

# Derbyshire Community Health Services NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.






This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Good 
Are services well-led?	Outstanding 

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

Derbyshire Community Health Services NHS Trust delivers a range of community-based services to the people of Derbyshire. The trust provides a range of services, which include community hospitals, minor injuries units, sexual health, services for children, young people and families, therapies, community nursing and specialist nursing services. The trust delivers services in people's homes, primary care premises as well as from the community hospitals. The trust employs around 4500 staff delivering services from 133 sites.

## Overall summary

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

## What this trust does

Derbyshire Community Health Services NHS Foundation NHS Trust cares for patients across a wide range of services, delivered from 133 sites including 13 community hospitals and 28 health centres. It covers the city of Derby and the rural communities of Derbyshire. It provides care for more than 4,000 patients every day. The trust employs approximately 4,500 staff, serving a patient population of more than one million. The trust was authorised as an NHS Foundation Trust in 2014, being one of the first Foundation Community Trusts in England.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. The trust was last inspected by the hospitals directorate in May/June 2016. This included inspections of the following community core services, community dental, community adults, sexual health and urgent care. The overall trust was rated as good with caring rated as outstanding.

Between 14-16 May 2019, we inspected the following core services:

- Community sexual health services.

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

## What we found

### Overall trust

# Summary of findings

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

- At core service level we rated safe, effective, responsive and well led as good, and caring as outstanding. In rating, we took into account the current ratings of the nine services not inspected this time.
- We rated well-led for the trust overall as outstanding. The rating for well led is based on our inspection at trust level, 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.

## Are services safe?

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

- All core services at the trust are rated as good for safe. We only inspected sexual health services during this inspection.
- Mandatory training was provided in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff received awareness training in child sexual exploitation (CSE), female genital mutilation (FGM) and domestic abuse.
- The service controlled infection risk well. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- 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.

## Are services effective?

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

- Nine out of the 10 core services were rated as good for effective, with the community dental service being rated as outstanding.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and outcomes for patients were generally good.
- 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 development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

## Are services caring?

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

- Four of the 10 core services were rated as outstanding for caring and the other six were rated as good.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Summary of findings

- Staff protected patients' privacy and dignity by referring to them only by their first name in public areas of the service.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff understood patients' personal, cultural and religious needs. Emotional support was provided to patients as required.
- There was a psychosexual counselling service available to support patients with sexual concerns and anxieties.

## Are services responsive?

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

- Nine of the core services were rated as good for responsive with one core service rated as outstanding.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The service coordinated care with other services and providers.
- Staff worked with Social Services and other external agencies to plan pathways of care for vulnerable young people and would attend "Team Around the Child" (TAC) meetings or child safeguarding and or protection meetings as required.
- Staff adapted their assessments and treatments to meet the individual needs of each patient.
- Staff were aware of the need to obtain interpreting services when required and could describe the process for doing so. Information leaflets were written in different languages for those patients whose first language was not English or used British Sign Language.
- It was easy for people to give feedback and raise concerns about care received.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Are services well-led?

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

- All core services were rated as good for well led and at trust level the provider was rated as outstanding for well led.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- Staff at all levels described leaders as visible, approachable and responsive.
- All staff we spoke to told us that they felt able to talk to their manager and senior managers about any issues and concerns.
- Staff felt they were respected and valued and felt confident in their work.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

# Summary of findings

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Governance arrangements were in place for risk management and staff told us that they received feedback after incidents had been investigated.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## 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.

## What happens next

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

## Outstanding practice

- The trust had implemented a “Quality Conversations” programme which had empowered patients to take ownership of their care and for staff to engage positively with their patients.
- The trust had introduced a Time to Heal initiative to improve patient outcomes in wound care in the community. This had improved outcomes for patients.
- The trust had introduced a reverse mentoring initiative as part of their inclusion and fairness programme. Executives and senior staff were paired with junior staff each representing one of the protected characteristics with the aim to give insight into what it feels like to work in the trust and to challenge any unconscious bias.
- The trust had introduced a community-based model working in partnership with other healthcare providers for the early identification of sepsis.
- The trust Electronic Reporting in Care Assurance tool focussed on service improvement and indicated themes highlighted across the organisation during quality visits.
- When sending emails out of hours, the senior team specified that there was no requirement for staff to reply and that they were choosing to work out of hours.

## Areas for improvement

We found nothing that the trust should improve.

# 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.

This was our first review of well led at the trust under our next phase methodology.

We rated well-led as outstanding because:

- The trust had a senior leadership team in place with high levels of experience, skills, knowledge and compassion. They had capacity, capability and displayed integrity on an ongoing basis to manage a well-led organisation.
- The trust board had the appropriate range of skills, knowledge and experience to perform its role. The board members were a group of individuals with a wide range of experience, knowledge and skills, and long service in senior management. They were a stable leadership team with the skills, abilities, and commitment to provide high-quality services.
- Leaders at all levels were visible and approachable for their patients and staff. The leadership team had a programme of "INSIGHT," visits to wards and departments which gave them the opportunity to speak with staff. The outcome of the visits was inputted into the trusts electronic business intelligence tool. Staff told us they valued being able to meet with board members.
- The trust had a set of values with quality and sustainability as the top priorities. There was a clear vision and credible strategy to deliver high quality sustainable care. The board were especially patient focused.
- Staff told us they felt respected, supported and valued. Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There was a strong sense of collaboration amongst teams and a common focus on improving care for patients and the wider population. Without exception, staff spoke very highly of the organisation as a place to work and saw the organisation as an excellent employer which had a good culture.
- Staff at all levels were encouraged to speak up and raise concerns. Leaders listened to staff concerns and took action to address those. Staff wellbeing was given a very high priority in the trust.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers. The trust took a systematic approach to working with other organisations to improve patient outcomes.
- Board members were taking an active role in key leadership roles within the local health and social care community. They worked in partnership with other organisations and considered their role in the wider system putting patient and staff wellbeing at the forefront of decision making.
- There was an embedded system of leadership development and talent management in place.
- The trust had robust systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements. The governance team regularly reviewed the systems and problems were identified and addressed quickly and openly.
- The board received holistic information on service quality and sustainability. Governance arrangements were proactively reviewed and reflected best practice.

# Summary of findings

- The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives. The patient experience team were heavily involved with proactive patient engagement.
- The trust actively sought to participate in national improvement and innovation projects. Staff were empowered to make suggestions for improvement and gave examples of ideas which had been implemented. Innovation was celebrated.

## 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 ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 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 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Community health services for children and young people	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Community health inpatient services	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Community end of life care	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Community dental services	Good Sept 2016	Outstanding Sept 2016	Outstanding Aug 2016	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community urgent care service	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community health sexual health services	Good ↑ Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Outstanding ↑↑ Sept 2019	Outstanding ↑↑ Sept 2019	Outstanding ↑↑ Sept 2019
Wards with people with learning disabilities or autism	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Wards for older people with mental health problems	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Community mental health services for people with learning disabilities or autism	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
<b>Overall*</b>	Good →← Sept 2019	Good →← Sept 2019	Outstanding →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Outstanding ↑ Sept 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 health sexual health services

**Outstanding** ☆ ↑↑

## Key facts and figures

Derbyshire Community Health Services provide Integrated Sexual Health Services (ISHS) community based comprehensive specialist contraception and sexual health services including vasectomy, chlamydia screening, sexually transmitted infections (STI) partner tracing and notification, menopause services & psychosexual therapy. Genito Urinary Medicine (GUM) services are provided from London Road clinic in Derby and the Wheatbridge centre in Chesterfield under an Integrated sexual health lead provider model.

The services are providing over 17 clinics within both rural and town settings, the ISHS also worked closely with local pharmacies and general practitioners (GPs) to deliver services in areas that do not have a clinic locally. The service runs on a “hub and spoke” model with the two main locations (hubs) being London Road clinic in Derby and Wheatbridge centre in Chesterfield, each hub as smaller clinics (spokes) that are run in rural locations. Clinics run in different areas on different days but the clinic opening times cover Monday to Friday from 0900 to 2000 and on a Saturday morning until 1400.

The ISHS provide care for patients for children and adults, the service runs dedicated young person clinics 4 times a week and the school nurses in the area are trained to provide sexual health advice, emergency contraception, pregnancy testing, chlamydia screening and sign up to the free condom distribution scheme (C-Card) for 13 to 24 year old, during a school or community drop-in.

During our inspection, we visited The Alfreton Primary Care Centre, The London Road Community Hospital, The Wheatbridge Health Village and The Cavendish Hospital.

We spoke with 47 staff including doctors, specialist nurses, health care assistants, managers, administration and support staff. We observed how staff of all levels interacted with patients during various types of clinics. We spoke with eight patients and four care givers about their experiences. We examined 18 sets of electronic patient notes and reviewed 16 yellow feedback cards, all of which were all positive.

The sexual health service was last inspected in 2016. At our last inspection we rated sexual health services as Requires Improvement for Safe, , Responsive and Well led. We rated the service as good for Effective and Caring.

## Summary of this service

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

- We rated responsive and well led as outstanding and safe, effective and caring as good.
- Since our last inspection a comprehensive Derbyshire Integrated Sexual Health handbook containing guidance including termination of pregnancy, screening policy, HIV (human immunodeficiency virus) and PEP (post exposure prophylaxis) was in use in all areas. The handbook complied with BASHH standards and current evidence-based practice.
- The service had made improvements to the results management system and all patients now received their results within eight days of having a test taken. All staff told us that protected time had been given to them to ensure results were managed correctly, this was monitored weekly to ensure the British Association for Sexual Health and HIV (BASHH) standards had been met.

# Community health sexual health services

- The service now had systems in place to ensure incidents were reported, investigated and learnt from. Complaints and significant events were discussed at team meetings, meetings, training sessions and clinical governance meetings. Imbedded in the service was protected time for all staff to allow them to attend monthly meetings. Staff told us this was regular practice and if they attended a meeting while off duty they would be paid to do so
- All staff working with children and young people now completed level 3 safeguarding training.
- Since our last inspection young people who booked in to the service but did not wait for a consultation were followed up by clinical staff if they were assessed as vulnerable or if there were any safeguarding concerns. Any young people that attended the clinic when it was closed to bookings at that time were offered an appointment for an alternative date or referred to an alternative service.
- During extremely busy times staff told us the clinic would close to new arrivals (walk ins) and any service users who could not be seen following triage would be offered an appointment to return or referred to another appropriate provider. This action was documented by staff on a Clinic Monitoring Form, which was submitted weekly to the nurse manager and service manager.
- A new system of call monitoring was implemented that allowed information to be collected and audited
- Staff at all levels described leaders as visible, approachable and responsive. They told us managers responded quickly to emails and phone calls if they were not on site, each hub had a senior sister who was responsible for the hub and the peripheral clinics attached to the individual hub. All staff spoken to could identify who was their line manager
- The service now employed a full time Service improvement and Training Lead who was in the process of reviewing audits, developing peer review for all grades of staff and liaising with quality governance teams to support improvement and innovation within the service. The service provided the audit plan for 2019 to 2020 which shows plans to carry out, local and national audits covering a wide range of subjects.
- The service met the internal Appraisal rate of 96% of staff having an appraisal from February 2018 to January 2019. All staff we spoke to, confirmed they had received a meaningful appraisal within the past year and they valued the appraisal process to aid their development
- Service users were able to access care and treatment at a time suitable for them. For example, they could order a test kit and book appointments on line, clinics had walk in slots, there were evening clinics and clinics on a Saturday morning.
- In 2018 the service won clinical team of the year, which is a DCHS initiative.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff. The trust used an electronic monitoring system to manage staff mandatory training. Mandatory training which was a mixture of face-to-face training and electronic learning packages
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff understood the various types of abuse and how to identify people who may be at risk. Nursing staff received awareness training in child sexual exploitation (CSE), female genital mutilation (FGM) and domestic abuse.

# Community health sexual health services

- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Temperature sensitive drugs were stored appropriately, and records maintained to monitor refrigeration equipment operated correctly.

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and outcomes for patients were generally good.
- 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 development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support and advice to lead healthier lives. The service addressed areas of sexual development and psychological and physical wellbeing throughout a person's life.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff sought appropriate consent before undertaking interventions.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff protected patients' privacy and dignity by referring to them only by their first name in public areas of the service.

# Community health sexual health services

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Records we viewed showed that patients were involved in making choices about the care and treatment they received. If requested, partners and parents were made welcome at appointments.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff understood patients' personal, cultural and religious needs. Emotional support was provided to patients as required.
- There was a psychosexual counselling service available to support patients with sexual concerns and anxieties

## Is the service responsive?

**Outstanding**   

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

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The service coordinated care with other services and providers.
- Staff worked with social services and other external agencies to plan pathways of care for vulnerable young people and would attend team around the child (TAC) meetings or child safeguarding and or protection meetings as required.
- Staff spent extra time with patients who had been sexually assaulted and contacted other relevant agencies on the patient's behalf when the patient asked them to.
- Staff adapted their assessments and treatments to meet the individual needs of each patient.
- Staff were aware of the need to obtain interpreting services when required and could describe the process for doing so. Information leaflets were written in different languages for those patients whose first language was not English or used British sign language.
- It was easy for people to give feedback and raise concerns about care received.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Outstanding**   

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- Staff at all levels described leaders as visible, approachable and responsive.
- All staff spoke to told us that they felt able to talk to their manager and senior managers about any issues and concerns.

# Community health sexual health services

- Staff felt they were respected and valued and felt confident in their work
- The service 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.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- All staff said they felt confident to raise concerns with their managers and felt valued.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Governance arrangements were in place for risk management and staff told us that they received feedback after incidents had been investigated.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- In 2018 the service won clinical team of the year, which is a DCHS initiative.

# Our inspection team

Carolyn Jenkinson, Head of Hospital Inspection led this inspection. The team was made up of an Inspection Manager, one Executive Reviewer, two Specialist Advisers, and an Assistant Inspector. A Pharmacy Inspector supported our inspection of well-led for the trust overall.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.