



Sussex Community NHS Foundation Trust

Inspection report

Brighton General Hospital
Elm Grove
Brighton

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11 September to 18 October 2017

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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	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
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.

Background to the trust

Sussex Community NHS Foundation Trust provides NHS community health and care services across West Sussex, Brighton and Hove and High Lewes Havens area of East Sussex. The trust works with five clinical commissioning groups in the delivery of care; coastal West Sussex, Mid Sussex and Horsham, Crawley, Brighton and Hove, and High Weald Lewes Havens. They provide a wide range of medical, nursing and therapeutic care. They work to help people plan, manage and adapt to changes in their health, to prevent avoidable admission to hospital and to minimise hospital stay. The trust provides a range of clinical services via inpatient and outpatient locations to a population of more than 1.3 million people.

This trust has 14 registered locations:

- Arundel and District Hospital
- Bognor Regis War Memorial Hospital
- Brighton General Hospital
- Chailey Clinical Services
- Crawley Hospital
- Crowborough War Memorial Hospital
- Horsham Hospital
- Lewes Victoria Hospital
- Midhurst Community Hospital
- Newhaven Rehabilitation Centre
- Salvington Lodge
- The Kleinwort Centre
- Uckfield Community Hospital
- Zachary Merton Community Hospital

From June 2016 to July 2017 the trust provided the following services:

- Community inpatient services
- Community health services for adults
- Community health services for children, young people and their families
- End of life care
- Community dental health services
- Sexual health services
- Urgent care centre (additional service)

Overall summary

Our rating of this service stayed the same since our last inspection. We rated it as good. ●



What this service does

Sussex Community NHS Foundation Trust is the main provider of NHS community health care services across West Sussex, Brighton & Hove and High Weald Lewes Havens area of East Sussex. They provide a wide range of medical, nursing and therapeutic care to over 8,000 people a day. They work to help people plan, manage and adapt to changes in their health, to prevent avoidable admission to hospital and to minimise hospital stay.

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 registered service providers and registered managers who fail to comply with legal requirements, and help them to improve 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.

Between 11 September and 18 October 2017, we inspected three out of six core services provided by this trust. This was because at our last inspection, we rated community inpatient services as requires improvement for safe and intelligence about the trust identified concerns with staffing levels. We inspected community dental services and sexual health services as we had not inspected these areas previously.

We did not inspect adult community services, services for children, young people and their families or end of life care. The ratings we gave to those services on the previous inspection in March 2015 are part of the overall rating awarded to the trust this time. We are monitoring the progress of improvements to these services and will re-inspect them as appropriate.

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

Overall trust

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

- Safe, effective, caring, responsive and well led were good.
- Community inpatients was good overall. Safe had improved from requires improvement to good. Caring had improved from good to outstanding.
- Community dental services were good for safe, effective, caring, responsive and well led. This was the first time this service had been inspected.
- Sexual health services were 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 overall rating of safe stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- All trust services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment. Service managers increased staffing when patients needed more attention, including when they needed one-to-one care.
- Community inpatients had improved to good from requires improvement.
- Staff continued to be clear about their roles and responsibilities with regards to safeguarding patients.
- Areas we visited were visibly clean, staff demonstrated good infection control practices and procedures.

Are services effective?

Our overall rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- In all services we visited, staff continued to demonstrate care was given in line with best practice. This was confirmed with regular audits carried out by local services and the trust.
- Staff in all areas we visited were competent to perform their roles. Attendance at appraisals was good and staff told us the process enable them to develop their skills further.
- Community inpatient services used a variety of patient reported outcome measures to measure the effect of treatment interventions.

Are services caring?

Our overall rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- We found during this inspection, care delivered in community inpatient services was outstanding.
- Staff consistently put patients at the centre of everything they did.

- Patients gave us numerous examples across the inpatient locations of when care had exceeded the standards expected from staff.
- Staff routinely performed tasks, which would not routinely be expected as part of their role or were outside of their working hours to ensure patients received the best quality care and outcomes.

Are services responsive?

Our overall rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The trust continued to work closely with commissioners and other external bodies to make sure it planned and delivered services according to the needs of local people.
- Staff throughout the organisation worked to ensure individual needs were met. Patients and carers with additional needs were supported.
- The trust treated concerns and complaints seriously and investigated them. We saw lessons learned were shared with staff and examples of change as a result of complaints.

Are services well led?

Our overall rating of well led stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- We found there were clear lines of leadership and accountability from operational staff to the board level directors. Staff at all levels were clear in their roles and responsibilities in the delivery of good quality care. Leaders were dedicated, experienced and staff told us they were visible throughout the organisation.
- The vision and strategy of the trust was clear, staff were proud of the values and demonstrated them in their delivery of care.
- The trust had an open and honest culture which reflected throughout all levels of the organisation.
- The management of risk was embedded throughout the organisation. There were clear systems and processes in place to identify, manage and reduce risk.
- Staff and the public engaged with the trust effectively using a variety of methods. The trust had been nominated for an award in the staff engagement category this year.
- Managers and staff embraced an improvement culture and tried hard to improve the quality and sustainability of services.

Community health inpatient services

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

- There were systems and processes in place to keep patients safe from harm.
- Safety had improved overall and managers closely monitored staffing issues and addressed them as required. Medicines management and audit had improved.
- Records were being standardised, so all patient information was held in one location.

- Staff were competent to deliver care in line with best practice and demonstrated this with regular audit.
- Staff delivered outstanding care to patients. We saw numerous examples where staff had gone the extra mile. Staff consistently demonstrated patients were at the centre of everything they did.
- Services were delivered in line with the needs of the local population. Patients' individual needs were considered and catered for.
- The service was well led by dedicated managers who were driven to provide the best quality service. The culture of the service in all areas we visited was one of teamwork to deliver high quality care. Staff clearly demonstrate the trust's values.

However:

- We identified problems at Crawley hospital with regard to referral to mental health services and monitoring and administering pain relief.
- Advice on how to complain was not consistently displayed throughout all locations we visited.
- The management and quality of medical records varied across sites.

Community dental services

This was the first time we inspected this service. They were previously inspected under a different NHS organisation and inspection process. We rated it as good because:

- Staff reported incidents appropriately. Incidents were investigated, shared, and there was evidence of lessons learned.
- Staff understood their safeguarding responsibilities and could describe the safeguarding policies and procedures. Staff had up to date safeguarding training at the appropriate level.
- Medicines were stored, handled and administered safely. Equipment was well maintained and fit for purpose.
- Staffing levels were appropriate and met patients' needs at the time of inspection.
- Patients' individual care records were comprehensively written in a way that kept people safe. Relevant information was recorded appropriately and staff had access to relevant details before providing care.
- Standards of cleanliness and hygiene were generally well maintained. Systems effective in preventing and protecting to prevent and protect people from a healthcare associated infection.
- Mandatory training was provided for staff and compliance met or exceeded the trust targets in most topics.
- Appropriate systems were used to respond to medical emergencies.
- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- The service followed effective evidence based care and treatment policies which were based on national guidance.

- There was evidence of good multidisciplinary working with staff. Teams and services worked together to deliver effective care and treatment.
- During the inspection, we saw and were told by patients, that all staff working in the service were kind, caring and compassionate at every stage of their treatment.
- People were treated respectfully and their privacy was maintained in person and through the actions of staff to maintain confidentiality and dignity.
- We saw there were systems to ensure that services were able to meet the individual needs, for example, for people living with dementia and learning disabilities. Staff involved patients and those close to them in aspects of their care and treatment. Information about treatment plans was provided to meet the needs of patients.
- There was an effective system to record concerns and complaints about the service. Complaints were reviewed and actioned appropriately with a view to improving patient care.
- Staff told us that they felt supported by their immediate line managers and that the senior management team were visible within the department.
- There was a very positive and forward looking attitude and culture apparent among the staff we spoke with.

However:

- Staff raised concerns with us regarding the information technology (IT) system used to record patient information and notes in all locations of the community dental services. The clinical records did not always provide a consistent, reliable and effective system for the recording and retention of patient information
- The Lancing Health Centre and Chailey Heritage Clinical Services did not have dedicated decontamination rooms. Staff told us there was no definitive action plan, including a date when this would be addressed.

Sexual health services

This was the first time we inspected this service as a standalone service. They were previously inspected as part of a bigger service. We rated it as good because:

- There were systems and processes in place to report, investigate and learn from incidents.
- People who used the service were safeguarded from the risk of abuse and had their human rights respected and upheld.
- Staff received an appropriate level of training to undertake their roles. We found suitable numbers of staff to meet people's needs.
- The service had appropriate policies, processes and pathways that reflected national guidance and best practice. There was a clinical audit lead and sufficient audit plan which was used to measure quality and improve clinical outcomes.
- Care was delivered by kind, professional staff who ensured people were treated with dignity and respect. The service received high levels of complimentary feedback and very low levels of complaints. Comments and concerns were taken account of and used to improve the service.
- There was a good leadership team that was visible, supportive, and approachable. Staff told us they felt valued and were proud of the team spirit and patient first ethos.

However,

- We found the integrated governance processes resulted in delays to renewing policies and procedures including those relating to the administration of medicines.
- Morley Street drop in clinic was struggling with the demand and scale of services required by the local community. Whilst the clinical waste was stored in locked waste bins, the waste area was not secure. This included the area for sharps disposal. We acknowledge the service was aware of this risk and had received planning permission to build a secure area and were awaiting a 'license to change' from the land lord.

Ratings tables

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

Outstanding practice

- We found examples of outstanding practice consistently throughout the community inpatient locations we visited.

Areas for improvement

- We found 11 things the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

We did not identify any breaches of regulation.

What happens next?

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

Outstanding practice

- Staff throughout community inpatient services had an overwhelming pride in the service and level of care they delivered. We saw numerous examples of where staff went the extra mile in the delivering of care to patients.
- The oral health education and promotion team provided effective care and treatment to patients in the community setting by visiting schools, older people day centres, rehabilitation centres and care homes in the community. It also reached out to homeless people.

Areas for improvement

We identified areas for improvement

- Crawley Hospital should review the service level agreement (SLA) with mental health services to ensure all patients are appropriately supported.
- Crawley Hospital should introduce a procedure for referral to the pain team.
- The trust should ensure all sites clearly advertise patient and advice liaison services (PALS).
- Midhurst Community Hospital should consider putting a clear visual sign demarking the patio area with the pathway in the garden.
- Ensure that the dental IT system is improved so that clinical records provided a consistent, reliable and effective system for the recording and retention of patient information
- Ensure that a definitive action plan is developed to improve decontamination facilities at the Lancing Health Centre and Chailey Heritage Clinical Services.
- The community dental health service should complete an audit on the quality of X-rays.
- The sexual health service should consider monitoring the attendance of the sexual health drop in clinic and consider the capacity available to them.
- The trust should ensure all clinical waste bins are stored in a secure area.
- The trust should consider the pace of change for issues picked up from the last inspection, such as quality of documentation and the management of pain.
- In addition to this the trust should consider the speed at which they review policies and PGD's in sexual health services

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and

safeguard high standards of care by creating an environment for excellence in clinical care to be achieved and sustained.

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

- We found there were clear lines of leadership and accountability from operational staff to the board level directors. Staff at all levels were clear in their roles and responsibilities in the delivery of good quality care.
- The vision and strategy of the trust was clear, staff were proud of the values and demonstrated them in their delivery of care.
- Leaders were dedicated, experienced and staff told us they were visible throughout the organisation.
- Since the last inspection the trust had developed clinical leaders and their objectives were in line with their quality improvement agenda.
- Leadership development opportunities and training was available to staff throughout the organisation.
- The trust had an open and honest culture which reflected throughout all levels of the organisation.
- The management of risk was embedded throughout the organisation. There were clear systems and processes in place to identify, manage and reduce risk.
- Leaders had clear oversight of service performance throughout the trust on an integrated performance dashboard. Regular review by the board gave assurance quality was being delivered and improvements were being identified.
- Staff and the public engaged with the trust effectively using a variety of methods. On the most recent staff survey, the trust scored better than the national average for staff engagement. The trust had been nominated for a National HSJ award in the staff engagement category this year.
- The trust recognised the importance of valuing the diversity of its staff and specific staff group networks had been established, forums were held regularly and the board had recognised one of the groups with a staff award.
- There was a healthy and active research culture within the organisation. Staff were encouraged to and patients were invited to participate in research.
- Guidance on learning from deaths requires NHS trusts to produce and publish an updated policy on learning from deaths. We saw the trust had done this and had been reviewing every death within the trust in the past two years and shared learning.

Use of resources

Community health services

Background to community health services

Sussex Community NHS Foundation Trust provides community health and care services from the following registered locations;

- Arundel and District Hospital

- Bognor Regis War Memorial Hospital
- Brighton General Hospital
- Chailey Clinical Services
- Crawley
- Crowborough War Memorial Hospital
- Horsham Hospital
- Lewes Victoria Hospital
- Midhurst Community Hospital
- Newhaven Rehabilitation Centre
- Salvington Lodge
- The Kleinwort Centre
- Uckfield Community Hospital
- Zachary Merton Community Hospital

Sussex Community NHS Foundation Trust are the main provider of NHS community health and care services across West Sussex, Brighton & Hove and High Weald Lewes Havens area of East Sussex. They provide a wide range of medical, nursing and therapeutic care to over 8,000 people a day. They work to help people plan, manage and adapt to changes in their health, to prevent avoidable admission to hospital and to minimise hospital stay. They employ around 4,750 staff (7.6% BME as at March 2016).

The trust's vision is to be the provider of 'Excellent care at the heart of the community'. They aim to deliver their vision through their core values: Compassionate care, Working together, Achieving ambitions, Delivering excellence.

From June 2016 to July 2017 the trust provided the following services:

- Community inpatient services
- Community health services for adults
- Community health services for children, young people and their families
- End of life care
- Community dental health services
- Sexual health services
- Urgent care centre (additional service)

During this inspection, we inspected:

- Community inpatient services
- Community dental health services
- Sexual health services

Summary of community health services

Good ● →←

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

- All services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and

treatment. Service managers increased staffing when patients needed more attention, including when they needed one-to-one care.

- Community inpatients had improved to good from requires improvement for safe.
- Staff continued to be clear about their roles and responsibilities with regards to safeguarding patients.
- Areas we visited were visibly clean, staff demonstrated good infection control practices and procedures.
- In all services we visited, staff continued to demonstrate care was given in line with best practice. This was confirmed with regular audits carried out by local services and the trust.
- Staff in all areas we visited were competent to perform their roles. Attendance at appraisals was good and staff told us the process enable them to develop their skills further.
- Community inpatient services used a variety of patient reported outcome measures to measure the effect of treatment interventions.
- We found during this inspection, care delivered in community inpatient services was outstanding.
- Staff consistently put patients at the centre of everything they did.
- Patients gave us numerous examples across the inpatient locations of when care had exceeded the standards expected from staff.
- Staff routinely performed tasks, which would not routinely be expected as part of their role or were outside of their working hours to ensure patients received the best quality care and outcomes.
- The trust continued to work closely with commissioners and other external bodies to make sure it planned and delivered services according to the needs of local people.
- Staff throughout the organisation worked to ensure individual needs were met. Patients and carers with additional needs were supported.
- The trust treated concerns and complaints seriously and investigated them. We saw lessons learned were shared with staff and examples of change as a result of complaints.
- We found there were clear lines of leadership and accountability from operational staff to the board level directors. Staff at all levels were clear in their roles and responsibilities in the delivery of good quality care. Leaders were dedicated, experienced and staff told us they were visible throughout the organisation.
- The vision and strategy of the trust was clear, staff were proud of the values and demonstrated them in their delivery of care.
- The trust had an open and honest culture which reflected throughout all levels of the organisation.
- The management of risk was embedded throughout the organisation. There were clear systems and processes in place to identify, manage and reduce risk.
- Staff and the public engaged with the trust effectively using a variety of methods. The trust had been nominated for an award in the staff engagement category this year.

- Managers and staff embraced an improvement culture and tried hard to improve the quality and sustainability of services.

Community health inpatient services

Good ● →←

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

Key facts and figures

Community inpatient services provide a variety of services with the aim of preventing unnecessary hospital admissions and supported timely discharges from the acute hospitals. The locations provided rehabilitation and multidisciplinary care. In some cases, staff supported patients with end of life care.

Sussex Community NHS Foundation Trust has 276 Community inpatient beds at 11 locations across East and West Sussex:

- Arundel and District Hospital
- Bognor Regis War Memorial Hospital
- Crawley
- Crowborough War Memorial Hospital
- Horsham Hospital
- Lewes Victoria Hospital
- Midhurst Community Hospital
- Salvington Lodge
- The Kleinwort Centre
- Uckfield Community Hospital
- Zachary Merton Community Hospital

We visited all of the locations above, apart from Crowborough War Memorial Hospital.

The inspection was unannounced.

During the inspection, the inspection team:

Spoke with 53 patients and 10 relatives who were using the service

Spoke with just over 330 members of staff , which included staff from numerous professional and non-professional backgrounds and included managers.

Reviewed 66 sets of medical records.

Observed board rounds and multidisciplinary meetings.

At the last inspection, we rated one key question as requires improvement. We reinspected all key questions because we were confident the trust had improved services.

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

- There were systems and processes in place to keep patients safe from harm.
- Safety had improved overall and managers closely monitored staffing issues and addressed them as required. Medicines management and audit had improved.
- Records were being simplified, so all patient information was held in one location.
- Staff were competent to deliver care in line with best practice and demonstrated with regular audit.
- Staff delivered outstanding care to patients. We saw numerous examples where staff had gone the extra mile. Staff consistently demonstrated patients were at the centre of everything they did.
- Services were delivered in line with the needs of the local population. Patients individual needs were considered and catered for.
- The service was well led by dedicated managers who were driven to provide the best quality service. The culture of the service in all areas we visited was one of teamwork to deliver high quality care. Staff clearly demonstrate the trust's values.

However:

- We identified problems at Crawley hospital with regard to referral to mental health services and monitoring and administering pain relief.
- Advice on how to complain was not consistently displayed throughout all locations we visited.

Is the service safe?

Good ● ↑

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

- Staff attended mandatory training regularly and complied with mandatory training targets.
- All staff we spoke with had a good understanding of how to protect patients from abuse. They were clear about the policies and procedures around safeguarding and were trained to the appropriate level.
- Across the trust community inpatient services controlled infection risk well. Staff followed effective systems and processes to prevent and protect people from a healthcare associated infection.
- Staff had access to adequate equipment which was well maintained and fit for purpose.
- Across all hospitals, we found a wide range of risk assessments, screening tools and record charts were used to minimize risk to patients. Effective policies and procedures were in place to manage a patient in an emergency.
- Although we identified staffing was an issue at some locations, the trust had put in a variety of measures to ensure patient safety was maintained. Managers considered the risk of staffing levels routinely at all locations and action was taken to reduce the risk.

- The management and quality of medical records varied across site. Some locations were using a single record and others had information stored in a variety of documents, which meant there was no one place for staff to access information. The trust was in the process of implementing the single patient record. In addition to this, the standard of documentation varied across the trust.
- Medicines were stored and managed in line with best practice guidelines and legislation. Missed dose audits were carried out regularly.
- Staff had a good understanding of when and how to report incidents. Managers investigated incidents thoroughly and shared learning from lessons at local level and across the trust.

However:

- Staff told us there were sometimes delays in the delivery of equipment for patients to take home which could delay their discharge.

Is the service effective?

Good ● →←

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

- Staff delivered care in line with best practice and national guidelines. We saw policies were developed with regard to national guidelines. We saw evidence managers updated policies when national guidelines were updated.
- Therapy staff measured patient outcomes using a variety of well known, validated tools to assess the impact of treatment interventions.
- New staff received support including an induction and list of competencies.
- Staff were competent to perform their roles, attended regular supervision training and had regular appraisals.
- Leadership development training was available to staff, which was encouraged by managers. We spoke with staff who had attended the training and found it to be useful.
- All staff had access to dementia training, although it was not mandatory.
- Patients were supported, where possible to return to their previous level of independence through joint goal setting.
- Staff had a good understanding of the Mental Capacity Act, 2005 and there were good systems in place to assess a patient's capacity to make decisions about their care. We saw documentation was completed when these assessments were carried out.

However:

- At the last inspection, problems were identified with the assessment of pain and delivery of analgesia. We found inconsistent practices in the documentation of pain assessment, with pain scores being documented in some records and 'yes' or 'no' in others. In addition to this staff did not always clearly document their decision for giving pain relief.

Is the service caring?

Outstanding  

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

- Staff were clearly driven to provide their patients with compassionate care. Every staff interaction with patients we saw was carried out with kindness and respect. Staff spent as long as they needed to with patients.
- Staff across all locations demonstrated providing care in excess of what would be expected to their patients. We were given examples of staff accompanying patients to outpatient appointments when family members were unable to attend. Staff ensured a patient's pets could visit them at the end of their life. Staff accessed new furniture to enable a patient to return home. It was not uncommon for staff to take patient's washing home, if they had no one to do this for them. Staff had organised a wedding blessing for a patient unable to leave the ward.
- We saw staff always considered carers emotional needs in addition to patient's emotional needs. In addition to accessing counselling services for inpatients, staff were knowledgeable about services patients and carers could access outside of the trust.
- Patients were at the centre of everything staff did, which was consistent across the trust. Staff supported patients to manage their own health, care and wellbeing and to maximise their independence.
- Patients and their families were encouraged to attend family meetings. Staff worked to ensure patients, their carers and relatives understood and agreed with the treatment and treatment sessions.

Is the service responsive?

Good   

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

- The service had admission criteria. Teams had been established to work with acute hospitals to ensure admission criteria were followed in order to prevent a patient being returned to hospital.
- On admission assessments were carried out to identify what steps were required to aim for a patient's discharge.
- Staff took account of patients' individual needs, particularly for patients with dementia, learning disabilities, and mental health problems. Environment and equipment was available to cater for individual needs.
- Staff identified patients' preferred method of communication prior to admission, so appropriate equipment or interpreters could be made available. Leaflets were available in other languages, large, print, braille, and easy read. Communication devices were also available for patients who had difficulty with the written word.
- Complaints were dealt with in line with the trusts complaints policy. We saw complaints and compliments were shared throughout the organisation at regular meetings and changes made following complaints.

However:

- Staff told us the referral criteria was not always adhered to and during inspection we saw a patient brought to one hospital who was not appropriate for the environment. They were returned to the referring hospital.

Is the service well-led?

Good ● →←

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

- Engagement with staff was good and all staff we spoke with knew how to access the online system on the intranet.
- We saw many examples of innovation and learning which was based on issues identified at each individual site. Staff were encouraged to participate in research and individual staff ideas were encouraged and valued.
- Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective across all locations.
- We saw efforts to improve culture such as the 'Book of Good Stuff'. This was where staff could make a note of achievements to remind staff of what they had accomplished. We saw these at every location.

However:

- Culture across the trust was mixed with some staff telling us senior managers did not understand issues on the wards.

Outstanding practice

- Staff throughout community inpatient services had an overwhelming pride in the service and level of care they delivered. We saw numerous examples of where staff went the extra mile in the delivery of care to patients.

Areas for improvement

- Crawley Hospital should consider a review of service level agreements with mental health services to ensure all parties are appropriately supported.
- Crawley Hospital should consider the assessment and administration of pain relief, to ensure one supports the other.
- Midhurst Community Hospital should consider putting a clear visual sign demarking the patio area with the pathway in the garden.
- The trust should ensure advice about how to contact PALS is available throughout every location.

Community dental services

Good ●

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

Key facts and figures

Sussex Community NHS Foundation Trust provides dentistry service from 11 locations across Sussex including eight health centres and three hospitals. The service provides a special care dental service for all age groups who require a specialised approach to their dental care and are unable to receive this in a General Dental Practice.

The service provides assessment and treatment for:

- Patients with learning difficulties.
- Patients with severe or complex medical problems.
- Patients with mental health problems.
- Patients with physical disability.
- Older people with mobility restrictions or in residential care who require domiciliary care.
- Adults with social/emotional/behavioural problems.
- Adult phobic patients who wish to have treatment for their phobia.
- The service also provides oral health promotion and education, restorative and orthodontic treatment.

The following services are provided:

- Specialist dental care for patients who require services from dental staff with understanding and training in special needs who have difficulty in obtaining treatment from the General Dental Service.
- Specialist services such as dental treatment under general anaesthesia (GA) or sedation, extractions under GA, domiciliary care and restorative treatment not readily available in the GDS.
- GA is undertaken at Nuffield Hospital, Haywards Heath and St. Richard's Hospital, Chichester.
- Oral health promotion/education and training is provided in the community setting by a team of six staff visiting schools, rehabilitation and respite centres and voluntary groups in the community.

Community dental services are provided at the following locations:

- Central Clinic
- Chailey Heritage Clinical Services
- Crawley Hospital
- Haywards Heath Health Centre
- Lancing Health Centre
- Littlehampton Health Centre
- Morley Street
- Jubilee Dental Centre

We inspected community dental services at Haywards Heath Health Centre, Lancing Health Centre and Morley Street Clinic.

We announced the inspection at short notice.

During the inspection, the inspection team:

Spoke with patients who used the service.

Spoke with staff and managers.

Reviewed records, training data and policy documents.

During this inspection, we looked at all key questions.

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

- Staff reported incidents appropriately. Incidents were investigated, shared, and there was evidence of lessons learned.
- Staff understood their safeguarding responsibilities and could describe the safeguarding policies and procedures. Staff had up to date safeguarding training at the appropriate level.
- Medicines were stored, handled and administered safely.
- Equipment was well maintained and fit for purpose.
- Staffing levels were appropriate and met patients' needs at the time of inspection.
- Patients' individual care records were comprehensively written in a way that kept people safe. Relevant information was recorded appropriately and staff had access to relevant details before providing care.
- Standards of cleanliness and hygiene were generally well maintained. Systems effective in preventing and protecting to prevent and protect people from a healthcare associated infection.
- Mandatory training was provided for staff and compliance met or exceeded the trust targets in most topics.
- Staff had the necessary qualifications and skills they needed to carry out their roles effectively. Further training and development opportunities were available for staff.
- Appropriate systems were used to respond to medical emergencies.
- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- The service followed effective evidence based care and treatment policies which were based on national guidance.
- There was evidence of good multidisciplinary working with staff. Teams and services worked together to deliver effective care and treatment.
- During the inspection, we saw and were told by patients, that all staff working in the service were kind, caring and compassionate at every stage of their treatment.
- People were treated respectfully and their privacy was maintained in person and through the actions of staff to maintain confidentiality and dignity.
- Staff were sensitive to the needs of all patients and were skilled in supporting patients and young people with disabilities and complex needs. We saw there were systems to ensure that services were able to meet the individual needs, for example, for people living with dementia and learning disabilities.
- Staff involved patients and those close to them in aspects of their care and treatment. Information about treatment plans was provided to meet the needs of patients.

- There was an effective system to record concerns and complaints about the service. Complaints were reviewed and actioned appropriately with a view to improving patient care.
- Staff told us that they felt supported by their immediate line managers and that the senior management team were visible within the department.
- There was a very positive and forward looking attitude and culture apparent among the staff we spoke with.

However:

- Staff raised concerns with us regarding the information technology (IT) system used to record patient information and notes in all locations of the community dental services. The clinical records did not always provided a consistent, reliable and effective system for the recording and retention of patient information
- The Lancing Health Centre and Chailey Heritage Clinical Services did not have dedicated decontamination rooms. Staff told us there was no definitive action plan, including a date when this would be addressed.

Is the service safe?

Good ●

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The dental service used the trust's electronic incident reporting system to identify and investigate safety incidents.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. The clinical environment was clean, clutter free and bright. Standards of cleanliness and hygiene were generally well maintained
- Overall, the service had suitable premises and equipment and looked after them well. Equipment was well maintained and fit for purpose. Radiography equipment was maintained by specialised technicians to ensure it was safe to use and x-ray equipment was maintained according to recognised safety guidelines.
- The service stored medicines well. Equipment and medicines required for medical emergencies were maintained in accordance with Resuscitation Council and British National Formulary guidelines.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Patients' individual care records were written in a way that kept people safe. Staff had access to patient information prior to providing patient care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Dental service staff received adult and children safeguarding training and were confident in their knowledge of how to escalate concerns.
- The service provided mandatory training in key skills to all staff and made sure everyone

completed it.

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staffing levels were adequate to meet patient need at the time of our inspection.
- The service planned for emergencies and staff understood their roles if one should happen. Appropriate equipment and processes were available to respond to medical emergencies.

However, we found that:

- The Lancing Health Centre and Chailey Heritage Clinical Services did not have dedicated decontamination rooms. We observed that at Lancing Health Centre there was not a systematic flow from dirty to clean in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. Staff told us that although this was on the risk register, and the risk register had been reviewed, there was no definitive action plan, including a date when this would be addressed.
- The service had not completed an audit on the quality of X-rays in the last 12 months.

Is the service effective?

Good ●

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Dentists, nurses and other healthcare professionals supported each other to provide good care.
- 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.
- 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.

Is the service caring?

Good ●

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- Staff were sensitive to the needs of all patients and were skilled in supporting patients and young people with disabilities and complex needs. Staff recognised the different requirements of each patient and treated them as individuals.
- During the inspection, we saw that all staff working in the service were kind, gentle and caring to patients throughout their treatment.
- People were treated respectfully and had their privacy and dignity maintained at all times.
- Patients we spoke with during our inspection were very positive about the way they were treated. The Friends and Family Test results showed a very high level of satisfaction with the service.
- Staff we spoke with were very dedicated to providing the best possible care for all of their patients.

Is the service responsive?

Good ●

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment and arrangements to admit treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Dental services were flexible and provided community services close to patients' own homes, including where necessary, a domiciliary service.
- General dental practitioners and other health professionals referred patients to the service for short-term specialised treatment as well as long term continuing care. The service and commissioners had developed a set of acceptance and discharge criteria so that only the most appropriate patients were seen by the service.
- The service had a low level of complaints; the emphasis was on de-escalation and local resolution of problems.
- There were systems to ensure that services were able to meet the individual needs, for example, for people living with dementia and learning disabilities.
- Generally, the service planned to take account of the needs of different people reflecting the diversity of the local community. Patients from all communities could access treatment in the service if they met the service's criteria.

- The service provided effective multidisciplinary team working and linked with other care providers to ensure the right care was provided without avoidable delays.
- The oral health promotion team reached out to vulnerable patients and hard to reach groups such as the homeless and those suffering from alcohol and drug dependency.
- There were systems and processes to identify and plan for patient safety issues. This included potential staffing and clinic capacity issues.
- There was easy access for patients with physical disabilities and wheel chairs could be accommodated.

Is the service well-led?

Good ●

We rated it as good because:

- 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 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 trust 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.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities.
- 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 go well and when they go wrong, promoting training, research and innovation.
- The clinical director and dental services maintained overall responsibility and accountability for the running of the service.
- A dental nurse manager was responsible for the day to day running of the service and provided support to the clinical director.
- The local management team was visible and accessible to staff and the culture was open and transparent.
- Governance systems and risk management structures were used effectively to ensure action plans had been developed for identified risks.
- Staff members we spoke with told us the service was a good place to work and that they would recommend it to family members or friends.

- The staff we spoke with said they felt well supported by the clinical director and the dental nurse manager. Staff told us they could raise any concerns and they were confident these would be addressed and dealt with in a timely manner.
- The culture of the service was one of continuous learning and there was a drive to improve services.

Outstanding practice

- The oral health education and promotion team provided effective care and treatment to patients in the community setting by visiting schools, older people day centres, rehabilitation centres and care homes in the community. It also reached out to homeless people.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that the IT system is improved so that clinical records provided a consistent, reliable and effective system for the recording and retention of patient information
- Ensure that a definitive action plan is developed to improved decontamination facilities at the Lancing Health Centre and Chailey Heritage Clinical Services.

Sexual Health Services

Good ●

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

Key facts and figures

Sussex Community Foundation Trust (SCFT) offered an integrated Sexual Health Advice and Contraception (SHAC) service across four locations in Brighton and Hove. The SHAC provided a wide range of free and confidential services to patients. This included sexual health screening and testing, chlamydia screening and Human Immunodeficiency Virus (HIV) testing, as well as advice on health promotion, contraception, emergency contraception and condom provision.

Sussex Community NHS Foundation Trust provides sexual health services from the following registered locations;

- Claud Nicol Clinic
- Morley Street Clinic
- Wish Park Surgery
- Lawson Unit

We visited the Claude Nicol Centre and Morley Street Clinic as part of the inspection. The Claude Nicol Centre offered an appointment only based service.

We announced the inspection at short notice.

During the inspection, the inspection team:

- Spoke with patients who used the service.
- Spoke with staff and managers.
- Reviewed records, training data and policy documents.
- This service had been inspected when it was part of a different NHS organisation. During this inspection we looked at all key questions.

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

- There were systems and processes in place to report, investigate and learn from incidents.
- People who used the service were safeguarded from the risk of abuse and had their human rights respected and upheld.
- Staff received an appropriate level of training to undertake their roles. We found suitable numbers of staff to meet people's needs.
- The service had appropriate policies, processes and pathways that reflected national guidance and best practice. There was a clinical audit lead and sufficient audit plan which was used to measure quality and improve clinical outcomes.

- Care was delivered by kind, professional staff who ensured people were treated with dignity and respect. The service received high levels of complimentary feedback and very low levels of complaints. Comments and concerns were taken account of and used to improve the service.
- There was a good leadership team that was visible, supportive, and approachable. Staff told us they felt valued and were proud of the team spirit and patient first ethos.

However,

- We found the integrated governance processes resulted in delays to renewing policies and procedures.
- Morley Street drop in clinic was struggling with the demand and scale of services required by the local community. Whilst the clinical waste was stored in locked waste bins, the waste area was not secure. This included the area for sharps disposal. We acknowledge the service was aware of this risk and had received planning permission to build a secure area and were awaiting a 'license to change' from the land lord.

Is the service safe?

Good ●

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

- There were effective incident reporting systems and processes that promoted reporting, aided learning and prevented recurrence. We found written evidence that staff actively reported incidents and received individual and team feedback as a result.
- Patients were protected from the risk of abuse because staff were able to recognise the signs of abuse, and report it in line with their local safeguarding procedures.
- The clinics we visited appeared to be clean and tidy and the levels of cleanliness were routinely monitored to ensure compliance with the National Specification for Cleanliness Standards 2016. All staff were observed to be adhering to the infection control policy.
- Patients had their risks assessed and managed in a way that took their individual preferences and care needs into account.
- Medicines were stored and handled in line with national guidance.
- Patients' needs were met by staff who had the required level of training.

. However,

- The bins used by the Morley Street Clinic were not stored, as required, in a secure area.

Is the service effective?

Good ●

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

- Service policies, procedures and treatment pathways reflected national and best practice guidance from the National Institute for Care and Excellence (NICE), British Association for Sexual Health and HIV (BASHH) and the Royal Colleges.

- There was evidence of effective audit processes being used to monitor clinical outcomes and compliance with national guidance.
- The service participated in the BASHH and Genito-Urinary Medicine (GUM) national audit collection process.
- Staff were competent to undertake their roles and were provided with appropriate supervision and annual appraisals.
- There was a holistic and Multi-Disciplinary Team (MDT) approach to the care delivered.
- Staff used Gillick competency and Fraser guidelines to obtain consent from children.

However:

- We found policies and procedures were not yet unified to the Sexual Health Advice and Contraception (SHAC) service following the integration in 2015.

Is the service caring?

Good ●

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

- Patients were cared for by kind and professional staff who protected their privacy, dignity and maintained confidentiality at all times. Service users' feedback demonstrated high levels of satisfaction with the service they received.
- Patients felt they received good quality holistic care that took account of their individual preferences and beliefs.
- During the inspection, we observed staff interact with patients in a tactful and caring way. The feedback received from patients demonstrated they felt they were treated by staff in a non-judgemental, respectful and dignified manner.
- Comments received by the service included "thank you for helping me through this episode and for treating me with dignity and respect, understanding and expertise" and "thank you for the care, kindness, humour and professionalism".
- Whilst it was difficult to speak to patients during the inspection, the patients we did talk with praised the staff and the service highly.

Is the service responsive?

Good ●

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

- Patients could access the service in a number of ways at a range of times that suited them.
- There was a translation service and policy which staff could access if required.
- All of the clinics were wheelchair accessible.
- Two complaints were received by the service during the last 12 months and successfully resolved at a local level.

However:

- The drop in clinic on the inspection day we visited was oversubscribed, and had to be closed before 5pm to ensure patients could be seen within recommended timeframe.
- Although staff went to great lengths to ensure patients had a confidential space available to them, by giving up their office. This had an adverse effect on productivity as many staff needed access to the various resources stored there.

Is the service well-led?

Good ●

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

- We saw evidence of a good local management team that provided appropriate support to staff.
- Staff told us they felt very valued and well supported by their immediate line managers.
- There was a positive culture of inclusiveness and openness amongst the team who wholeheartedly embraced the trust values and the 'patient first' ethos.
- Risk registers were used to ensure that risks were managed effectively. The incident reporting system was linked to the service risk register. This ensured that incident reports could be reviewed in conjunction with the risk register to ensure better identification and management of identified risks. Staff were aware of the risks to the service and the steps taken to mitigate these.
- We found effective governance systems and processes to monitor quality and improve the service. However, we noted long delays in relation to the implementation of SHAC service specific policies and procedures that required involvement of governance processes from both trusts.
- Despite the complexity and geographical locations of the services, the trust managed to engage with staff in a meaningful and productive way.
- Engagement with service users was used as a driver for change and service improvement tool.

However

- We found the integrated governance processes resulted in delays to renewing policies and procedures.

Areas for improvement

- The service should consider monitoring the attendance of the drop in clinic and consider the capacity available to them.
- The trust should ensure all clinical waste bins are stored in a secure area.
- In addition to this the trust should consider the speed at which they review policies and PGD's in sexual health services