidance. (Regulation 12(2)(b))
- The trust must ensure that where risks to patients' welfare are identified, actions are taken to lessen the risk. (Regulation 12(2)(b))
- The trust must take action to reduce the risk to patients relating to the lack of permanent nursing, allied health care professional and medical staff. (Regulation 18(1))
- The trust must ensure respiratory consultants review their patients on the CCU. (Regulation 12(1))
- The trust must ensure there is sufficient medical staff with the relevant skills on duty at all times. (Regulation 18(1))
- The trust must ensure staff fully complete patient's records. This includes medical records, nursing records, patients' fluid balance records and patients' food intake records. (Regulation 17(2)(c))
- The trust must carry out a privacy impact assessment about the use of computerised patient's screens displaying patients' names in public areas of the wards.(Regulation (2)(c))
- The trust must ensure all medicines are stored at recommended temperatures.(Regulation 12(2)(g))
- The trust must make arrangements so patients own controlled drugs on the stroke are stored in a secure manner that reduces risk of medicine errors.(Regulation12(2)(g))

Summary of findings

- The trust must ensure staff carry out and record controlled drugs balance checks. (Regulation 12(2)(g))
- The trust must ensure all staff know how to access computerised access medicine cupboards if there is a power supply failure. (Regulation 12(2)(g))
- The trust must ensure when medical staff alter patients' prescriptions, their tablets to take home are amended to ensure they have the correct medication at home. (Regulation 12(2)(b))
- The trust must ensure all staff report all incidents and near misses. (Regulation 12(2)(b))
- The trust must ensure learning from incidents is embedded into the management of incidents. (Regulation 12(2)(b))
- The trust must ensure that all patient incidents accidents that meet the RIDDOR reporting criteria are reported to the Health and Safety Executive. (Regulation 12(2)(b))
- The trust must take action in response to national and local audit findings in order to improve services and outcomes for patients. (Regulation 17(2)(a))
- The trust must ensure all staff receive an annual appraisal. Regulation (2)(a))
- The trust must ensure all staff complete an induction process when they commence employment at the trust. (Regulation 18(2)(a))
- The trust must ensure mental health and medical teams work collaboratively to meet the needs of mental health patients who also have physical illnesses. (Regulation 12(2)(i))
- The trust must continue to engage with transport providers to ensure effective and timely transfers to acute hospitals on the mainland when needed. (Regulation 12(2)(i))
- The trust must proactively support patients to live healthier lives by health promotion across all medical services. (Regulation 9(1))
- All staff must apply the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards in the provision of care and treatment to patients. This includes recording of assessments and delivery of care. (Regulation 11(1))
- The trust must plan and provide services to meet the collective and individual needs of patients living with dementia.(Regulation 9(1))
- The trust must plan and provide services to meet the needs of the growing elderly population on the Isle of Wight. (Regulation 9(1))
- The trust must ensure patient's care plans provide information in sufficient detail to support individualised care and treatment. (Regulation 9(3)(b))
- The trust must ensure patient discharges are carried out in a safe manner, including provision of informative discharge letters. (Regulation 12(2)(i))
- The trust must ensure staff follow the acute stroke pathway, with patients with a suspected stroke being admitted to the stroke unit rather than MAU. (Regulation 12(2)(b))
- The trust must continue to progress improvements with managing and responding to complaints. (Regulation 16(2))
- The trust must ensure learning from complaints is embedded into the management of complaints process. (Regulation 16(1))
- The trust must ensure all leaders have the skills and capability to carry their role. (Regulation 18(2))
- The trust must develop and embed a vision and strategy for the trust and services. (Regulation 17(2)(a))

Summary of findings

- The trust must continue to address the culture of the organisation. They must continue to address the culture of bullying still experienced in some areas of the service. They must take steps to ensure staff feel respected and valued by the organisation.(Regulation 17(2)(a))
- The trust must ensure governance processes are established and embedded in order to provide an effective and systematic approach to improvement of the service. (Regulation 17(2)(f))
- The trust must ensure effective management of risks. Risk registers must include all risks, the date the risk was identified and action taken to mitigate risks. (Regulation 17(2)(b))
- The trust must ensure data collected is accurate and used to support effective monitoring and improvements to the service.(Regulation 17(2)(a))
- The trust must continue to take action to improve the engagement of medical staff. (Regulation 17(2)(a))

Surgical services

The trust MUST ensure:

- There are sufficient number of suitably qualified, competent skilled and experienced staff to meet the needs of the service. This includes training in basic life support, advanced life support and advanced paediatric life support for appropriate staff. Regulation 18 (1)
- Staff receive support, training, professional development, supervision and appraisal to enable them to carry out their duties. This includes training in safeguarding, the Mental Capacity Act and end of life care. Regulation 18 (2)(a)
- Staff consistently assess and review patients' health risks, and deliver care to mitigate any risks. This includes using systems for detecting and responding to the deteriorating patient and following best practice guidance, such as safety checklists and standard operating protocols. Regulation 12 (2)(a)(b)
- Incidents, including deaths, are consistently reported and reviewed thoroughly to make sure actions are taken to prevent further occurrences. Regulation 12 (2)(a)(b)
- Medicines are stored and managed safely. They must be kept secure and controlled drugs must be checked regularly. Regulation 12 (2)(a)(g)
- Systems are established to ensure good governance, with effective data management and accurate records, to provide evidence and assurance. The systems should include carrying out regular audits to assess, monitor and improve performance and identifying and managing service risks to promote improvement. Regulation 12 (2)
- Patients are treated with dignity and respect by providing segregated toilet facilities where they do not need to pass through opposite sex areas. Regulation 10 (2)

Critical care

- Service leads must ensure that all staff complete mandatory training in relation to the Mental Capacity Act 2005. (Regulation 18 (2)(a))
- Senior staff must ensure effective management of beds in critical care to minimise both the number and length of mixed sex breaches. (Regulation 10(2)(a))

Maternity

Summary of findings

- Arrangements must be in place for the safe management of the birthing pool. This must include risk assessments and all necessary equipment for the safe removal of women and babies in an emergency. Regulation 12 (2) (a)
- Medicines must be managed safely at all times to include regular checks. Regulation 12 (2)
- Emergency resuscitation equipment must be checked and maintained safely and securely. Regulation 12 (2)
- Senior management in the maternity unit must develop a system of assessing risks and develop action plans to mitigate these risks. Regulation 17
- A review of staffing to ensure there are adequately trained staff at all times to deliver safe and effective care. Regulation 18 (1)
- Staff in the community must have access to results and women's records when providing care and treatment. Regulation 17(2)
- Medical staff must complete safeguarding training appropriate to their roles. Regulation 13(2)

Services for children and young people

- There must be sufficient numbers of suitably qualified, competent skilled and experienced staff to meet the needs of the service. Regulation 18 (1)
- The trust must ensure there are processes to assess, monitor and improve the quality and safety of the service. Regulation 17 (2) (a)
- Develop a strategy for the service with clearly measureable outcomes to help drive the quality of service provision Regulation 17 (2) (a)
- The trust must ensure there is an agreed process for reviewing the service provision against national guidance.
- The trust must assess and mitigate environmental risks with the paediatric ward environment must improve safety. Regulation 15 (1c)
- Ensure compliance with mandatory training rates within services for children and young people.
- The children's unit must implement policies and protocols for children and young people for absconding or for restraint. Regulation 17 (2a)
- Patient records must be securely stored so as not to breech patient confidentiality and to prevent unauthorised access on the neonatal unit

End of life care

The trust MUST ensure:

- There is improved partnership working which leads to strategic planning and improvements in end of life care across the hospital and community. (Regulation 17(2)(a))
- Services are planned and delivered taking into account patients' needs and preferences. (Regulation 9(3)(b); 17(2)(e))
- There are key data and performance indicators it will collect and report to the board as a mechanism of assurance regarding end of life care. (Regulation 17(2)(a))
- The governance arrangements for end of life care are strengthened. (Regulation 17(2)(f))

Summary of findings

- There are processes for identifying patients at end of life, assessing and responding to patient risks and keeping them safe. (Regulation 12(2)(a)(b))
- Staff always obtain consent to care and treatment in line with legislation and guidance including the Mental Capacity Act 2005.(Regulation 11(1))
- The national standard set for mandatory training for all staff at the trust is implemented. (Regulation 18(2)(a))
- Staff follow the trust guidelines on the administration of medicine. (Regulation 12(2)(g))
- Staff have necessary competencies in the use of syringe drivers. The trust must also check that only staff who have completed the train-the-trainer programme deliver this training on the ward. (Regulation 12(2)(c))
- The trust investigates complaints and staff receive information on lessons learned. (Regulation 16(1))
- Appropriate referrals are made and sufficient and timely information provided, when end of life care patients are discharged from hospital. (Regulation 12(2)(i))
- Staff appropriately assess patients' needs and deliver the care planned in line with evidence-based guidance, standards and best practice. (Regulation 9(1)(3)(a)(b))
- It improves end of life services by investigating and share learning from incidents. (Regulation 12(2)(b))
- All staff receive an annual appraisal and regular supervision. (Regulation18(2)(a))

Outpatients

The trust MUST ensure:

- That there are robust, well-established and effective leadership and governance processes in outpatients services. Regulation 17(2) (a) (b) (e) (f)

Diagnostic imaging

The trust MUST ensure:

- Learning from incidents is embedded into the management of incidents, and staff report all incidents and near misses. Regulation 12(2)(b)
- Staff responsible for reviewing diagnostic images, have the appropriate training and skills to do so. Regulation 12 (20(c)
- Staff receive safeguarding training that is appropriate to their role. Regulation 13(2)
- Ensure appropriate systems are in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17(1)(2)(a)
- Audits are completed fully to assess, monitor and identify actions to mitigate risk relating to the health, safety and welfare of patients. Regulation 17(2)(b)
- The trust must ensure completion rates for mandatory training across all staff groups meets the trust target. Regulation 18(2)(a)
- Duty of Candour is applied appropriately in line with legislation and all staff receive training in Duty of Candour requirements. Regulation 20(1)(2)(a)

Mental health services

Summary of findings

Acute wards for adults and PICU

The trust MUST

- Continue with the planned improvements for the seclusion room on Seagrove ward, to ensure it is fit for purpose.
- Ensure clinic rooms are appropriately checked, for example, to ensure expired medicines are appropriately disposed of, and equipment is available and accounted for.

Long stay or rehabilitation wards for working age adults

The trust MUST ensure that:

- Staff complete the identified mandatory training. (Regulation 18)
- Staff receive supervision and annual appraisals. (Regulation 18)
- Inpatients have access to psychological input from appropriately qualified staff. (Regulation 18)
- Staff record risk assessments at the appropriate time to ensure an up to date and contemporaneous record. (Regulation 12)
- Systems are in place for patients to manage their own medication.(Regulation 9)
- It measures and reviews patients' outcomes to improve the service. (Regulation 17)
- The staff are aware of audits of the service and any identified actions. (Regulation 17)
- There is a recognised discharge pathway recorded for patients and identify any delays to discharge. (regulation 9)

Wards for older people

The trust MUST ensure that:

- Shackleton ward has a dedicated female-only day room which male patients do not enter. (Regulation 10)
- Staffing is at a safe level on Shackleton ward and that running of electro-convulsive therapy clinics does not adversely affect all wards minimum staff levels. (Regulation 18)
- Staff follow post-rapid tranquilisation protocols. (Regulation 12)
- They comply with legislation around the seclusion of patients on the ward. (Regulation 12)
- The provider must ensure they comply with medicines management legalisation including the storage of controlled medicines. (Regulation 12)
- Staff are inducted, supervised and appraised. (Regulation 18)
- Staff apply the principles of the Mental Capacity Act and support patients to make decisions about their care. Patients must be cared for in the least restrictive way (Regulation 11)
- Patients can access fresh air. (Regulation 10)
- Patients have access to food and fluids (Regulation 14)
- Patients' records are stored securely. (Regulation 17)

Summary of findings

- When staff are in leadership positions, they are trained and supported to carry out their roles effectively. (Regulation 18)
- The privacy and dignity of patients on Shackleton ward is maintained, by addressing the windows. (Regulation 9)

Community based mental health services for adults of working age

The trust MUST:

- Ensure that staffing is at a safe level and that there is minimised reallocation of patients. (Regulation 18)
- Risk assessments are comprehensive and included in all patient care records. (Regulation 17)
- Crisis plans are included in patient records to ensure patients know what support to access in the event of a crisis. (Regulation 17)
- Ensure that patients on waiting lists are reviewed periodically and that there is oversight of patient risk and treatment. (Regulation 12)
- Ensure that there is oversight and safe management of medicines within the service. (Regulation 12)
- Care plans must be person centred and holistic and included in all patient care records. (Regulation 17)
- Ensure that those accessing the service for support with an eating disorder are provided with specialist support. (Regulation 12)
- Ensure that treatment provided is evidence based and relates to the planned care pathways set out in the standard operating procedure. (Regulation 12)
- Review the psychological provision for the service and the waiting lists for psychological therapies due to the extensive waits. (Regulation 18)
- Ensure that patients that don't attend appointments are followed up safely and appropriately. (Regulation 12)

Mental health crisis services and health-based places of safety

The trust MUST ensure:

- A suitable lone working protocol and security system is implemented in the home treatment team to support staff working in lone working situations. (Regulation 12)
- Further telephone lines are provided for the single point of access and home treatment teams. (Regulation 12)
- Suitably qualified staff are responsible for triaging crisis calls and the administrative staff are not responsible for screening crisis calls. (Regulation 18)
- The waiting time for patients to see a doctor in the single point of access service is reduced and patients are seen promptly. (Regulation 12)
- There is sufficient medical cover for the crisis service. (Regulation 12
- Suitable out of ours cover is provided for the single point of access and home treatment team teams. (Regulation 12)
- Staff working in the crisis service, receive regular clinical supervision and this is documented and recorded appropriately. (Regulation 17)
- Individual risk assessments are completed routinely, fully and updated regularly for patients using the crisis service. (Regulation 12)

Summary of findings

- All staff working in the crisis service receive mandatory training in safeguarding, the Mental Health Act and the Mental Capacity Act. (Regulation 12)
- The crisis service monitor key performance indicators of the service to evaluate the referral to assessment times. (Regulation 17).

- Patients detained under section 136 of the Mental Health Act are assessed promptly within the timeframes specified in the Mental Health Act Code of Practice and within the trust policy. (Regulation 12).
- The section 136 policy is updated to reflect changes to the Code of Practice. (Regulation 17).
- The trust must ensure staff are supported to learn from incidents which have been reported.(Regulation 17)

Specialist community mental health services for children and young people

The trust MUST:

- Ensure that young people in crisis over the weekend period are assessed quickly. (Regulation 12)
- Continue discussions with commissioner's access to diagnosis and treatment for young people with autistic spectrum disorders and attention deficit hyperactivity disorder and ensure these young people have their needs met. (Regulation 17)

Community mental health services for people with a learning disability or autism

The trust MUST ensure that

- The electronics records system is appropriate for the service need. (Regulation 17)
- They are monitoring and supporting service users placed out of area in line with the national Transforming Care programme. (Regulation 12)

Community health services

Community health services for adults

The trust MUST ensure

- Improve monitoring, analysis and feedback of safety issues to the teams for improvement. Regulation 17 (2) (a)
- Undertake impact assessments for service changes, identify and implement actions to lessen risks. Regulation 17 (2) (b)
- Review the use of temporary staff to cover staff sickness and absence, ensuring that there are sufficient numbers of suitably qualified staff across all localities. Regulation 18 (1)
- Ensure that all staff receive mandatory training as stated by the trust and staff achieve competency in medicine administration. Regulation 18 (2) (a)
- Provide further skilled IT support to ensure that staff feel competent and supported to use the electronic system. Regulation 18 (2) (a) (b)

Summary of findings

- Staff are adequately trained in the new IT system and that patients' safety risk assessments are reassessed regularly. Regulation 12 (2) (a)
- There is a workload and dependency tool in use to ensure safe and appropriate care for patients. Regulation 12 (2) (b)
- The trust needs to undertake a detailed review of the culture of the community nursing team to assess the lack of perceived value attached to their roles by the senior nurses with the business unit. Regulation 17 (2) (e)
- That staff undertake training to fully understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Regulation 12 (2)(a)

Community health services for children, young people and families

The trust MUST ensure:

- All staff complete safeguarding training appropriate to their role. Regulation 18 (2)(a)
- Patient's clinical records are not duplicated and staff have access to clinical records in a timely manner. Regulation 17 (1)(2)(c)
- Historical paper clinical records are available on patients' electronic medical record. Regulation 17 (1)(2)(c)
- Staff adhere to infection control policies and procedures. Regulation 12 (1)(h)
- Services have adequate staffing to meet the needs of children, young people and their families. Regulation 18 (1)
- There is a robust competency framework in place for school nursing staff. Regulation 12 (2)(c)
- Medicines and medical gases are stored appropriately at all locations. Regulation 12 (2)(g)
- Prescription only medicines administered by the school nurse in special schools are authorised by a medical or non-medical prescriber. Regulation 12 (2)(g)
- All clinical incidents are reported and learning is shared across teams. Regulation 17 (1)(2)(b)
- The service develop an agreed set of quality metrics to measure the quality and safety of the service on an ongoing basis. Regulation 17 (1)(2)(a)
- All staff follow the correct protocol for escalating concern about a child who is deemed overweight or underweight on the national child measurement programme. Regulation 12 (2)(a)
- Learning from complaints is shared across teams Regulation 17(1)(2)(e)
- There is a vision and strategy for the service and this is communicated to all staff. Regulation 17 (1)(2)(f)
- There is a robust governance structure in place and there is oversight of all services within the children, young people's and families service. Regulation 17 (1)
- Risks are appropriately escalated and managed. Regulation 17 (1)(2)(b)

Ambulance services

Emergency and urgent care services

The trust MUST:

- Ensure compliance with NARU requirements.(Regulation 12(1))

Summary of findings

- Ensure staff have completed mandatory training in safeguarding (Regulation 13 (2))
- Develop a strategy for the service. (Regulation 17 (2) (a))
- Develop a workforce strategy to ensure sustainable staffing. (Regulation 18 (1))
- Ensure policies are up to date. (Regulation 17 (2) (a))
- Take action to replace CAD system. (Regulation 17 (2) (b))
- Ensure all staff have an appraisal and development plan. (Regulation 18 (1))
- Ensure all staff receive training in the Mental Capacity Act. (Regulation 18 (1))
- Improve response times when dealing with complaints.(Regulation 16(1)(2))
- Develop an audit programme. (Regulation 17 (2) (a))

Emergency operations centre

The trust MUST:

- Ensure there are processes to assess, monitor and improve the quality and safety of the service. Regulation 17 (2) (a)
- Ensure systems are in place to assess, monitor and mitigate the risk relating to health safety and welfare of service users and other who may be at risk. Regulation 17 (2) (b)
- Ensure staff have completed mandatory training in safeguarding. Regulation 13 (2)
- Develop a strategy for the service with clearly defined objective and measureable outcomes. Regulation 17 (2) (a)
- Develop and implement a workforce strategy to ensure sustainable staffing. Regulation 18 (1)
- Ensure all policies are current and reflective of current national guidance. Regulation 17 (2) (a)
- Take action to ensure the service uses a current and effective computer-aided dispatch system. Regulation 17 (2) (b)
- Ensure all staff have an appraisal which includes discussion about further development and goals captured in a monitored development plan. Regulation 18 (1)
- Ensure all staff receive training in the Mental Capacity Act. Regulation 18 (1)

Patient transport services

The trust MUST:

Ensure there is an agreed process for reviewing the service provision against national guidance. *Regulation 17 (2) (e)*

Ensure staff receive safeguarding level 2 children training to support them in their role. Regulation 18 (2) (a)

Ensure there are processes to assess, monitor and improve the quality and safety of the service. *Regulation 17 (2) (a)*

Ensure systems are in place to assess, monitor and mitigate the risk relating to health safety and welfare of service users and other who may be at risk. *Regulation 17 (2) (b)*

Develop a strategy for the service with clearly measureable outcomes to help drive the quality of service provision *Regulation 17 (2) (a)*

Summary of findings

Properly maintain equipment used in the service to ensure it remains safe for use. Regulation 15 (1) (e)

Action the trust SHOULD take to improve

We told the trust that it should take action to prevent it failing to comply with legal requirements in future, or to improve services. This action related to the core services and the trust overall.

Acute services

Urgent and emergency services

The trust SHOULD ensure that

- There is an objective process for the escalation of risks to the trust board.
- Patient privacy and dignity is maintained at all times.
- Patients are offered nutrition, including fluid, at regular intervals as appropriate.
- Staff are aware of and reflect current evidence based guidance when treating patients.
- Improvements are made following audits that identify deficiencies in treatment.
- Safety incidents are always recorded correctly and appropriate action taken.
- Serious incidents are thoroughly analysed with learning implemented in the correct services
- The children's treatment area is more securely separated from the adult environment.

Medical care services

- The trust should support all staff to include patients and their relatives in early discussions about discharge arrangements and processes.
- The trust should review its progress towards seven working across all services.
- The trust should consider inclusion of therapy staff in the MAU board rounds.
- The trust should, to support effective and timely discharge, consider involving occupational therapists in discharge planning prior to patients' being declared medically fit for discharge.
- The trust should continue to provide educational support for the nursing team on Compton ward to ensure all staff have the skills and confidence to provided care and support to medical patients.
- The trust should consider including detail about patients usual or required nutritional intake and the support they need opt eat and drink in assessments and care plans.
- The trust should consider using nationally recognised pain assessment tools to identify pain in patients with severe communication difficulties or living with dementia.
- The trust should consider using the national safety thermometer results to make changes to improve safety of patients.

Summary of findings

- The trust should consider realigning the out of hours and weekend work load in order to achieve equity of work for medical and surgical junior doctors.
- The trust should progress the implementation of a frailty pathway.
- The trust should consider innovative ways to recruit consultant geriatricians to ensure the needs of the local population are met.
- The trust should consider introducing a process to provide assurance to staff working on MAU that the blood gas analyser machine is in working order.
- The trust should consider introducing a process whereby the length of time it takes for maintenance requests to be completed are monitored.
- The trust should consider reviewing the emergency trolley checking process in order to have assurance that all equipment required is available on the trolley.
- The trust should take action to promote staff adherence with catheter insertion, catheter care and hand hygiene practices.

Surgical services

The trust SHOULD

- Maintain an accurate log of equipment and its servicing.
- Provide facilities that better meet the needs of people living with dementia

Critical care

- All patient records should be easy to access by all patients at all times.
- Doctor's handwriting should be legible.
- Safety thermometer results should be routinely shared with all staff, patients and visitors.
- Service leads should progress plans to implement an ICU follow up clinic.
- Service leads should formalise the role of allied health professionals (AHP) to ensure that critical care patients are appropriately prioritised.
- Service leads should recruit to the role of Clinical Nurse Educator.
- Service leads should establish a clear written vision and strategy for the service.
- The risk register should fully reflect all of the risks identified within the unit, including where the service is not meeting national standards.

Maternity

The trust SHOULD

- Ensure equipment is clearly identified as clean and ready for use. To include a regime for cleaning the birthing pools and indicating when equipment is ready for use.
- Review the processes for adding safeguarding flags to electronic systems used within the trust.

Summary of findings

- Implement a robust audit programme to ensure compliance against guidelines, these are routinely monitored and action plan developed.
- There is a system to review complaints and trends are monitored to effect learning and outcome of investigations are shared with the staff.
- Records are maintained securely and bound to prevent these being loss, mislaid and are available when required.
- Staff receive regular supervision and appraisals of their practices.
- The trust must develop systems to support fresh eyes and five steps to safer surgery compliance.
- The bereavement room's facility should be reviewed to provide a homely and comfortable accommodation for women and family members.
- System to provide real time status of at risk woman and follow up of these women and babies.
- A review of the reception staffing to prevent unauthorised access to the maternity unit

Services for children and young people

- Medicines should be managed and stored safely in all services.
- The trust should provide a safe environment for children to be seen in the adult outpatient departments.
- The NNU should ensure their essential safety equipment is regularly checked with documentation as evidence.
- The children's and neonatal unit should have robust processes for identifying and monitoring risks.
- The children's unit should use an acuity-staffing tool for establishing staffing figures when completing the staffing rota on the children's unit.
- The neonatal unit should review reception staffing to prevent unauthorised access to the unit.
- The trust should consider how they can locally support children with a diagnosis of children and young people with Autism.

End of life care

The trust SHOULD ensure:

- Staff raise safeguarding concerns when they occur.
- The National Institute of Health and Care Excellence (NICE) guidelines for consultants in palliative medicine are met .
- Staff undertake an audit of the quality of information in the priorities of care plans.
- The implementation of a structured handover process between district nurses and the community practitioner.
- A pain assessment tool is implemented.
- Staff identify people in the last 12 months of their lives who would need extra support.
- There are appropriate systems to monitor the outcome of care and treatment for end of life patients.
- The service establishes relationships with the various voluntary and community groups to help meet patients' individual needs.

Summary of findings

Outpatients

The trust SHOULD ensure:

- That mandatory training is completed by all staff.
- That there is regular training for staff in the subject of mental capacity, dementia and duty of candour.
- That all staff working in outpatients have yearly appraisals.
- That clinic waiting areas are fit for purpose.
- That there is a clear process for providing feedback and lessons learnt from complaints and incidents to all staff working in outpatients.
- Managers have the right skills, experience and training to manage outpatient services effectively and efficiently.

Diagnostic imaging

The trust SHOULD ensure

- Recruitment of radiologists takes place in order to provide a sustained safe service.
- Staff undertake a full programme of local audits to ensure quality improvements are identified and actioned.
- Best practice and learning is shared across the whole service.
- Review arrangements in the patient waiting area in the main department to allow for improved privacy and dignity for in-patients.
- Service leaders should review the risks in the service and ensure systems are in place to assess, monitor and mitigate such risks.

Mental health services

Acute wards for adults and PICU

- The trust should ensure that the provision of psychologists and psychological therapies are available to patients.
- The trust should ensure that staff members have access to training in line with the trust's policy in particular Mental Capacity Act and resuscitation training. .
- The trust should continue to embed learning and practice about the rapid tranquilisation practices as prescribed by National Institute of Clinical Excellence guidelines.
- The trust should ensure that all patient care plans are recovery orientated.

Long stay or rehabilitation wards for working age adults

- The provider should offer a separate lounge for female patients.
- The provider should ensure that confidential information is not displayed in areas accessed by patients.
- The provider should ensure staff are able to approach their line managers with concerns.
- The provider should ensure all patients are aware they can access drinks 24 hours a day.

Summary of findings

- The provider should ensure al patients can make a private phone call.
- The service should have access to spiritual support for patients that cannot leave the service.
- The provider should encourage patients to give feedback about the service.
- The provider should monitor delayed discharges at a core service level.

Wards for older people

- The provider should ensure that patients' risk assessments are routinely updated following an incident.
- The provider should embed a restrictive intervention programme.
- The provider should ensure there is a restrictive practice intervention programme in place.
- The provider should ensure that incidences of physical intervention are recorded on the trust incident recorded system as well as in the patients' progress notes.
- The provider should ensure they are following national guidance including guidance from the National Institute for Health and Care Excellence.
- The provider should ensure that information about how to complain is publically available on Shackleton.
- The provider should ensure that clinical practice is audited to evaluate and improve practice.

Community based mental health services for adults of working age

The trust SHOULD:

- Ensure that specialist training is available for staff.
- Ensure that informal complaints are reviewed locally to monitor for trends.

Mental health crisis services and health-based places of safety

- The trust should ensure that patients seen by the home treatment team have a copy of their care plan.
- The trust should ensure that patients' views and wishes are included in collaborative care plans.
- The trust should ensure there is adequate psychological input into the home treatment team.
- The trust should ensure all handover meetings in the home treatment team discuss the full caseload to enable staff coming onto shifts later in the day to be aware of the risks and assessments of all patients on caseload.
- The trust should ensure better working arrangements are established with the crisis service and CMHT to facilitate discharge to the community mental health teams
- The trust should continue to ensure the Section 136 assessment suite is refurbished
- The trust should ensure every patient who is assessed by the crisis service has a completed core assessment on the electronic care notes system.
- The trust should ensure the home treatment multi-disciplinary team is configured of a wide skills mix of staff to meet patient needs.

Summary of findings

Specialist community mental health services for children and young people

- The trust should ensure that the premises are made safe so children and young people do not have access to knives.
- The trust should ensure all complaints are investigated including those made verbally.
- The trust should ensure all staff receive sufficient regular one to one managerial supervision.

Community mental health services for people with a learning disability or autism

- The provider should ensure provide alternative contact numbers for the clinic to service users and their carers
- The provider should provide staff with MHA training.
- The provider should ensure that support is provided to resolve conflict between staff.
- The provider should ensure that clinical information within the electronic notes is stored in the correct place and is easy for staff to find.
- The provider should ensure that staff receive and document regular management supervision.
- The provider should ensure that safeguarding training is available for staff and that staff complete the training.
- The provider should ensure that they involve staff in the transformation plan.

Community health services

Community health services for adults

The trust SHOULD ensure

- That risk assessments of fasting diabetic patients needing blood tests are undertaken to fast track them through the phlebotomy service in community clinics.
- Ensure that equipment is organised safely in all locality bases.
- Ensure that the new electronic paper record undertakes audits and staff are engaged with identifying if improvements are needed.
- Review the lack of 'short term' patient assessments and care plans on the new system.
- Review the practice and educate clinic staff in preventing cross infection.
- Review the interaction arrangements for different IT systems in use.
- MDT reviews are set up for community patients.

Community health services for children, young people and families

The trust SHOULD ensure:

- All staff complete mandatory training appropriate to their role.
- Staff have access to patient records while undertaking their duties in community locations.

Summary of findings

- All staff receive an annual appraisal
- Information is available for children and families on how to make a complaint
- Services use feedback from children, young people and their families to improve services.
- Children and young people in the occupational therapy service receive timely access to care and treatment.

Ambulance services

Emergency and urgent care services

The trust SHOULD:

- Gather feedback from patients and public to improve the quality of the service.
- Ensure there are opportunities for staff to develop in the service.
- Ensure staff have access to further training.
- Develop ambulance specific policies.
- Look at ways to utilise all available vehicles.

Emergency operations centre

The trust SHOULD:

Gather feedback from patients and public to improve the quality of the service

Ensure there are opportunities for staff to develop in the EOC.

Ensure staff have access to further training.

Develop a rest break policy for staff in the EOC.

Ensure there is a system for the sharing of learning from complaints.

Patient transport services

The service should develop key performance indicators to allow for the review and development of service provision

Learning from incidents should be shared with staff to minimise the risk of reoccurrence

The service should ensure full induction procedures are completed for new members of staff.

Complaints should be responded to in line with the provider's complaints policy and procedure.

The service to comply fully with the Accessible Information Standards ensuring all persons who experience difficulties communicating can receive additional support

Review succession planning processes to ensure positions of leadership are not left vacant

Summary of findings

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 found there clear signs of recovery and improvement since our inspection in November 2016 and there was growing momentum. However this recovery was starting from a very low base and, despite some elements of outstanding leadership from the senior team, it was too early for the overall rating to change. Our rating of well-led at the trust has stayed the same.

We rated well-led at the trust as inadequate because:

- The new trust Chair and chief executive (CEO) were at the start of building an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. The Chair had successfully appointed high calibre non executive directors but they were very new into role, and some had not begun. The CEO had been substantive for three months and the executive directors were new into post and/or interim. Leadership development and succession planning for the Board and all levels of the trust was needed. Not all leaders at all levels of the trust had the necessary experience, capacity and capability to lead effectively and make a demonstrable impact on the quality and sustainability of services. There was a lack of clinical leadership across services and leadership training was not embedded. Competency based recruitment to lead roles in the new organisational structure was planned but would not begin until executive director posts were filled.
- The trust senior leadership team had recognised the urgent need to identify shared strategic priorities with stakeholders and partners. At the time of the inspection there was not a shared understanding of the vision of the trust as provider of integrated services, supporting high quality care, in the context of health and social care across the island and mainland. Some strategic plans had started for individual services but a credible trust strategy, aligned with plans in the wider health economy, was urgently needed along with robust enabling strategies to support sustainable delivery. In the absence of a clear vision and strategy staff were unclear as to the future of services and how it related to their daily roles. The immediate focus and priorities for staff were described in the "Integrated Improvement Framework" (IIF).
- The senior team understood the importance of a positive culture that supported and valued staff and created a common purpose of high quality patient care based on shared values. They were committed to making improvements but were at the very start of the huge amount of work needed to create the culture needed to support high quality sustainable care. There were some early signs of change and ‘hope’, but this was not yet evident across all levels and areas of the trust. Low levels of staff satisfaction, high levels and work overload persisted. There were areas of silo working and the culture tended to be defensive when under pressure. Not all staff felt respected, valued, supported or appreciated, particularly those from ethnic minorities. There was insufficient attention to staff development, appraisals took place inconsistently and /or were not high quality.
- There were serious shortfalls in the governance arrangements across all levels of the trust. There was not a systematic approach to governance and performance management, to support continual improving quality of services and standards of care, at all levels and areas of the trust. The trust had recently developed a governance structure to give clear responsibilities, roles and systems of accountability. This, along with strategic quality objectives, was still being developed and was not yet fully implemented or embedded. Improvements were needed in governance of the Mental Health Act and Code of Practice.

Summary of findings

- The trust did not have effective systems for identifying, assessing and planning to eliminate or reduce risks. Some systems were starting to develop but there were serious defects in the management of risks, issues and performance across all areas and levels of the trust. Financial challenges were starting to be managed but remained a risk.
- There were significant issues and risks in information management across the trust a lack of strategy and historical under investment. Performance and quality monitoring information was often inaccurate, unreliable or out of date. There was inadequate access to and challenge of performance by leaders and staff, particularly at service level. Finance and quality management were not integrated to support decision making across all areas and the trust could not demonstrate that financial resources were being used optimally to manage quality and safety risks.
- The information technology and wide range of patient records systems were not all fit for purpose. The inadequate access to information by relevant staff created a risk to patient care. There were significant gaps in information governance, and the systems and processes for the management and sharing of data.
- There was a limited approach to engaging patients and the public in planning and managing services. The trust collaborated with partner organisations on the island much more effectively since the arrival of the new CEO and senior team. They contributed to an increasing island wide approach to developing services for the population. This effectiveness of working needed to extend to other partner organisations on the mainland, to address the significant challenge of ensuring sustainable services to meet the needs of island patients. The trust also had considerable work to do to improve engagement with staff, particularly clinicians, in achieving improvements in services and shaping future services for the island.
- There was minimal evidence of learning and reflective practice across the trust. Systems to improve the review of serious incidents, complaints and deaths were at the early stages of development. There had been a lack of investment in improvement skills and systems at all levels of the trust. Staff did not always recognise that improvements were needed, or improvement actions were not followed through. There had been insufficient pace in the implementation of quality improvement plans at CBU and service level, although recent review had clarified key priority areas of focus.

However:

- The CEO demonstrated exceptional leadership skills. She was recruiting a skilled senior team who shared her conviction, commitment and focus on high quality patient care. There was understanding of the huge challenge ahead but there was now potential for significant improvements across the trust.
- The CEO had driven improvements in partnership working across the island. The trust had recently led a good quality process, with notable levels of internal and cross-island partner engagement, to generate a realistic strategic options analysis for future services.
- The trust now complied with the Fit and Proper Persons (directors) regulation. Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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
Inadequate ➔➔ Jun 2018	Requires improvement ➔➔ Jun 2018	Good ➔➔ Jun 2018	Requires improvement ↑ Jun 2018	Inadequate ➔➔ Jun 2018	Inadequate ➔➔ Jun 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	Inadequate Jun 2018	Inadequate Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Inadequate Jun 2018	Inadequate Jun 2018
Community	Inadequate ↓ Jun 2018					Inadequate ↓ Jun 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 St Mary's Hospital

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

*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 ↑ Jun 2018	Requires improvement ↓ Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Inadequate ↓ Jun 2018	Requires improvement → ← Jun 2018
Community health services for children and young people	Inadequate ↓ Jun 2018	Good ↑ Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Inadequate ↓ Jun 2018	Inadequate ↓ Jun 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.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↑ Jun 2018	Good ↑ Jun 2018	Good → ← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement ↑ Jun 2018	Requires improvement ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Requires improvement ↑ Jun 2018	Requires improvement ↑ Jun 2018
Wards for older people with mental health problems	Inadequate → ← Jun 2018	Requires improvement ↑ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↑ Jun 2018	Inadequate → ← Jun 2018	Inadequate → ← Jun 2018
Community-based mental health services for adults of working age	Inadequate → ← Jun 2018	Inadequate → ← Jun 2018	Good ↑ Jun 2018	Inadequate → ← Jun 2018	Requires improvement → ← Jun 2018	Inadequate → ← Jun 2018
Mental health crisis services and health-based places of safety	Inadequate Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Inadequate Jun 2018	Inadequate Jun 2018	Inadequate Jun 2018
Specialist community mental health services for children and young people	Good ↑ Jun 2018	Good ↑ Jun 2018	Good → ← Jun 2018	Requires improvement → ← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Community mental health services for people with a learning disability or autism	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Good → ← Jun 2018	Requires improvement ↓ Jun 2018	Good → ← Jun 2018

Overall ratings for mental 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.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement ↑ Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Inadequate →← Jun 2018	Requires improvement ↑ Jun 2018
Patient transport services	Requires improvement →← Jun 2018	Requires improvement ↓ Jun 2017	Outstanding ↑ Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018
Emergency operations centre	Requires improvement ↓ Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Inadequate →← Jun 2018	Requires improvement →← Jun 2018

Overall ratings 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 primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
111 service	Requires improvement Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Inadequate Jun 2018	Requires improvement Jun 2018
GP Out of Hours	Requires improvement Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Inadequate Jun 2018	Requires improvement Jun 2018

Acute health services

Background to acute health services

Isle of Wight NHS provides all acute health services to a population of approximately 140,000 people living on the Island, there is significant increase in population during holiday and festival seasons. St Mary's Hospital in Newport is the trust's main base for delivering acute services for the Island's population.

The hospital has 246 beds and handles 22,685 admissions each year. Services include urgent and emergency care, medicine, surgery, intensive care, maternity, gynaecology, services for children and young people, neonatal intensive care unit, diagnostic imaging and outpatient services.

We previously inspected urgent and emergency care, medical care (including older people's care), and end of life care in November 2016. All other acute services had been inspected in June 2014.

We inspected all acute core services, other than gynaecology services, at the announced comprehensive inspection in January 2018. We undertook a short notice focused inspection of safety and leadership of gynaecology services, in February 2018, following concerns raised at the main inspection.

Summary of acute services

Inadequate

We did not rate acute services overall at last inspection in November 2016, as not all services were inspected.

At this inspection, our overall rating of acute services went down since inspection in 2014. There was minimal improvement and areas of deterioration across the three services inspected November 2016. We rated acute services as inadequate because:

- There were significant concerns about safety across acute services and particularly emergency and urgent care, medicine and end of life care services, where we rated safe as inadequate. Safety systems, staffing and learning from when things go wrong also needed to improve across most other services including surgery, maternity, children and young people services and diagnostic imaging.
- The effectiveness of the end of life care service was inadequate with improvements also needed to the effectiveness of emergency and urgent care, medicine and surgery.
- End of life care, emergency and urgent care, medicine, surgery and critical care services were not sufficiently responsive to the needs of patients. End of life care was rated inadequate for responsive.
- Leadership, management and governance needed significant improvement across acute services as not sufficient to delivery high quality care and the improvement. Well led was rated inadequate in emergency and urgent care, medicine and end of life care services. Well led required improvement across most other services including surgery, maternity, children and young people services, outpatients and diagnostic imaging.

However:

Summary of findings

- Overall, staff cared for patients with compassion, provided emotional support. They involved them and those close to them in decisions about their care and treatment
- Critical care and outpatient services were rated good overall.

St Mary's Hospital

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Key facts and figures

Isle of Wight NHS provides all acute health services to a population of approximately 140,000 people living on the Island, there is a significant increase in population during holiday and festival seasons. St Mary's Hospital in Newport is the trust's main base for delivering acute services for the island's population.

The hospital has 246 beds and handles 22,685 admissions each year. Services include urgent and emergency care, medicine, surgery, intensive care, maternity, gynaecology, services for children and young people, neonatal intensive care unit, diagnostic imaging and outpatient services.

We previously inspected urgent and emergency care, medical care (including older people's care), and end of life care in November 2016. All other acute services had been inspected June 2014.

We inspected all acute core services, other than gynaecology services, at the announced comprehensive inspection in January 2018. We undertook a short notice focused inspection of safety and leadership of gynaecology services, in February 2018, following concerns raised at the main inspection.

Summary of services at St Mary's Hospital

Inadequate 

We did not rate acute services overall at last inspection in November 2016, as not all services were inspected.

At this inspection, our overall rating of acute services went down since inspection in 2014. There was minimal improvement and areas of deterioration across the three services inspected November 2016. We rated acute services as inadequate because:

- There were significant concerns about safety across acute services and particularly emergency and urgent care, medicine, surgery and end of life care services, where we rated safe as inadequate. Safety systems, staffing and learning from when things go wrong also needed to improve across most other services including maternity, children and young people services and diagnostic imaging.
- The effectiveness of medicine and end of life care service was inadequate with improvements also needed in emergency and urgent care, surgery and diagnostic imaging.
- Emergency and urgent care, medicine, surgery, critical care and end of life care services were not sufficiently responsive to the needs of patients.

Summary of findings

- Leadership, management and governance needed significant improvement across acute services as not sufficient to delivery high quality care and the improvement. Well led was rated inadequate in emergency and urgent care, medicine and end of life care services. This also required improvement across most other services including surgery, maternity, children and young people services, outpatients, and diagnostic imaging.

However:

- Overall, staff cared for patients with compassion, provided emotional support. They involved them and those close to them in decisions about their care and treatment
- Critical care and outpatient services were rated good overall.

Urgent and emergency services

Inadequate  

Key facts and figures

The trust has one emergency department (ED), located at St Mary's Hospital in Newport. It provides a 24-hour, seven day a week service and saw 59,965 patients in the previous year (2016/17). It is a designated trauma unit but patients with multiple trauma are usually flown directly to the major trauma centre in Southampton.

The ED consists of a major treatment area with 10 cubicles, a minor treatment area with six cubicles, and resuscitation room with three trolley bays. Children have a separate waiting room and are treated in three rooms adjacent to the major treatment area. There are separate rooms for mental health assessment, eye examinations and application of plaster casts.

We last inspected the department in November 2016 and rated it as Requires Improvement.

We carried out an announced inspection from 23-25 January 2018 and an unannounced inspection during the evening of 8 February 2018. During our inspection, we spoke with 11 patients and two family members, reviewed records of 25 patients and spoke with 18 staff. We also reviewed the trust's ED performance data. We inspected the whole core service, looked at all five key questions and followed up concerns from our previous inspection.

Summary of this service

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

- The service did not have enough nursing or medical staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- Staff did not always complete and update risk assessments or safety checks for each patient. Triage assessments and monitoring of deteriorating patients were not carried out according to best practice.
- Although staff recognised and reported individual safety incidents, there were few reports of near misses or safety incidents due to a shortage of staff or a crowded department. There was confusion about the number of serious incidents that had taken place in the department. Learning from incidents was not always shared or implemented.
- The service did not make sure staff were competent for their roles. Managers did not appraise all staff's work performance or hold supervision meetings with them to provide support and monitor the effectiveness of the service.
- People could not always access the service when they needed it. Some patients spent many hours in the emergency department because of long delays to be admitted to a ward.
- Managers did not have enough time or experience to run a service providing high-quality sustainable care. There had not been a matron for several months, there was only one sister and leadership support had only recently been provided by an interim head of nursing. Due to a shortage of consultants the clinical lead had had to prioritise clinical duties, leaving little time for governance or performance management responsibilities.

However:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- ED managers tried to promote a positive culture that supported and valued staff.

Urgent and emergency services

There had been improvements in recent months in the number of patients admitted or discharged within four hours. By December 2017 performance was similar to the England average.

Is the service safe?

Inadequate  

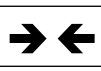
Our rating of safe stayed the same. We rated it as inadequate because:

- The service provided mandatory training in key skills to all staff and but did not make sure everyone completed it.
- Not all staff understood how to protect patients from abuse. None of the staff had received the more advanced level two training on how to recognise and report abuse of vulnerable adults.
- The children's treatment area was not separated from adult areas.
- Staff did not always complete and update risk assessments for each patient. Triage assessments and monitoring of deteriorating patients was not carried out according to best practice.
- The service did not have enough nursing or medical staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- Patient records were fragmented and difficult to follow. Some information was missing or inaccurate
- Although staff recognised and reported individual safety incidents, there were few reports of near misses or safety incidents due to a shortage of staff or a crowded department. There was confusion about the number of serious incidents that had taken place in the department. Learning from incidents was not always shared or implemented.
- Staff did not collect or monitor safety information in order to improve patient care.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- There had been improvements in training in children's safeguarding and resuscitation.
- The service had suitable premises and equipment and looked after them well**.**
- The service followed best practice when prescribing, giving, recording and storing medicines.

Is the service effective?

Requires improvement  

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

- Clinical guidelines based on national guidance were difficult to find. Managers did not check to make sure staff followed guidance.
- Audit results showed that some patients' treatment did not always follow best practice. Although changes had been made to improve practice; staff did not carry out further audits to check that these changes had been effective.
- There were few records to demonstrate that staff gave patients enough food and drink to meet their needs. Patients reported long delays before they were offered refreshment.

Urgent and emergency services

- The service did not make sure staff were competent for their roles. Managers did not appraise all staff's work performance or hold supervision meetings with them to provide support and monitor the effectiveness of the service.

However:

- 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. This had improved since our last inspection.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of some care and treatment. They compared local results with those of other services to learn from them. This had improved since our last inspection.
- There had been an improvement in seven-day services since our last inspection.
- Staff took the opportunity, when it arose, to give advice regarding health promotion.
- Staff understood when to assess whether a patient had the capacity to make decisions about their care.

Is the service caring?

Good  

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- Some staff expressed frustration that they could not provide their normal high levels of care when the department was severely crowded.

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 plan and provide services in a way that met the needs of local people.
- People could not always access the service when they needed it. Some patients spent many hours in the emergency department because of long delays to be admitted to a ward.
- The service treated concerns and complaints seriously but, due to a lack of resources, there was a delay in investigating them. Lessons learnt were seldom shared with all staff.

However:

Urgent and emergency services

- The service took account of patients' individual needs. Staff understood the needs of children and people with a learning disability and those living with dementia.
- There had been improvements in recent months in the number of patients admitted or discharged within four hours. By December 2018 performance was similar to the England average.

Is the service well-led?

Inadequate 

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

- Managers did not have enough time or experience to run a service providing high-quality sustainable care. There had not been matron for several months, there was only one sister and leadership support had only recently been provided by an interim head of nursing. Due to a shortage of consultants the clinical lead had had to prioritise clinical duties, leaving little time for governance or performance management responsibilities.
- There was no current strategy for the department.
- The department did not have systematic approach to continually improving the quality of its services and safeguarding high standards of care.
- There were not sufficient governance arrangements in place for oversight of safety and quality in the department.
- Systems for identifying risks and planning to eliminate or reduce them were poorly developed
- The department collected and analysed information using secure electronic systems with security safeguards. However, some information was inaccurate or missing.
- The department had started to improve services by learning from when things went well and when they went wrong, but improvement were often dependant on recommendations from external agencies.

However:

- Managers tried to promote a positive culture that supported and valued staff.
- There was some engagement with patients, staff, the public and local organisations in order to plan and manage appropriate services.

Areas for improvement

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

Medical care (including older people's care)

Inadequate 

Key facts and figures

Medical services at the Isle of Wight Trust are delivered at St Mary's Hospital. Medical services are provided across six inpatient wards. Appley ward predominantly provides care and treatment to patients with respiratory conditions. Colwell ward predominantly provides care and treatment to patients with gastroenterology conditions. Compton ward is a general medical ward. There is also a stroke and general rehabilitation unit, a coronary care unit (CCU) and a medical assessment unit (MAU). The endoscopy unit and the chemotherapy unit make up the remainder of the medical services provided by the trust.

The medicine clinical business unit (CBU) manages Appley, Colwell, Compton wards and the stroke, endoscopy and chemotherapy units. The clinical support, cancer and diagnostics CBU manages the CCU. The clinical support, cancer and diagnostics CBU manages the AMU.

The trust had 8,624 medical admissions from July 2016 to June 2017. Emergency admissions accounted for 6,761 (78%), 188 (2%) were elective, and the remaining 1,675 (20%) were day case admissions.

Admissions for the top three medical specialties were:

- General Medicine: 6,411
- Gastroenterology: 915
- Pain Management: 663

During the inspection, we visited the all six wards, discharge lounge, the endoscopy unit and the chemotherapy unit. We attended a site bed meeting and a super stranded patients meeting. We spoke with 32 patients and/or their relatives, reviewed 34 patient records and observed and spoke with73 members of staff. These included non-clinical staff, healthcare assistants, therapists, nurses, doctors and managers. We also received 17 comment cards from patients or their relatives, collected on wards. Before the inspection visit, we reviewed information we held about these services as well as information that we had received from the trust.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Summary of this service

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

- The service was not consistently providing safe or effective care and treatment. Infection prevention and control practices put patients, staff and visitors at risk of cross infection. Staff did not always identify risks to patients, and where staff identified risks there was often lack of guidance about how to lessen the risk. Patient records had missing information. The records did not demonstrate staff always followed evidence based care pathways.
- Within the medical staff, there was a lack of understanding about safeguarding and the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Nursing staff did not always apply their understanding of the Mental Capacity Act 2005 into their practice.
- There was a lack of assurance that staff had the necessary skill set to carry out their roles. There was an overall low rate of compliance with mandatory training and annual appraisals were below the trust target.

Medical care (including older people's care)

- Staff did not consistently monitor and manage risks to patient safety and governance arrangements to identify shortfalls in performance were not yet robust. Opportunities to learn from audits, incidents and complaints were sometimes missed or there was delayed learning from them.
- There were high vacancy rates in nursing and medical staff.
- Staff and managers had not developed and implemented a strong vision and strategy for the service.
- Despite some improvements in the culture, some staff still felt undervalued and disrespected. Some staff reported in some areas of the service there was still a culture of bullying.
- The service was not fully developed to meet the needs of the local population. The individual needs of patients with dementia were not fully considered. There was no frailty pathway to address the needs of the growing elderly population of the island.

However:

- The stroke unit and endoscopy unit used local and national audits to effectively monitor and improve their services.
- The number of patients experiencing bed moves over night or experiencing multiple non-clinical bed moves during an admission had significantly decreased (improved).

There were some good examples of multidisciplinary working, including multidisciplinary board rounds and multi-agency 'super stranded' patient meetings. The introduction of a 'navigator' nursing team was supporting improved discharge processes.

Is the service safe?

Inadequate

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

- There was an overall low rate of compliance with mandatory training, with very low rates of completion for some courses.
- Lack of training meant not all staff had the required knowledge to protect patients from harm or abuse. Some medical staff lacked understanding about safeguarding.
- The service did not control infection risks.
- There was a lack of assurance that equipment was available and safe to use.
- Staff did not always assess, monitor or manage risks to people who used the service. Staff did not always complete patient risk assessments. Staff did not always follow the National Early Warning score (NEWS) guidance to identify and escalate patients who were at risk of deteriorating. There was a significant risk that time critical treatment in response to deteriorating health of patients or medical emergencies was not timely because the trust did not have a standardised processes to manage urgent and emergency transfers of care to health care services on the mainland.
- Substantial nursing and allied health care professionals shortages and a high use of agency staff increased the risk of patients receiving unsafe or inadequate care and treatment.
- Substantial medical staff shortages, high use of locum staff and variable numbers and skill mix of medical staff on duty increased the risk of patients receiving unsafe or inadequate care and treatment.

Medical care (including older people's care)

- Staff did not always have the complete information they needed before providing care, treatment and support. Staff did not always fully complete patient records.
- The service did not have sufficiently robust processes to manage medicines safely. Staff did not always follow best practice guidelines for storing and recording medicines.
- Staff did not always recognise concerns, incidents or near misses. There was little evidence of learning from events or action taken to improve safety.
- The service did not use safety monitoring results to support improvements.

However:

- Infection prevention and control was well managed in the endoscopy and chemotherapy units.
- There had been no MRSA bacteraemia in the previous 12 months
- Nursing and allied health professionals had a good understanding about safeguarding procedures.
- Colwell ward had introduced a 'Baywatch' process to reduce the number of patient falls. Patients identified at risk of falling were cared for in the same bay. The bay was put on 'Baywatch.' This meant a member of staff remained in the bay at all times to monitor and provide support to patients.

Is the service effective?

Inadequate  

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

- Care and treatment did not always reflect the current evidence based guidance and best practice standards.
- Care assessments did not fully consider patients' nutritional and hydration needs or fully consider pain patients might be experiencing.
- The service did not consistently carry out audits or use national audit findings to improve services.
- The service did not make sure all staff were competent to carry out their role. There were gaps in the management and support arrangements for staff, such as appraisal and supervision.
- Staff did not always work together as a team to benefit patients. Multidisciplinary team working was not embedded across all medical services. This included a lack of shared working with the trust's mental health services, lack of involvement of therapy staff in decision making processes during board rounds on the medical admissions unit and lack of involvement of occupational therapy staff in discharge planning processes.
- Seven day services were not fully established.
- It was not evident the service actively support all patients to live healthier lives.
- Not all staff understood their roles and responsibilities towards the Mental Capacity Act (MCA) 2005.

However:

- The stroke unit used results from the national Sentinel Stroke National Audit Programme (SSNAP) to support improvements to the service.
- The endoscopy unit carried out decontamination efficiency and tracking audit, one patient monthly to ensure continued compliance with meeting the decontamination standards.

Medical care (including older people's care)

- Since the last inspection, all CCU nursing staff had completed training about non-invasive ventilation.
- There was some effective multidisciplinary working in some areas of the medical services. Multidisciplinary working was embedded into the running of the stroke unit. Multidisciplinary working between acute hospital, community and adult social services supported discharge of patients who often required complex care packages and had been in hospital over 21 days since they were declared medical fit for discharge.

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 provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with felt informed about what was happening.

However:

- Staffing levels did not give assurance that care was consistently delivered in a compassionate manner, and protected the privacy and dignity of patients.

Is the service responsive?

Requires improvement 

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

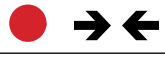
- The service did not plan and provide services to fully meet the needs of the local population. Despite a rising elderly population living on the Isle of Wight, there was no dedicated geriatric service and the trust had not yet implemented a frailty pathway.
- There were shortfalls in how the needs and preferences of different patients were taken into account. The service did not fully consider and meet the individual needs of patients living with dementia or who had a learning disability.
- Patient flow through medical services was affected by difficulties in discharging patients who were medically fit for discharge.
- Some patients experienced delays in accessing some time critical treatments. Suspected stroke patients did not always access the specialist stroke unit in a timely manner. For some specialities and urgent conditions, the trust did not have the facilities to provide the treatment; patients had to be transferred to hospitals on the mainland. The service experienced challenges with accessing transport for these patients and additional challenges were created when poor weather impacted on the availability of transport to the mainland.
- The service was starting to take complaints and concerns seriously, but learning from complaints was not yet part of routine practices.

However:

Medical care (including older people's care)

- The number of patients experiencing non-clinical bed moves between 10pm and 8am had significantly reduced in comparison to the findings of the inspection in 2016. There were very few patients who experienced more than one non-clinical bed move during their admission to hospital.
- Multidisciplinary, multi-agency super stranded meetings were having a positive effect on reducing the number of patients stranded in hospital over 21 days following the decision that they were medically fit for discharge.
- The referral to treatment time for cardiology, gastroenterology and thoracic medicine were all above the England average.

Is the service well-led?

Inadequate 

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

- The lack of a governance framework, and insufficient information, meant there was insufficient management oversight of the safety and quality performance of medical services.
- Leadership arrangements had not yet been fully embedded and staff were not assured all leaders had the appropriate skills and capabilities to carry out their roles. Some staff lacked confidence that some of the medical clinical business unit leaders had the experience and skills to carry out their role.
- The service did not have an established vision and strategy for the development of their service.
- Some staff felt undervalued and reported in some areas of the service there was still a culture of bullying.
- The service's processes were not developed sufficiently to provide an effective systematic approach to improvement of the service.
- The trust did not have consistently effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service did not produce relevant and accurate information to support robust challenge and service improvement.
- There was a limited approach to sharing information with and obtaining the views of staff and people who used the service. Feedback was not always reported or acted on in a timely way.

However:

- Staff commented that the new trust and clinical business unit (CBU) leadership team were visible. There was increased confidence in the service and trust leadership team.
- There was an improving culture in the service. The Speak Up Guardian said staff were starting to raise concerns which indicated an improvement in culture. Some staff said they now had confidence in the trust's grievance process.
- Staff felt the executive leadership team engaged and listened to their views.

Areas for improvement

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

Surgery

Requires improvement 

Key facts and figures

Surgery services at the Isle of Wight Trust are delivered at St Mary's Hospital. The trust covers 18 specialities, with four main theatres, and two day-case theatres. There are five wards for surgical patients.

The surgery department at St Mary's Hospital provides elective (planned) and non-elective (emergency) surgery. The trust had 13,621 surgical admissions from July 2016 to June 2017, and of these, 20% were emergency admissions and 65% were day cases.

During the inspection we visited the theatre suite, the day surgery unit, all surgical wards, the pre-operative assessment unit, discharge lounge and the hospital sterilisation and decontamination unit. We spoke with 14 patients and/or their relatives, reviewed 12 patient records and observed and spoke with 59 members of staff. These included non-clinical staff, healthcare assistants, therapists, nurses, doctors and managers. We also received 22 comment cards from patients or their relatives, collected on wards. Before the inspection visit, we reviewed information we held about these services as well as information that we had received from the trust.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Summary of this service

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

- The service was not providing safe or effective care and treatment. The service had not always adopted evidence-based guidance. Some standard operating procedures were not in place across the service and when guidance was revised it was not effectively communicated to staff.
- Staff did not consistently monitor and manage risks to patient safety. The governance arrangements, to identify shortfalls in performance, were not robust. The systems to report and monitor the quality and safety of care and treatment were not applied accurately and opportunity for learning from audits and incidents was sometimes missed.
- Known behavioural issues in theatres had not been addressed promptly. Some medical staff were not engaged in the service and disregarded safety procedures.
- There were high vacancy rates in nursing, theatres and some key medical roles. There was a high dependence on agency and locum staff.
- Although the leadership teams had started to identify and manage key service risks, this approach was not embedded.
- Staff and managers had not developed and implemented a strong vision and strategy for the service.
- Patient outcomes showed inconsistencies and, where outcomes were lower than expected, the service had not been swift in implementing improvements.
- Patients experienced a higher proportion of cancelled operations than the England average and theatre utilisation rates were lower than target.

However:

Surgery

- Staff controlled infection risks well.
- Staff were generally positive about the support they received from their line managers.
- Patients said they received care from kind and compassionate staff, who, although busy, treated them with dignity and respect.
- The service had implemented a winter plan in collaboration with the wider health economy

Is the service safe?

Inadequate 

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

- The service offered mandatory training but staff had difficulty accessing the mandatory training in key skills, and the rates of overall compliance were below target. The trust had not met the requirement from the last inspection (2014) to train staff in moving and handling, and resuscitation.
- The service did not have consistently suitable premises and equipment. There was a lack of assurance that theatre equipment was maintained regularly. The day surgery unit was not able to provide single-sex accommodation, and this had been a requirement at the last inspection.
- Staff did not consistently monitor and manage risks to patient safety. They did not apply the safety checklist consistently in theatres, and there was routine disregard of safety procedures.
- Staff did not always use the system for detecting and escalating the deteriorating patient safely. Patients at the end of life were not consistently identified and supported appropriately.
- The service did not have enough nursing or medical staff in all areas, with the right qualifications, skills and training, to keep people safe from avoidable harm and to provide the right care and treatment. There was a high reliance on agency and locum staff, but there were still unfilled shifts.
- Staff recorded patient care and treatment inconsistently. Patient records showed omissions and errors and were not always stored securely. The service did not issue discharge letters promptly.
- The service did not always follow best practices when managing medicines. They did not always store medicines safely or check them in line with trust policies.
- The service had recognised that it had not managed patient safety incidents well. Although it had taken action to review incidents more promptly and to encourage reporting of incidents, this approach was not yet embedded to show improvements.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so, although training compliance was below the trust-set target.
- Staff controlled infection risks. Staff kept equipment and premises visibly clean, complied with appropriate personal hygiene advice such as “bare below the elbows” and used control measures to prevent the spread of infection.
- The trust used a systematic approach to determine the number of staff, and their skills, to meet the needs of their patients.

There were safe systems for operating the hospital sterilisation and decontamination unit.

Surgery

Is the service effective?

Requires improvement  

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

- The service did not ensure that care and treatment was consistently based on national guidance and that staff followed this guidance. For example, theatre protocols were not available to guide practices.
- The service did not consistently monitor the effectiveness of care and treatment or use audit findings to deliver improvements. For example, findings from national and local audits were not acted upon effectively.
- Managers did not ensure 85% of staff had completed an appraisal. Following the last inspection in 2014 we required the service to offer all staff a meaningful annual appraisal. Although this had not been met at the time of our inspection, managers were working towards achieving this by the year end.
- Staff did not consistently work well together as a team to benefit patients. In theatres, medical and non-medical staff did not always work effectively as a team. The multidisciplinary team meetings did not use the combined skills of staff to effectively manage patient care.
- Overall, the trust had not addressed the requirement for seven day services and the project to implement this had not been fully developed.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients to see if they were in pain.
- Staff we spoke with understood how and when to assess whether a patient had the capacity to make decisions about their care. They were aware of the principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). However, the trust reported 22.2% of surgery staff had completed MCA training, against a target of 85%.
- All ward staff said they received good support from the physiotherapy and occupational therapy staff, and they were integral to the multidisciplinary team.

Is the service caring?

Good  

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

- Staff cared for patients with compassion. Patients were positive about the caring attitude of staff and their understanding. Staff in the day surgery unit were aware of the risk of a lack of privacy and dignity for patients on the unit and took mitigating actions.
- Staff provided emotional support to patients to minimise their distress. Patients said they found staff reassuring and sensitive. We observed that staff understood patients' social backgrounds and needs and aimed to treat them holistically.
- Staff involved patients and those close to them in decisions about their care and treatment.

Surgery

- Patients confirmed their treatment had been discussed with them and they felt able to make informed decisions.

Is the service responsive?

Requires improvement 

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

- The service did not fully take account of patients' individual needs. There were mixed sex breaches on the day surgery unit.
- The service did not always monitor the number of patients on end of life care. They had started a new scheme to identify patients on end of life care. This was not fully implemented and the bed management system could not monitor when end of life care patients were moved, during their admission, for non-clinical reasons.
- Although there were fidget boxes on wards, and individual staff took their initiative to create distractions, only one ward had specific facilities for patients living with dementia.
- Referral to treatment times were lower than the England average, with urology, ENT and ophthalmology performing worse than other specialities.
- Theatre utilisation rates were lower than the target of 85%.
- The rate of cancelled operations was higher than the England average. The percentage of patients whose operation had been cancelled, and then not been treated within 28 days, was showing an increasing trend.
- Although the service had started to treat concerns and complaints seriously, by investigating and learning from them, lessons learnt were not consistently shared with staff.

However:

- The service planned services with its commissioning partners and in liaison with social care partners and acute services on the mainland.
- The service minimised the number of patient bed moves between wards, for non-clinical reasons.
- On day surgery, staff had worked with the learning disability group to purchase a trolley chair, so that patients did not experience the stress of having to transfer to a bed for surgery. They also created lists specifically for patients with a learning disability, allocating extra time and staff to help provide reassurance.

Is the service well-led?

Requires improvement 

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

- The new leadership arrangements were not yet fully embedded, as there were newly appointed clinical and operational managers within the service, and they were still learning about the risks and challenges and how to address them.
- The service lacked a clear vision and strategy. The service was primarily focused on improving operational management and had not adopted a systematic approach to strategic planning.

Surgery

- The culture of the service was mixed, with some staff promoting a positive culture of valuing people and creating a sense of shared purpose. However, amongst some medical staff the behaviours and culture were not always positive.
- Governance arrangements were weak. Although the service produced monthly data on staffing, quality and safety for committee and board reviews, the systems for allocating accountability and reviewing practices were not clear and there was a lack of scrutiny and challenge at service and board levels. For example, morbidity and mortality meeting minutes showed a lack of discussion and investigation.
- The trust did not have consistently effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk registers were new and did not capture all current risks.
- The service did not produce relevant and accurate information to support robust challenge and service improvement. There was also a lack of assurance on the quality of some of the data collected and reported.
- An external review showed the medical staff were poorly engaged within surgical services and this was a potential barrier to improved service delivery.

However:

- The new trust and clinical business unit (CBU) leadership team were visible and proactive, and there was increased confidence in the service and trust leadership team.
- Non-medical theatre staff received good support from the theatre manager, and worked in a culture of cooperation and teamwork. They felt confident and liked working in the unit
- The Speak Up Guardian said staff were starting to raise concerns which indicated an improvement in culture.
- The service produced monthly data on staffing, quality and safety for committee and board reviews.
- Engagement with outside agencies and staff showed improvement.

Outstanding practice

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

Areas for improvement

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

Critical care

Good ➔➔

Key facts and figures

The Trust's critical care service included a six bedded intensive care unit (ICU) and a critical care outreach service. There were two neonatal critical care beds. Neonatal critical care was reported in the children and young people's report.

The unit provided level 3 care for patients requiring one-to one support, such as ventilation and level 2 high dependency care.

During our inspection we visited the ICU. We spoke with four consultants, eight nurses, a physiotherapist, the matron in charge, one relative and two patients. We observed care and treatment patients were receiving and reviewed four care records. On day one of the inspection there were four patients in the unit and on day two there were five patients.

Before our inspection we reviewed performance information from and about the Trust and data from the Intensive Care National Audit and Research Centre (ICNARC).

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing and medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Managers monitored the effectiveness of care and treatment and used findings to improve them. They compared local results with those of other services to learn from them.
- 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.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion and provided emotional support to minimise their distress.

Critical care

- The service took account of patients' individual needs.
- People could access the service when they needed it.
- Service leaders had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

However:

- Patients stayed longer on this critical care unit than was always necessary meaning mixed sex accommodation requirements were not always met.
- Seven day services were not fully established across all of the multi-disciplinary teams, although action had been taken which would develop the service to meet the seven day standard.
- Not all GPIC standards had been met in full however there were mitigations and plans in place to address the shortfall.

Is the service safe?

Good

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

- The service had made recent efforts to ensure it provided mandatory training in key skills to all staff and made sure everyone completed it in a timely way.
- 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.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service had taken action to ensure there was enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- 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.

Critical care

- The service appropriately applied duty of candour.
- The service used safety monitoring results to improve the service. Staff collected safety information but it was not routinely shared it with staff, patients and visitors.

However:

- The accessibility and legibility of some medical records needed to improve.
- Although the service used safety monitoring results, these were not publicly displayed on the ward.

Is the service effective?

Good 

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

- With the exception of not providing follow up clinics, the service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain and gave additional pain relief to ease pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used 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 appraised staff's work performance 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.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 (MCA). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Seven day services were not fully established across all of the multi-disciplinary teams, although action had been taken which would develop the service to meet the seven day standard.
- The unit did not fully meet the GPICS guidelines however appropriate actions were taken to mitigate or there were imminent actions to address any shortfalls.
- Compliance with Mental Capacity Act (MCA) training was lower than the trust target.

Critical care

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

Is the service responsive?

Requires improvement ➔

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

- Patients stayed longer on this critical care unit than was always necessary
- Delayed discharge from the unit meant patient needs were not being met in the right way and some patients experienced unnecessary mixed sex breaches.
- There was no clear motivation and support at trust level to move patients out of the unit when they were no longer critically ill.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service mostly took account of patients' individual needs.
- Patients were able to access the service when they needed it, this was not impacted by delayed discharges.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good ➔➔

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

- Service leaders had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Local leaders used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

Critical care

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Innovation was encouraged and supported by the service.

However:

- There were some risks that were not recorded on the risk register such as not being fully complaint with GPIC standards and the numbers of mixed sex breaches. Although not recorded leaders were aware of these risks.
- There was no written vision or strategy for the critical care service, although service leaders were clear about the vision for the service verbally.

Areas for improvement

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

Maternity

Requires improvement

Key facts and figures

We inspected the Isle of Wight NHS Trust maternity service as part of an announced inspection in line with our new phase of inspection methodology. The maternity unit works closely with the community midwives providing care to women and babies living on the island. We inspected the service between the 23 to 25 January 2018.

The maternity service provided midwifery led care for low risk women and obstetrician led care for high risk women.

Maternity care was provided at St Mary's hospital and the hospital facilities included:

- A delivery suite with five delivery rooms and a birthing pool.
- A dedicated obstetric theatre alongside a second theatre.
- The antenatal and postnatal ward consisted of 17 beds, to include one side room.
- A day assessment unit with two couches.
- A neonatal intensive care unit was also available on site; however this was inspected as part of the paediatric inspection.

A community midwife team covered the whole of the maternity services across the island. The trust also had a special baby care unit where newborn babies were transferred for specialist care and this unit was inspected separately.

In the most recent four quarters, from July 2016 to June 2017, 1,121 women delivered their babies at the trust.

During this inspection we spoke with 22 staff including ; midwives, maternity care assistants, administrative staff, cleaning staff, physiotherapists, consultant obstetrician, specialist trained doctors, the deputy head of midwifery, delivery suite midwives, antenatal and postnatal ward manager, We spoke with 7 women and their families to obtain feedback on the care they had received. We reviewed 13 women's and baby records.

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 services' performance against each key question as outstanding, good, requires improvement or inadequate

The Care Quality Commission last inspected the maternity service as part of a maternity and gynaecology inspection in June 2014. The rating for maternity and gynaecology service was good overall. We previously inspected maternity jointly with gynaecology, during this inspection we have inspected and will report on the maternity service.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The mandatory training evidence supplied by the trust showed the staff had not completed all mandatory training. The uptake was low and this may put patients at risk of receiving outdated care and practices.

Maternity

- Emergency equipment was not regularly checked to ensure that these were safe, available and ready for use in an emergency.
- The arrangement relating to the birthing pool had not been risk assessed and we were not assured that equipment, staff training and infection control processes were in line with guidelines to keep women safe.
- Medicines were not checked regularly and this included control medicines.
- Medical staff looking after babies had not completed the necessary safeguarding training and at the recommended level.
- Infection control processes were not followed and system for identifying clean and dirty equipment was not adequate. Cleaning schedules were not available for the birthing pool and records of cleaning were not adequate to provide assurance.
- There was not always adequately trained staff to provide care, guidance and support to other staff during the night and at the weekends.
- There was a risk of unauthorised access to the maternity unit due to the lack of reception staff and there was no system to record visitors to the unit.
- The five steps to safer surgery were used; however there was low compliance and this was not embedded in daily practice. This may pose risks of surgical errors as checks were not fully adhered to at each stage of procedures.
- Nursing staff were confident in raising safeguarding concerns and had completed appropriate training to identify and report any safeguarding concerns. This was also considered as part of women's assessment.
- The environment was appropriate and there was a dedicated labour suite with level access to the operating theatre and the neonatal intensive care unit.
- Staff did not receive regular supervision of their practice and the yearly appraisal rate was well below the trust's target.

However:

- Staff treated women with care, compassion and were respectful, ensuring their privacy and dignity was maintained at all times when receiving care.
- Staff followed national guidelines and escalation tools were used for identifying deteriorating women and babies. This ensured that any changes in conditions are identified at an early stage and actions taken.
- Policy and procedures for the management of sepsis were available to the staff and guidance was followed.
- The unit had achieved baby friendly stage 1 for breastfeeding.
- There was facility in the unit for bereaved women and they had support of a bereavement midwife based in the community.
- Women received appropriate pain control of their choice during labour and they told us that their pain was well managed.
- Women with low risk or uncomplicated pregnancies were offered midwife led care to have their babies at home or in hospital.
- The governance arrangements were not well embedded and risks were not always identified in order for action plans to be developed and mitigate these.
- The culture within the service was not supportive of staff to raise their concerns as staff felt they were not listened to.

Maternity

- There was no regular audit programme to identify trends in order to improve practices and the overall service delivery.
- There was a lack of systematic approach to continually improve the service provision.
- The unit was consultant led and midwives played an integral part in the management of women's care. The unit had a consultant obstetrician as clinical lead.
- There was a stable management team and staff were passionate about providing a service that met the needs of women.
- Management team was working towards promoting home births and community based care and normalisation of childbirth.

Is the service safe?

Requires improvement

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Although the service had suitable premises and equipment in order to provide safe care, staff did not regularly check all emergency resuscitation equipment, posing risks that these may not be available in an emergency and may not fit for purpose.
- The birthing pool was not managed safely as there was no risk assessment and adequate equipment for dealing with women and baby's emergency in the pool. Staff had not received training in the use of the safety net and staff had not completed manual handling risk assessment.
- Although the service had enough staff with the right qualifications, skills, training and experience during weekdays, the staffing was not always adequate on nights and at weekends to keep people safe from avoidable harm and to provide the right care and treatment.
- Infection control procedures and processes were not fully developed and cleaning records were not consistently maintained to ensure adequate infection control and practices were followed.
- The service provided mandatory training in key skills to all staff; however not all staff had completed these necessary training. The compliance with mandatory training was below the target set by the trust.
- Patients' care records were not maintained safely as these were not bound with loose pages, these included test results. There were risks of important records going missing and mislaid. Staff in the community were not able to access all women records due to poor IT facilities and connectivity.
- The staff did not follow best practice when recording and storing medicines. Checks of controlled medicines were not carried out in line with the trust's procedures to ensure medicines were available and safe for use.
- All staff did not follow the process for reporting incidents. Learning from these was not consistent as staff did not always receive feedback.
- There were adequate consultants in maternity to provide safe care which included an obstetric lead. However the consultants did not complete twice daily ward rounds and there was limited consultant visibility in the unit.

- The safeguarding flag system was not robust due to different electronic system in use for acute and community. This had the potential of midwives not being aware of safeguarding concerns.
- The maternity reception was short of staff which meant staff members were not available, posing risks of unauthorised access to the unit.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There was a named midwife and a Consultant lead for safeguarding in the maternity unit. Staff had received training and knew how to recognise and report safeguarding concerns.
- Staff completed and updated risk assessments for each patient. They maintained records of care and asked for support when necessary.
- There was a facility for bereaved parents and staff provided them with support.
- Staff followed the guidelines for 'fresh eyes' and used a second person to review fetal heartrate recordings.
- Women who were at increasing risks associated with maternal diabetes were managed appropriately and in line with guidelines.
- Staff kept detailed records of current patients' care and treatment. Records seen in the unit were clear, up-to-date and easily available to all staff providing care.
- Staff monitored deteriorating patients and used the early warning tools and initiated changes in women's management plans as needed.
- We observed that women in the labour suite received 1:1 care during the inspection ensuring that they were monitored and supported throughout the labour stage safely.

Is the service effective?

Good

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The maternity provided care to women in line with national guidance and best practice such as the Royal College of Obstetrics and Gynaecology (RCOG) and National Institute for Health and Clinical Excellence.
- There was effective multidisciplinary working and use of tools used to promote patients' safety.
- The unit had achieved stage1for baby friendly initiatives and staff provided information and breastfeeding support to women.
- Staff assessed and monitored patients regularly to see if they were in pain**.** Staff discussed the different methods for pain relief and this took into account women's choices. Women told us that their pain was well managed.
- Staff understood how and when to assess whether women had the capacity to make decisions about their care. They were able to provide support and advice including referrals such as those experiencing mental health problems.
- Women were supported to breast feed their baby and were provided with information to make informed choices.

Maternity

- A seven day service was available; out of hours there were on-call arrangements to ensure relevant healthcare professionals were available. This included 24 hr consultant and anaesthetist cover.

However:

- The supervision and appraisal process for midwives and health support workers was below what the trust had set out to achieve.
- There was no regular audit programme to ensure compliance against guidance was being routinely audited and changes made to improve practices.
- There were no competency frameworks or assessments for staff in the maternity unit. The role of the practice development midwife needed to be developed.

Is the service caring?

Good

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff supported women in a compassionate, caring and sensitive manner following pregnancy and baby loss.
- We observed that staff checked to ensure that women's preferences and comfort were considered when providing care.
- Staff treated women with respect and ensured their privacy and dignity was maintained at all times in the unit including the labour suite.
- A survey of women's experiences of maternity showed good outcomes and this was similar to other trusts.

However:

- The facilities in the day assessment unit did not take into account women's privacy where personal information and treatment discussions could be overheard.
- The post-natal support for women needed to be further developed to enable continuity in care after discharge.

Is the service responsive?

Good

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service was planned around the needs of the women who had elective caesarean sections and the induction of labour.
- Care was planned around the risks and women followed different pathways such as midwife led or consultant led care as appropriate.

Maternity

- Care followed the agenda and better health recommendations in increasing home births and promoting breast feeding.
- Women had the support of a designated perinatal mental health lead in the community.
- The trust took into consideration the diverse needs of women and a translation service was available to them. This included leaflets in a number of different languages and support from the learning disability team.
- There was a process that staff followed for women who did not attend clinic appointments and this was followed up with the women's GPs.

However:

- The better health agenda was not fully developed including support for smoking cessation in pregnancy.

Is the service well-led?

Requires improvement

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The trust had a vision for what it wanted to achieve and plans were not fully developed such as involvement from staff, patients, and key groups representing the local community. There was no formal strategy for maternity care.
- The governance arrangements were not embedded and it was not evident how different team meetings interacted within the unit.
- Staff did not feel supported to raise issues with management and told us that there was a 'bullying' culture. They felt concerns were not addressed and staff did not receive feedback when they raised them.
- Although some risks were identified, there was a lack of a systematic approach to identify and manage risks and continually improve the service provision.
- Staff reported a disconnect between senior management and those who were responsible for delivering care.
- The service did not consistently evidence ways of improving services and sharing learning. These included evidence of learning from incidents, promoting research and innovative practices to benefit women.

However:

- Managers had the right skills and abilities to run the service and were committed to the development of the service.
- The service had some systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The unit's management team were committed to improving services by learning from when things went well and when they went wrong.
- Staff were proud of their teams within the unit and told us they worked well together and were supportive of each other.
- Senior staff told us the management operated an open door policy.

Maternity

Areas for improvement

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

Gynaecology

Requires improvement

Key facts and figures

We inspected Isle of Wight NHS Foundation Trust gynaecology services on an unannounced visit at St Marys Hospital as part of the new phase of our inspection methodology. We did not look at the effective, caring or responsive domains as this was a focused inspection looking specifically at the safe and well led domains.

The gynaecology services form part of the surgery, women's and children's health clinical business unit at St Marys Hospital, which is the main site for the Isle of Wight NHS Trust.

The gynaecology service forms part of the surgery division at the hospital. However, we were not able to separate gynaecology specific data from the data provided about the surgical services and therefore some data will be reflective of the whole surgery service.

The gynaecology service at St Marys Hospital provides emergency inpatient treatment, elective (planned) inpatient treatment and day case surgery. Outpatient services are also provided at the site and included colposcopy, hysteroscopy, oncology, urogynaecology, oncology, fertility and minor procedures.

St Marys Hospital has four main theatres with two additional theatres within the day surgery unit (DSU). There were no specific gynaecology wards. Gynaecology patients requiring surgery were admitted to general surgical wards, most commonly St Helen's ward.

During the announced visit, we visited the following areas/departments:

- Main operating theatres
- Gynaecology outpatients department
- St Helens Ward

During the inspection visit, the inspection team:

- reviewed eight sets of patient records
- looked at performance information and data about the trust
- spoke with 28 members of staff at different grades including consultants, doctors, nurses, operating department practitioners (ODPs), theatre and outpatient department managers.
- met with consultants, matrons, director of the surgery division, medical director and the director of nursing.

The Care Quality Commission last inspected gynaecology services in 2014 when gynaecology was rated as part of the maternity and gynaecology core service. At that time, the service was rated as good.

Summary of this service

We previously inspected gynaecology jointly with maternity so we cannot compare our new ratings directly with previous ratings.

We inspected two domains only, as focused follow up to concerns, so cannot give an overall rating for this service

We rated safe as inadequate and well led as requires improvement

Gynaecology

- Systems in place did not always ensure patient safety. Some medical staff were not well engaged in the service and disregarded safety procedures. For example mandatory training levels did not all meet the trust target, the five steps to safer surgery World Health Organisation safety checklist was not always carried out properly and incidents were not routinely reported on the trusts electronic reporting system.
- Equipment and consumables were not all within their expiry date and we were not assured the appropriate systems were in place to identify all equipment that needed servicing.
- Staff generally spoke of positive relationships with their colleagues and managers. However, there were some difficult relationships with some members of staff that impacted on the wellbeing of their colleagues. The trust was aware of the issues and had implemented a number of strategies to improve working relationships.
- Staffing levels in the gynaecology outpatients department had not been reviewed although the workload had increased in terms of extra and longer clinics. However staff worked flexibly and well together to ensure the workload was managed.
- The gynaecology service did not have a systematic programme of clinical and internal audits to monitor quality and operational processes.
- The trust had set up a new system for recording risks (November 2017) and the clinical business units managed their own risk registers. There were no gynaecology risks on the local risk register at the time of our inspection. Staff we spoke with were unclear about what was on the risk register and their role in adding to the register and mitigating risk.
- We saw safety briefings were held across the gynaecology services their frequency was not consistent or to any particular template.

Is the service safe?

Inadequate

We previously inspected gynaecology jointly with maternity so we cannot compare our new ratings directly with previous ratings.

We rated it as inadequate because:

- The National Patient Safety Agency five steps to safer surgery World Health Organisation (WHO) checklists were not being followed correctly to ensure patient safety was not compromised. This was confirmed by local audit results. Medical staff did not actively engage, and there was disregard of safety procedures such as the WHO surgical safety checklist.
- Although there was a comprehensive mandatory training programme provided not all staff had been able to attend, and the level of compliance was below the trust's target.
- Insufficient numbers of staff were appropriately trained at the right level for their role in child and adult safeguarding.
- The systems for monitoring equipment and servicing due dates did not always ensure equipment was safe for use.
- Records were mostly stored securely, legible and completed thoroughly but the service had failed to ensure that medical records displayed the patients name or patient number on each page. This meant there was a risk of records not being linked to the correct patient's notes.

Gynaecology

- The service did not always follow best practice when prescribing, giving, recording and storing medicines. Patients did not always receive the right medication at the right dose at the right time. On St Helen's Ward medicines were not always managed safely and systems did not always ensure patients received the right medication.
- Whilst there was a form of safety briefing across all the gynaecology services they were not following a recognised template and therefore were not consistent.
- The trust monitored patient harms but did not communicate the results to patients, staff and visitors or use the results to enhance patient safety.
- During to the bookings process, there was risk that incorrect patients could be collected for surgery on the day and that essential equipment may not be readily available.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staffing levels in the gynaecology outpatients department had not been reviewed although the workload had increased with extra clinics and longer clinics.
- The service did not manage patient safety incidents well. Staff recognised incidents but did not always report them appropriately. Managers did not therefore investigate incidents and were not able to share lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Mortality and morbidity meetings were in place but were not effective in highlighting lessons learnt or implementing actions to prevent the reoccurrence of similar events.

However:

- Staff understood how to protect patients from abuse and the gynaecology service worked well with the trust safeguarding team other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept equipment and the premises clean. Staff used control measures to prevent the spread of infection and practice was audited to monitor performance.
- Most premises were suitable and well maintained. Equipment was readily available and any repairs were dealt with promptly.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Is the service effective?

We did not inspect effective this time.

Is the service caring?

We did not inspect caring this time.

Is the service responsive?

Gynaecology

We did not inspect responsive this time.

Is the service well-led?

Requires improvement

We previously inspected gynaecology jointly with maternity so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- At the time of the inspection, the service was focused on improving operational management and had not adopted a systematic approach to strategic planning.
- The gynaecology service did not have its own vision and strategy for what it wanted to achieve or workable plans to turn it into actions developed with involvement from staff, patients, and key groups representing the local community. Staff were not engaged with the overall trust's vision and values and this was an area the service leads recognised as needing further development.
- Managers across the trust did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff did not always feel supported, respected and valued. There was not a positive culture or common sense of purpose amongst senior staff which led to inconsistency in leadership approaches.
- The Wessex Deanery had withdrawn medical students from working in gynaecology in this trust from December 2017 following reports of an environment that did not support robust medical training.
- The gynaecology service did not have a systematic programme of clinical and internal audits to monitor quality and operational processes. There were not effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services.
- The trust did not have an effective system for identifying risks, planning to eliminate or reduce them, and to cope with both the expected and unexpected. There were no gynaecology risks on the local risk register at the time of our inspection. Staff were unclear about what was on the risk register and their role in adding to the register and mitigating risk.
- The trust had not established or embedded a learning culture which had led to inconsistencies in performance and quality across the range of gynaecology services.

However:

- Staff working in the operating theatres, the day surgery unit, St Helens ward and the gynaecology outpatients department all said their immediate line managers were visible and supportive.
- Staff were encouraged to undertake professional development opportunities. Staff told us they had been able to access role specific training to enhance their skills.
- The trust were beginning to engage with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff reported that the trust's new senior team were more engaging with staff and were hopeful that they would be supported to address issues and make improvements where required.

Gynaecology

Areas for improvement

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

Services for children and young people

Requires improvement 

Key facts and figures

The Isle of Wight hospital provides services for children and young people living in the Isle of Wight. The trust shares its care with other NHS trusts to cross-provide children and young people specialist services such as oncology aged from two weeks old to 18 years.

We visited the children and young people services over three days during our announced inspection.

The children's unit consists of:

- The children's ward with 13 beds including 10 rooms and a bay of three beds.
- One room able to accommodate children less than 18 years old detained under section 136 of the mental health act.
- The day unit with six beds. This is not open every day. The unit sees oncology children, day surgery, predominantly teeth extractions, allergy testing and blood taking.
- Children's outpatient clinic with three consulting rooms.

The community children's nursing team sits within the children's ward and provides nursing and medical support within the local area.

Children are also cared for in other areas of the hospital for example theatres, adult outpatients, and the emergency department.

We also inspected the neonatal Intensive Care Unit (NNU), which detailed:

- Level 2 Neonatal Unit. The unit contained 9 cots including intensive care, high dependency beds and special care as well as staffing the transitional care unit within the maternity department.

Patients, and parents or carers, can access paediatric specialist services via their GP, and the emergency department. There is also open access for an identified group of chronic patients who have direct access to the ward using their 'Yellow Passport'.

The paediatric department at St Mary's hospital is set up to care for babies, toddlers, children and adolescents. The neonatal ward also has capacity for level two patients (with its own intensive care and high dependency beds). The neonatal ward sits adjacent to the maternity unit and a door separates the post-delivery area where the transition ward is situated.

The children's ward has separate bays for younger children and adolescents where possible. There is one high-dependency bed on the unit and the day surgery unit can be used as extra bed spaces when the demand is high.

Paediatric Surgery services are delivered at St Mary's Hospital. Elective surgery referrals are accepted for children over 1 year of age, and emergency admissions for paediatric surgery patients within the competency of the on-call surgeon and availability of paediatric trained anaesthetists who accepts the patient. Children's surgery is routinely undertaken on day case lists but can be supported in the main theatre operating lists as required with paediatric trained anaesthetists.

The children's outpatient department is next to the paediatric ward.

Services for children and young people

During our inspection, we spoke with 25 members of staff including consultants, junior medical staff, nurses from band 5 to band eight, administration and domestic staff. We spoke with one patient and seven family members visiting patients and we received four CQC 'tell us about your care cards'. We reviewed seven sets of patient records and medicine charts.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

At the last inspection, we rated two or more key questions for the service as good so we re-inspected all five key questions.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

Summary of this service

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

- There was not enough nursing and medical staff with the right skill mix to provide safe care. The trust had reviewed staffing levels, and identified a shortage of medical and nursing staff. Recruitment to vacant posts was ongoing at the time of inspection. Nursing and medical staffing levels on the neonatal unit did not conform to the British Association of Perinatal Medicine (BAPM) standards and the overall medical staffing did not conform to the Royal College of Children's and Child health (RCPCH).
- Mandatory training rates for both medical and nursing staff were well below the trusts target of 85% in paediatric resuscitation, medicines management, new-born life support, Prevent training 1&2 and the mental capacity act.
- Governance arrangements, to identify shortfalls in performance, were not robust. The systems to report and monitor the quality and safety of care and treatment were not applied accurately and opportunities for learning from audits and incidents were sometimes missed. The service did not appear to use a systematic approach to continually improving the quality of its services.
- Policies on the intranet were not all up to date and in line with current National institute of clinical excellence (NICE) guidelines.
- There were no available children's development clinics on the Isle of Wight for the diagnosis and support of children requiring diagnosis of autistic spectrum disorders.
- The Children and Adolescent mental health service (CAMHS) did not cover weekend and evenings, therefore children requiring a review before discharge would have extended stays in hospital.
- Children could be exposed to inappropriate conversations in the outpatient departments, as there were no facilities for children and young people to wait separately from adults except in the ophthalmology department
- Staff and managers had not developed and implemented a strong vision and strategy for the service.
- There was a risk of unauthorised access to the neonatal unit due to the lack of reception staff and there was no system to record visitors to the unit.
- There were not adequate age appropriate facilities across the trust for babies, children, young people and their families.

However:

Services for children and young people

- Staff were clear about their safeguarding responsibilities and if there was a concern about a child's wellbeing staff understood and followed safeguarding procedures. All staff we spoke with had completed the appropriate level of training in safeguarding.
- Most staff we observed controlled infection risks well.
- Staff planned and delivered care in line with evidence-based guidance, standards and best practice and met the individual needs of the child and family through the careful care planning. Staff followed care pathways on electronic, multidisciplinary patient records to support practice.
- Staff received annual appraisals and new staff were supported when completing their competency assessments, helping to maintain and further develop their skills and experience.
- Parents and children gave feedback about the care and kindness received from staff, which was positive. All the children and their carers we spoke with were happy with the care and support provided by staff. We observed staff treated children, young people and their families with compassion, kindness, dignity and respect. Staff worked in partnership with children, young people and families in their care.
- Guidance on how to make a complaint was readily available across the CYP service and was on the trust's website.

Is the service safe?

Requires improvement 

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

- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There were nursing vacancies on the neonatal unit, which did not meet British Association of Perinatal Medicine (BAPM) standards.
- Medical staffing did not meet the Royal College of Children's and Child health (RCPCH) recommendations. There were not have enough middle grade medical staff, which resulted in the consultants frequently undertaking aspects of the middle grade role, which had the potential to affect the consultant's ability to fulfil their own job plans.
- The service provided mandatory training in key skills to all staff and had processes in place to monitor competition. However, some mandatory training rates were under the trusts 80% completion rate for both nursing and medical staff.
- The trust had not developed some key policies for keeping children safe. These included a protocol for children and young people who might abscond or be abducted and a restraint policy for children and young people.
- Not all staff followed hand hygiene guidance when examining patients. This included hand washing and the wearing of jewellery. This posed an infection risk.
- Although most of the service had suitable premises and equipment and looked after them well, there were some unmanaged environmental risks. These included a door which did not lock with low handles enabling easy access to the area for children, finger trapping hazards and unlocked cupboards containing items that could pose a risk. In the NNU we did not find evidence that safety equipment was checked regularly.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. However, fridges in the children's unit contained expired medication.

Services for children and young people

- The service mostly managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents but learning from these was not consistent, as staff did not always receive feedback.
- The service did not use safety monitoring results well. Although safety information was gathered, sharing with staff, patients and visitors was not effective. There was no evidence managers used the results to improve the service.
- Although staff kept detailed records of patients' care and treatment and records were generally clear, up-to-date and easily available to all staff providing care, some records were a mix of paper and electronic and some systems were difficult to access, which posed a risk of missing vital patient information.
- The neonatal unit reception was unmanned, which meant staff members were not available, posing risks of unauthorised access to the unit.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Most of the service controlled infection risk well. Most staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Assessment of risks to children, young people and families were assessed, monitored and managed appropriately.
- Following the neonatal inquest an action plan had been developed to ensure safety of transfer and identification of deteriorating babies was prioritised and staff were educated appropriately.

Is the service effective?

Good  

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

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided time and support to undertake audits to 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
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities in relation to obtaining consent, the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support children and young people experiencing mental ill health.

However:

Services for children and young people

- The service provided care and treatment based on national guidance and evidence of its effectiveness. However, some policies we reviewed including the nasogastric tube insertion policy were outdated but still available on the trusts intranet. This did not assure us managers checked to make sure staff were following the correct, up to date guidance.
- Managers monitored the effectiveness of care and treatment but did not use the findings to improve them. They compared local results with those of other services to learn from them however, managers did not share learning effectively with staff.
- The Child and adolescent mental health service (CAMHS) was only available Monday to Friday and young people with mental health issues who required a review before discharge remained on the ward over the weekends.

Is the service caring?

Good 

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

- Staff cared for children, young people and families 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 children young people and their families to minimise their distress. Staff were committed to providing holistic, family-centred care to children, young people and families.
- Staff involved patients and their family in decisions about the care and treatment. We observed caring and compassionate interactions between staff and children, young people and families. Staff had a child centred ethos.
- There were good relationships between staff and those using the services. Staff worked in partnership with parents, babies, children and young people in their care. Therefore, children and families were fully informed and involved in their care. Parents and young people told us they and their children were treated with dignity and respect.

Is the service responsive?

Requires improvement 

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

- The trust did not plan and provide services in a way that met the needs of local children and their families.
- There were not adequate age appropriate facilities across the trust for babies, children, young people and their families. Outpatient departments apart from ophthalmology did not have a separate waiting area for children.
- Across most services, children, young people and families could access the service when they needed it. However, children requiring investigations into the diagnosis of autism had to travel off the island due to there not being an agreed service specification from the clinical commissioning group for the ongoing service itself or formal agreement for the Trust to deliver it. However:
- Staff demonstrated a good understanding of the needs of the local population where they worked.
- The service treated concerns and complaints seriously, investigated them, and learned lessons from the results. Some staff reported there was limited feedback from complaints.

- Guidance on how to make a complaint was on display in all the areas we visited and displayed on the trust's website.
- The trust took into consideration the diverse needs of families and a translation service was available to them. This included leaflets in a number of different language.

Is the service well-led?

Requires improvement 

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

- The trust did not have a vision and strategy for the children's and neonatal unit.
- There was no evidence of the service using a systematic approach to continually improving the quality of its services.
- The service actively participated in national and local research in order for improvement of long-term standards of care for children, young people and families. However, there was no evidence of outcomes and changes to practice from this research.
- The service did not show evidence of engaging well with patients, staff, or the public to plan and manage appropriate services, or evidence of effective collaboration with partner organisations.
- The service did not provide evidence of improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was a lack of evidence of shared learning.

However:

- Following the inquest into the neonatal death the trust had developed an action plan for improvement of processes and safety and was progressing well with the plan.
- The service had managers at all levels with the right skills and abilities to run a service providing quality sustainable care.
- Most managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Most areas of the service had effective systems for identifying risks, planning to eliminate or reduce them, and coped well with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Areas for improvement

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

End of life care

Inadequate 

Key facts and figures

End of life care encompasses all care given to patients nearing the end of their life and following death. Patients received care in any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services.

The definition of end of life includes patients who are 'approaching the end of life' when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with:

- advanced, progressive, incurable conditions
- general frailty and co-existing conditions that mean they are expected to die within 12 months
- existing conditions that put them at risk of dying if there is a sudden acute crisis in that condition
- life-threatening acute conditions caused by sudden catastrophic events.

The Isle of Wight NHS Trust provides end of life care to patients across all clinical areas who have a variety of conditions including cancer, stroke, cardiac and respiratory disease and dementia. The hospital does not have a dedicated ward for end of life care. It also provides end of life care to some patients in the community.

The Isle of Wight NHS Trust has a high length of stay for people who die in hospital, with the highest percentage of death from dementia in England. The trust spends more on end of life care than the national average (Results of monitoring of funding for end of life care 2010 to 2011: PCT returns on SPC spend in 2010/11).

The commissioners have a contract with the hospice for palliative and end of life care services for residents across the Isle of Wight. The hospice provides the hospital with a hospital palliative care team comprising of a specialist consultant, a nurse team lead, one staff nurse and one end of life discharge coordinator. These individuals provide advice, assessment, and treatment to patients nearing the end of their life across all clinical areas within the hospital. The trust has appointed one end of life facilitator to support ward staff to deliver care to patients at the end of life and a lead clinician on end of life care, who is also the trust lead on frail and elderly patients. The trust has also appointed a senior operational manager with operational responsibility on end of life care.

Two palliative care doctors who are employed by the hospice and work at the hospital support the hospital palliative and end of life team. Whilst the hospital palliative care team and the palliative care doctors are employed by the hospice, and therefore not being inspected, their role within the trust was integral to the delivery of end of life care. As such, they are referred to throughout the report.

We requested the trust to provide us with the number of referrals the hospital palliative care team (HPCT) received for the period August 2016 to July 2017 and the number of referrals in that period were of patients diagnosed with cancer. We did not receive this data from the trust. The trust reported 637 deaths from August 2016 to July 2017. (Source: Hospital Episode Statistics (HES))

The hospital palliative care team were available five days a week, from 8.30am to 4.30pm, Monday to Friday. An on-call specialist palliative care team based at the hospice provided specialist palliative care support to medical and nursing staff out of hours and weekends.

The end of life care service was previously inspected in November 2016 and received an overall rating of 'Requires Improvement'.

End of life care

We completed an announced inspection of the end of life care service on 23, 24 and 25 January 2018 with an unannounced night visit on 5 and 6 February.

During this inspection, we visited some inpatient wards including stroke, elderly care, respiratory, general medicine, oncology, general surgery and the medical assessment unit. We observed patient care and viewed care records. We noted the care and records of patients identified nearing the end of their life. We spoke with patients, relatives, mortuary technicians, the chaplain, porters, staff in the bereavement centre and staff based on wards including nurses, doctors and an occupational therapist. We also met with the district nurses, team leaders and locality leads.

In total, we spoke with 47 staff members. We looked at policies and procedures and reviewed performance information about the trust.

Summary of this service

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

- There were significant concerns about implementation of safety systems. Staff did not complete and update risk assessments for each patient. They did not keep clear records and did not escalate concerns when necessary. Staff did not always complete records or omitted sections relating to patients' care especially those in the last few days of their life.
- Most staff were not trained in safe administration of medicines via syringe drivers. There was no structured training for their use and not all staff had completed their competencies. We found staff that had not attended the local train-the-trainer programme but were giving clinical training to the nurses on that ward on the safe use of syringe drivers.
- Managers did not regularly check that staff always followed guidance and best practice was being implemented. There was limited comparison of local results with those of other services to learn from them.
- The service did not make sure staff were competent for their roles. Managers did not always appraise staff's work performance or hold supervision meetings with staff to provide support.
- There was not always appropriate referral and information sharing when patients were discharged from hospital.
- The trust did not plan and provide services in a way that met the needs of local people. The service did not meet the individual needs of all patients.
- The end of life care and the specialist palliative care services had different leadership. This separation meant there was limited joined up working as they were leading on separate services and projects associated with these.
- The governance arrangements in place were not sufficient to monitor the service provision for all patients. There was lack of action plans to address the shortfalls.
- The trust did not consistently assess, monitor and improve the quality and safety of the services it provided. No audits had been undertaken to assure if staff consistently completed and reviewed evidence-based, end of life documentation. Data had been collected from bereaved relatives and reported on a cumulative basis. Hence there were no service improvements identified after every survey.
- Staff were unaware of what constituted end of life incidents. The trust reported no incidents relating to end of life care. There was no risk register to provide oversight of risks relating to end of life care.

However:

End of life care

- Staff cared for patients with compassion and kindness and their dignity was respected and maintained. The end of life care and specialist palliative care services were passionate about their visions and the improvements they wanted to make to benefit patients and improve their care and support.

Is the service safe?

Inadequate 

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

- The service provided mandatory training in key skills to all staff. However, it did not make sure everyone completed it. The trust did not follow the national standard for end of life care training, as end of life care training was not mandatory.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse. However, they did not know how to apply it.
- Staff did not complete and update risk assessments for each patient. They did not keep clear records and did not escalate concerns when necessary.
- The service did not have enough consultants. The staffing levels were below the National Institute of Health and Care Excellence (NICE) guidelines.
- Staff did not keep detailed records of patients' care and treatment. Records were not clear and up-to-date.
- The service did not consistently follow best practice when prescribing, giving and recording medicines. Patients did not consistently receive the right medication at the right dose.
- Most staff were not trained in safe administration of medicines via syringe drivers. There was no structured training for their use and not all staff had completed their competencies.
- The service did not manage patient safety incidents well. Staff did not recognise incidents and did not report them appropriately. Managers did not always investigate and share lessons learned with the whole team and the wider service.

However:

- The service controlled infection risk well. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

Is the service effective?

Inadequate 

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

- End of life care policies and procedures were based on national guidance and evidence of its effectiveness. But managers did not always check to make sure staff always followed guidance and best practice care and treatment.

End of life care

- Staff did not assess and monitor patients regularly to see if they were in pain. They did not support those unable to communicate using suitable assessment tools.
- Managers monitored effectiveness of care and treatment provided to patients in receipt of end of life care, but this was limited. The service did not use the findings to improve outcomes for patients. The effectiveness of care for patients was poor if not cared for by specialist teams. There was limited comparison of local results with those of other services to learn from them.
- The service did not make sure staff were competent for their roles. Managers did not always appraise staff's work performance or hold supervision meetings with staff to provide support and monitor the effectiveness of the service.
- The trust lacked systems to identify people in the last 12 months of their lives who could need extra support.
- Staff did not understand how and when to assess whether a patient had the capacity to make decisions about their care. They did not follow the trust policy and procedures when a patient could not give consent.
- There was not always appropriate referral and information sharing when patients were discharged from hospital.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other health care professionals supported each other to provide good care.
- The service met the NICE guidelines for a seven-day 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 provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Requires improvement  

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

- The trust did not plan and provide services in a way that met the needs of local people. There was some engagement with groups but not on a consistent level.
- The service did not meet the individual needs of all patients
- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with good practice.

End of life care

- The service did not treat concerns and complaints seriously. They did not investigate them, learn any lessons from the results or share these with staff.

However:

- There was a rapid discharge process in place, although it was not monitored.

Is the service well-led?

Inadequate 

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

- Managers at most levels in the trust did not have the right skills, abilities, and knowledge to run a service providing high-quality sustainable care.
- The trust did not have a clear vision for what it wanted to achieve or workable plans to turn any vision into action with involvement from staff, patients, and key groups representing the local community. An island wide strategy for end of life care had previously been developed but this had not yet been adopted.
- Managers across some parts of the trust did not promote a positive culture that created a sense of common purpose based on shared values.
- The service did not use a systematic approach to continually improve the quality of its services and it did not safeguard high standards of care.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service did not collect, analyse, manage and use information well to support all its activities, using secure electronic systems with security safeguards.
- The service did not engage well with all patients, staff, the public and local organisations to plan and manage appropriate services, and did not collaborate with partner organisations effectively.
- The service was not fully committed to improving services by learning from when things went well and when they went wrong. The trust did not promote any innovation in end of life care.

Areas for improvement

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

Outpatients

Good

Key facts and figures

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

The Trust's outpatient services for adults are mostly provided at St Mary's Hospital. The Outpatient Department and Fracture Clinic provide outpatient clinics for medical and surgical specialties based at St Mary's and for teams who visit the hospital from the mainland. In addition clinical speciality clinics are run from different areas in the hospital.

Between August 2016 and July 2017, the trust had 192,417 first and follow up outpatient appointments.

Outpatient clinics are mainly coordinated within the Outpatient Appointments and Records Unit. Although some clinics are coordinated by the clinical specialties located throughout the hospital. There are consultant, nurse or allied healthcare professional-led clinics.

The trust has five Clinical Business Units (CBU). Outpatient services mainly functioned within the Clinical Support, Cancer and Diagnostic Services CBU. However some sat within the Surgery, Women's and Children's Health CBU and the Medicine CBU.

There is a separate children's main outpatient department, which is reported on under the acute children and young people core service. However, some children were seen in regular outpatient clinics dependent on specialty including Ear, Nose and Throat and ophthalmology.

During this inspection we visited the following areas;

- The main outpatient department
- Fracture clinic
- Chemotherapy unit
- Maxillofacial unit
- Pre-assessment unit
- Ear, Nose and Throat
- Physiology
- Cardiology outpatient unit
- Respiratory unit
- Laidlaw diagnostic and rehabilitation unit
- Outpatients and home parenteral infusion therapy unit
- Diabetes services
- Asthma and Allergy clinic
- Pathology laboratory
- Haematology clinic

Outpatients

- Phlebotomy unit
- Podiatry unit
- Eye department
- The outpatient appointments and medical records unit

We spoke with 19 patients and relatives, 48 members of staff including administration staff, managers, doctors, nurses, allied healthcare professionals, healthcare assistants and volunteers. We looked at patient waiting areas and clinical environments. We reviewed documentation provided prior to the inspection in addition to policies and procedures and other information provided by the trust during and after the inspection.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

On this inspection we rated the outpatients service as good because:

- People who used the outpatient services were kept safe from avoidable harm because there were suitable arrangements to enable staff to identify and respond to risks.
- There were sufficient numbers of staff, and they had been provided with safety training. Staff were further supported through service related policies and procedures in addition to evidence based professional guidance.
- Feedback from people using outpatient services, and those close to them, was continually positive about the way staff treated them.
- Services provided by the outpatient departments mostly reflected the needs of the local population.
- Most patients were able to access the service in a timely way, with many specialties in line with or close to the national averages in waiting times.

However:

- Outpatient services did not have clear, well-established and effective governance processes.
- Outpatient services did not have clear and effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Is the service safe?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service provided mandatory training in safety systems, processes and practices but did not always ensure everyone had completed it.

Outpatients

- Staff understood their safeguarding responsibilities and how to protect patients from avoidable harm. There was a good understanding amongst staff of what to report as an incident. Staff understood their responsibility to raise concerns and felt confident to report them.
- In general, the service controlled infection control well. Staff kept themselves, equipment and the premises clean. There were established systems for infection prevention and control, which were accessible and followed by staff.
- The service had suitable equipment and looked after it well.
- The service planned for emergencies and staff understood their role if one should happen.
- There was sufficient staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care.
- In general the prescribing, giving, recording and storing of medicines was managed well.

However:

- Outpatient services were provided in designated clinical areas. Not all outpatient services had suitable premises.
- Resuscitation trolleys were not always locked and did not contain any anti-tamper tags. Paediatric resuscitation equipment was only checked when children were in clinic.
- There was a lack of evidence to demonstrate lessons learnt from incidents were shared with staff working in outpatient services.

Is the service effective?

Currently we do not rate effective for Outpatients, however we found:

- The service provided care and treatment based on national guidance to ensure treatment and care was effective.
- The service made sure nursing staff were competent for their roles. Managers appraised nursing staff's work performance and looked after their development needs.
- 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.
- Staff understood their responsibilities to ensure patients gave valid consent.

However:

- It was unclear how managers monitored the effectiveness of care and treatment.
- Managers did not ensure that performance reviews or the development needs of administrative and clerical staff were assessed annually.
- In general, staff did not demonstrate a good understanding of their role and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They seemed unsure how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Outpatients

Is the service caring?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients throughout outpatient services confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The trust planned and provided services in a way that mostly met the needs of local people.
- The service tried to take account of patients' individual needs.
- People could access some of the outpatient services when they needed it.
- The service treated concerns and complaints seriously and investigated them.
- Waiting times from referral to treatment were in line with good practice for most specialties.

However:

- Not all outpatient services ran one-stop clinics.

Complaints were not always responded to in a timely manner and it was not clear if learning from complaint investigations was shared with staff.

Is the service well-led?

Requires improvement

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- It was unclear if all managers in the outpatient departments had the right skills and abilities to run a service providing high-quality sustainable care.

Outpatients

- The main outpatient department had a service plan which described where the service wanted to be but it was out of date and unclear how this aligned with the trust's vision and strategy.
- Outpatient services did not have clear, well-established and effective governance processes.
- Outpatient services did not have clear and effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff had ideas of how to improve outpatient services; however, it was felt that the trust's financial status, staff shortages, space issues and interim nature of the executive board was potentially hindering improvements being carried out.

However:

- The culture of the service was mixed with some staff describing a mainly positive culture that supported and valued staff with a sense of common purpose. However, some staff were less positive about the culture.
- The service generally engaged well with patients, staff and the public and local organisations to plan and manage appropriate services.

Outstanding practice

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

Areas for improvement

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

Diagnostic imaging

Requires improvement

Key facts and figures

The diagnostic Imaging department provided a comprehensive service for the Isle of Wight at St Mary's Hospital NHS trust. The hospital provided the following diagnostic services: Magnetic resonance imaging (MRI), Computed tomography (CT) Ultrasound, mammography and plain film. There was a limited interventional radiology service provided. The service supported outpatient clinics as well as inpatient wards, emergency department, GP referrals.

During our inspection, we spoke with three patients and relatives, and 15 members of staff, including radiologists, radiographers, department assistants, and students. We viewed eight patients' examination records and observed care being delivered.

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

Previous Care Quality Commission inspection methodology included diagnostic imaging services jointly with outpatient services; the last inspection under that methodology took place in 2014

Summary of this service

This service has not been previously rated. We rated it as requires improvement because:

- The service did not always provided care and treatment based on national guidance and evidence of its effectiveness. The service did not follow the guidelines issued by the Royal College of Radiology on non-radiology clinicians reviewing images.
- Learning from serious incidents was not shared with the whole team to minimise the potential for repeat occurrence, risking harm to patients. Staff were not using the three point identification procedure in daily practice.
- Duty of Candour was not appropriately applied when incidents of patient harm occurred.
- Staff did not undertake sufficient audits to demonstrate compliance with Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R)
- There was a shortage of consultant radiologists which impacted on the quality of image reporting.
- Insufficient numbers of staff had completed mandatory training, safeguarding training at the correct level, annual appraisals of their work, and the Mental Capacity Act 2005.
- The waiting area in the main department was cramped and provided insufficient accommodation for the number of people using it.
- The service had not always monitored the effectiveness of care and treatment in order to use the findings to improve care. Appropriate audits had not been done to ensure quality of practice was maintained.
- The service did not manage complaints according to agreed timescales.

However:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness, and they were well informed about the procedures staff were performing.

Diagnostic imaging

- The service worked well to provide a service to meet the needs of the island residents with extended working days and some walk in appointments.
- Staff felt well supported by managers and were offered opportunities for further training and development.
- The service leads were working towards Imaging Services Accreditation Scheme (ISAS), which is a structured approach to providing a high quality service, and will highlight the areas where the service can improve services and focus attention appropriately.

Is the service safe?

Requires improvement

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The service had a programme of mandatory training courses in place; data showed that not all staff completed the training in a timely way.
- We could not be assured that all staff understood how to protect patients from abuse; the compliance for level 2 safeguarding was well below the trust's set target.
- There was a chronic shortage of consultant radiologists in post, which impacted on the quality of image reporting.
- Learning from serious incidents was not shared with the wider team to ensure practise improved. There was no system in place to analyse and learn from non-reportable incidents or near misses, which meant that learning opportunities were missed.
- We did not see any evidence that staff understood when the duty of candour should be applied; training did not form part of the mandated programme and it was not referred to in the most recent serious incident investigation report.
- The Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) require robust audit of practice to demonstrate compliance; we did not see evidence that staff undertook sufficient audits to demonstrate compliance in areas relating to safety.

However

- Most staff had received training on infection control and we observed good practice for cleaning and decontamination of clinical equipment although training compliance was below the trust-set target.
- We observed clear signage of radiation hazard for control areas throughout the department, but the waiting area for patients in the main radiology department was cramped and lacked space to accommodate the numbers of people using the service.
- Staff were generally able to access patient information such as diagnostic imaging records and reports, medical records and referral letters appropriately through electronic records.
- There were enough radiographers and radiology department assistants with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care, while attending the diagnostic imaging department.
- We saw a high standard of practice in the computerised tomography (CT) area for medicines management.
- Dedicated radiation protection advisor was available supported by sufficient radiation protection supervision skills.

Diagnostic imaging

Is the service effective?

Requires improvement

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The service did not monitor the effectiveness of care and treatment in order to improve patient outcomes. Robust audit practise was not embedded. Staff were able to collect and collate data from the electronic patient information systems, but we did not see any evidence of analysis and presentation used to improve services.
- There was evidence that best practice was not consistent throughout the department; however we saw well written procedures and documentation in the MRI modality for example
- We were not assured that non-radiologist reviewers were competent to review images and the service had not taken steps to provide their own assurances of this.
- Only 41% of staff within the service had received an annual appraisal of their work which was well below the trust's target of 100%.
- Insufficient numbers of staff had received training in the Mental Capacity Act so we could not be assured staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However

- Continuing professional development was encouraged and there were radiographers with reporting skills and qualifications, with more in training.
- The service supported emergency and urgent care, providing a full imaging service beyond core hours and an on-call service for the main imaging requirements 24 hours a day, seven days a week.
- The radiologists had an effective system in place to manage the pathway for patients with suspected malignancy, which ensured that these patients were added to the earliest multidisciplinary team meeting for care planning.

Is the service caring?

Good

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. 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 provided emotional support to patients to minimise their distress.
- Patients received good information about the procedures they had undergone
- Reception staff were efficient and patients appreciated this.
- Staff provided emotional support to patients to minimise their distress, this was particularly evident in the MRI and mammography unit.

Diagnostic imaging

Is the service responsive?

Good

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Service planning took account of the needs of the local population and enabled patients to be seen at times to suit their needs. The department offered a walk in service for general radiography and dental imaging.
- There was a facility within the computerised radiology information system to flag specific need of patients such as those with a visual impairment or learning disability. This helped staff ensure they had the capacity to support such patients more fully.
- There was a broad range of written information available to patients about diagnostic imaging procedures and aftercare.
- The service, on the whole, completed image reporting activity within the timescales agreed

However:

- The numbers of patients waiting more than six weeks for imaging was increasing month on month.
- Service planning did not allow for appropriate segregation of male and female patients wearing hospital gowns attending for examinations; and due to the cramped waiting area staff were unable to provide enough screening for patients who were in their beds so patient dignity could not be maintained at all times.
- The service did not complete investigation of, respond to, and close complaints within agreed timescales.

Is the service well-led?

Requires improvement

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The service did not have a robust or systematic approach to continually improving the quality of its services and safeguarding high standards of care. There were some effective meetings held regularly with documented outcomes, but little evidence of practice audit to improve services.
- The service did not monitor and mitigate risks to patients effectively; we saw some comprehensive risk assessment documentation completed by the external radiation protection team, but local risk assessments for activity in the imaging rooms were minimal with limited detail on specific hazards or the level of risk to staff or patients.
- The service did not consistently collect, analyse, manage and use information well to support all its activities. There was no dashboard in place to monitor activity.
- We saw some evidence that the imaging modalities surveyed their patients, but this was not always regular throughout all modalities.

However

Diagnostic imaging

- The leadership team were well established and possessed the necessary skills to run a high quality sustainable service; the clinical lead and service manager were well supported by the clinical support business unit leads.
- The service vision was to achieve the Imaging Services Accreditation Scheme (ISAS) accreditation. Some modality leads had good vision for service expansion to provide improved access for the island residents.
- Most staff told us they felt respected, valued and were treated fairly, with equal opportunities for training development, and career progression. Staff we spoke with also described a positive working culture and a good sense of teamwork.
- The imaging modality leads on the whole were highly skilled leaders, but this was not consistent throughout.

Areas for improvement

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

Community health services

Background to community health services

The trust provides community services for adults and community services for children, young people and families, which includes sexual health services. There are no community inpatient beds. End of life care services are provided by community services in partnership with the local hospice, this was inspected and reported under end of life care services at St Mary's Hospital.

Community health services are provided from the main hospital site and a variety of health centres, clinics, GP surgeries across three localities on the island, West and Central Wight , North and East Wight and South Wight..

Summary of community health services

Inadequate 

Our rating of community services went down. We rated them as inadequate overall because:

- Safety systems were not fit for purpose, or were not implemented sufficiently, to keep children, young people and families protected from avoidable harm. Implementation of systems in community adults services required improvement.
- There was some improvement in the safety of community services for adults but further improvement was needed.
- The services for children, young people and families were not consistently effective or sufficiently responsive to meet their needs.
- Leadership, management and governance of both services was not adequate to ensure the delivery of high quality care and improvement of services.

However

- Staff cared for patients with compassion, provided emotional support. They involved them and those close to them in decisions about their care and treatment.

Community health services for adults

Requires improvement 

Key facts and figures

Facts and data about this service and this trust

Community services for adults within the Isle of Wight were provided over three localities ; West and Central Wight , North and East Wight and South Wight. The aim for these services was to support people to stay healthy, manage their long term conditions, avoid hospital admission, promote independence and support them following discharge from hospital.

The services provided included;

- District nursing
- Community nursing teams
- Community therapists
- Podiatry
- Diagnostic and rehabilitation clinics
- Clinical nurse specialists
- Phlebotomy
- Chronic pain
- Tissue viability
- Orthotics
- Podiatry
- Crisis response team
- Single point of access for rehabilitation
- Speech and language therapy

This inspection was announced (staff knew we were coming) to ensure community staff were available for us to talk to.

During this inspection, we spoke with 89 members of staff, 31 patients, 21 carers and relatives. We reviewed 17 patient electronic and paper records.

We visited numerous locations across the three Isle of Wight localities including the community nursing hubs, patient homes and community clinics.

Summary of this service

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

- There was limited assurance about safety. Monitoring, analysis and feedback of safety issues by the business unit senior team was not taking place in a comprehensive or timely way.

Community health services for adults

- The leadership, governance and culture within the senior leadership team of the AUCC business unit did not assure the delivery of high quality care.
- There was no understanding of the importance of culture in ensuring high quality, sustainable care. Senior business unit nurse managers did not promote a positive culture that supported and valued staff.
- Changes were made to the services without due regard to their impact. For example, the care of long-term patients following the changes to community matrons and the IT skills of community nurses.
- Although many community vacancies had been recruited to, agency and bank staff were not consistently used to cover gaps due to sickness and absence. Not all staff had the right qualifications skills, knowledge and experience to do their jobs.
- Despite improvements in medicine protocols, numerous insulin administration errors were reported, corresponding to low numbers of medicine administration competency assessments being achieved.
- Electronic systems to manage care records on the Isle of Wight were uncoordinated with issues regarding sharing information between services. There was variability in the use of the new electronic patient record, with reassessments of patient's risks not routinely taking place.
- Many community nursing staff became stressed and anxious when talking about their roles. We found that community staff felt undervalued, unsupported and unappreciated by the AUCC business unit senior team.

However:

- The majority of patients had good outcomes because they received effective care and treatment.
- Community multidisciplinary staff in different teams worked together supporting patients to improve their health and wellbeing.
- People cared for in the community were usually supported, treated with dignity and respect and are involved in decisions about their care and treatment.
- The majority of people's needs were met through the way the services were organised and delivered.
- People knew how to give feedback or concerns about their care in a variety of accessible ways.
- Staff felt local supported by the team leaders and welcomed the new executive team.

Is the service safe?

Requires improvement 

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

- The service provided mandatory training in key skills to all staff, however not all staff in community adult services had completed them.
- Staff were not always aware of when safeguarding concerns had been raised within their team.
- Community clinic staff did not always use control measures to prevent the spread of infection.
- We were not assured that the community equipment was organised safely across all three localities.
- Electronic record systems in use on the Isle of Wight did not all talk to each other which meant that staff did not always have the full range of information about the patients care and treatment.

Community health services for adults

- Community staff kept records of patients' care and treatment on the new electronic system. There was variability in their completion as some staff struggled with the technology.
- Staff completed risk assessments for each patient using a new electronic system. The staff had variability in their competence using the system and reassessments of patients' risks were not always taking place.
- There were still vacancies and some newly appointed staff were without the necessary skills and experience for their roles in community services. We were not assured that all rota gaps in were adequately covered by temporary staff to keep patients safe.
- There were multiple reported errors relating to insulin administration and only 11% of staff had been assessed as competent in medicine administration.
- The service did not use safety-monitoring results well. Results were not fed back to staff for improvements to be made.
- The proposal to stop community nurses incident reporting unwitnessed falls was not sufficiently risk assessed or planned with a replacement process.

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled most infection risks well. Staff kept themselves, equipment and the majority of clinic premises clean.
- The service had suitable premises and equipment and looked after the majority of them well.
- The service had recruited more staff with the right qualifications, skills, training and experience.
- The service had improved its practice when prescribing, giving, recording and storing medicines since our last inspection.
- 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.

Is the service effective?

Requires improvement

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

- Staff did not always assess patient's nutritional status so they may not recognise when patients were at risk from malnutrition.
- Local audits were not consistently undertaken.
- There were gaps in management and support arrangements for staff, such as appraisal and supervision. Appraisal rates had fallen to 54% and most front line community nurses did not receive formal supervision.
- The service did not always make sure staff were competent and supported to do their roles. Some staff we spoke with did not feel competent with the new IT equipment.
- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Only 8.9% staff had received training

However:

- The service provided the majority of care and treatment based on national guidance and evidence of its effectiveness.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those with chronic pain in developing coping skills and self-management.
- Community services contributed to national audits to monitor the effectiveness of care and treatment and used the findings to improve them.
- Most community staff of different kinds worked together as a team to benefit patients.
- Staff appeared to understand how and when to assess whether a patient had the capacity to make decisions about their care, despite only 8.9% of staff being trained. The new electronic system incorporated consent into the initial assessment process.
- The trust provided information for patients in various formats, such as paper in different languages or via the website.
- The service was organising specific bespoke training for community nurses from Portsmouth University

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 and care we observed confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment

Is the service responsive?

Good

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

- The trust planned and provided services in a way that met the needs of local people.
- The community services took account and of the needs of most vulnerable people.
- Most people could access the service when they needed it. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with good practice
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and were planning to have a more robust system to share with all staff.

However:

- Service planning had not sufficiently taken account of the needs of long term patients.

Community health services for adults

Is the service well-led?

Inadequate 

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

- Whilst local clinical managers were supportive to staff, not all senior leaders had the right skills and abilities to run a service providing high-quality sustainable care.
- There was no understanding of the importance of culture in ensuring high quality, sustainable care. Senior business unit nurse managers did not promote a positive culture that supported and valued staff.
- Whilst the trust had a vision, the AUCC business unit did not have a vision, or clear strategy and plans, for what it wanted to achieve for community services. Some transformation changes were being planned but staff were unaware of what was happening.
- The AUCC business unit did not have an effective system for identifying or managing risks; the risk register contained just three risks, none of which detailed the risks of recent service changes. The impact of service changes on the quality and sustainability of care were not understood.
- There were insufficient governance arrangements in place for oversight of safety and quality of services. The records of the meetings were disorganised, informal and poorly filed.
- The community services senior team did not collect, analyse, manage and use information well to support its activities.
- The community services senior team did not engage well with patients, staff, public and local organisations to plan changes and service improvements.
- The community services business unit appeared committed to improving services through innovation. However, frontline staff were not encouraged to contribute to service improvements and planned changes were poorly communicated. There had been insufficient actions or improvement following the previous inspection

Areas for improvement

We found areas for improvement in this service.

The service MUST take the following actions to improve:

- Improve monitoring, analysis and feedback of safety issues to the teams for improvement.

Regulation 17 (2) (a)

- Undertake impact assessments for service changes, identify and implement actions to lessen risks.

Regulation 17 (2) (b)

- Review the use of temporary staff to cover staff sickness and absence, ensuring that there are sufficient numbers of suitably qualified staff across all localities.

Regulation 18 (1)

- Ensure that all staff receive mandatory training as stated by the trust and staff achieve competency in medicine administration.

Community health services for adults

Regulation 18 (2) (a)

- Provide further skilled IT support to ensure that staff feel competent and supported to use the electronic system.

Regulation 18 (2) (a) (b)

- Staff are adequately trained in the new IT system and that patients' safety risk assessments are reassessed regularly.

Regulation 12 (2) (a)

- There is a workload and dependency tool in use to ensure safe and appropriate care for patients

Regulation 12 (2) (b)

- The trust needs to undertake a detailed review of the culture of the community nursing team to assess the lack of perceived value attached to their roles by the senior nurses with the business unit.

Regulation 17 (2) (e)

- That staff undertake training to fully understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Regulation 12 (2)(a)

The service SHOULD take the following actions to improve:

- That risk assessments of fasting diabetic patients needing blood tests are undertaken to fast track them through the phlebotomy service in community clinics.
- Ensure that equipment is organised safely in all locality bases.
- Ensure that the new electronic paper record undertakes audits and staff are engaged with identifying if improvements are needed.
- Review the lack of 'short term' patient assessments and care plans on the new system.
- Review the practice and educate clinic staff in preventing cross infection.
- Review the interaction arrangements for different IT systems in use.
- MDT reviews for community patients are attended by community nurses.

Community health services for children and young people

Inadequate 

Key facts and figures

Children and young people form 20% of the island's 140,000 population. Child health profiles show the number of children under 16 in low income families is above the England average. In 2014 21.4% of children aged under 16 lived in a low income family compared to the national average of 20.1%. The rate of family homelessness was better than the England average, 1.1 per 1000 compared to an England average of 1.9 per 1000 families. This meant there were less families experiencing homelessness compared to the England average. The Isle of Wight had a higher number of children in care compared to both the regional and England average. In 2017, 90 per 10,000 children were in care compared to and England average of 62 per 10,000 children and regional average of 51 per 10,000 children. The rate of teenage mothers was slightly higher than the England average at 1% compared to 0.9% nationally and 0.7% regionally.

The Isle of Wight NHS Trust provides a range of community based services to children, young people and their families on the island. The 0-19 service provides a combined health visiting and school nursing service for children and young people across the age range. Children's community therapy teams provide occupational therapy, speech and language therapy and physiotherapy to children and young people.

Health visitors held clinics in a variety of locations across the island including children's centres, GP surgeries and community centres. The trust did not own or manage these locations. The school service carried out screening, immunisations and health promotion in both primary and secondary schools across the island. The 0-19 service was managed jointly and had a new service lead in post at the time of our inspection.

The 0-19 service also provided school nursing provision for two schools caring for children and young people with severe and complex needs such as learning difficulties, physical disabilities, medical conditions and autistic spectrum disorder.

The sexual and reproductive health service provide a variety of clinics based at St Mary's hospital these include a dedicated under 25's drop in clinic, family planning service and psychosexual counselling service.

The children's community therapy team were co-located in a building on the St Mary's Hospital site. The teams provided a range of clinics in the building in addition to community clinic and home and school visits. Each therapy service had a service lead, however, the occupational therapy service lead post was vacant at the time of our inspection.

The looked after children team provided oversight of care and support for children and young people in the care of the local authority including arranging health assessments and care planning. The team cared for children and young people until they reached their 25th birthday to ensure a smooth transition to adult services.

During this inspection, we inspected:

- The 0-19 service (health visiting and school nursing)
- The looked after children team (LAC)
- The sexual health service
- The children's speech and language therapy service (SALT)
- The children's occupational therapy service

Community health services for children and young people

- The children's physiotherapy service

Our inspection was announced at short notice (staff knew we were coming) to ensure that everyone we needed to talk to was available. During our inspection, we spoke with 30 members of staff including school nurses, health visitors, sexual health nursing staff, student nurses and therapies staff. We also reviewed 22 sets of patient medical records including paper records, electronic records and parent held records. We spoke with 20 children, young people and parents and observed nine consultations. We observed interactions between parents and staff, considered the environment and reviewed a range of documents both before and after the inspection.

Summary of this service

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

- There were some significant safety concerns across the service and some risks had become normalised.
- There were multiple records systems in place which did not always allow staff to access full and up to date information about children, young people and their families. The electronic patient record system was not reliable or fit for purpose, and paper records had not been scanned onto the system.
- Medicines in some areas were not stored or prescribed appropriately and some staff did not follow inflectional control procedures.
- There was inconsistency in the reporting and management of incidents across the service. Whilst staff did recognise incidents they did not always report them and were not always confident that action would be taken.
- Services did not always have competency frameworks in place for staff
- Whilst local leaders were regarded highly by teams, senior leaders in the clinical business unit did not always understand the risks to services and support staff to address them.
- The service did not have an effective system for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. Significant safety risks had not been adequately addressed.
- There were not sufficient governance arrangements in place for oversight of safety and quality the children, young people and family service.
- There were insufficient processes for accessing, sharing and using performance and quality information across services.
- There was no evidence of engaging children, young people and their families in the design or implementation of the service.

However:

- There were robust safeguarding procedures in place and staff worked well with other agencies to ensure children and young people were protected from avoidable harm or abuse. Staff were aware of their responsibilities to seek appropriate consent from children and young people.
- Staff across the service worked well as a multidisciplinary team. Services provided health information and advice for children and young people in a way they could understand.
- Staff were kind and compassionate and placed children and families at the centre of their work.

Community health services for children and young people

- Children and young people could access most services when they needed it. However, there were delays in accessing outpatient appointments in occupational therapy particularly for children with autistic spectrum disorders.
- The service treated concerns and complaints seriously but children, young people and their families were not always given information on how to make a complaint. There was no child friendly complaints process within the service.

Is the service safe?

Inadequate 

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

- There were some significant safety concerns across the service, and some risks had become normalised. There was inconsistency in incident reporting and management across the service. Whilst staff did recognise incidents they did not always report them and were not always confident that action would be taken.
- There were multiple records systems in place which did not always allow staff to access full and up to date information about children, young people and their families. The electronic patient record system was not reliable or fit for purpose, and paper records had not been scanned onto the system. These issues created significant risks for children and young people using the service.
- The service did not always manage medicines correctly. Staff did not ensure temperature sensitive medicines and vaccines were stored safely and that the medicines were administered as prescribed.
- The service provided mandatory training in key skills to all staff. However, not all staff completed this and there was particularly low compliance with some key modules.
- The service did not always manage infection risk. Staff did not always adhere to hand hygiene procedures or clean equipment after use.
- There was inconsistency across the service in incident reporting and management. Whilst staff did recognise incidents they did not always report them as they were not confident that action would be taken.
- Not all staff completed safeguarding children and adults training appropriate to their role.
- Slow recruitment processes led to long term unfilled vacancies which meant some services did not always have enough staff to meet the needs of children and families.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment, which they looked after well.
- Health risks to children, young people and their families were assessed, monitored and managed appropriately.

Is the service effective?

Good 

- The service followed national care and treatment programmes and pathways. The service performed well in the healthy child programme

Community health services for children and young people

- Staff, in health visiting and school nursing, educated families and carers to a high standard regarding nutritional health. They effectively promoted and empowered service users to manage their own health, care and wellbeing to maximise their independence
- Staff of different kinds worked together as a team to benefit patients.
- Staff were aware of their responsibilities to seek consent using Fraser guidelines and the principle of Gillick competence.
- Staff used appropriate pain tools to recognise and assess pain in children and young people.
- A high percentage of staff had completed a yearly appraisal, although this was still below the trust target.

However:

- Some clinical policies and procedures had not been ratified and did not include up to date clinical guidelines.
- The service had limited processes in place to monitor the effectiveness of the service through audit, other than through submission of national data.
- School nursing services did not have evidence of competency assessments for staff.
- Some vaccination rates were below the national average, including for children in care.

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

Is the service responsive?

Good ➔➔

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

- The trust planned and provided services in a way that met the needs of local people
- Staff demonstrated a good understanding of the needs of the local population where they worked.
- Children and young people could access most services when they needed it.

However:

- There were significant delays in accessing outpatient appointments in occupational therapy particularly for children with autistic spectrum disorders.

Community health services for children and young people

- Although the service treated concerns and complaints seriously, children, young people and their families were not always given information on how to make a complaint. There was no child friendly complaints process within the service.

Is the service well-led?

Inadequate 

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

- Whilst local leaders had the right skills and abilities, they were not always supported by senior leaders to run a service providing high-quality sustainable care. There was a lack of confidence in the clinical business unit leaders experience and interest in services for children, young people and their families.
- The service did not have an effective system for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. Significant safety risks had not been adequately addressed.
- There were not sufficient governance arrangements in place for oversight of safety and quality the children, young people and family service.
- There were insufficient processes for accessing, sharing and using performance and quality information across services. There were significant failings in the information technology systems used by the service.
- There were no robust systems or processes in place to improve services by learning, continuous improvement and innovation. There had been insufficient actions or improvement following the previous inspection
- Services for children, young people and their families did not have a vision for what it wanted to achieve and workable plans to turn it into action.
- The service did not effectively engage children, young people and their families to plan and manage appropriate services.

However:

- Most managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Areas for improvement

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

Mental health services

Background to mental health services

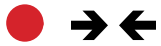
Isle of Wight NHS provides all acute health services to a population of approximately 140,000 people living on the Island, there is significant increase in population during holiday and festival seasons.

The trust provides all secondary care mental health services for the people on the island. Services include community mental health teams, crisis services, learning disability community team, adult/older adult's inpatient wards and child and adolescent mental health services.

We previously inspected mental health services in January 2016. At that inspection, we rated mental health services as inadequate. Following the inspection, we served an urgent notice of decision to impose conditions on the trust's registration under S31 of the Health and Social Care Act 2008 due to our concerns about the safety of the services. The notice detailed our expectations for the trust to address safety concerns about the environments in mental health inpatient services and staffing and management of risk in community mental health services.

We inspected all the mental health services at the announced inspection in January 2018.

Summary of mental health services

Inadequate 

Our rating of these services stayed the same. We rated them as inadequate because:

- We still had significant concerns about community mental health services for adults of working age and of older people. Staff did not always manage risk to patients safely.
- The community teams and crisis service were short staffed and relied on agency staff. These staff often left at short notice. This meant that patients were frequently reallocated to new workers.
- In the crisis service, the telephone line was frequently engaged and there were not sufficient qualified staff to triage calls. At times the triage was being completed by administrative staff.
- The trust did not have sufficient clinical psychologists and other staff. This meant that patients under the care of community and inpatient services had little access to talking therapies recommended by the National Institute for Health and Care Excellence.
- We continue to have significant concern about the safety of Shackleton ward, an inpatient ward for older people with mental health problems.

However:

- There were improvements in some services. Specialist community mental health services for children and young people improved their rating to Good overall. The manager and staff team had addressed the majority of concerns that we had raised at the last inspection. They had improved record keeping and how they managed risk.

Summary of findings

- Acute and psychiatric intensive care unit wards also improved their rating to Good overall, four of the ratings for our key questions had improved with building work addressing some of the risks identified at the last inspection. Care planning and physical health care had also improved.
- The long stay rehabilitation ward, Woodhaven, improved from a rating of inadequate to requires improvement. Work had been done to make the environment safer and staff had improved records.
- Community mental health services for people with a learning disability or autism remained rated Good overall.
- Staff in mental health services were feeling more engaged and supported by senior management.

Because of the overall improvements in the physical safety of the environment in mental health inpatient services, we have decided to lift the conditions of the notice of decision under S31 of the Health and Social Care Act 2008. However, the conditions we placed on the trust in relation to community mental health services were left in place due to the continued significant risks to patient safety.

Community-based mental health services of adults of working age

Inadequate 

A summary of our findings about this service appears in the Overall summary.

Key facts and figures

The community mental health service offers a specialist multi-disciplinary service for individuals over the age of 18 suffering from mental ill health. The service offers assessment and treatment for people aged over 65 years, who do not require treatment for organic disorders such as dementia. There is a designated early intervention in psychosis team for patients experiencing a first episode of psychosis.

The community mental health service was previously inspected in November 2016. There were a number of concerns identified with the safety of the service, which resulted in an inadequate rating for safe, effective, responsive and well led. Caring was rated as requires improvement. We served an urgent requirement notice letter and issued a section 31 notice of decision to urgently impose conditions on the trust as we had reasonable cause to believe a person would or may be exposed to the risk of harm unless we did so. The trust was placed into special measures.

We conducted a comprehensive inspection of the community mental health service to review the progress made against the action plan and to re-rate against all domains.

On this inspection we:

- Interviewed three team leaders and the operations manager
- Reviewed 37 sets of care records
- Spoke with 20 staff including doctors, nurses, occupational therapists, support workers and admin staff key to the running of the service
- Conducted a specific check of the clinic room and the medicine cards
- Toured the environment at Chantry House
- Interviewed nursing staff key to running clinics
- Reviewed the waiting lists
- Spoke with five patients.

Summary of this service

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

- There were considerable concerns around the high turnover of staff and vacancies within the team. This meant patients were regularly reallocated to new agency staff. Agency staff did not always receive an effective handover of patient care.
- There were extensive waits for evidence-based psychological therapies. There was a lack of oversight of risk for patients on internal waiting lists.

Community-based mental health services of adults of working age

- The service was not set up to provide effective and prompt interventions based on National Institute for Health and Care Excellence (NICE) guidance. Assessments were not always fully complete and did not contain in depth information essential to patient care. There were a high number of re-referrals taking place that showed treatment had not been effective. There was no psychologist working within the community mental health service.
- We had serious safety concerns over the management of medicines in the Chantry House clinic room. There was no oversight of the management of medicines.
- We found serious safety concerns for patients accessing support for an eating disorder. Staff were not providing safe care to patients with an eating disorder. The service accepted people with an eating disorder onto their caseload but did not have the skills to provide the specialist interventions that such patients required..
- Staff completed risk assessments of patients, however there was variation in the quality and they were not always comprehensive. Staff did not regularly use crisis plans to mitigate risks for services users in the event of experiencing a mental health crisis. Care plans we reviewed did not meet the criteria set out in the standard operating procedure
- The electronic records system continued to be a problem for staff due to its complexity. The previous inspection in November 2016 found that the system was not fit for purpose.
- The electronic records did not always demonstrate that care plans were shared with patients and did not always show patient involvement. Care plans were not always holistic and person-centred.
- The service had not embedded individual service-user rating scales and outcome measures as part of standard practice.
- Nurse led clinics aimed at patient's that were mentally stable were created to assist in the management of the caseload had no clear remit.
- Patients who did not meet the referral criteria of the service were not offered alternative support due to a lack of other community support.
- Staff were not always effectively responding to patients that did not attend their appointments.
- While staff received mandatory training there was little specialist training available to them.
- The community mental health services did not have stable or clear leadership and there was a lack of support for the interim team. There were quality concerns identified during the inspection that showed a gap in governance. Staff felt that it was not a supportive culture despite trying their best to support each other. Morale was consistently low.

However

- Oversight of the mental health services had improved since the previous inspection in November 2016. Staff felt that mental health was now being given attention by the senior leadership team within the trust with the appointment of a director for mental health.
- Training was provided in order to safeguard children and vulnerable adults from abuse. Staff reported incidents using an electronic incident reporting system.
- Staff were caring, they treated patients with dignity and respect.
- The service had set up a physical health clinic in order to assess patient's health when prescribed antipsychotic medicines.
- The service had taken positive steps to manage staff caseloads. Staff received caseload management supervision to review their caseloads and identify risks and treatment progress.

- Staff attended regular multidisciplinary team meetings. Daily meetings allowed staff to identify those most at risk on the caseload and shared the risk within the team.
- Staff were confident in their knowledge of the Mental Health Act and Mental Capacity Act and were aware of how to seek support and advice.
- The service recruited ex-patients as volunteers to aide with the group activities. In-house training was provided regarding managing risk and working in groups.
- The duty worker responded well to patients phoning or attending the service outside of appointments times.

Is the service safe?

Inadequate  

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

- There were considerable concerns around the high turnover of staff and vacancies within the team and the reliance on agency staff. This had resulted in the regular reallocation of patients without an effective handover between team members.
- There was a lack of oversight of risk for patients on internal waiting lists. Waiting lists were extensive and there were several in operation. The systems used to manage waiting lists and clinics had inadequate controls and audit trails, and the information recorded in patient records was limited. Because of the limited evidence in patient records, it was difficult, and in many cases impossible, to identify what discussions staff had with patients about offers of treatment and rationale for referral into one or more groups with a waiting list.
- There were serious safety concerns over the management of medicines in the Chantry House clinic room. There was no oversight of the management of medicines. There were out of date syringes and there was an out of date injectable medicine found in the clinic room cupboard. Depot medicine cards were not suitable and missed essential information and there was poor organisation of the medicine cards.
- Staff undertook risk assessments of patients accessing the team, however there was variation in the quality and they were not always comprehensive. Progress notes did not demonstrate that risk was considered at every appointment.
- Staff did not regularly use crisis plans to mitigate risks for services users in the event of experiencing a mental health crisis.
- The electronic records system continued to be a problem for staff due to its complexity. The previous inspection in November 2016 found that the system was not fit for purpose. On this inspection staff continued to raise concerns about the system, despite it being updated to be easier to use.
- Staff were not always contactable when working alone, this posed a risk to those working remotely or at satellite clinics.

However

- The service had taken positive steps in managing staff caseloads. Full time members of staff had a maximum caseload of around 35 patients with the guide for staff being seven patients per day working.
- Training was provided in order to safeguard children and vulnerable adults from abuse. There was good knowledge of safeguarding procedures and processes amongst the staff.

Community-based mental health services of adults of working age

- Staff reported incidents using an electronic incident reporting system. Serious incidents were recognised and escalated accordingly.

Is the service effective?

Inadequate 

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

- The service was not set up to provide effective and prompt interventions based on NICE guidance. Pathways had not been set up to provide care based on identified needs.
- Assessments were not always complete and did not contain in depth information essential to patient care.
- Care plans we reviewed did not meet the criteria set out in the standard operating procedure, they lacked information that managed identified risks and many did not contain a crisis plan.
- At the previous inspection there was no psychologist working within the community mental health service. This had not changed. There was little guidance or supervision for groups.
- We found serious safety concerns for patients accessing support for an eating disorder. The service did not provide specialist eating disorder support. No eating disorder service had been commissioned so community staff were required to support those with an eating disorder.
- The service had not embedded individual service-user rating scales and outcome measures as part of standard practice.
- Agency staff did not always receive an effective handover, team leaders stated that often caseloads needed reallocating without a safe handover.
- There was no specialist training available to staff and this made staff consider whether they were motivated to stay within the trust.

However

- The service had set up a physical health clinic in order to assess patient's health when prescribed antipsychotic medicines. This ensured that patients had an annual review of their physical health.
- Staff expressed that they had good links with services such as social services or the local drug and alcohol services.
- Staff received caseload management supervision in order to review their caseloads and to identify risks and treatment progress.
- Staff attended regular multidisciplinary team meetings. Daily meetings allowed staff to identify those most at risk on the caseload and shared the risk within the team, as well as ensuring services users receiving depot medicine received their injection.
- Staff were confident in their knowledge of the Mental Health Act and Mental Capacity Act and were aware of how to seek support and advice.
- Medical staff followed National Institute for Health and Care Excellence (NICE) when prescribing medication.

Community-based mental health services of adults of working age

Is the service caring?

Good  

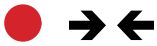
Our rating of caring CHOOSE A PHRASE. We rated it as CHOOSE A RATING because:

- Staff were caring, they treated patients with dignity and respect.
- Patients were positive about the care they received from staff at Chantry House. We spoke with five patients; all had a positive experience and felt supported by the staff.
- Staff ensured patients were involved in the care planning process. Staff spoke about how they planned care with patients and shared copies of the care plan with them.
- The service recruited ex-patients as volunteers to aide with the group activities. In-house training was provided regarding managing risk and working in groups.
- The trust provided a service users and carer's forum, this was in order to communicate changes within the mental health service and seek input.

However

- The electronic records did not always demonstrate that care plans were shared and did not always show patient involvement or provide a holistic, person-centred care plan. There was limited documented evidence of carer involvement in patient care records but patients confirmed that family and carers were involved when necessary.

Is the service responsive?

Inadequate 

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

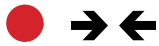
- There were set referral to treatments targets, but team leaders were not aware of whether their teams were meeting these targets.
- There had been a push by the trust to manage caseloads in order to identify patients that could be effectively discharged. However, many of the patients who staff discharged were referred back. This suggests that treatment had not been effective prior to discharge.
- Waiting lists for evidence-based interventions such as psychological therapies were extensive. At the time of the inspection, 190 patients were waiting for psychotherapy, psychological therapy or psychological screening for assessment. Staff said that patients could wait up to two years for psychological therapy and that accessing group work would be quicker.
- Nurse led clinics aimed at patient's that were mentally stable were created to assist in management of the caseload but had no clear recovery definition.
- The service accepted patients who did not meet the threshold for the service and provided treatments that did not met the criteria for the service. Staff felt that they were being forced to accept patients that would have been more appropriate for the Improved Access to Psychological Therapies Service (IAPT).

- Staff did not follow trust policy when patients did not attend appointments. While staff were aware of how to respond when a patient did not attended, we found evidence in progress notes that staff did not proactively follow up patients not attending appointments.
- Informal complaints were not recorded. This meant trends in complaints were not identified and so the service was unable to learn and make changes from informal complaints.

However:

- The duty worker responded well to patients phoning or attending the service outside of appointments times.
- Staff were flexible in their appointment times and only cancelled these when absolutely necessary. Staff were supportive of each other and used the duty function to help cover appointments when needed.
- There was disabled access to the sites where the community mental health service operated.

Is the service well-led?

Inadequate 

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

- The community mental health services did not have stable or clear leadership and there was a lack of support for the interim team. There were a number of interim positions filled by staff; these included senior positions such as operations manager and the two team leaders.
- There were quality concerns identified during the inspection that showed a gap in governance, for example, in the clinic room, care plan and risk assessment quality and in staffing.
- Team leaders were under pressure and felt at breaking point. High staff turnover that had affected their ability to work effectively run the service. ,
- Staff felt that it was not a supportive culture despite trying their best to support each other. There was a feeling that staff did not feel supported or valued by the trust.
- Morale was consistently low; the workforce was disenchanted. Staff felt that they had little guidance and they kept professional to keep people safe rather than providing them with effective evidence-based treatment.
- There was no centralised waiting list oversight or management by local or senior management. There was no clear guidance or consistency on managing waiting lists or clinic lists.
- Staff did not always have phones, laptops or tablets provided by the trust in order for them to complete notes or care plans with patients remotely.

However

- Oversight of the mental health services had improved greatly since the previous inspection in November 2016. Staff felt that mental health was now being given attention by the senior leadership team within the trust with the appointment of a director for mental health. Staff felt that they were able to feedback to the senior management of the service since the previous inspection.
- Staff received training relevant to their role. There was an improvement in supervision levels and staff told us that they received regular caseload management.

Community-based mental health services of adults of working age

- There were a number of areas of concern highlighted and placed on the risk register and there had been progress made in addressing certain issues.

Areas for improvement

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

Acute wards for adults of working age and psychiatric intensive care units

Good ↑

Key facts and figures

This service provides care and treatment for adults aged 18 to 65 who need to be in hospital for their mental health problems.

Osbourne and Seagrove wards are both located on the St Mary's Hospital site, in the Sevenacres building, on the Isle of Wight.

Osbourne ward is a 16-bedded acute admissions ward for men and women of working age. At the time of our visit the ward was fully occupied.

Seagrove ward is a six-bedded psychiatric intensive care unit. At the time of our visit, there were four patients on the ward, three of whom were detained under the Mental Health Act.

At our last inspection we rated the service as Requires Improvement. The trust was told to take the following actions:

- The trust must ensure that an immediate comprehensive assessment is undertaken of all the ligature risks on both Osbourne and Seagrove and that an action plan to minimise the risks is put in place. In addition, the assessment should be subject to regular and ongoing review and a ligature reduction plan formulated.
- The trust must ensure that where interconnecting bathrooms are used, that the locking mechanisms designed to maintain safety and privacy are in good working order. In addition, the trust must ensure that they are assured that the interconnecting bathroom arrangements are safe for patients to use.
- The trust must ensure that it reviews the out of hours crisis arrangements on Osbourne ward and ensures that adequate resources are available that do not impact on the ward staff.
- The trust must ensure that it reviews its bed management policy in relation to Osbourne ward and does not continue to use a 19-bedded facility for 21 patients without proper resources and space.
- The trust must ensure that care plans for patients are completed, present, subject to regular review, patient centred and goal orientated.
- The trust must ensure that staff have available to them attack alarms that are reliable and effective.
- The trust must ensure that all safeguard alerts are properly recorded and reported.
- The trust must ensure that all patients subject to rapid tranquilisation receive physical health monitoring checks in line with NICE guidance and Code of Practice legislation.
- The trust must review its current toileting arrangements for seclusion and ensure that patient's privacy and dignity is maintained when being secluded.
- The trust must ensure that all medical devices are subject to regular testing to ensure they are in good working order.

Before the inspection visit, we reviewed information that we held about these services and asked a range of organisations for information.

During the inspection, the inspection team:

Acute wards for adults of working age and psychiatric intensive care units

- visited both wards at the St Mary's Hospital site, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with six patients who were using the service
- spoke with two carers of patients who were using the service
- spoke with two ward managers or acting ward managers
- interviewed 12 staff including consultants, ward doctors, staff nurses, healthcare assistants, occupational therapists, assistant occupational therapists, social workers and domestic staff
- reviewed 14 care records of patients
- reviewed 12 patient medication charts
- reviewed eight patient comment cards
- attended various ward activities including handovers, peer supervision groups, clinical review meetings, and patient activity groups
- carried out a specific check of the medication management on all of the wards
- looked at policies, procedures and other documents relating to the running of the service

Summary of this service

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

- The wards had undergone some significant renovations and had plans in place for further improvement to address the concerns from our last inspection. The trust had made improvements to the management of ligature risks on the wards. The wards were clean and tidy and the furniture was well-maintained. Staff also carried out regular environmental audits.
- There was good physical health screening for patients on the wards. Seagrove ward had recruited a dual qualified nurse to lead on physical health screening and care plans of patients. A dual qualified nurse is qualified in both mental and physical healthcare.
- Care plans had improved significantly since the last inspection. Care plans were more holistic, person-centred and had detailed daily care records, and a good correlation with risk assessments of patients.
- The service had improved its out of hours medical cover arrangements. Junior doctor cover was in place day and night, and doctors were easily accessible in an emergency.

However:

- The seclusion room on Seagrove ward did not have toileting facilities and staff ended seclusion for patients to use the toilet outside of the seclusion room or provided them with a disposable pan. The trust had agreed building works to correct this.
- We found some errors in the operation of both clinic rooms on the two wards.
- The care plans we looked at on both wards were not always recovery orientated.

Acute wards for adults of working age and psychiatric intensive care units

Is the service safe?

Requires improvement  

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

- The seclusion room on Seagrove ward did not have toileting facilities and staff ended seclusion for patients to use the toilet outside of the seclusion room or provided them with a disposable pan. The trust had agreed building works to correct this.
- We found some errors in the operation of the clinic rooms on both wards. On Seagrove ward, the resuscitation bag was found to be disorganised. There were two ongoing audit lists for the bag, neither of which was accurate. This meant that staff did not know the exact contents of the bag, and if something was missing. This was corrected by the end of the inspection. On Osbourne ward, we found an expired but opened bottle of Methadone in the clinic room cupboard although this had not been administered to any patients past its' expiry date, and staff safely disposed of the medication.
- The proportion of staff who had completed the mandatory training on Mental Health Act (65%), Mental Capacity Act (6%) adult resuscitation (59%) and immediate life support (4%) were low. These were key training subjects for staff working in this environment.
- There were improvements to the post-administration monitoring of rapid tranquilisation to bring it into line with the NICE guidelines. However, there were still some gaps in recording the physical healthcare of patients post-administration.

However:

- The services had improved since our last inspection. We changed the rating of the key question of is the service safe going from Inadequate to Requires Improvement.
- The wards were clean and tidy and the furniture was well-maintained. The trust had made major improvements to the management of ligature risks on the wards, also wards had undergone some significant renovations and had plans in place for further improvement. Staff also carried out regular environmental audits.
- There was good physical health screening for patients on the wards. Seagrove ward have recruited a dual qualified nurse to lead on physical health screening and care plans of patients. A dual qualified nurse is qualified in both mental and physical healthcare.
- Staff members demonstrated good awareness of processes related to reporting incidents, and learning from incidents. Staff gave examples of where incidents and complaints had led to an improvement in the service.
- Medical devices were all tested as required.

Is the service effective?

Good  

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

- Care plans had improved since the last inspection. The care plans were more holistic, person-centred and detailed and had good correlation with the risk assessments of patients.

Acute wards for adults of working age and psychiatric intensive care units

- The service had improved its out of hours medical cover arrangements. Junior doctor cover was in place 24/7, and as most of them lived on-site, they were easily accessible in an emergency.
- Support workers, nursing staff and occupational therapists engaged the patients in a number of different activities.
- The multi-disciplinary team had regular team meetings and effective handovers working well with other teams, including the home treatment team and crisis team. They also had good links with other agencies, and trusts on the mainland.

Is the service caring?

Good 

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

- Staff displayed a keen awareness of patients' needs.
- Staff treated patients with dignity and respect.
- Patients spoke positively of the staff members.
- Patients were being involved in their care..
- All the wards were open to patient feedback. We saw evidence of improvements being made to the service as a result of patient feedback and concerns.

Is the service responsive?

Good 

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

- At the last inspection both wards were admitting patients beyond their bed capacity. At this inspection, wards had decreased their patient bed capacity to operate at a safe level.
- The wards had a good range of rooms and equipment available, including space for consultations, therapeutic activities and treatment. Every patient had their own bedroom, and these were in the process of being renovated as en-suite rooms at the time of the inspection.
- Staff familiarised patients to the ward and the services available to them, upon admission. This included making patients aware of the complaints, advocacy and feedback processes.

However:

- The entrance to Seagrove ward was still through Osbourne ward and at our previous inspection in April 2017, we said this compromised privacy, dignity and safe management of patients on both wards. At this inspection, a business proposal has been submitted to request a separate private entrance for Seagrove ward.
- Osbourne ward did not currently have garden access due to the significant ligature risks found in the garden. The garden is awaiting renovation works to make it more anti-ligature friendly.

Acute wards for adults of working age and psychiatric intensive care units

Is the service well-led?

Good ↑

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

- Improvements had been made to the services since our last inspection addressing our previous concerns. Staff members told us managers were supportive and approachable. They felt listened to and supported in their roles and had a sense that the trust wanted to make improvements to staff and patient experiences. The morale on both wards was high.
- Managers were supportive of staff's personal development and training.
- Managers on both wards shared learning through a regular acute managers' meeting. Learning was disseminated to ward staff through handovers, team meetings and supervision.
- At the last inspection in April 2017, we found that the physical health of patients was not monitored in a safe an effective way. At this inspection, on Seagrove ward, a registered nurse was employed to lead the physical health screening and physical healthcare plans of patients.
- Staff spoke positively about the new Mental Health Executive Lead. They felt the executive lead had made improvements to mental health services.

However:

- Ward managers said there was a lack of training and development opportunities to support them in progressing further.
- Staff felt that while improvements had been made in the direction and strategy of the trust, these practices still needed to be embedded in the culture of the organisation.

Areas for improvement

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

Wards for older people with mental health problems

Inadequate 

Key facts and figures

Mental health inpatient wards for older people were provided at two locations.

Shackleton ward is a mixed sex four bed ward for older patients with a dementia.

Afton Ward is a mixed sex ten bed older adult ward for patients with a functional mental health Problem.

Following our previous inspection, CQC rated wards for older people with mental health problems as Inadequate in Safe, Effective, Responsive and Well-led and Good in Caring.

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited Shackleton and Afton ward and specifically checked the environment
- interviewed the ward manager and the acting ward manager
- checked the clinic room
- spoke with five patients
- spoke with two band five nurses, one band six nurse and two health care support workers
- spoke with one occupational therapist
- reviewed ten health care records
- spoke with one carer of a patient
- spoke with one consultant psychiatrist
- reviewed a number of policies, meetings minutes, personnel records and supervision notes.

Summary of this service

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

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

- Staff on Shackleton ward compromised the privacy and dignity of female patients by allowing male patients to use the female lounge. The lounge for the use of female patients was not clearly identified with signage.
- Staffing levels on Shackleton ward were insufficient to meet patients' needs. Ward based activities were frequently cancelled and patients were not able to access the garden for fresh air.
- There was no clinical psychologist within the multidisciplinary team. Patients were not receiving psychological input to meet their needs.
- Staff were not applying the principles of the Mental Capacity Act to their practice. Mental capacity assessments were not being completed for specific decisions such as covert medication and decisions around accommodation.

Wards for older people with mental health problems

- Staff on Shackleton ward were not effectively supervised. Supervisions were frequently cancelled due to staffing shortages.
- The environment on Shackleton ward was not dementia friendly. There was very little stimulation or meaningful activity.
- Managers on Shackleton ward were not supported effectively to carry out their roles. Managers were not trained to perform their acting roles and were working outside of their comfort zones.

However:

- Staff demonstrated kindness, compassion and patients felt they were cared for and treated with dignity and respect.

Is the service safe?

Inadequate  

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

- Male patients on Shackleton ward continued to use the female lounge. Staff told us that male patients used the lounge and sometimes they were left unsupervised. There was no signage to let patients know that the lounge was for the use of females only.
- Shackleton ward did not have enough staff to keep patients safe. Shifts were often left short-staffed which meant that ward based activities were often cancelled and patients did not get one-to-time with their primary nurse. Patients had not been able to use their ground leave to access fresh air for a number of weeks. Both wards also lost staff to electro-convulsive therapy clinics which sometimes left them below minimum staffing as the clinics were not resourced separately.
- Staff on Afton ward did not routinely update risk assessments following an incident. We reviewed records that showed there had been three recent restraints with the same patient but the risk assessment remained the same.
- There was no restrictive intervention programme on either ward. A restrictive intervention programme is a programme that designed to reduce restrictive practices within wards to reduce violence and aggression and encourage a positive and therapeutic environment. Shackleton ward had a number of restrictive practices. These were not based on individual risk assessments of the patients.
- Patients could only access food and fluids by asking a member of staff on Shackleton ward. Staff told us this was because the client group had dementia and therefore, the patients needed supervision when eating and drinking and were not permitted to access food and fluids themselves.
- Staff on Shackleton ward did not report all physical interventions with patients through the trust incident reporting system. Staff told us there were too many incidents to report.
- Staff on Afton ward did not follow the post- rapid tranquilisation protocol. Physical observations were not monitored in line with National Institute for Health and Care Excellence guidelines.
- Staff continued to use de-facto seclusion on Shackleton ward. De-facto seclusion is where a patient is contained in an area which amounts to a seclusion room without the protection of the protective legal guidelines that a seclusion room would have. Staff told us they had segregated aggressive patients on a number of occasions by locking off part of the ward corridor and preventing the patient from leaving.
- Staff on Shackleton ward did not manage medicines safely. Controlled drugs continued to be stored in an unsecured box within the drug cupboard which did not comply with legislation.

Wards for older people with mental health problems

- Bedrooms and bathrooms were kept locked unless patients requested to use them on Shackleton Ward.

However:

- Both wards were now completing daily checks of the environments to ensure they were safe.
- Afton ward was having a complete refurbishment. This included rebuilding the nurses' station to allow good observations and promote confidentiality.
- There had been a full ligature risk assessment on both wards and the necessary replacement of equipment and furnishings or mitigation of risks had taken place.
- Bathrooms on both wards which had previously been inter-connecting to another bedroom, had either been removed or only used for one patient.
- At our last inspection in 2016, we had concerns about the safety of the garden on Afton ward. This was being refurbished and was due for completion in March 2018.
- Afton ward was operating at establishment level. Staff turnover and sickness was low.
- Staff on Afton ward had prioritised falls prevention, nutrition, and hydration. Patients were advised of ways to reduce their risk of falling and falls risk assessments and post-falls protocols were in place.

Is the service effective?

Requires improvement 

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

- Staff did not obtain consent to care and treatment in line with the Mental Capacity Act 2005. Best interests decisions were not being made in line with this legislation. Deprivation of Liberty applications were not always made when they should have been.
- Staff on Shackleton ward did not receive effective supervisions or appraisals. Staff were not supervised in line with trust policy.
- There was no clinical psychologist within the multidisciplinary team. Patients could only access psychology through primary care psychology.
- Staff were not effectively inducted on Shackleton ward. Staff told us they received an orientation rather than an induction and were unsure of their job role.

However:

- Care plans were detailed, holistic, included a full history and included physical health assessments.
- There had been an improvement from our last inspection in 2016 in the access of occupational therapists and physiotherapists from the trust.
- Staff on Afton ward received a thorough, service specific induction, appraisal and ongoing supervision and support.

Is the service caring?

Requires improvement 

Wards for older people with mental health problems

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

- Staff did not maintain the confidentiality of information about patients. Patients' confidential records were not stored securely on either ward. On Shackleton ward, staff left patients' records in communal areas and on Afton ward, patients' records were stored in the nurses' station, which was open.

However:

- Feedback from patients about the way staff treated them was positive. Patients were treated with dignity, respect and kindness during interactions with staff.
- Staff responded compassionately when patients needed support to meet their basic care needs.
- There had been an improvement from our last inspection in 2016 in the involvement of patients and carers in the care they received on Afton ward.

Is the service responsive?

Requires improvement  

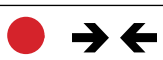
Our rating of responsive improved. We rated it as requires improvement because:

- The environment on Shackleton ward was not dementia friendly. Staff did not support patients with appropriate signage and orientation around the ward. Staff were not supporting patients to engage in meaningful activity.
- On Shackleton ward patients were not cared for in the least restrictive way. Patients had not been able to access fresh air for a number of weeks.
- On Shackleton ward there were limited activities appropriate to the patient group.

However:

- There was a rolling menu programme including different options for people that had specific diets including people with different cultural backgrounds.

Is the service well-led?

Inadequate 

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

- There was poor oversight of the risks and concerns on Shackleton ward, for example the lack of incident recording and the use of defacto seclusion.
- Staff were not aware of or did not understand the trust's vision and values.
- There was no effective system for identifying the ward objectives and therefore, monitoring the performance of the ward objectives.
- Staff were auditing different areas of practice on Shackleton ward. However, the outcomes of these audits did not feed back to the staff team and encourage change in practice.
- The managers on Shackleton ward were not supported by the trust to carry out their acting roles effectively.

Wards for older people with mental health problems

- Staff morale on Shackleton ward was low, staff did not feel valued and appreciated. There was ongoing conflict within the team which meant the team were not working together.
- On Shackleton ward there was no clear plan or timeframe regarding the business plan for a potential move or refurbishment. This meant there was little innovation or service development.

However:

- A proactive approach had been taken to addressing the most serious environmental risks including ligatures and blind spots.
- Staff felt the executive team was more visible and they felt listened to.
- Afton ward was led well, staff felt supported and the team worked well together.
- Staff on both wards felt confident about raising concerns and were aware of the whistleblowing procedure.
- Managers on both wards could escalate new risks to the trust risk register.

Areas for improvement

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

Specialist community mental health services for children and young people

Good ↑

Key facts and figures

The Isle of Wight NHS trust community child and adolescent mental health service (CAMHS) provides mental health services, for children and young people with a mental illness. The service works with children aged 0 to18. There was one team on the Isle of Wight, based at Pyle Street in Newport.

The previous inspection in November 2016 rated the Isle of Wight NHS trust community child and adolescent mental health service as requires improvement across all areas except the caring domain which was rated as good.

Before the inspection visit, we reviewed information that we held about these services, and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the community mental health service for children and young people in Newport
- interviewed the manager
- reviewed 11 care records
- spoke with two carers of two young people that were using the service
- spoke with six children and young people
- spoke with twelve staff in a focus group
- reviewed a number of policies, meetings minutes and assessments related to the running of the service.

Summary of this service

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

- Staff had access to up to date, accurate and comprehensive information about children and young people in their care and treatment plans. They ensured that care plans and crisis plans were up to date and comprehensive, assisting the teams' deliver of safe care and treatment to young people. Staff members ensured there was an effective system in place to assess the risks to all young people
- The staff team had reviewed and improved the way they reported incidents. They ensured incidents were consistently reported and there was learning from each incident.
- Staff involved children and young people and those close to them in decisions about their care and treatment. Children and young people spoken with were very positive about the care and treatment they received. The team listened to feedback from parents and young people, supported them and made changes because of the feedback.
- There was no waiting list for the service and young people were seen quickly.
- Staff were well trained to carry out their roles. There was suitably skilled and experienced staff to support children and young people's needs.
- The manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff morale was good and staff felt positive about their team.

Specialist community mental health services for children and young people

However:

- Young people could not always access the service when they needed it. There was no out of hours provision for young people. Young people admitted to hospital at the weekend had to wait until the following Monday before being assessed by CAMHS staff.
- The service did not deliver all the psychological therapies recommended by NICE.
- There was no provision for young people with attention deficit hyperactivity disorder or autism spectrum disorder. Whilst there were discussions with the clinical commissioning group about the pathway, these young people were excluded from the service and had been for several years.
- The service did not ensure that the premises were safe for children and young people. They had access to domestic knives in the unlocked kitchen.
- The manager did not ensure staff were competent for their roles because staff members did not all receive sufficient regular one to one managerial supervision.
- The staff team did not treat all complaints seriously because they did not investigate verbal complaints from children, young people or their families.

Is the service safe?

Good ↑

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

- All children and young people had a thorough risk assessment and where appropriate crisis plans. The risk assessments and crisis plans we reviewed were comprehensive and up to date. The previous inspection in 2016 had found issues with the risk assessments and crisis plans; this had been rectified by staff.
- The staff team had reviewed and improved the way they reported incidents that took place in the service. They ensured incidents were consistently reported and learning from incidents was shared. The previous inspection in 2016 had found issues with the reporting of incidents; this had been rectified.
- Staff knew how to identify abuse and how to safeguard young people. Safeguarding processes were followed. Staff members ensured safeguarding information was clearly highlighted on the electronic recording system.

However:

- The service did not ensure that the premises were safe for children and young people. They had access to domestic knives in the unlocked kitchen.

Is the service effective?

Good ↑

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

- Staff had access to up to date, accurate and comprehensive information about children and young people's care plans and treatment. All staff had access to an electronic records system that they updated. The care plans they produced assisted them to deliver safe care and treatment to young people. The care plans had improved since the previous 2016 inspection.

Specialist community mental health services for children and young people

- Staff followed the requirements of the Mental Health Act and the Mental Capacity Act. Staff understood that the Mental Capacity Act only applies to young people aged 16 years and over and that for children under the age of 16, the young person's decision making ability is governed by Gillick. The consideration of capacity and consent in all files reviewed had improved since the previous 2016 inspection.
- Staff used recognised assessment tools to measure severity and progress. Outcome measures were used and these were audited for their completion and effectiveness.
- Multidisciplinary team meetings were effective and occurred regularly. Staff worked closely with schools and social services.

However:

- Young people did not have access to timely diagnosis or treatment for autism spectrum disorder and attention deficit hyperactivity disorder or diagnosis.
- The manager did not ensure all staff members received regular one to one managerial supervision.

Is the service caring?

Good  

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

- Staff treated children and young people with compassion. Feedback from young people confirmed that staff treated them well and with kindness.
- Staff involved children and young people and those close to them in decisions about their care and treatment. The involvement of children and young people in the creation of their care plans had improved since the 2016 inspection.
- Staff ensured children and young people were involved in the recruitment of staff.

Is the service responsive?

Requires improvement  

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

- Young people could not access the service when they needed it. There was no out of hours provision for young people. Young people admitted to hospital at the weekend had to wait until the following Monday before being assessed by mental health staff.
- The service did not provide assessment or treatment for young people with attention deficit hyperactivity disorder or autism spectrum disorder. They were excluded from the service. There were discussions with commissioners to address this.
- Staff members did not investigate or learn from informal complaints from children and young people or their representatives.

However:

- There was no waiting list for the service and young people were seen quickly.

Specialist community mental health services for children and young people

- Staff ensured adjustments had been made to provide a service to those with a physical disability. Interpreters were available and there was information in different languages.

Is the service well-led?

Good  

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

- The manager had ensured that the majority of issues that were identified at the previous inspection had been addressed.
- The service collected, analysed, managed and used information well to support all its activities. There were effective governance system in place to ensure consistency in standards and work processes across the team.
- The service had effective systems for identifying risks to patients. The team were committed to improving the service by learning from when things go well and when they go wrong. They ensured learning from incidents and promoted training.
- The leadership team worked well with the clinical leads.
- Staff were well trained to carry out their roles. There was suitably skilled and experienced staff to support children and young people's needs.
- The manager promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a clear statement of vision and values, staff knew and understood the values of the trust.
- Staff morale was good and staff felt positive about their team and senior managers. Staff were enthusiastic and motivated. They were aware of the whistleblowing policy and were confident they would use it if needed.
- The team engaged well with children, young people and their families, they listened to feedback from parents and young people, supported them and made changes as a result of the feedback.

However:

- The manager did not ensure staff received sufficient regular one to one managerial supervision or use key performance indicators to measure staff individual performance.

Areas for improvement

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

Mental health crisis services and health-based places of safety

Inadequate

A summary of our findings about this service appears in the Overall summary.

Key facts and figures

The service provides assessment, care and treatment for adults aged 18 and above on the Isle of Wight, who are experiencing mental health crisis. The service comprises five teams that operate within the crisis care pathway.

Single point of access team provides a single point of referral system for all health and social care agencies, GPs, voluntary sector organisations, patients and carers on the island. The service operates 24 hours per day, 7 days per week.

Home treatment team provides a service to adults over the age of 18 in mental health crisis. The team provides intensive support at home, to prevent admission to hospital. They support and facilitate early discharge from acute inpatient wards. The service operates between 8am – 10pm, 7 days per week.

A&E Liaison and Self Harm Team provide a liaison service to the accident and emergency department a St Mary's Hospital. This service had been operational for only two weeks prior to the inspection. The service operated from 8am to Midnight seven days per week.

Safehaven provides a joint service with the Richmond Fellowship, as alternative provision for anyone experiencing, or at risk of escalating to a mental health crisis. It aims to provide a supportive drop-in environment, and to prevent patients feeling the need to attend A&E for mental health concerns. The service operates between 5pm to 10pm during the week ,and 10am to 10pm at weekends.

The 72 hour crisis assessment beds provides assessment beds as part of the crisis service working collaboratively with the acute mental health wards. The aim to provide an acute care pathway for service users who are experiencing mental health crisis and to facilitate early discharge from acute inpatient wards. The service operates Monday – Friday during the week, between the hours of 8am – 4pm.

Serenity Project provides a senior mental health practitioner to conduct joint assessments with police, for patients experiencing a mental health crisis. The service operates 5pm to 1am, seven nights per week. The aim is to reduce the number of section 136 detentions.

This core service was not inspected during the previous comprehensive inspections of the Isle of Wight NHS Trust.

We inspected the whole service apart from the Safehaven project, and considered all of the five key questions.

Before the inspection visit, we reviewed information that we held about these services and asked a range of organisations for information.

During the inspection visit the inspection team:

- visited the home treatment team, psychiatric liaison service and single point of access base and looked at the quality of the environment in which they saw people who used the service
- visited the section 136 assessment rooms and looked at the quality of the environment
- spoke with three patients using the home treatment team
- spoke with the clinical team leaders for the home treatment team and single point of access team

Mental health crisis services and health-based places of safety

- spoke with 16 staff members; including qualified nurses, operational manager consultant psychiatrist, Mental Health Act lead, support workers, serenity project lead and administrative
- attended and observed three handovers and one business meeting

We also,

- reviewed 14 care treatment records of patients
- carried out a specific check of the medication management in the home treatment team and reviewed eight prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of this service

We rated it as inadequate because:

- The single point of access team did not have enough qualified nurses to safely staff the services.
- Administrative staff were triaging referrals without training or support.
- Staff had not completed mandatory safeguarding, Mental Health Act and Mental Capacity Act training.
- The medical staffing was not sufficient within the home treatment team and single point of access team.
- The out of hours on call cover for staff working in the service was not adequate.
- Staff were not provided with a suitable system to safely operate as lone workers.
- Risk assessments were incomplete and inconsistent across the service.
- Governance processes were not embedded in the service to monitor performance and quality of the crisis services.

However:

- Staff enjoyed working in the service and overall the morale was good.
- The Serenity project had developed good working relationship with the police and there had been a reduction in the use of Section 136 of the Mental Health Act.

Is the service safe?

Inadequate 

We rated it as inadequate because:

- The use of agency and bank staff was the highest in the trust compared to other mental health services. Despite this, not all shifts were adequately covered with qualified staff in the single point of access team. Vacancy rates for qualified nurses in the single point of access team meant that staffing levels of qualified staff, particularly out of hours, were not sufficient.
- Administrative staff answered crisis calls despite a lack of training and support.

Mental health crisis services and health-based places of safety

- Patients in the single point of access service were not offered a first contact promptly following the initial triage assessment.
- Risk assessments were not consistently completed across the core service and in some cases they were brief and lacked detail. There was inconsistency in where staff recorded risk assessments which, meant that it is was possible for staff (especially in other teams) to miss updates in risk information.
- Staff had not completed mandatory safeguarding training in the home treatment team service.
- Procedures for lone working were not robust. Personal and emergency alarm systems were not provided in the home treatment team and staff were using their personal mobile phones on home visits.
- There was insufficient medical cover for the crisis service with one consultant psychiatrist providing medical input for the home treatment team and single point of access team.
- Learning from incidents was not identified and shared with the staff team.

However:

- Rooms used for clinical appointments were clean and well maintained.
- Staff maintained good practice in infection control measures.
- The clinical cupboard in the crisis services was clean and well maintained. Medicines were stored and transported appropriately.
- Caseloads in the home treatment team were reviewed regularly and were manageable.
- Agency staff working the single point of access team were appropriately inducted and on short-term contracts to maintain consistency and continuity of care.

Is the service effective?

Requires improvement

We rated it as requires improvement because:

- Care plans were not personalised, and did not include the service users views or preferences.
- Staff were not receiving clinical supervision regularly and clinical supervision session were not being recorded or shared with staff.
- Staff were not able to offer psychological therapies recommended by NICE nor was there access to clinical psychologists for patients under the care of the home treatment team. Nurses in the home treatment team were trained in Dialectical Behavioural Therapy (DBT) but were currently unable to use these skills.

However:

- Communication between the police and health based places of safety was working well.
- The crisis service offered a physical health and wellbeing assessment and there was a lead nurse for physical health in the home treatment team.
- The service had recently set up a delayed discharge meeting to work towards ensuring discharges were planned and prompt.

Mental health crisis services and health-based places of safety

Is the service caring?

Good

We rated it as good because:

Our rating of caring is good because:

- Staff were professional, caring and supportive
- Staff in the home treatment team were polite, respectful and kind in their approach.
- Patients told us they received respectful, collaborative care from the teams

However:

- The care records reviewed showed patients seen by the home treatment team were not actively involved in care planning.

Is the service responsive?

Inadequate

We rated it as inadequate because:

- The team was not always able to respond promptly to urgent calls or referrals as there was only one telephone line which was often engaged.
- The service had a referral to assessment time target as part of the standard operating procedure but managers did not collect data to demonstrate if targets were met.
- The single point of access team were categorising referrals as urgent and non urgent and there was delayed length of time in the referral to assessment time for patients
- The home treatment team had a number of delayed discharges to community mental health teams during the three months prior to inspection.
- The trust was not collecting data on 'referral to initial assessment' and 'assessment to treatment' for this service or the effectiveness of the telephone line. This meant that the impact of this on patient care was not known.

However:

- Staff in the home treatment team were proactive in engaging patients who were hard to reach or did not attend appointments.
- The home treatment team provided patients with resources, leaflets and materials to support care and treatment and provided information.

The home treatment team had a dedicated discharge facilitator and 72 hour bed assessment team to facilitate home treatment and early discharge from the inpatient wards.

Mental health crisis services and health-based places of safety

Is the service well-led?

Inadequate

We rated it as inadequate because:

- Safety concerns identified in this inspection had not been recognised or acted upon by managers or the trust. For example, administrative staff having to respond to distressed patients in crisis, staffing levels, or practical support for staff such as provision of mobile phones. This demonstrated a lack of oversight of the service.
- Staff were not receiving clinical supervision regularly and when they did it was not recorded. Clinical team leaders had not received clinical supervision or stable managerial support for the previous six months due to the absence of a permanent service manager.
- The service was not effectively monitoring key performance indicators and other indicators to gauge the performance of the team particularly the single point of access service.
- Appraisal rates were low across the crisis services.

However:

- Staff felt supported, valued and reported a good level of team morale in the home treatment team.
- A new operational manager had recently been appointed to provide stable leadership and management to the crisis service but this had not yet had an impact on the service at the time of the inspection.
- The team met regularly and staff were able to raise concerns, for example where there were gaps in staffing and staffing levels were low.

Areas for improvement

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

Community mental health services for people with a learning disability or autism

Good ➔➔

Key facts and figures

The Isle of Wight NHS trust community learning disability team provides support and specialist care to people on the Isle of Wight who have a learning disability. The team also provides an adult attention deficit hyperactivity disorder diagnostic service and an assessment service for adults who may have autism.

We last inspected the Isle of Wight NHS trust in November 2016. We published the report in April 2017. At the time of the last inspection, we rated the service as good overall.

Summary of this service

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

- There was evidence that the waiting list was monitored and patients were assessed and prioritised according to risk. Staff could see Service users quickly if there were any concerns about any deterioration in their presentation.
- Staff delivered a range of evidenced based care and treatment interventions that were suitable for people with a learning disability. Care plans were personalised, holistic and considered the service user's needs.
- Staff discussed risk in multi-disciplinary team (MDT) meetings and responded promptly to the service users need. Risk assessments were individual to each service user.
- Staff demonstrated a clear focus on service users physical health needs and considered its impact in their interventions in all records reviewed
- All staff had received an annual appraisal. Staff appraisals included conversations about career development and how it could be supported.
- Service users we spoke with said that staff treated them with dignity and respect and understood their care needs. Staff involved families and carers to understand service users likes, dislikes and specific needs where appropriate. All service users and carers reported feeling involved in their care.
- All areas were clean with good furnishings.

However:

- Service users were not having standardised risk assessments completed. A clear picture of a service users risks was not immediately apparent in the electronic notes. Information was not easily accessible on the electronic records system and was stored in different areas. Clinical information about the service user was difficult to find.
- Regular management supervision which included caseload supervision was not formally documented. Management supervision was not completed monthly in line with the trust supervision policy.
- Mental Health Act (MHA) specific training was not provided.
- Staff had not been involved with the transformation plan. Staff reported feeling out of the loop and did not know what was happening.
- Conflicts between staff were not managed quickly by senior managers
- The service was not taking positive action to support the national Transforming Care programme

Community mental health services for people with a learning disability or autism

Is the service safe?

Good ➔➔

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

- There appeared to be a good safety protocol in place that staff followed. Staff followed the trust lone working policy and kept their diaries up to date to reflect where they were.
- There was evidence that the waiting list was monitored and patients were assessed and prioritised according to risk.
- The service had appropriate levels of staff. Staff could see service users quickly if there were any concerns about any deterioration in their presentation.
- Staff reported that service users could see the psychiatrist quickly.
- Staff discussed risk in multi-disciplinary team (MDT) meetings and responded promptly to the service users need.
- All areas were clean with good furnishings.
- Incidents were reported and lesson learnt were fed back to staff.

However:

- Service users were not having standardised risk assessments completed. A clear picture of a service users risks was not immediately apparent in the electronic notes. However risk assessments were individual to each service user and were present in all notes despite the difficulty in finding them

Is the service effective?

Good ➔➔

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

- Staff demonstrated a clear focus on service users physical health needs and considered its impact in their interventions in all records reviewed.
- Staff we spoke to appeared to have a good knowledge of both the MHA and the MCA.
- Records showed very good joint working and liaison with general practitioners and other health professionals.
- The weekly multi-disciplinary team meetings were productive and followed an agenda.
- All staff had received an annual appraisal. Staff appraisals included conversations about career development and how it could be supported.
- Staff delivered a range of evidenced based care and treatment interventions that were suitable for people with a learning disability.
- Care plans were personalised, holistic and considered the service user's needs. Staff reviewed and updated them when necessary.

However:

Community mental health services for people with a learning disability or autism

- Clinical information about service user's was not easily accessible on the electronic systems. Staff were storing content in different parts of the system. This presented a risk that staff not knowing the service user would not be able to find it.
- Management supervision was not completed monthly in line with the trust supervision policy. Recording of supervision was poor.
- Mental Health Act (MHA) specific training was not provided.

Is the service caring?

Good 

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

- Service users we spoke with said that staff treated them with dignity and respect and understood their care needs. The service was responsive to their individual needs.
- Staff involved families and carers to understand service users likes, dislikes and specific needs where appropriate. All carers reported feeling involved in the care of the service user.
- Carers reported that they received copies of letters that were sent to the GP about the service users' care.
- Staff communicated with service users in a manner that they could understand.

Is the service responsive?

Good 

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

- Service users were assessed quickly when referred to the service.
- The waiting risk to receive treatment was risk assessed and well managed.
- External partners reported that the service was very responsive and staff were available to give telephone advice. If a supported living environment requested a visit then this was facilitated quickly.
- The service had access to a range of rooms for interviews.
- The trust had made reasonable adjustments to the building.
- Information about local services was readily available to service users and carers.
- The service provided information to service users in accessible format when required

However:

- It was difficult to get through to the clinic by telephone.

Is the service well-led?

Requires improvement 

Community mental health services for people with a learning disability or autism

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

- The trust has not engaged the staff in the service with the development of the local transformation plan for learning disability services with the local authority Staff reported feeling out of the loop and did not know what was happening.
- The service was not taking positive action to support service users who were placed out of area under the national transforming care program.
- There was a lack of support to develop the acting manager.
- Senior managers did not effectively manage interpersonal issues within the team. There were tensions within the leadership of the service.
- Changes to the electronic records system by the trust had led to clinicians recording information in different ways which meant that information was not easily accessible.

However:

- Communication from senior leaders had improved from both the chief executive and leadership within the mental health business unit. Staff reported senior managers being more visible and visiting the service over the past year.
- Managers supported staff with health needs.

Areas for improvement

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

Long stay or rehabilitation mental health wards for working age adults

Requires improvement 

Key facts and figures

The trust has one long-stay and rehabilitation ward for people with mental health issues. Woodlands is a 10-bedded mixed sex community rehabilitation unit. It offers longer term rehabilitation for people who needed to learn or re-learn the skills needed to live independently. The service accepts patients from the local area and mainland England. It is registered to accept people detained under the Mental Health Act and on our visit most patients were detained. The service was previously inspected in November 2016 and was rated as inadequate. At that inspection we told the trust it must take the following actions:

- The provider must ensure that relevant staff working within the service are aware of and able to identify ligature points. We found that while the provider had undertaken a ligature audit, staff were not aware of ligature points within the hospital.
- The provider must ensure the safety of the environment. We found there to be numerous risks in the garden of the service that put staff and patients at risk of injury.
- The provider must ensure that patients are able to utilise escorted leave. We found that the lack of staff on the ward had meant patients went without escorted leave and were often limited to a short window while handover was taking place.
- The provider must ensure that patients are involved in care planning. We found that the care plans were on templates and were not individualised. There was little evidence of the patient being included in the care planning progress.
- The provider must ensure that staff are supervised and that there is a record kept of supervision. We found that staff had not been supervised regularly and that they did not feel supported.
- The provider must ensure that there is a complaints process that includes a log of all complaints made in order to evidence the response to complaints.
- The provider must ensure that risks to patients are managed effectively. We found that risk assessments did not translate into a management plan. There was little evidence to suggest recurring risk issues within the service were being escalated to safeguarding.
- The provider must ensure that there is a comprehensive activity timetable for the patients on the ward. We found there to be very little meaningful activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- visited Woodlands - the trust's only location for this service
- received three comments cards from the location
- spoke with the manager
- spoke with five other members of staff including nurses and support workers
- observed a patient group session

Long stay or rehabilitation mental health wards for working age adults

- reviewed five sets of patient records

Our inspection on the 25 January 2018 was announced, which means that staff knew that we would be visiting.

Summary of this service

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

- The service did not always offer safe care for patients. For example, staff did not always record assessments as to whether a patient was safe to access the community, before they started their leave. Only 60% of staff had received Mental Health Act (60%) training, the trusts' target is 80%. Only 10% of staff had received Mental Capacity Act training and staff did not understand their responsibility for assessing patients' capacity. The ward did not have a female only lounge.
- The ward was not offering effective care for all patients because, there was no psychological input and they did not enable patients as part of their recovery and discharge plan to self-administer medication. The ward did not use any outcome measures to see if their care was effective. Staff did not receive regular supervision or annual appraisals.Staff allowed patients to freely access the office. This compromised confidentiality because staff displayed information about named patients on the walls of the offices.
- The trust did not follow generally accepted practice in monitoring whether patients discharge was delayed. There was a patient ready for discharge but there was no plan in place to discharge them and the ward did not recognise this as a delayed discharge.
- Visitors had to meet with patients in communal areas or their bedrooms.
- Staff were not aware of any learning from concerns from other services in the trust.
- There were no targets set for the ward to help measure its performance. There were no action plans to address the findings from audits and staff were unaware of what audits the trust carried out.

However:

- The ward environment had improved since our last inspection. There was a comprehensive ligature assessment in place that identified and managed risks and staffing had been increased. All patient risks had a risk management plan.
- Care plans were personalised and patients were involved in planning their care. Staff assessed and managed physical health issues.
- Staff had built good relationships with patients. Staff gave patients information about the service and what treatments were available. Patients could involve their families in their care.
- Patients could feedback to the ward via a patient survey.

Is the service safe?

Requires improvement 

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

Long stay or rehabilitation mental health wards for working age adults

- There was no separate lounge for female patients. This was a breach of the national guidance on eliminating mixed sex accommodation.
- Staff did not always record assessments as to whether a patient was safe to access the community, before they started their leave.

However:

- The trust had addressed issues with the environment and completed regular checks of the environment. There was good separation between male and female sleeping areas and separate bathrooms and toilets.
- There was a comprehensive ligature assessment and there were mitigation plans in place for risks that could not be removed.
- The trust had increased staffing levels for the ward since the last inspection
- There were care plans for all known patient risks.

Is the service effective?

Requires improvement 

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

- The ward did not have a system in place to allow patients to self-administer medication, prior to discharge.
- There was no psychological therapies available to patients.
- Supervision and appraisals were not taking place in line with the trust's policy.
- Staff had not received training in the Mental Health Act and Mental Capacity Act in line with the trusts guidance. Staff did not understand their role in assessing patients' mental capacity.
- Staff did not use outcome measures to assess the effectiveness of the treatment provided.
- Staff had not received specific training in rehabilitation of patients with mental health needs. It was difficult for staff to access specialised mental health training. However, the ward consultant psychiatrist was providing some education sessions to the team.

However:

- Care plans were personalised and showed how patients had been involved in developing them.
- Staff assessed the physical health needs of the patients and developed care plans to address any problems that they identified.

Is the service caring?

Good 

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

- Staff treated patients respectfully. Patients and relatives told us that staff were caring and treated them with dignity..
- Staff understood patients' social and cultural needs and supported patients to meet them.

- Staff gave patients information about treatments options and their treatment plan on admission.
- Staff discussed family involvement with patients, and involved families and other carers in the patients care as agreed.

However:

- Staff had displayed confidential information, including the names of patients, in the office which staff allowed patients to access freely.

Is the service responsive?

Good ↑↑

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

- There was no waiting list for the service meaning that it could be responsive in providing a bed when needed.
- The ward was accessible for people with disabilities and staff had used accessible signage to meet a patient's needs.
- Staff supported patients to meet their education and employment needs.
- The ward had a large garden that patients could access without restriction. At our previous inspection this was not maintained and unsafe for patients. At this inspection, the garden had been made a pleasant space for patients and was well used.

However:

- The trust did not follow generally accepted practice in monitoring whether patients delayed. There was a patient ready for discharge but there was no plan in place to discharge them and the ward did not recognise this as a delayed discharge.
- There was no designated visitors room.

Is the service well-led?

Requires improvement ↑

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

- The ward did not have any performance target to measure how it was meeting trust targets.
- Not all staff felt comfortable to raise concerns with the wards management team.
- The manager was not aware of what audits were carried out on the ward and there were no quality improvement plans relating to patient care. Supervision and appraisals were not happening regularly for all staff.
- All staff told us that it had been difficult in the past year with uncertainty about the wards future and the changes the trust was making to ward.

However:

- There was a local risk register for the ward.
- The ward could collect feedback form patients.

Long stay or rehabilitation mental health wards for working age adults

Areas for improvement

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

Ambulance services

Background to ambulance services

The ambulance service is an integral part of Isle of Wight NHS Trust. The headquarters and emergency ambulance station are based on the site of St Mary's Hospital, in Newport. The service responds to 999 calls, 24 hours a day, 365 days a year. The emergency operations centre (EOC) for the ambulance service is located on the site of St. Mary's Hospital in Newport. The EOC is located in a multidisciplinary hub office that contains desks for other trust services such as community health services, and 111 services. The trust also provides a patient transport service (PTS), also based at St. Mary's Hospital site. This provides transport 7 days a week for outpatient appointments, admissions, discharge and transfer.

Summary of ambulance services

Requires improvement

Our rating of these services improved. We rated them as requires improvement because:

- There was some improvement in the safety of urgent and emergency ambulance services but improvement was needed in safety systems across all three core services.
- The effectiveness of both the emergency control centre and patient transport services needed to improve.
- The urgent and emergency ambulance service and emergency control centre were not sufficiently responsive to the needs of patients.
- Leadership, management and governance of the urgent and emergency service and emergency control centre was not adequate to ensure the delivery of high quality care and improvement of services.

However:

- Staff cared for patients with compassion, provided emotional support. They involved them and those close to them in decisions about their care and treatment.
- The effectiveness of the urgent and emergency service had improved.
- Patient transport services were responsive to the needs of patients.

Emergency operations centre

Requires improvement ➔➔

Key facts and figures

The emergency operations centre (EOC) for the Isle of Wight Ambulance service is located on the site of St. Mary's Hospital in Newport. The EOC is located in a multidisciplinary hub office that contains desks for other trust services such as community health services, and 111 services. The emergency operations centre took 17,949 emergency 999 calls last year. The EOC takes 80 – 110 emergency 999 calls a day on an average day, 200 – 400 at the weekend.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During our inspection, we spoke with 22 staff and listened to twelve 999 calls and six 111 calls.

We spoke with 22 staff including, five call handlers, three clinicians, one dispatcher, two clinical support officers and three performance support officers.

We inspected the whole core service and looked at all five key questions.

Summary of this service

Our rating of this service stayed the same. We rated well led as inadequate, safe, effective and responsive as requires improvement and caring as good

We rated it as requires improvement because:

- There were limited assurances about safety. The service did not give safeguarding training sufficient priority and the service did not always have enough staff to provide the right care.
- People were at risk of not receiving effective treatment due to shortfalls in staffing for the clinical support desk.
- The delivery of high-quality care was not assured by the leadership, governance or culture. There was a lack of stable leadership, no vision or strategy for the service and a complex governance structure.

However:

- Staff cared for callers well and treated people with kindness, dignity and respect.
- The service was planned and delivered to the needs of the local population.

Is the service safe?

Requires improvement ➔

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

- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staffing levels for the clinical service desk, dispatchers and performance support officers were below planned levels and not sustainable.
- Although mandatory training was available and compliance monitored not all staff had completed all the required subjects.

Emergency operations centre

- Although staff had training on how to recognise and report abuse, not all staff had completed the training to the required level.
- There was a risk the computer aided dispatch system was having a negative impact on patients outcomes as it was not providing accurate real time information regarding the location of vehicles and crews.
- Some staff worked long hours without any formal relief to enable them to take an actual break. There was a lack of clarity over their entitlement as there was no rest break policy.
- Staff did not recognise all events that could impact on the ability to provide a safe service as incidents and therefore these were not reported.
- When things went wrong, it was not always evident staff apologised and gave patients honest information and suitable support.

However:

- Staff were aware of how to recognise safeguarding concerns and report them.
- The service controlled infection risk well. Staff informed ambulance crews of infection risks.
- The emergency operations centre had suitable premises.
- Staff gave appropriate advice to callers on medicines.
- Staff kept accurate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff knew how to report incidents and gave examples of learning from incidents.

Is the service effective?

Requires improvement  

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

- The service could not be assured that it met the licensing requirements of the NHS pathways requirements at all times due to lack of sustainable staffing of the clinical service desk.
- The service did not supervise and develop staff effectively. Appraisal rates were low and staff did not have regular one to one meetings with managers.
- Outcomes for people who use services were below expectations compared with similar services. The percentage of emergency calls resolved by telephone advice at the trust was in general lower than the England average.
- Compliance with Mental Capacity Act training was very low.

However:

- People's pain was assessed effectively in order to arrange appropriate care.
  - The EOC was part of a multidisciplinary hub where staff from different services worked well together as a team to benefit patients.
  - Staff we spoke with understood their roles and responsibilities under the Mental Capacity Act 2005. Call handlers understood consent and capacity and knew how to access advice if capacity was impacting on their ability to triage.

Emergency operations centre

Is the service caring?

Good 

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

- Staff cared for patients with kindness, dignity, respect and compassion.
- 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?

Good 

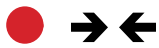
Our rating of responsive went down. We rated it as requires improvement because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of people's individual needs.
- People had timely access to the 999 service and these calls were prioritised over others.

However:

- The service did not respond to complaints in a timely way. Staff were not aware of learning from complaints.

Is the service well-led?

Inadequate 

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

- At the previous inspection in 2016 there was no clear vision and the governance structure was complex. We found that the service had not made improvements in these areas.
- There was a lack of stable leadership team for the ambulance service. There were still managers in interim roles. There was a lack of succession planning and development of new leaders.
- There was no vision or strategy for the service. An integrated improvement framework was under-development. The framework was not underpinned by detailed, realistic objectives and plans for high quality sustainable care.
- Improving the culture was not seen as a high priority. Staff development was not given sufficient investment.
- The governance arrangements for the service were not clear and there was a lack of challenge. Plans to develop the service to deliver a service in line with national requirements were still in their infancy. This meant the service would not be able to deliver the required change in the required time frame.
- The service had an up to date risk register but did not effectively manage and mitigate risks. There was no process for review of key items such as the strategy, objectives and plans.

Emergency operations centre

- The information used to monitor performance was inaccurate or unreliable due to the out-dated computer-aided dispatch system.
- There was minimal engagement with people who use services
- There was little innovation or service development.

Areas for improvement

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

Patient transport services

Requires improvement 

Key facts and figures

The Patient Transport Services (PTS) for the Isle of Wight NHS Trust is located on the site of St Mary's Hospital in Newport on the Isle of Wight.

The PTS completed 8842 patient transport journeys in the year from January 2017 to December 2017. These journeys included collecting and returning patients to their home addresses for routine hospital appointments as well as returning patients home following medical treatment at the hospital.

Our inspection was announced at short notice (staff knew we were coming six weeks before arrival) to ensure everyone we needed to talk with was available.

During our inspection we spoke with 13 staff including the service's Head of Operations for Ambulances, Fleet and Operations Manager, PTS dispatcher, and contracted and bank patient transport staff. We also spoke with an additional three staff members who worked closely with the PTS; two patient discharge assistants and the provider's Risk Management Facilitator.

We spoke with two patients asking for their experiences when receiving support from the PTS. We reviewed six patient records including risk assessments relating to patient's individual needs. We reviewed policies and procedures and documents relating to the running of the PTS. These included one complaint, the service's risk register and staffing rota for dates between 14 January 2018 and 28 February 2018 and viewed 72 customer feedback reports relating to the quality of service provision.

We inspected two ambulances assessing their ability to meet patient's needs. During the inspection we were present during three patient transport journeys, observing patient and staff interaction.

Summary of this service

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

- The service could not always demonstrate they followed safe practice. Staff had not received the training required for their role.
- Equipment used by the service had not been regularly serviced to ensure it remained fit for purpose. Out of date items were found in use on the ambulances.
- Incidents, whilst documented, were not completed fully. Learning from incidents had not been documented and staff did not receive feedback to ensure the risk of a repeat incident was minimised.
- The service was not monitoring the publication of national best practice guidance to ensure staff were following the most up to date practices in the completion of their role.
- Evidence relating to effective staff induction procedures could not be provided to offer assurances staff were identified as fully competent before starting their employment.
- The service did not ensure that people with communication needs such as those experiencing a sensory impairment or those who did not have English as their first language were able to communicate fully with staff.
- Complaints were investigated but not responded to in a timely manner which met the providers own identified and published guidance.

Patient transport services

- The service was not always well led. The provider did not demonstrate effective succession planning and did not have an identified vision and strategy for the direction of the service which was known by staff.
- Audits were not completed fully as a means to improve the quality of the service provided.
- The service did not evidence effective governance processes. A change in senior management of staff had not been finalised at the time of the inspection and meetings were not always minuted to identify performance actions were discussed and raised where appropriate.

However:

- Staff knew and took positive action when they identified concerns regarding patient's wellbeing or incidents occurred. Risks to patient safety were managed appropriately.
- The service had sufficient numbers of staff and ambulances in order to meet patients' needs.
- Patients physical, emotional and mental wellbeing needs were met by staff who demonstrated a caring and compassionate approach in their work.
- The service was responsive to changing and increasing patient transport needs introducing an additional shift to minimise waiting times for patients.
- Staff felt supported by their immediate managers and felt integrated with the Trust and their colleagues in other departments.

Is the service safe?

Requires improvement

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

- Staff had not all completed safeguarding training on how to recognise and report abuse to the required level. Five staff had not completed safeguarding adults training level 1 and no staff have completed safeguarding children training at level 2.
- The service did not use hand hygiene audits to ensure staff followed safe hand washing practices.
- Not all equipment was looked after in line with manufacturer recommendation. The service did not have processes in place to ensure the regular maintenance of some equipment such as moving and handling equipment, to ensure it remained safe for use.
- There were no clearly identified safety measures, therefore there was not a structured monitoring system and there was no information to demonstrate improvement against safety measures over time.
- Records relating to incidents had not been completed fully. The service could not demonstrate learning from incidents was shared with staff to ensure they were not repeated.

However:

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff understood how to protect patients from abuse. Staff knew how to recognise and report safeguarding concerns taking action to keep patients safe when concerns were identified.

The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.

Patient transport services

The service had suitable premises and equipment available to meet patient's needs safely. Additional ambulances were available within the fleet to replace an ambulance if it required deep cleaning or maintenance work.

- The service safely managed patient's individual risks. Staff followed individualised and detailed risk assessment information to keep patients safe.

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

- Patient records were accurate and allowed for detailed handovers when patients transferred between locations.
- Staff knew how to recognise and report incidents taking action, where necessary, to keep patients safe.

Is the service effective?

Requires improvement ● ↓

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

There was no formal system for the review of the service provided against best practice and national guidance

The service did not have a formal system to monitor response times and ensure they were providing an effective service.

The service could not evidence induction procedures were completed fully for new members of staff. They were unable to provide information identifying staff had been observed by senior staff and agreed as competent before starting their role.

However:

Patients were supported by staff who ensured their nutrition and hydration needs were met during and following transport.

Staff received appropriate training and support to enable them to complete their role effectively. Staff spoke positively of the training provided and identified the service had provided additional training to support them with their future aspirations.

The service worked with health and social care professionals to ensure patients' needs were met. The service worked closely with the emergency ambulance service and both services were able to offer support to meet patient's needs.

Staff supported people to maintain their own health and wellbeing. Patients, who were able, were encouraged to walk between the ambulances and their destination address to ensure they maintained an element of independence.

Staff demonstrated a working knowledge of the Mental Capacity Act 2005 and evidenced they sought patients consent prior to offering support.

Is the service caring?

Outstanding ☆ ↑

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

Staff knew how to recognise signs of emotional distress and took extremely caring and highly individualised action to maintain patients' wellbeing during and following their journeys. Staff cared for patients with compassion and kindness

Patient transport services

Feedback from patients and hospital staff was consistently extremely positive about the care the PTS staff delivered to patients. Hospital staff provided examples where PTS staff had gone over and above what was expected of them in their role to ensure patients' wellbeing needs were met. Patients told us and written feedback demonstrated staff were motivated and provided an outstanding quality of care. Patients valued their relationships with staff who spoke of their interactions with PTS outside of their work environment.

Staff continually interacted with patients throughout their journeys to ensure they understood the support they were receiving and the processes they would be undertaking following their journeys.

Is the service responsive?

Good  

:

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

- The service was able to meet the needs of the patients it was supporting. The service had introduced an additional shift to enable more patient transfer journeys to be completed minimising waiting times.
- The service took action to seek additional assistance for patients they were unable to support enabling them to complete their journey. When staff identified they could not meet a patient's individual needs they requested support from the emergency ambulance service to convey patients.
- The service continually reviewed patient demand and adjusted their staffing levels accordingly. This enabled the service to meet a very high proportion of same day requests for patient transport
-

However:

- The service did not fully comply with the Accessible Information Standards. Patient information was not available in all formats which would help enable patients to communicate their needs fully
- The investigation of complaints did not take place in a timely way leading to delays in responding to the complainant. A complainant did not receive a response to their complaint for 87 days. This was outside of the 20 working days timescale for response identified in the provider's complaints policy and procedure.

Is the service well-led?

Requires improvement  

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

There was no clearly defined vision and strategy for the service. While there was some evidence discussions were taking place these had yet been converted into workable plans to turn it into action

There was no evidence of a systematic approach to monitoring and improving the quality of the service. There were no minutes for management performance meetings therefore, we could not be assured of their effectiveness. Other meetings did not demonstrate a system of robust challenge around performance.

The service did not have effective systems for identifying risks, planning to eliminate or reduce them.

Patient transport services

There was limited information collected and analysed, about the PTS service. Clear and robust service performance measures, had not be denied and agreed for the service

The need to develop leaders was not always identified or action taken. The service did not demonstrate effective succession planning.

However:

Staff were positive about the local leadership team. Staff also felt recent changes in the immediate management of the service had resulted in a positive change in morale. Staff felt more involved in potential changes in the service to be provided.

Staff told us they worked in a supportive environment and felt respected and valued by their colleagues and manager. Staff were listened to and felt informed of changes which may affect their role.

Most staff felt integrated in the NHS trust and all felt they worked well with their colleagues within, and outside, the patient transport service.

Staff felt their managers demonstrated openness and honesty with their communications with them and placed staff wellbeing highly in the service.

The service sought patient and partner feedback as a way to drive improvements in the service. Very positive feedback demonstrated the service provided high quality care. Action was taken to fulfil and meet patient and partner feedback.

Areas for improvement

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

Emergency and urgent care

Requires improvement 

Key facts and figures

The emergency and urgent care service (EUC) for the Isle of Wight Ambulance service is located on the site of St. Mary's Hospital in Newport. The EUC ambulance station is located on the hospital campus but separate from the main hospital buildings.

The service dispatched ambulances on 30,520 occasions in the year from January 2017 to December 2017.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During our inspection, we spoke with 33 staff, inspected three vehicles and observed three episodes of care.

The staff we spoke with included frontline ambulance crew, community practitioners, receptionists, clinical support officers, performance support officers and managers. We inspected two ambulances and one rapid response vehicle.

We inspected the whole core service and looked at all five key questions.

Summary of this service

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

- The service could not always demonstrate they followed safe practice.
- Staff had not received the required mandatory training required for their role including Safeguarding and Mental Capacity Act training.
- Appraisal rates for staff, across the service, were low.
- The service was non-compliant with some National Ambulance Resilience Unit requirements.
- Staff and patients were placed at risk because the computer aided dispatch system was not providing accurate real time information regarding the location of vehicles and crews.
- Staff knew how to report incidents. However, learning from incidents had not been documented and staff did not receive feedback to ensure the risk of a repeat incident was minimised.
- Staff reported they did not always meet the 15 minute window for handover of patients once they arrived at the emergency department.
- Complaints were investigated but not responded to in a timely manner which met the providers own identified and published guidance.
- The service was not always well led. The provider did not demonstrate effective succession planning and did not have an identified vision and strategy for the direction of the service which was known by staff.
- The governance arrangements for the service were not fully clear. The trust did not have effective systems for identifying risks, several policies were out of date at the time of the inspection and there were no ambulance specific policies in place for the service.
- The service had an up to date risk register but did not effectively manage and mitigate risks. There was no process for review of key items such as the strategy, objectives and plans.

- Audits were not completed fully as a means to improve the quality of the service provided.

However:

- The service and staff controlled infection risk well. Staff uniform, equipment and premises were visibly clean.
- Staff apologised and were honest with patients when things went wrong.
- Staff and managers maintained and monitored security of the premises, vehicles and medicines.
- The service recruited and trained co-responders and community first responders to support frontline crews.
- The service used national performance indicators to benchmark themselves against similar NHS trusts.
- Patients physical, emotional and mental wellbeing needs were met by staff who demonstrated a caring and compassionate approach in their work.
- Staff told us they felt supported by local management and that morale within the service was improving.

Is the service safe?

Requires improvement 

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

- The service provided mandatory training in key skills for all staff. While there were systems in place to monitor compliance, this was not achieved across all subjects.
- Although we observed good infection, control practices there were no ambulance service specific infection control policies to supplement the hospital wide generic policies. Neither were audits being undertaken to monitor infection prevention and control practises, particularly regarding the cleaning of vehicles.
- While staff recognised incidents, they were not always reported appropriately. While there was a process for the sharing of lessons learned it was not clear how robust this was. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Although staff had a good understanding of safeguarding including recognition and the action to take compliance with safeguarding adults level 1, children level 2 and Prevent training (levels 1 and 2) was low across the service.
- There was the potential for patients and crews to be placed at risk, as the service was non-compliant with some National Ambulance Resilience Unit (NARU) requirements.
- Staff and patients were placed at risk because the computer aided dispatch system was not providing accurate real time information regarding the location of vehicles and crews. This meant there was a potential risk of the closet ambulances not being dispatched in a timely way. There was a potential for crews to be at risk if the control centre was not aware of their location.

However:

- The service controlled infection risk well. Staff kept their uniform, equipment and the premises clean. They used control measures to prevent the spread of infection. Vehicles were visibly clean and well maintained.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- When things went wrong, staff apologised and gave patients honest information and suitable support.

- Staff were aware of how to recognise safeguarding concerns and report them.
- The station was secure and the vehicles were kept locked when not in use with a safe system for the management of keys
- Substances covered of the control of substances hazardous to health regulations were safely and securely stored
- Staff recognised and responded appropriately to the risks to people who use the service.
- The service recruited and trained co-responders and community first responders in order to support frontline crews.
- Staff kept accurate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

Is the service effective?

Requires improvement 

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

- The service failed to meet the national standards in all nationally recognised indicators for call response times. However, the service performed better than or was similar to, the England average for these indicators apart from one.
- The service performed generally similar to, the England average for patient outcomes times in all nationally recognised indicators apart from one.
- Appraisal rates were low across the service and staff did not have regular one to one meetings with managers.
- The service was non-compliant with some NARU training requirements.
- Compliance with Mental Capacity Act (MCA) training across the service was low. However, staff were able to describe their understanding of the MCA and their requirements.
- Staff reported they did not always meet the 15 minute window for handover of patients once they arrived at the emergency department.

However:

- The service followed National Institute for Health and Care Excellence (NICE) and Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines when providing care and treatment to patients.
- The service followed NHS care pathways in line with national guidance and these were readily available to frontline crews.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service had employed an ambulance educator to oversee and manage the clinical governance and training for Emergency Vehicle Operative staff.
- Staff maintained comprehensive patient records and this was audited through the clinical supervision and individual learning plan process.

Emergency and urgent care

Is the service caring?

Good ➔➔

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

- People are supported, treated with dignity and respect, and are involved as partners in their care.
- Staff cared for patients with kindness, dignity, respect and compassion.
- 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:

- Information is not always accessible to all people. The trust had identified it did not comply with the Accessible Information Standard and action had yet to be taken.
- The service did not manage and respond to complaints in a timely way and in line with their own policy.
- Staff told us that they were not always able to meet the 15-minute handover standard when they arrived at the hospital with a patient.

However:

- The service took account of people's individual needs. There were multi-lingual phrase books and visual pain aids on vehicles.
- The service had developed the role of community practitioners and they were utilised to cover the shortfall in out of hours community service provision
- The service used volunteers as first responders to support frontline ambulance staff.

Is the service well-led?

Inadequate ➔➔

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

- At the previous inspection in 2016 there was no clear vision and the governance structure was complex. We found that the service had not made improvements in these areas.
- There was a lack of stable leadership team for the ambulance service. There were still managers in interim roles. There was a lack of succession planning and development of new leaders.
- There was no stable management of the emergency preparedness, resilience and response for the service.

Emergency and urgent care

- The service did not have a defined vision or strategy for the service. The current strategy that was there was not underpinned by detailed, realistic objectives and plans for high quality sustainable care.
- Improving the culture was an ongoing challenge and appraisal rates were low.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce, and coping with both the expected and the unexpected.
- The governance arrangements for the service were complex due to the number of meetings and reporting lines and we were not assured of their effectiveness.
- The service had an up to date risk register but did not effectively manage and mitigate risks. There was no process for review of key items such as the strategy, objectives and plans.
- There were limited audits carried out on infection prevention and control.
- The information used to monitor performance was inaccurate or unreliable due to the out-dated CAD system.
- There was minimal engagement with people who use services

However:

- Staff spoke positively about the new chief executive and local management, and they told us morale was slowly improving.
- The service had trained some staff to support colleagues after difficult or distressing incidents.
- The service had commenced regular staff meetings.

Outstanding practice

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

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

This section is primarily information for the provider

Requirement notices

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

Our inspection team

Anne Davis, Inspection Manager, led this inspection overseen by Mary Cridge, Head of Hospital Inspection, and Karen Bennett-Wilson, Head of Inspection (Mental Health) . Two executive reviewers, Tracy Bullock, CEO, and David Rogers, Chair supported our inspection of well-led for the trust overall

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.

The core service inspections were carried out by a team of inspectors, who were supported by a team of specialist advisors and experts by experience.