

# Kent Community Health NHS Foundation Trust

## Inspection report

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Date of inspection visit: 2 April to 9 May 2019  
Date of publication: 24/07/2019

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

Kent Community Health NHS Foundation Trust was formed in April 2011 and are one of the largest providers of NHS care in people's homes and in the community in the country. The trusts budget for 2017/18 was £224million. They employ in the region of 4,800 people in a wide range of clinical and support roles and serve three million people; 1.5million living in Kent and 1.5million people outside of Kent.

The trust has two million contacts with patients each year; many of these are in their own homes and in other locations, including GP surgeries, nursing homes, clinics, community hospitals, minor injury units and children's centres.

There are 38 locations registered with the CQC (25 of which are community dental locations) for services that fit under the seven community core services.

## Overall summary

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

## What this trust does

Kent Community Health NHS Foundation Trust was formed in April 2011 and are one of the largest providers of NHS care in people's homes and in the community in the country. The trust employs in the region of 4,800 people in a wide range of clinical and support roles and serve three million people; 1.5million living in Kent and 1.5million people outside of Kent.

The trust has two million contacts with people each year; many of these are in their own homes and in other locations, including GP surgeries, nursing homes, clinics, community hospitals, minor injury units and children's centres.

There are 38 locations registered with the CQC (25 of which are community dental locations) for services that fit under the seven community core services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to patients' 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.

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# Summary of findings

Between 2, 3, 4, 5, 6 April and 8, 9 May 2019, we inspected four out of seven core services provided by this trust as part of our routine inspection methodology. We inspected:

- Sexual Health Services
- Urgent Care
- End of Life Care
- Community Dental Services

We inspected community dental services, sexual health services and urgent care as we had not inspected these areas previously.

We did not inspect adult community services, services for children, young people and their families or inpatient services. The ratings we gave to those services on the previous inspection in September 2014 are part of the overall rating awarded to the trust this time.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed; Is this organisation well-led?

## What we found

- Staff received mandatory training to ensure they had the right skills and knowledge needed to undertake their roles.
- There were systems and process to ensure adults and children were protected against the risk of abuse. Staff recognised the signs of abuse and reported concerns in line with trust policy.
- Patients were protected from the risk of acquiring health related infections because staff followed best practice guidelines.
- We saw embedded systems and process to identify patient's individual health risks.
- Records were stored securely and kept confidential.
- Incidents were reported, investigated, and used to prevent future recurrence. Learning from incidents was shared widely across the organisation. Duty of candour was applied to cases and patients were active partners in the investigation process.
- National guidance and best practice guidelines were reflected in all trust policies.
- There was a proactive audit and benchmarking culture which was embedded across the organisation.
- There were systems to ensure staff had access to the right support and supervision. Staff were actively encouraged to develop and remain competent in their roles.

## Overall trust

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

- Safe and responsive was rated as good.
- Effective, caring and well led was rated as outstanding.
- Sexual Health services was rated outstanding overall. The service was rated good for safe, and outstanding for effective, caring, responsive and well led. This was the first time this service had been inspected.

# Summary of findings

- Urgent Care services were rated good for safe, and responsive. Effective, caring and well led were rated as outstanding. This was the first time this service had been inspected.
- End of Life Care services was rated good for safe, effective, responsive and well led. Caring was rated as outstanding. This was an improvement on our last inspection.
- Dental services were rated good for safe, effective, caring, responsive and well led. This was the first time this service had been inspected.
- In rating the trust, we took into account the current ratings of the three services not inspected this time.

## Are services safe?

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

- There was a genuinely open culture in which all safety concerns raised by staff and patients who use services are highly valued as integral to learning and improvement.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to patients who used services.
- We saw the safe use of innovative and pioneering approaches to care and how it was delivered are actively encouraged.
- Patients were protected from the risk of infections because staff followed best practice guidance.
- We found sufficient numbers of staff, with the right training and competency to deliver services.

## Are services effective?

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

- All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research was proactively pursued.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to people who used services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.
- Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined-up care to people who used services.
- Consent practices and records were actively monitored and reviewed to improve how patients were involved in making decisions about their care and treatment.

## Are services caring?

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

- The trust had strong relationships and effective engagement strategies with stakeholders, patients and those close to them. Feedback was actively used to improve services.

# Summary of findings

- Patients were truly respected and valued as individuals and were empowered as partners in their care. Patients and those close to them told us staff went the extra mile and the care they received exceeded their expectations. Staff recognised and respected the totality of patients' needs and supported them to be active partners in their care. Staff took patients' cultural, social and religious needs into account. Friends and family survey showed consistently high levels of satisfaction.
- There was a very strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity. Relationships between patients who used the service, those close to them and staff was strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders.

## Are services responsive?

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

- There were innovative approaches to providing integrated person-centered pathways of care that involved other service providers, particularly for patients with multiple and complex needs. Patients could access services in a way and at a time that suited them.
- There was proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs and promoted equality. This included patients who were in vulnerable circumstances or who had complex needs.
- There was a proactive review of complaints. Patients were involved in the investigations and had their opinions and experiences valued by the organisation. These were used to prevent future recurrence and as a service improvement tool.

## Are services well-led?

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

- A systematic approach was taken when working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Leaders had an inspiring shared purpose, strived to deliver and motivate staff to succeed. Staff felt supported, valued and respected by their leaders. They felt proud to work for the trust and were committed to the vision and values of the organisation.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns.
- Rigorous and constructive challenge from patients who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.
- The leadership empowered the staff to drive continuous improvement. Staff were accountable and encouraged to innovate and deliver change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care.

## Ratings tables

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

# Summary of findings

## Outstanding practice

We found examples of outstanding practice across services. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement across services. For more information, see the Areas for improvement section of this report.

## Outstanding practice

### End of Life Care:

- There was a strong sense of culture that was centred on the needs of patients at the end of their life. Across all areas we visited staff told us they were committed and passionate about the end of life care they provided to patients. There was a strong, visible person-centred culture, to providing end of life care. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity.
- The trust was trialling a model of care as a research project. The model implemented care from the patient perspective and worked outwards to create solutions that would bring independence and improved quality of life.

### Sexual Health:

- The Medway sexual health localities website information was informative and user friendly on a tablet or mobile phone. Patients had a range of options and could easily access online services. There was also a live chat option. The page had a link to the website and psychosexual health services on the trust web page.
- Apple Tree was a client-led project with joint working between the community learning disabilities service and the sexual health service. This service allowed people with learning disabilities to access sexual health services more effectively, with the term apple tree acting as a trigger to ensure the client was allocated longer appointments and their specific needs were considered.
- Online sexually transmitted infection testing and treatment as well as virtual and skype consultations had been implemented to improve services and to reduce waiting times in clinics.
- The service had introduced the online chlamydia-screening programme and worked with local pharmacies to provide an alternative service.
- Increased sexual health outreach services had been put into place following response to local need, for example prison-based services, clinics within a public sex environment.
- The 'hello' form was developed by the service following concerns from patient's around disclosing at reception the reason for attending sexual health clinics.
- The service clearly valued and engaged well with service users. The sexual health service worked effectively with the public advisory groups to develop service improvement and deliver services.

### Urgent Care:

- Patient records were comprehensive, well-structured and had a consistent style across the minor injuries unit that were visited during the inspection.
- We found that the organisation was receptive to changes in practice and kept comprehensive clinical guidance.

# Summary of findings

- Patient feedback about the care given by staff was unanimously positive with many examples given of a service that took great care of its patients and treated them with compassion, dignity and respect.
- The leadership of the service, at all levels created a culture that meant that staff enjoyed their jobs and wanted to stay working with the organisation. This had the effect that the teams could retain loyal staff.
- Leaders had taken steps to provide opportunities for junior staff to enhance their skills and in doing so had started to succession plan for the service.

## Trust wide:

- We found a healthy and authentic culture of valuing staff, openness, fairness and putting the patient at the hearts of every policy, strategy and service delivered. This culture was firmly embedded across the organisation from the floor to the board.
- The trust was committed to putting patients and services users at the heart of the business.
- Engagement with patients, staff and stakeholders was seen as business as usual, and a vital to delivering services.
- There was a significant cultural shift to dissolve bureaucracy, improve accountability, value and empower all staff. There was a strong focus on supporting staff to take risks to improve service delivery and move away from a 'fear of failure' being a barrier to the evolution of the organisation.
- There was an effective and embedded talent management strategy. The trust had developed its own academy.
- The trust had developed close links with the National Institute of Health Research and was developing its own research programme.

## End of Life Care:

- The trust **should consider** there is central oversight of all training provided to staff.
- The trust **should consider** developing formal processes to monitor staff adherence to national guidelines and local policies.
- The trust **should consider** all areas where end of life care is provided has adequate facilities for relatives, including a comfortable space if relatives wanted quiet time away from the patient.

## Urgent Care:

- The trust **should consider** information is available for patients whose first language is not English.
- The trust **should consider** reviewing the currently layout of the waiting areas to ensure good patient visibility. Where possible, patients attending the minor injuries units, should have a defined waiting area.

## Trust wide:

- The trust **should consider** all board members have Disclosure and Barring Service checks carried out.
- The trust **should consider** the strength of the organisation and its possible impact on the wider health economy in the Kent and Medway area.

# 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.

- Board members at the trust had the right skills and abilities to run an organisation providing high-quality sustainable care. Board members had a variety of different backgrounds and experiences which provided the balance of knowledge and experience necessary to run all elements of the board. Non-executive directors received a comprehensive induction package. There was a formal board leadership programme in operation.
- Leaders had the right skills, knowledge and integrity needed to be able to undertake their roles. They showed an in-depth knowledge of the challenges to quality and sustainability and were able to confidently discuss the actions needed to address these. We found clear trust priorities for sustainable, inclusive and effective leadership which was underpinned in the various trust strategies which were developed with staff and patients.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The executive team showed a genuine desire to understand what mattered to staff, because they saw this as a key aspect of good leadership, ensuring sustainability and consistency in service quality. There were systems and process in place to engage meaningfully with staff. Staff we spoke to told us the leadership team were visible, approachable and ensured staff felt valued and cared for. Staff knew the names of the leadership team and told us they frequently saw members of the team visiting their core services and actively seeking the views and opinion of the workforce.
- The current trust strategy was reaching the end of its life but there were credible plans to develop a new strategy for the next five years. The trust strategy was monitored by the board through the setting and review of the annual objectives. The recruitment of the trust's first ever strategy director was seen as an integral part of developing the long-term plan for the trust to succeed at its goals of integration, partnership working and provide better care. The trust had a proven history of good engagement with patients, members of the public and key stakeholders in the development of its values, vision and strategy.
- The trust took a lead role in the local integrated Kent and Medway Care Record project. The trust had also taken the decision to provide the finance for this project because it recognised the importance of integrated health care records would have on the future of integrated care system. The trust board showed commitment to the success of a more integrated care system and were fully engaged with local stakeholders to deliver this.
- All staff were provided with feedback on their performance and had development opportunities. There were schemes that recognised and rewarded achievement. We found a healthy and authentic culture of valuing staff, openness, fairness and putting the patient at the heart of every policy, strategy and service delivered. This culture was firmly embedded across the organisations from the floor to the board. All the board members we interviewed described the importance of valuing and empowering its staff as being one of the most important components of ensuring consistent sustainable care quality and building a healthy organisational culture.
- Staff generally felt supported, respected and valued and felt proud to work at the trust. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust had many initiatives to reinforce the value of staff in the organisation. These included but were not limited to, staff awards, value-based post cards and badges, staff driven quality improvement initiatives, a genuine



# Summary of findings

commitment to ensure staff were provided development opportunities and many avenue's and opportunities to give feedback to the board. Staff consistently told us they felt valued by their leaders and the organisation. Staff shared a great sense of pride in working for the trust. The results of the recent staff survey indicate that more staff felt that their work was being recognised and valued by the trust than previously.

- There was a clear governance structure which enabled safe, high quality care to flourish. There was a comprehensive committee structure which ensured the trust had a systematic approach to ensuring the quality and safety of its services and being assured of this. The board ensured quality and risk reviews were not undertaken in isolation. There was a well-established process where information was triangulated to assure and improve the care delivered to service users and their families. Quality monitoring in the trust was also linked to a number of wider frameworks and initiatives included but was not restricted to, the corporate objectives and vision, performance monitoring, complaints and compliments and patient feedback, research and audit outcomes, National Health Service Litigation authority (NHSLA) Risk Management Standards and Board Assurance Framework
- There were systems to identify performance issues and to manage these. The trust produced a range of dashboards at all levels of the organisation to monitor performance in the full range of trust functions. There was a system of assurance meetings where managers were held to account for performance.
- The trust was assured of the quality of its data. There was a combination of internal and external audits to monitor data quality and the capture of accurate information.
- There were internal and clinical audits to which monitored quality and patient outcomes. There were programmes of clinical audit and the trust participated in national audit programmes. The audit committee co-ordinated and scrutinised all audit activity. The trust also took part in benchmarking exercises with other similar organisations for assurance.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Divisional risk registers were used effectively to identify, mitigate and monitor risks. There risks were identified at departmental level and each department had its own risk register. However, the trust did not use corporate risk registers. These risks were incorporated in the board assurance framework document. This process was due to be reviewed in line with the changing organisational strategy which included a review of the governance and risk process. All members of the board were well sighted on the organisation risks and the mitigations in place to manage these.
- Finances at the trust were well managed and opportunities and risks well understood. The board were well sighted on the financial performance of the organisation. The trust's financial position was reviewed at the monthly finance, business & investment committee and the trust board. Financial information was submitted to NHS Improvement on a monthly basis. The trust's financial position was reviewed at the monthly finance, business and investment committee and the trust board. These were discussed with the director of finance through the oversight arrangements at the trust and at quarterly integrated assurance meetings.
- Senior leaders and managers engaged with staff and listened to their views. The executive team showed a genuine desire to understand what mattered to staff, because they saw this as a key aspect of good leadership, ensuring sustainability and consistency in service quality. Staff valued their approach and as a result felt very engaged, and confident their views and feedback were valued and acted upon.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Arrangements ensured suitably senior staff lead on safeguarding at the trust. The investigations we reviewed showed good examples of collaborate multi agency working, an open and transparent process, sound judgements and recommendations. We also found the voice of patients was captured in the process with audit processes to ensure learning was embedded in practice to prevent future recurrence. The trust had a good record of compliance with section 11 audits. Safeguarding supervision was provided by the designated nurses for children and adults

# Summary of findings

safeguarding in the clinical commissioning groups. Safeguarding concerns were triangulated with complaints and patient advice and liaison services contacts, incident reporting and serious incidents to identify any concerns that would trigger a safeguarding referral. This ensured the trust identify key themes and learning for the across the organisation.

- The trust had systems to learn from deaths, complaints or safety incidents. Staff could describe their responsibilities to report incidents and near misses using an electronic reporting system. Incidents, complaints and safeguarding's were reported, investigated and learned from and used to prevent future recurrence. There was a well-established system and process to ensure learning from deaths. The scope of the review included all community inpatients deaths, deaths of patients with serious mental health needs and all patients with a learning disability in line with national guidance.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The workforce, talent management, engagement and people strategies showed the trust board was committed to and heavily investing in staff, patients, and the infrastructure to innovate, improve and learn. There was a significant cultural shift to dissolve bureaucracy, improve accountability, value and empower all staff. There was a strong focus on supporting staff to take risks to improve service delivery and move away from a fear of failure being a barrier to the evolution of the organisation
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. At all levels, engagement with patients, staff and stakeholders was seen as business as usual, and a vital to delivering services in a way that met the need of people. This was reflected in our conversations with staff during the core services inspection and the executive team during the well led. We saw may examples of how the trust had ensured the voice of service users, their loved ones and stakeholders of trust strategies, quality improvement processes and quality overview subgroups.
- Equality and diversity was promoted at the trust. There was an action plan in place to address areas identified for improvement against the workforce race equality standard (WRES).

## However:

- Not all director personnel files showed compliance with fit and proper persons regulations. Not all files contained the required information including enhanced disclosure and Barring Service (DBS) checks for all directors. The trust was taking action to address this at the time of our inspection and had requested enhanced Disclosure and Barring Service checks to be completed.
- The executive team were a key player in the Kent and Medway Sustainability and Transformation Plan. The board had sight of and were involved in the development and delivery of the plan. It was committed to having an impact and be key driver of change within health economy. However, given the trust's current position it was widely recognised there was potential to play a more crucial leadership and support role in the wider Kent and Medway area.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Jun 2019	Outstanding ↑↑ Jun 2019	Outstanding ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Outstanding ↑ Jun 2019

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Sept 2014	Requires improvement Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community health services for children and young people	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community health inpatient services	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Community end of life care	Good ↑ Jun 2019	Good ↑ Jun 2019	Outstanding ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019
Community dental services	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
Community urgent care service	Good Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Good Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019
Community health sexual health services	Good Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019	Outstanding Jun 2019
<b>Overall*</b>	Good ↔ Jun 2019	Outstanding ↑↑ Jun 2019	Outstanding ↑ Jun 2019	Good ↔ Jun 2019	Outstanding ↑ Jun 2019	Outstanding ↑ Jun 2019

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

# Community dental services

Good 

## Key facts and figures

We carried out this announced inspection on 4 and 5 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

## Summary of this service

This was the first time we inspected this service. We rated it as **good** because:

### Background

Ashford Community Dental Service is in Ashford and New Romney Community Dental Service is in New Romney and provides NHS treatment to adults and children. The community dental service provides the domiciliary service throughout Kent'

There was level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available on the practice premises.

The dental team includes 2 dentists, 4 dental nurses, one dental hygiene therapists and one receptionist, a practice manger and a regional clinical manager. The Ashford Clinic has two treatment rooms and there is one treatment room at the New Romney Clinic.

The practice is part of Kent Community Healthcare Trust. Ashford Community Dental service, New Romney Community Dental service and the domiciliary community Dental Service are three of 26 dental services operated by Kent Community Healthcare Trust.

During the inspections we spoke with 'one receptionist, a practice manger and a regional clinical manager on our inspection to Ashford Community Dental Service we spoke with the clinical manager for dental services in the south east. We looked at practice policies and procedures and other records about how the service is managed.

The Ashford practice is open:

Monday to Friday 8.30am to 5pm

The New Romney Practice is open:

Mondays 8.30am to 5pm

# Community dental services

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- 

## Is the service safe?

**Good** 

This was the first time we inspected this service. We rated it as good because:

- We found that this practice was providing safe care in accordance with the relevant regulations.
- The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.
- Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.
- Staff were qualified for their roles and the practice completed essential recruitment checks.
- Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable arrangements for dealing with medical and other emergencies.

## Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

# Community dental services

- The practice had clear systems to keep patients safe. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.
- The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.
- The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.
- The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.
- The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was documented in the dental care record and a risk assessment completed.
- The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.
- The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.
- We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.
- Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.
- The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.
- We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.
- Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

## Risks to patients

- There were systems to assess, monitor and manage risks to patient safety.
- The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.
- We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

# Community dental services

- The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.
- Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management. Intermediate Life Support training for sedation was also completed for both adults and children.
- Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.
- A dental nurse worked with the dentists and hygiene therapist when they treated patients in line with GDC Standards for the Dental Team.
- The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.
- The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.
- The practice had suitable arrangements for transporting, checking, and storing instruments in line with HTM 01-05. Reusable instruments were transported to an external sterilisation facility and returned packed following processing following HTM 01-05 guidance. We saw how staff, logged each pack in and out of the practice and kept check of expiry dates to ensure that all instrument packs were suitable to use.
- The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.
- The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.
- We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

## **Information to deliver safe care and treatment**

- Staff had the information they needed to deliver safe care and treatment to patients.
- We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.
- Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

- The provider had reliable systems for appropriate and safe handling of medicines.



# Community dental services

- There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.
- The practice stored and kept records of NHS prescriptions as described in current guidance.
- The dentists were aware of current guidance with regards to prescribing medicines.
- Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

## Track record on safety and lessons learned and improvements

- There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

## Is the service effective?

**Good** 

This was the first time we inspected this service. We rated it as good because:

- We found that this practice was providing effective care in accordance with the relevant regulations.
- The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. The dentists discussed treatment with patients or their carers so they could give informed consent and recorded this in their records.
- The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.
- The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

## Effective needs assessment, care and treatment

- The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

## Domiciliary care

The provider took into account guidelines as set out by the British Society for Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

## Helping patients to live healthier lives

# Community dental services

- The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.
- The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.
- The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.
- The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.
- The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition
- Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

## **Consent to care and treatment**

- The practice obtained consent to care and treatment in line with legislation and guidance.
- The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.
- The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.
- Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

## **Monitoring care and treatment**

- The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.
- We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

## **Conscious Sedation**

- The Ashford practice carried out conscious sedation for patients who were nervous or had complex needs that prevented them from receiving treatment elsewhere. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.
- The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

# Community dental services

- The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.
- The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood during the administration of intravenous sedation.
- The records also showed that staff recorded details of the procedure along the concentrations of nitrous oxide and oxygen used during the administration of inhalation sedation.
- The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record. Staff had completed certified training in both intravenous and inhalation sedation.

## Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles.
- Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.
- Staff discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## Co-ordinating care and treatment

- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.
- The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections. Staff had completed sepsis training.
- The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.
- The practice monitored all referrals to make sure they were dealt with promptly.
- The practice was a referral clinic for general dentistry for complex needs patients, procedures under sedation and domiciliary dental care. Staff monitored and ensured the dentists were aware of all incoming referrals daily.

## Is the service caring?

**Good** ●

This was the first time we inspected this service. We rated it as good because:

- We found that this practice was providing caring services in accordance with the relevant regulations.
- We observed positive patient interaction. Patients treated at the three services presented complex needs.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

# Community dental services

- Patients with urgent dental needs or pain were responded to in a timely manner, with appointments kept each day for emergencies.

## Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- Staff were aware of their responsibility to respect people's diversity and human rights.
- We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

## Privacy and dignity

- The practice respected and promoted patients' privacy and dignity.
- Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.
- Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

## Involving people in decisions about care and treatment

- Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given): Interpretation services were available for patients who did not use English as a first language. We saw notices in the reception areas, written in languages other than English, informing patient's translation service were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.
- The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.
- The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, information leaflets, also available as an easy read document, models, videos and X-ray images.

## Is the service responsive?

Good 

This was the first time we inspected this service. We rated it as good because:

# Community dental services

- We found that this practice was providing well-led care in accordance with the relevant regulations.
- The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.
- The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.
- The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

## **Responding to and meeting people's needs**

- The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Staff were clear on the importance of emotional support needed by patients when delivering care.
- Staff shared experiences of how the practice met the needs of more vulnerable members of society such as patients with dental phobia, vulnerable people in care homes, adults and children with a learning difficulty, homeless people, people with drug and alcohol dependence and people living with dementia, diabetes, autism and long-term conditions.
- The practice currently had mainly patients for whom they needed to make adjustments to enable them to receive treatment.
- The Ashford practice had made reasonable adjustments for patients with disabilities. These included steps free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell a bariatric facility and a moving floor to facilitate treatment to be carried out comfortably whilst a patient remained in their wheelchair.
- A disability access audit had been completed and an action plan formulated to continually improve access for patients.
- Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

## **Timely access to services**

- Patients could access care and treatment from the practice within an acceptable timescale for their needs.
- The practice displayed its opening hours in the premises, and included it in their information leaflet and on their website.
- The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.
- The staff took part in an emergency on-call arrangement with the local dental out of hour's service and the NHS 111 service.
- The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

## **Listening and learning from concerns and complaints**

- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

# Community dental services

- The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.
- The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.
- The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.
- We looked at comments, compliments and complaints the practice received over the last 12 months.
- These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

## Is the service well-led?

**Good** 

This was the first time we inspected this service. We rated it as good because:

### **Leadership capacity and capability**

- We found leaders had the capacity and skills to deliver high-quality, sustainable care and demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable, this had been addressed and resolved following a previous staff survey which suggested that leadership visibility was not consistent. Staff showed us how they had addressed this and we were informed that this had greatly improved. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Vision and strategy**

- There was a clear vision and set of values.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### **Culture**

- The practice had a culture of high-quality sustainable care.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- We saw the provider took effective action to deal with poor performance.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

# Community dental services

- Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

## **Governance and management**

- There were clear responsibilities, roles and systems of accountability to support good governance and management. The clinical and regional managers had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.
- There were clear and effective processes for managing risks, issues and performance.

## **Appropriate and accurate information**

- The practice acted on appropriate and accurate information.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

## **Engagement with patients, the public, staff and external partners**

- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.
- The practice used patient surveys and verbal comments to obtain staff and patients' views about the service.
- Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.
- The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

- There were systems and processes for learning, continuous improvement and innovation.
- The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.
- The leadership team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.
- The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.
- Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

# Community end of life care

Good  

## Key facts and figures

The trust does not provide a stand-alone service for end of life care. There is a generic service provided by trust staff and supported by a nurse consultant for end of life care. This service provides end of life care support to patients and their carers (long and short-term services, community hospitals, learning disabilities and children's specialist nursing).

The trust employs a nurse consultant for end of life care and a lead practitioner for palliative and end of life, based in the Nursing and Quality Team. All clinical teams working with end of life care patients have end of life care champions, who provide a local point of expertise to frontline colleagues. Monthly workshops are in place for champions. End of life care training is a blend of internal and external programmes, using in-house capacity, but supplemented with the expertise of local hospices.

End of life care provided by the trust is delivered by the clinical teams in the community and community hospitals through a multi-professional approach. There were specific end of life care facilities in Deal Hospital and Tonbridge Cottage Hospital. The trust has an end of life steering group, which meets monthly and provides oversight of patient experience, incidents, complaints and quality of care. The trust develops its working relationships with local hospices and acute hospitals.

*(Source: Universal Routine Provider Information Request (RPIR) – P2 Sites tab, P3 Trust assessment tab / CHS Routine Provider Information Request (RPIR) CHS Context)*

During our inspection, we visited five community hospitals with inpatient wards, and three community nursing teams and carried out home visits with team. We spoke with 37 staff of all grades, including, nurses, healthcare assistants, housekeeping, other healthcare professionals as well as the leadership team for the service.

We reviewed six sets of patient paper records, and two electronic patient records. We spoke with three relatives about their experience, and observed care and treatment being delivered.

We reviewed performance data before, during and after the inspection. We also took into account views and feedback provided at staff focus groups and drop-in sessions, which we facilitated before the inspection.

## Summary of this service

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

- There were systems and processes to protect people from abuse and harm. Staff understood their responsibilities and the steps to take in the event of any safeguarding concerns.
- The service controlled infection risk in line with best practice. There were policies to manage effective infection control and hygiene processes.
- The service generally had suitable premises and equipment which was serviced according to the manufacturer's instructions. Side rooms were available for patients at the end of their life, and staff made sure these were offered, where possible.
- The service had systems and procedures for responding to patient risk. Risk assessments were carried out for patients at the end of life in community hospitals and in their own homes



# Community end of life care

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received medication when required and anticipatory prescribing was used effectively.
- The service managed patient safety incidents well. Incidents were investigated, actions taken, and learning was shared with staff. Mortality Surveillance Group meetings took place monthly, which supported the trusts learning from the death review process.
- The service provided care and treatment based on national guidance. Staff had access to up to date policies, procedures and clinical guidelines.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- There was a strong, visible person-centred culture, to providing end of life care. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity.
- Relationships between people who use the service, those close to them and staff were witnessed to be strong, caring, respectful and supportive.
- Staff understood and respected the personal, cultural, social and religious needs of people and how these related to care needs.
- Staff members showed an understanding and a non-judgemental attitude when talking about patients who had mental ill health or a learning disability.
- Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially.
- People valued their relationships with staff and felt that they often went 'the extra mile' for them when providing care and support.
- Services were planned and delivered to meet the needs of patients and their relatives.
- End of life services within the inpatient and community localities provided flexibility, choice and continuity of care.
- The service took account of patients' individual needs. Interpreters could be accessed.
- People could access the service when they needed it. Where identified, patients who may have been approaching the end of their life were supported to make informed choices about their care.
- Leaders had the skills, knowledge and experience required to run a service providing sustainable care.
- There was a strong sense of culture that was centred on the needs of patients at the end of their life.
- There were clear governance arrangements for end of life care, which were embedded in the trust governance framework.
- The service routinely collected, managed and used information to support its activities.
- People were always treated with dignity by all those involved in their care, treatment and support.
- The service monitored some aspects of the effectiveness of care and treatment. The service participated in the national audit for care at end of life, to enable its practice to be compared.

# Community end of life care

- The service provided training in key skills for staff in care at the end of life. Training for end of life was role specific, not mandatory and was available for staff where it was identified as part of their role.

However,

- As end of life care training was not mandatory there were no central record of training and competence of staff. Records were held locally by teams.
- The trust told us that the pharmacy service undertook audits of 'just in case' boxes, but did not supply us with the audit, outcomes, or action plan. However, it was unclear how effective the audits were as the top theme identified for incidents relating to end of life care was medication errors. We did see that incidents were discussed at the end of life care strategy group.
- There was limited formal process followed to monitor staff adherence to national guidelines and local policies. The trust had an audit schedule in place for monitoring do not attempt cardiopulmonary resuscitation form and personalised care plan completion. The service did not audit other key areas such as rapid discharges.
- There were limited facilities for families at community inpatient settings. If relatives wanted quiet time away from the patient there were limited facilities available. One out of three quiet rooms contained comfortable chairs. Another one was also used for storage, patient's personal belongings and the wards printer. Although the community inpatient settings we visited had outdoor space for relatives to be alone for quiet reflection this was only when weather allowed. None of the locations had a chapel, multi-faith room or a place where relatives could go off the ward for a place of time alone or quiet reflection.

## Is the service safe?

**Good** ● ↑

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

- The service provided training in key skills for staff in care homes at the end of life. Training for end of life was role specific, not mandatory and was available for staff where it was identified as part of their role. Staff we spoke with, who had completed the training told us they felt their training was good. Staff in the end of life care team were up to date with their mandatory training.
- There were systems and processes to protect people from abuse and harm. Staff understood their responsibilities and the steps to take in the event of any safeguarding concerns. The end of life care team demonstrated a good understanding of the types of abuse, and knew the process for reporting a safeguarding concern, and were able to give an example of a safeguarding concern they had raised.
- The service controlled infection risk in line with best practice. There were policies to manage effective infection control and hygiene processes. We saw staff cleaned their hands at the correct times, and were bare below the elbow, in line with trust policy. Equipment and the environment was visibly clean.
- The service generally had suitable premises and equipment which was serviced according to the manufacturer's instructions. Side rooms were available for patients at the end of their life, and staff made sure these were offered, where possible.
- The service had systems and procedures for responding to patient risk. Risk assessments were carried out for patients at the end of life in community hospitals and in their own homes. Staff responded appropriately to the changing needs of patients at the end of their life.

# Community end of life care

- The service had enough staff with the right qualifications, skills, training and experience to provide care and treatment for patients on an end of life care pathway. The nursing staff on the wards and in the community provided the end of life care and were supported by the end of life care team. End of life care champions, were the links between the end of life care team and staff providing end of life care. All staff we spoke with told us they felt there was enough staff to provide good care to patients at the end of their life.
- Staff kept records of patients care and treatment. Records were clear, up to date and available to all staff providing care. We looked at six paper patient records and two electronic records and found the contained patient reviews, clear plans of care and personalised care plans completed. All entries of the patient's admission were signed, dated and timed. We found up to date and completed risk assessments and saw they were reviewed regularly.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received medication when required and anticipatory prescribing was used effectively.
- The service managed patient safety incidents well. Incidents were investigated, actions taken, and learning was shared with staff. Mortality Surveillance Group meetings took place monthly, which supported the trusts learning from the death review process.

However:

- As end of life training was not mandatory there were no central record of training and competence of staff. Records were held by locally by teams.
- The trust told us that the CCG undertook audits of 'just in case' boxes, but did not supply us with the audit, outcomes, or action plan. However, it was unclear how effective the audits were as the top theme identified for incidents relating to end of life care was medication errors. We did see that incidents were discussed at the end of life care strategy group.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance. Staff had access to up to date policies, procedures and clinical guidelines. The service participated in national audits to enable its practice to be compared and action was taken to improve areas identified from audit that were not at the required level.
- The service supported patients through regular assessments for nutrition and hydration. Staff supported patients to make sure they had enough food and drink to meet their needs. Patients were encouraged to eat and drink normally for as long as possible despite this need reducing as people approached the end of their life.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools to ensure prescribed pain relief was given to ease pain.
- The service monitored some aspects of the effectiveness of care and treatment. The service participated in the national audit for care at end of life, to enable its practice to be compared. Action was taken to improve areas identified from audit that were not at the required level. Overall, the initial findings showed the trust was meeting the requirements as outlined in the audit.
- Patients had their needs assessed, preferences and choices met by staff with the right skills and knowledge. Staff we met within inpatient areas and community localities felt confident to deliver end of life care, that met the needs of patients.

# Community end of life care

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. All members of the multidisciplinary team supported each other to provide care. Staff respected their colleague's opinions.
- Staff supported patients to manage their own health, care, and well-being and to maximise their independence at the end of their lives and as appropriate for individuals.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- There was limited formal process followed to monitor staff adherence to national guidelines and local policies. The trust had audit schedule in place for monitoring do not attempt cardiopulmonary resuscitation form and personalised care plan completion. The service did not audit other key areas such as rapid discharges.

## Is the service caring?

**Outstanding**  

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

- There was a strong, visible person-centred culture, to providing end of life care. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff were witnessed to be strong, caring, respectful and supportive.
- All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received the best individualised patient-centred care possible, at the end of their life.
- People were always treated with dignity by all those involved in their care, treatment and support. We saw that staff maintained patient's privacy and dignity, including during physical or intimate care. Patients emotional and social needs were highly valued by staff and are embedded in their care and treatment.
- Staff recognised and respected the totality of people's needs. Staff understood and respected the personal, cultural, social and religious needs of people and how these related to care needs.
- Staff members showed an understanding and a non-judgemental attitude when talking about patients who had mental ill health or a learning disability.
- Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially.
- The emotional requirements of patients were considered as part of the personalised care plan that was used when it had been recognised that a patient was at the end of their life.
- Staff involved patients and those close to them in decisions about their care and treatment. Relatives of patients told us they felt involved in decisions.
- People valued their relationships with staff and felt that they often go 'the extra mile' for them when providing care and support.
- Staff communicated well with patients and those close to them in a manner so they could understand their care, treatment and condition. Staff responded positively to patient's questions and took time to explain things in a way patient could understand.

# Community end of life care

## Is the service responsive?

Good  

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

- Services were planned and delivered to meet the needs of patients and their relatives. Staff how focused on the needs of individuals within the local community and ensured that care was delivered as close to home, family and friends as possible.
- End of life services within the inpatient and community localities provided flexibility, choice and continuity of care. Inpatient, and community teams worked together to support the patient's wishes regarding their preferred place of care and death.
- Inpatient, specialist and community nurses were able to give patients and their families extra time for support in situations where those being supported had additional needs
- The service took account of patients' individual needs. Interpreters could be accessed. Staff across the service were aware of the importance of involving families and carers in the care of those with complex needs, such as patients with learning disabilities. Services were accessible to all members of the community such as patients living with dementia or autism.
- People could access the service when they needed it. Where identified, patients who may have been approaching the end of their life were supported to make informed choices about their care. Seven-day services were available to support end of life care. Telephone and face-to-face support was available to patients and staff.
- The service treated concerns and complaint seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- There were limited facilities for families at community inpatient settings. If relatives wanted quiet time away from the patient there were limited facilities available. One out of three quiet rooms contained comfortable chairs. Another one was also used for storage, patient's personal belongings and the wards printer. Although the community inpatient settings we visited had outdoor space for relatives to be alone for quiet reflection this was only when, weather allowed. None of the locations had a chapel, multi-faith room or a place where relatives could go off the ward for a place of time alone or quiet reflection.

## Is the service well-led?

Good  

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

- Leaders had the skills, knowledge and experience required to run a service providing sustainable care. The service was managed by an end of life care nurse consultant and was supported by an lead practitioner for palliative and end of life care. The end of life team spoke passionately about the care provided by all staff.
- There was an end of life care strategy that was aligned to published national guidance. The strategy was on the trust website for patients and staff to access. We saw the strategy on display in the wards that we visited on the end of life care boards.

# Community end of life care

- There was a strong sense of culture that was centred on the needs of patients at the end of their life. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff told us that end of life care was considered a priority for them. They spoke with pride about the importance of helping people achieve a pain free, comfortable death
- There were clear governance arrangements for end of life care, which were embedded in the trust governance framework. There were clear lines of accountability including a structure for cascading information to the senior management team and to the staff delivering the end of life care.
- The service had systems for identifying risk, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks relating to end of life were on the nursing and quality risk register. The leads for the service were able to identify their top risks and risk reduction strategies.
- The service routinely collected, managed and used information to support its activities. Staff had access to up to date information on patient care and treatment and were aware of how to use and store confidential information.
- The trust engaged with patients, staff and the public to plan and manage services. Relatives were encouraged to contribute to the running of the service through a bereavement survey. Staff were actively engaged, and their views were reflected in the planning and delivery of the service.
- The service was committed to improving services by learning when things go well and when they go wrong, promoting training, research and innovations. The service and its staff demonstrated a willingness to develop and improve the service provided.

## Outstanding practice

- There was a strong sense of culture that was centred on the needs of patients at the end of their life. Across all areas we visited staff told us they were committed and passionate about the end of life care they provided to patients. There was a strong, visible person-centred culture, to providing end of life care. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity.
- The trust was trialling a model of care as a research project. The model implemented care from the patient perspective and worked outwards to create solutions that would bring independence and improved quality of life.

## Areas for improvement

- The trust should consider there is central oversight of all training provided to staff.
- The trust should consider developing processes to monitor staff adherence to national guidelines and local policies.
- The trust should consider all areas where end of life care is provided has adequate facilities for relatives, including a comfortable space if relatives wanted quiet time away from the patient.

# Community urgent care service

**Outstanding** 

## Key facts and figures

The trust provides care within seven minor injury units across East and West Kent.

All units have radiology services and most are open Monday to Friday (9am – 5pm) except for Sittingbourne, which is open during the evening and at weekends.

These units are all nurse led by senior nurse practitioners and see and treat patients over the age of two. Patients are seen in arrival order unless reception staff flag they are more urgent. A triage system is currently being introduced. This is a way of assessing the clinical priority and the order of treatment for patients.

All the units see patients with minor injury. North and West Kent units treat minor illness.

## Summary of this service

This was the first time we inspected this service. We rated it as outstanding because:

- Patient records were comprehensive, well-structured and had a consistent style across the MIU's visited during the inspection.
- We found the organisation was receptive to changes in practice and kept comprehensive and up to date clinical guidance.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Patient interactions were always handled with compassion.
- People's emotional and social needs were highly valued by staff and embedded in their care and treatment of patients. Staff provided outstanding emotional support to patients to minimise their distress. This included providing emotional support to those accompanying children to the units.
- Patient feedback about the care given by staff was unanimously positive with many examples given of a service that took great care of its patients and treated them with compassion.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The leadership of the service, at all levels created a culture that meant that staff enjoyed their jobs and wanted to stay working with the organisation. This had the effect that the teams could retain loyal staff.
- Leaders had taken steps to provide opportunities for junior staff to enhance their skills and in doing so had started to succession plan for the service.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

However:

# Community urgent care service

- The waiting area in the Sevenoaks MIU was not fully visible from the reception area and could only be viewed using CCTV situated in the clinical area.
- The waiting area at Folkestone MIU was a large area which was shared with patients that were attending the hospital for other appointments. This meant that it was not easy to quickly identify which patients were attending the MIU.
- We did not see any information available to patients or visitors in any language other than English despite data showing there were members of the community served who did not speak English as a first language. However, the trust had access to a telephone interpretation services that could be accessed if needed.

## Is the service safe?

**Good** 

This was the first time we inspected this service. We rated it as good because:

- Most staff completed their mandatory training across the MIU. Modules where the training completion rate was not met were brought below the trust target of 85% by a small number not having completed the training at the time the information was produced. This was in part because they were new and hadn't had the chance to complete the training or had been away from work. Local managers had plans in place to ensure all modules were completed.
- Staff we spoke with described the links they had with local authorities safeguarding teams and how they carried out routine checks with every child patient. During the inspection we saw this in practice.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Safeguarding adults, children and young people at risk was given sufficient priority. Staff took a proactive approach to safeguarding and focussed on early identification. There was active engagement in local safeguarding procedures and effective work with other relevant organisations, and staff considered patients physical and mental wellbeing
- All the staff we spoke with and asked specifically about safeguarding, including staff that had only recently taken up post, were able to tell us the process they would follow and how to escalate their concerns.
- The service controlled infection risk well. All the units we visited were visibly clean. All equipment was visibly clean and had been labelled to show that it was ready for use. Staffed cleaned their hands to prevent the spread of infection. Hand sanitisers across all four units we visited were full and there was good signage to remind any visitors of the importance of using them.
- The design, maintenance and use of facilities, premises and equipment kept people safe. The fabric of the buildings was mostly in good order.
- The dirty utility rooms at all sites were clean, well-organised and hazardous items were kept locked away. Checks of fire extinguishers at all four locations we visited showed that all were in date and stored correctly.
- Staff used the trust process to assess and manage patient risk. Patients attending any of the MIU were asked by reception staff what their presenting condition was. At all sites, reception staff had received "Red dot" training. This was a training programme where they could make a brief initial assessment as to how to prioritise patients. All nursing staff employed across the sites we visited had received immediate life support training and all healthcare assistants had received basic life support training.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staffing for each site was weighted to cover the busiest times of the day and shifts were planned so that there was sufficient crossover time to ensure that patients were handed over effectively to staff starting a different shift.



# Community urgent care service

- The service had low levels of vacancies for skilled staff that supported the nursing team.
- Nurse staffing did not meet the trust target of only having a vacancy rate of 10%. The trust were assured that the vacancy rate of 21.3% did not affect the safety of the service provided. Measures had been taken to ensure that there were always sufficient nursing staff on duty.
- Patient records were clear, up-to-date, stored securely and easily available to all staff providing care. Records were recorded on the patient information system that tracked the patients journey through the MIU. Correct observations were completed when and if they were necessary. There was a consistency in style and quality of the notes across all four of the MIU we visited.
- There were effective peer review systems in place for staff to learn and improve their record keeping skills.
- Medicine stocks were monitored by the emergency nurse practitioners and any orders for replacement medicines were made by them.
- The service used patient group directions that covered a wide range conditions that were treated at the MIU. They were kept on line and in paper form. These were noted to be very clearly written, well organised and it was clear where reviews had taken place.
- The trust had not reported any never events in the period leading up to the inspection but had reported two serious incidents. We found a strong reporting culture and staff were aware of their responsibilities regarding incident reporting. Staff spoke about the feedback loop that happened after an incident was reported and that learning was taken from this across the MIU.

However:

- The waiting area in the Sevenoaks MIU was not fully visible from the reception area and could only be viewed using CCTV situated in the clinical area.
- The waiting area at Folkestone MIU was a large area which was shared with patients that were attending the hospital for other appointments. This meant that it was not easy to quickly identify which patients were attending the MIU.

## Is the service effective?

**Outstanding** 

This was the first time we inspected this service. We rated it as outstanding because:

- Policies and guidance were based on current national guidance. MIU lead nurses had a rolling programme to update all guidance as and when it was coming close to its review date or when National Institute for Health and Care Excellence (NICE) advice changed. The system of review was monitored by the trust's Quality Improvement and Assurance team to ensure all guidance was kept updated.
- Although patients did not spend long periods at the units, water, tea and coffee were available at each of the units we visited. Patients that were there for any protracted length of time could be offered biscuits by the staff.
- There was a holistic approach to assessing, planning and delivering care and treatment to all people who used services.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff used recognised pain assessment tools including those suitable for children. Patients were asked to say whether their pain was mild, moderate or severe and score it between one and ten with one being mild and ten being severe. There were picture charts that could be used for children to express their levels of pain.

# Community urgent care service

- Staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking and peer review are proactively pursued.
- The trust participated in audits to monitor their clinical effectiveness, particularly around delays to treatment in the MIU and the interpretation of x-rays.
- Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- The service ran a development programme, validated by a local university, to develop junior staff so they could become an emergency nurse practitioner. At the end of the course the attendees completed an assessment to demonstrate what they had learned. When this programme was completed, additional competencies were signed off and the member of staff was then eligible to apply for a more senior post.
- The service made sure staff were competent for their roles. The trust achieved a 100% appraisal completion rate across all the MIU.
- Senior staff had forged close working relationships with the local mental health trust. This allowed them to co-ordinate care for patients with mental health issues. This applied to the services for child and adolescent mental health services too.
- There was a range of information available for patients attending the MIU both in the form of leaflets available in waiting rooms and information provided by the clinicians to patients following their consultations. The trust's website also contained information about maintaining a healthy lifestyle.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Staff made decisions in patients' best interests if they could not consent. Staff completed a form if they needed to treat a patient, in their best interests, and was assessed as lacking capacity to consent. This form included the full reason why they had made the decision and why it was in the patient's best interests.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Outstanding** 

This was the first time we inspected this service. We rated it as outstanding because:

- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive.
- Patient interactions were always handled with compassion. We saw staff take their time with patients when taking medical histories, this put patients at ease from the start of the consultation.
- Reception staff greeted all visitors to the MIU with genuine warmth and took their details which including asking for sensitive information as soon as possible. This was handled professionally and with tact.
- Feedback from patients showed high levels of satisfaction with the care received. Examples of the feedback received included "very helpful service", "very helpful lovely people", "very polite staff" and "we received a first- rate service today".

# Community urgent care service

- People's emotional and social needs were highly valued by staff and embedded in their care and treatment of patients. Staff provided outstanding emotional support to patients to minimise their distress. This included providing emotional support to those accompanying children to the units. They recognised that it might be a distressing time for both the parent(s) and their child and we saw staff offer re-assurance to the parent quickly and confirmed they were right to seek help for their child.
- We saw all members of the team were involved in making the patient experience as positive as possible from the first contact with the reception staff to the clinical assessments and treatment by the nurses and healthcare assistants.
- Staff used their communication skills to get to the heart of the patients' concerns. This was not just targeted at treating the presenting injury or condition but understanding the impact of what they were doing with the patient and the difference they could make to them. This was demonstrated when a member of staff went out of their way to get a GP appointment for someone that needed it. The member of staff took the time to understand the full story and take the matter into their own hands.
- Staff went the extra mile and delivered holistic care to patients. We saw feedback from the local ambulance trust about a patient with dementia who had a fall and required access to diagnostic testing and treatment. The care home was unable to get an appointment at a nearby trust. The patient was very distressed and displaying signs of intermittent pain. The ambulance crew felt it was not in the patient's best interest to be transported to an A&E department. The crew rang the MIU at Folkstone and arranged for the patient to attend. The patient was triaged, given pain relief, and received diagnostic testing without changing trolleys to minimise discomfort.
- We reviewed feedback for the service which was consistently positive. Examples of the feedback from patients included, "I cannot get over just how brilliant this service is! I am blown away by how thorough and helpful the team are and that it's open on a Sunday evening, wow! Thank you so much- we feel extremely lucky to have this on our doorstep".

## Is the service responsive?

**Good** 

This was the first time we inspected this service. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The MIU provided local communities with prompt access to care for minor injuries and illnesses which prevented long waits in Accident and Emergency (A&E) departments for patients who did not require this. The minor injuries unit provided a walk-in service from 8.00am to 20.00pm every day of the year. Patients were treated in order of priority rather than order of attendance. If any patients arrived at closing time, patients were seen.
- Staff understood where people might have different needs and adjusted the service to meet them. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.
- We saw staff try to resolve a problem that a patient had with getting further care for a fracture sustained abroad. The staff were unable to assist but ensured arrangements were made for the patient to attend a virtual fracture clinic run by a local NHS acute hospital.
- Patients who had additional complex health needs had these taken into consideration when they booked in. For example, patients who were diabetic, or had mental health conditions were discussed when they first arrived.

# Community urgent care service

- Comprehensive information was available to patients about the MIU on the trust website, including which conditions could be handled by the service and details of other avenues of support for patients.
- The trust had developed a mobile application which allowed patients to check the expected wait times before they used the service. This meant patients could make a choice about using the service before arriving in person.
- Data we reviewed showed the majority of patients received care and treatment within the recommended standard of four hours.
- There was an active review of complaints and how they were managed and responded to, and improvements were made as a result across the services. The service had a complaints policy, and an effective procedure to respond to and take account of complaints. There were leaflets available on how to make a complaint about the service. This included speaking to the patient advice and liaison service (PALS). Patients could seek further information on how to raise a complaint on the trust's website.
- It was easy for people to give feedback and raise concerns about care received. All the complaints we reviewed were handled in a timely way, the responses were comprehensive and written in plain English. We reviewed five complaints relating to attendances at the MIUs. Where there were areas identified for improvement these were acted on by service leaders.
- There were also means for patients to feedback their compliments to the team.
- From January to December 2018 the trust received 44 compliments related to community urgent care services.

However:

- We did not see any information available to patients or visitors in any language other than English despite data showing there were members of the community served who did not speak English as a first language. However, the trust had access to a telephone interpretation services that could be assessed if needed.

## Is the service well-led?

**Outstanding** 

This was the first time we inspected this service. We rated it as outstanding because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- There were strong links in the service leadership between all MIUs we visited. Folkestone and Deal were led by the same senior nurse who had established a service at each location that mirrored the other. The services at Sevenoaks and Tunbridge Wells operated in the same way. Differences in operational systems were based on local issues such as patient numbers and the physical environment.
- There was a vision and strategy for the service to become an urgent treatment centre. Staff were aware of the vision and strategy and were aligned to its implementation. There was a strong collaboration and support across all leaders and staff and there was a clear common focus on improving quality of care and people's experiences. Strategies and plans are fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.

# Community urgent care service

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The risk register for the service was scrutinised by the lead nurses at each site. Each site in turn had their own local risk register. The overarching risk register was reviewed at the leads' monthly meetings and the local risk registers were reviewed at team meetings. Risk registers were well managed, reviewed and updated regularly.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Senior leaders told us how they were supporting the development of staff through a leadership competence framework with a view to 'growing their own' future leaders. This was a key part of their plans due to the difficulty in recruiting to certain leadership roles in certain areas.
- Staff across all four sites we visited reported a positive work place culture. Interactions we saw between the service leaders and junior staff were always respectful, as were the relationships between staff working at the same level.
- Staff told us without exception how much they liked working for the trust and with their colleagues. Junior staff told us how they had a strong belief that their opinion had as much value as anyone else's, which encouraged them to speak up.
- The service was planning to introduce a triage system. The service planned to roll out a triage system at each of the Minor Injuries Units. Not all units were going to implement the system at the same time. This was to ensure that any lessons learned from each roll out would be addressed as they arose.

## Outstanding practice

- Patient records were comprehensive, well-structured and had a consistent style across the MIU that were visited during the inspection.
- We found that the organisation was receptive to changes in practice and kept comprehensive clinical guidance.
- Patient feedback about the care given by staff was unanimously positive with many examples given of a service that took great care of its patients and treated them with compassion, dignity and respect.
- The leadership of the service, at all levels created a culture that meant that staff enjoyed their jobs and wanted to stay working with the organisation. This had the effect that the teams could retain loyal staff.
- Leaders had taken steps to provide opportunities for junior staff to enhance their skills and in doing so had started to succession plan for the service.

## Areas for improvement

- The trust should consider reviewing the currently layout of the waiting areas to ensure good patient visibility. Where possible, patients attending the MIU should have a defined waiting area.
- The trust should consider making information available for patients whose first language is not English.

# Community health sexual health services

**Outstanding** ☆

## Key facts and figures

The sexual health service became an integrated service for contraception, sexually transmitted infection and genitourinary medicine, in October 2015. The service is consultant led and provides health clinics across Kent and Medway which offers screening and treatment for sexually transmitted infections, contraception including long acting reversible contraception, HIV (human immunodeficiency virus) treatment and care services, young people's services and sexual health promotion. Clinics provide appointments and walk in sessions across Kent and Medway.

The service provides a level one to three service.

Level one service incorporates taking sexual history taking and risk assessment identifying safeguarding issues in under 18's and vulnerable adults, the need for emergency contraception, signposting to appropriate sexual health services, HIV testing including pre-test discussion, screening for hepatitis A, B and C and vaccination for hepatitis, appropriate screening and vaccination for 'at risk' groups, sexual health promotion, condom distribution, assessment and referral for psychosexual problems.

Level two service incorporates a level one service as well as testing for sexual transmitted infection and treatment of symptomatic but uncomplicated infections in men and women.

Level three service incorporates level one and two but also includes sexually transmitted infections (STI) testing and treatment of men who have sex with men (MSM), STI testing and treatment of men with dysuria and genital discharge, testing and treatment of STIs at extra-genital sites, STIs with complication, STIs in pregnant women, gonorrhoea cultures and treatment, recurrent conditions and management of syphilis at all stages of infection and HIV post exposure prophylaxis following sexual exposure (PEPSE), sexual assault with referral. The service also supported those with complex contraceptive issues including deep contraceptive implant removal and ultrasound procedures for women with lost contraceptive threads.

Sexual health services operate 20 main sites across Kent and Medway with further outreach sites in schools, prisons and community settings providing both geographical coverage and targeted, walk-in sessions. The aim of outreach work was to improve the sexual health of high-risk groups that do not normally access mainstream sexual health services, offering sexually transmitted infection (STI) screening and education. The service supports pharmacies that are providing free emergency hormonal contraception and chlamydia treatment to people under 30 years old in Kent and Medway.

*(Source: Universal Routine Provider Information Request (RPIR) P3. Trust assessment)*

Services are provided through three separate commissioning arrangements with local healthcare partners.

*(Source: CHS Routine Provider Information Request (RPIR) CHS1. Context CHS)*

Services have extended opening hours which include evening after 6pm and weekend clinics. Each location was accessible by public transport.

During our inspection we visited four sites within Kent and Medway. The sites visited were Clover Street level three clinic, The Gate level three, Balmoral level two and Dover Health Centre level two. We spoke with 20 staff, six patients and reviewed ten patient records.

# Community health sexual health services

## Summary of this service

This was the first time we inspected this service. We rated it as outstanding because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. We found systems and processes to identify and respond timely to the results of patients who had undergone sexually transmitted infection (STI) screening. A recall system was in place to make sure, patients were contacted and given a clinic appointment or further advice following diagnosis of a positive result. Patients were also added to the list if they required re-testing, immunisations or treatment. The recall list was reviewed daily from the electronic notes by a clinician and patients were followed up daily.
- 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. Medicines were handled and stored in line with Nursing and Midwifery Council (NMC): Standards for Medicine Management. The trust had a policy in place which provided staff with guidance and information on medicines management.
- Patient Group Directives (PGD) were used by the service. PGD's in use at the clinic included drugs used for regular, long term and emergency contraception. All PGD's were initially reviewed by a consultant and all staff completed a competency-based assessment to ensure they had the knowledge and skills necessary to dispense PGD medication. We found PGD's to be in date and regular reviews of PGD's had taken place.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide excellent care. We found staff, teams and services were committed to working collaboratively and holistically. The service had found innovative and efficient ways to deliver more joined-up care to people who use services. Effective care was fully integrated and provided real-time information across teams and services via the sexual health electronic system and data collection for national audits. We observed evidence of multidisciplinary working within team and governance meeting minutes, patient records and through discussions with staff and patients.
- People were truly respected and valued as individuals and were empowered as partners in their care and feedback from patients confirmed this. . To ensure privacy and dignity was respected always and to stop patients having to discuss their condition or symptoms with reception staff the service introduced a 'Hello' welcome leaflet with a form. This form meant that each patient received a health check and could detail their health complaint without discussing at reception. Patients were either called by their name or by a number so that they could remain anonymous if they so wished.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. Medway service were commissioned to see patients within two hours of attending walk in clinics. From data received we saw from October 2017 to January 2019, 94.6% of patients were seen within two hours at Medway sexual health services. .

# Community health sexual health services

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care within the service. Senior managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. The leaders within the sexual health service showed they had integrity, knowledgeable, experienced and well respected by all staff we spoke to during our inspection.

## Is the service safe?

**Good** ●

This was the first time we inspected this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. All staff completed the sexually transmitted infection (STIF) core foundation programme with clinical staff completing the plus and advanced sexually transmitted infection programme. Staff we spoke with, had clear understanding of key sexual health skills. Staff had the opportunity to complete outstanding training as well as update their skills to remain competent and safe. Staff had met the trust target of 85% for mandatory training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff took a proactive approach to safeguarding and focused on early identification, with steps taken to prevent abuse from occurring. The service responded quickly to any signs or allegations of abuse and worked effectively with others to implement protection plans. Staff were compliant and above the trust target of 85% in completing both adult level two and children's level three safeguarding training.
- Full sexual health history and risk assessments were completed for all patients including a focus on consent and safeguarding. Patients under the age of 16 were seen in clinics as a priority as well as any vulnerable patients under 18. Staff we spoke with knew the safeguarding processes. They knew how to make a safeguarding referral and to contact the safeguarding team for further support or advice. Information was shared well. A flag was applied to the patient administration system for safeguarding concerns, vulnerable adults or young people 16 and under. The flag would appear once staff accessed the patient's electronic records internally within the sexual health clinic.
- The sexual health services controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection. Staff followed the trust policy on infection control. We observed a team meeting where infection prevention and control was discussed with staff. The service had a clinical lead in infection prevention and control and gave feedback from the infection prevention and control meeting. Staff were shown to be 100% compliant in hand hygiene audits.
- The service had suitable premises and equipment and looked after them well. The service ran from multiple locations around Kent and within multipurpose buildings, health centres and GP surgeries. The locations we visited we found the sexual health services were easily found with clear signage. Each location was suitable for practice and areas and clinical rooms were well equipped.
- All testing and screening equipment, for example, pregnancy tests, swabs and sterile supplies were appropriately stored and easily accessible in the clinical areas. All stock seen was in date. The Service Manager told us laboratory arrangements differed between Kent and Medway and the service were currently planning for a change of provider in Medway. The Service Manager reported that there was regular contract monitoring and there had been no incidents in relation to laboratory service provision.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. We found systems and processes to identify and respond timely to the results of patients who had



# Community health sexual health services

undergone sexually transmitted infection (STI) screening. A recall system was in place to make sure, patients were contacted and given a clinic appointment or further advice following diagnosis of a positive result. Patients were also added to the list if they required re-testing, immunisations or treatment. The recall list was reviewed daily from the electronic notes by a clinician and patients were followed up daily.

- Doctors worked within level three clinics and staff had rapid access to clinicians for advice or support. Staff within level two clinics could call and request advice from a doctor. We observed nursing staff liaising with doctors during our inspection to discuss screening and treatment.
- The service offered several outreach clinics to target vulnerable and more at-risk groups of people. Vulnerable adults, such as injecting drug users, homeless and commercial sex workers and provided contraception and sexually transmitted infections testing including HIV testing. Nursing Staff completed risk assessments during each appointment and provided a one to one service for support.
- 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. Staffing levels were mostly achieved with the service having vacancies. However, the service was over established with band five nurses as there were a number of staff in a development post would become band six nurses on completion of skill specific training. This meant there were enough staff to carry out clinics as required.
- The service planned, implemented and reviewed staffing levels to keep people safe. However, staff told us that there were staff on long term sickness and at times this has been difficult to cover. The trust did not use a temporary workforce, due to the specialist skill set required. Staff told us when additional cover was required the permanent team provided it. Staff were rotated to cover the sexual health clinics at the different locations. When clinics were on, a lead nurse was assigned to be on duty during these clinics.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. The service made sure records were kept confidential and stored securely in line with London Faculty of Sexual and Reproductive Healthcare (FSRH): Service standard for sexual and reproductive health. The service used a standard electronic system used within sexual health services to record patient's health notes and treatment. The records were only accessible through password protected systems to authorised staff. The reason for this was based on privacy and confidentiality surrounding sexual health information.
- We looked at a random sample of ten records and found them to be complete, contemporaneous and fit for purpose. The records we viewed demonstrated client involvement, personal preferences and consent were routinely and clearly recorded. Flags were clearly observed on patient records to identify a vulnerable patient, safeguarding concerns or a patient at risk.
- Records were subject to regular audits to review compliance with national guidance. Nursing staff completed peer reviews on patient records to show all staff were consistent in applying information.
- 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. Medicines were handled and stored in line with Nursing and Midwifery Council (NMC): Standards for Medicine Management. The trust had a policy in place which provided staff with guidance and information on medicines management.
- Patient Group Directives (PGD) were used by the service. PGD's in use at the clinic included drugs used for regular, long term and emergency contraception. All PGD's were initially reviewed by a consultant and all staff completed a competency-based assessment to ensure they had the knowledge and skills necessary to dispense PGD medication. We found PGD's to be in date and regular reviews of PGD's had taken place.

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- Lead specialist pharmacists and technicians were based in both the Medway and East Kent level three clinics every day specifically to support the HIV team. The pharmacists and technicians were active non-medical prescribers and liaised between the sexual health service and the trusts medical management team. Regular medication audits took place within the service and reviewed by senior leaders and pharmacist. The service reviewed audits, electronic incident forms and offered bespoke training to sexual health clinicians if required.
- 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.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and felt supported to do so. Monitoring and reviewing activity enabled staff to understand risks and give clear, accurate and current picture of safety. All incidents were reviewed by the locality manager, deputy head of service and the information governance team. The incidents were then shared within information governance group. The trust shared incidents for staff awareness through information governance newsletter and intranet. Learning from incidents was shared via safety alerts, weekly news bulletin, shared learning through the intranet page and the quality improvement network. Locality manager discussed incidents and outcome within team meetings to share lessons learnt.
- Staff we spoke with had a good understanding of recognising incidents and incident reporting. Senior managers encouraged staff to complete an incident reporting form and staff told us they received feedback.
- The trust reported two serious incidences from January 2018 to December 2018. One of which following investigation was downgraded. We observed thorough reviews and investigation within route cause analysis. There were clear action plans and evidence incidents had been shared with sexual health teams. The investigations involved all relevant staff and patients who used the sexual health services and reviewing meeting minutes showed us learning from incidents was embedded within the culture of the service.

## Is the service effective?

**Outstanding** 

This was the first time we inspected this service. We rated it as outstanding because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. There was a truly holistic approach to assessing, planning and delivering treatment to people who use services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care, such as the provision of online testing for STI's and chlamydia testing for patients and virtual consultations.
- The service took part in several national audits and followed guidance from the British Association for sexual health and HIV (BASHH) Service standards for comprehensive sexual health services. This guidance was developed on a national basis in combination with a wide range of experts to promote excellence in the treatment of sexual health and HIV. Contraceptive and family planning services were in place to provide screening and treatment of sexually transmitted infections service. The trust model of integration followed current guidance and provided level three hubs, level two spoke clinics as well as walk in clinics and appointments. Health advisors worked across clinics within their area to develop and continue their skills within both contraceptive and genitourinary medicine, which they benchmarked against other services.

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- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued. We saw evidence to show the service regularly reviewed the effectiveness of care and treatment through local and national audits to improve outcomes.
- The service took part in the HIV and Aids reporting system (HARS) providing data to identify HIV diagnosis, numbers of patients accessing care, late HIV diagnosis and demographic and risk distribution. Data showed us that new and rebooked patients were 100% offered HIV screening and 80% of patients agreed to the screening taking place.
- Genitourinary medicine clinic activity dataset (GUMCAD) was a patient level electronic dataset which collects information on diagnoses made and services provided by genitourinary medicine (GUM) clinics and other sexual health services. From January 2012 all level two and level three sexual health services had a mandatory obligation to complete and return this data to Public Health England. The service used a specific electronic system to collate data and this was automatically collated and automatically submitted.
- Patients accessing screening through outreach services had increased across the localities and the targets number of screening chlamydia was better than the trust target.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice. Staff were passionate and had a clear understanding about their role within the sexual health service.
- Since the integration of dual services staff were either dual trained in contraception and GUM or were in the process of completing the competency training. We saw a comprehensive and supportive induction plan for all clinicians. This provided nurses the opportunities to complete key skills training as well as the practical opportunities to support learning.
- Staff were offered sexually transmitted infections training from core to advanced training. All nurses, doctors and some band three staff had completed the British Association of sexual health and HIV microscopy course and competencies were observed. This meant there was a quick turnaround of results which meant patients could start immediate treatment. The level three clinics at The Gate and Clover Street had both recently obtained a microscopy camera to take pictures of slides for training and competencies.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide excellent care. We found staff, teams and services were committed to working collaboratively and holistically. The service had found innovative and efficient ways to deliver more joined-up care to people who use services. Effective care was fully integrated and provided real-time information across teams and services via the sexual health electronic system and data collection for national audits. We observed evidence of multidisciplinary working within team and governance meeting minutes, patient records and through discussions with staff and patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Consent practices and records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. We observed staff during all appointments explain and ask for consent before completing any treatment or procedure. During consultations we heard staff asking for continuous consent during screening and treatment. Consent was gained from each patient and this was documented clearly on all the records we reviewed.

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## Is the service caring?

**Outstanding** 

This was the first time we inspected this service. We rated it as outstanding because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. There was a truly holistic approach to assessing, planning and delivering treatment to people who use services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care, such as the provision of online testing for STI's and chlamydia testing for patients and virtual consultations.
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- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Consent practices and records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment. We observed staff during all appointments explain and ask for consent before completing any treatment or procedure. During consultations we heard staff asking for continuous consent during screening and treatment. Consent was gained from each patient and this was documented clearly on all the records we reviewed.

## Is the service responsive?

**Outstanding** 

This was the first time we inspected this service. We rated it as outstanding because:

- The trust planned and provided services in a way that met the needs of local people. People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. The service worked closely with commissioners to provide a range of services including outreach to patients.
- The service provided a hub and spoke model of care which meant the service worked alongside GP practices, other healthcare providers as well as linking into outreach services. We observed level three clinics and some level two provide a fully integrated service, where the sexual health needs of the patient were met on one site and usually within a single consultation. The service was available to anyone requiring care. All sites could provide contraceptive and family planning advice and treatment, pre and post exposure prophylaxis for HIV (PEP and PREP) and treatment for sexually transmitted infections.
- Patients could access virtual services online, such as online testing and treatment for example, chlamydia testing. This service was provided by an external source. Staff reported that the online testing was a good use of resources with patients being advised on the service rather than attending clinic appointments. This helped with long waiting times within clinics but was also a more responsive service for the patient. Telephone consultations took place providing pathways for contraceptive implant fittings for patients.
- There was clear partnership working between the service and external services such as local authorities, GP's and acute trusts. The HIV service was run from six sites across Kent and Medway as well as a in reach service in a local

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prison. The team also worked within acute trust to complete inpatient health reviews and joint specialist clinics with antenatal services. The HIV team had also recently started clinics with pharmacy support and had access to all NHS commissioned antiretroviral drugs to facilitate antiretroviral therapy (ART). Antiretroviral therapy was the use of HIV medicines to treat HIV infection.

- Medway sexual health services had developed a website and app which was easy to view on a mobile phone or tablet. This provided an easier way for patients to access specific types of information and help sections, for example, 'I need contraception', 'I've had unprotected sex', 'I need to speak to someone and I think I have a sexually transmitted infection'. The website and app were user friendly and staff told us that patients and young people found the app user friendly, easy to use and helped with directing people to the right information and treatment.
- The service took account of patients' individual needs. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs. Outreach services worked with sex workers, homeless, injecting drug users and young people at risk of exploitation. Staff told us it was important that to access these vulnerable groups they set up services or run clinics where they went to them to offer point of care testing for chlamydia and HIV. Clover Street clinic worked in local partnership with the local authority to deliver a person centre model for Medway working together to deliver outreach services to patients most at risk. They offered a free condom distribution service within the community, chlamydia screening and online sexual health screening for men.
- The outreach team also went to known public sex environments (PSE) to deliver a level two service offering STI testing and treatment to more vulnerable patients who wouldn't access local clinics. This had proved popular with patients, with patient's describing the service as 'less intimidating than a proper clinic'.
- The service worked alongside the learning disability team to provide a service to adults with learning disabilities called 'Apple tree'. The service was designed to help learning disability patients access an enhanced level of sexual health services to support their needs. Patients with a learning disability was encouraged to contact the sexual health service and to use the word 'Appletree' for staff to be aware that the patient may require further help and assistance and will be given longer appointments. The service had made and produced a video to show patients with learning disability how to access the service.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. Medway service were commissioned to see patients within two hours of attending walk in clinics. From data received we saw from October 2017 to January 2019, 94.6% of patients were seen within two hours at Medway sexual health services. Services did not have a KPI for waiting times; however, the service endeavours to see patients as quickly as possible in line with Medway's thresholds.
- Staff were aware of long waiting times for clinics and the service were working to reduce the time taken for patients to be seen. Patients experiencing long waits in clinic were advised to go and get a drink and given an approximate time to return. All patients were seen within 48 hours and if there was a high waiting time patients were advised to make an appointment for the next day. All patients under 16 or vulnerable adults were prioritised and seen. We observed a range of ways offered to patients to access services either through walk in clinics or booked appointments. The service offered extended opening times with evening clinics and clinics offered on a weekend.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. There was an active review of complaints and how they were managed and responded to,

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and improvements were made as a result across the services. The service had a complaints policy, and an effective procedure to respond to and take account of complaints. There were leaflets available on how to make a complaint about the service. This included speaking to the patient advice and liaison service (PALS). Patients could seek further information on how to raise a complaint on the trust's website.

- There was evidence that the trust responded to and made changes from reviewing patients' comments and feedback. This included the introduction of portable air conditioning units as patients complained that the waiting room in the unit was too hot during the summer. Posters displayed advising to place your attendance details onto the form or patients could speak to a member of staff in private due to a patient concerns in regard to informing reception staff of their presenting complaint.

## Is the service well-led?

**Outstanding** 

This was the first time we inspected this service. We rated it as outstanding because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care within the service. Senior managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. The leaders within the sexual health service showed they had integrity, they were knowledgeable, experienced and well respected by all staff we spoke to during our inspection.
- We found the head of service and all managers to be highly respected by all staff we spoke with. Staff felt valued and listened to and told us the leadership team were visible daily and would offer support whenever asked. The head of service continued to be clinical and run a clinic once a week. The deputy head of service was also the locality lead within the Kent team and was observed working with patients within the level three clinic.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. There was a strong collaboration and support across all leaders and staff and there was a clear common focus on improving quality of care and people's experiences. The vision for providing sexual health services managed by the trust was to make sure residents have timely access to high-quality services to improve and manage their sexual and reproductive health through a fully integrated, cost effective sexual health service model. The service vision and values defined the work completed with patients and the way in which teams work extremely well with each other and other external agencies.
- Staff were engaged in service planning and could provide examples of how they had been involved in working towards achieving objectives of the service strategy. For example, a new group across Kent and Medway was in place to look at ways to support the needs of the transgender community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were high levels of staff satisfaction across all equality groups. Staff were proud to work for the trust. Staff told us they enjoyed their role and working within the sexual health service and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns and staff told us they felt listened too. The inspection team were welcomed into the service. All staff were willing to talk to us and wanted to show us the excellent services they provided. Staff told us they were happy and felt part of the service development. This showed an open work force who welcomed review.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Governance and performance management arrangements were proactively reviewed and reflect best practice. Staff we talked to were

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aware of the trust governance structure and felt confident it was working well to assess, monitor and improve the service. The service had leadership structures in place and staff were clear about their roles and accountabilities. We reviewed several meeting minutes and found that they had a clear role in the oversight of sexual health services. The minutes showed actions were taken in a timely manner and information was clearly disseminated through into the localities within team meetings.

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service had an effective risk register, which was regularly updated and reviewed. A risk register was a management tool to facilitate the documentation of risks, actions taken to lessen the risk, and appropriate resolutions. Risks were reviewed through departmental governance processes and escalated if appropriate. The service managed risks well and were proactive in finding solutions.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Staff told us there was good access to information at the trust. They told us they received a newsletter from the trust weekly via the intranet and had access to a range of sexual health data and information. Relevant information was displayed on notice boards within the level three clinics. We saw posters about training opportunities, infection control and sexual health advice.
- The Medway sexual health localities information on their website was informative and user friendly on a tablet or mobile phone. Patients had a range of options and could easily access online services. There was also a live chat option. The page had a link to the website and psychosexual health services on the trust web page.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. There was a strong collaboration and support across all leaders and staff and there was a common focus on improving quality of care and people's experiences. The trust actively engaged with people who used the sexual health service and welcomed comments and feedback. Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups. Engagement included via on-line patient surveys, focus groups and the public advisory groups (PAG).
- We saw clear evidence that the service valued the views of those who used the service and made service changes because of the feedback obtained. PAG group members consisted of patients who had used the service at some point. Senior leaders worked well with the group to develop ideas. Current work taking place between the PAG and the service was to develop a new PAG group for young people. The new group would offer a younger person's perspective on sexual health services available and to gain new ideas. Ideas for the group included it being a virtual group to make it easier for younger people to attend.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The leadership drove continuous improvement and staff were accountable and involved in delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care. The sexual health service as a whole developed excellent working relationships with outside groups to develop services for the local community. Leaders encouraged staff to strive for continuous learning, improvement and learning. This resulted in the implementation of services which better served the local community. Increased sexual health outreach services had been put into place following response to local need, for example prison-based services, clinics within a public sex environment.
- Apple Tree was a client-led project with joint working between the community learning disabilities service and the sexual health service. This service was available in North and East Kent and allowed people with learning disabilities to access sexual health services more effectively, with the term apple tree acting as a trigger to ensure the client was allocated longer appointments and their specific needs were considered.



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- The service had introduced the online chlamydia-screening programme and worked with local pharmacies to provide an alternative service. This meant patients were able to order their testing kit, have it delivered to their homes, and a sample could be obtained without presenting at a clinic. Kits would also be supplied to outreach locations where the patients could collect or take the test. Tests could be returned to the outreach service or posted should the individual choose to take the samples home.
- Online STI testing and treatment as well as virtual and skype consultations have been implemented to improve services and to reduce waiting times in clinics.

## Outstanding practice

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- Increased sexual health outreach services had been put into place following response to local need, for example prison-based services, clinics within a public sex environment. When talking with all staff and senior leaders we got a concise impression that if a specific need within the local community was identified then the service would identify how they could work to put outreach into that area.
- The 'hello' form was developed by the service following concerns from patient's around disclosing at reception the reason for attending sexual health clinics. This showed the service listened to patients and was able to book patient's into clinics whilst ensuring privacy and confidentiality.
- The service clearly valued and engaged well with service users. The sexual health service worked effectively with the public advisory groups to develop service improvement and deliver services.

# Our inspection team

Catherine Campbell CQC Head of Hospital Inspection and a CQC inspection manager led this inspection. NHS Improvement carried out a financial review of the trust and provided a report of their findings. The team included seven inspectors, and nine specialist advisers with expertise in urgent and emergency care, sexual health, End of Life Care (EoLC), dental services, safeguarding and board level positions. Specialist advisers are experts in their field who we do not directly employ.