Care Quality Commission

Hertfordshire Community NHS 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 — Good ●

Are services safe?	**Requires improvement** ●
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.

Summary of findings

Background to the trust

Hertfordshire Community NHS Trust provides NHS healthcare services to a population of 1.2 million people in Hertfordshire. The trust provides community-based services for adults and older people, children and young people, and a range of ambulatory and specialist care services. They serve the communities of Broxbourne, Dacorum, East Hertfordshire, Hertsmere, North Herts, St Albans, Stevenage, Three Rivers, Watford and Welwyn, and Hatfield. In addition, the trust provides the healthcare service to the Mount Prison in Bovingdon

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good 🟢 ➡ ⬅

What this trust does

The trust employs approximately 2,800 staff, one of the largest employers in the local area. In 2017/18, the trust had an income of £142.4m. Income for the trust for 2018/19 is £136 million.

The demographics in Hertfordshire mirror that of England, but deprivation in Hertfordshire is lower than average. Life expectancy for both men and women overall is higher than the England average, but in the most deprived areas of Hertfordshire, life expectancy is 7.0 years lower for men and 6.0 years lower for women.

Hertfordshire Community NHS Trust provides the following core services:

• Community adults

• Community inpatients

• End of life care

• Community dental

• Children and young people's services

The trust has a total of 11 registered locations, although care and treatment is delivered from 347 sites across Hertfordshire. This includes 9 sites offering inpatient services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to 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 inspected the following community health services as part of our continual checks on the safety and quality of healthcare provision:

Summary of findings

- Community inpatients.

- Community adults.

- Community end of life care.

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 for the trust overall. What we found is summarised in the section headed: Is this organisation well-led?

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

What we found

Our full Inspection report summarising what we found and the supporting Evidence

appendix containing detailed evidence and data about the trust is available on our website.

Overall trust

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

- We rated safe as requires improvement, and effective, caring, responsive and well-led as good.

- We rated well-led for the trust overall as good.

- During this inspection we did not inspect community health services for children, young people and families or community health dental services. The ratings we published following the previous inspections are part of the overall ratings awarded to the trust this time.

Are services safe?

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

- The service did not always prescribe, give, record or store medicines in line with best practice. Patients did not always receive the right medication, at the right dose, at the right time.

- We found out of date equipment during our inspection, we raised this with managers, who took action to address this. Following our inspection, we saw that there were large amounts of equipment on the service equipment maintenance logs that were out of date for annual testing. We were not assured that the service had effective processes for ensuring that all equipment was maintained in line with policy.

- Staff understood their roles and responsibilities regarding the Mental Capacity Act 2005. However, during our inspection we found that consent was not always obtained or recorded in line with relevant guidance and legislation.

However:

- The trust had established a process for health care assistants to deliver insulin to diabetic patients. This was a unique process and enabled registered nurses to deliver more complex care.

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff received safeguarding training on how to recognise and report abuse.

- The trust managed patient safety incidents and generally learned from incidents. Staff recognised incidents and reported them in a timely manner. Staff we spoke with understood their responsibilities regarding reporting incidents. The trust used an electronic reporting system on which all staff had been trained to use.

Summary of findings

Are services effective?

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

- Patients' pain was assessed and managed appropriately. Patients we spoke with told us that their pain was adequately controlled.

- Staff gave patients enough food and drink to meet their needs and improve their health. Staff gave patients enough food and drink to meet their needs within the inpatient setting and, where relevant in the patient's home environment.

- The trust generally provided care and treatment based on national guidance and there was evidence of its effectiveness, although some policies were beyond their date for review. Managers checked to make sure staff followed guidance.

- The trust monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other trusts to learn from them.

However:

- Staff understood their roles and responsibilities regarding the Mental Capacity Act 2005. However, during our inspection we found that consent was not always recorded in line with relevant guidance and legislation. Where the individual lacked capacity, a Mental Capacity Act (MCA) form should have been completed and documented within the patient's paper notes and on the electronic record system.

- Out of the 22 DNACPR forms reviewed, nine patients were deemed to be lacking in capacity. Out of the nine patient records, no MCA forms were documented in either paper or electronic records. This was escalated at the time of our inspection.

Are services caring?

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

- All services were rated good for caring

- Staff continually cared for patients with compassion. Feedback from all patients confirmed that staff treated them well and with kindness.

- Staff provided emotional support to patients to minimise their distress.

- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

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

- The trust planned and provided services in a way that met the needs of local people.

- The trust took account of patients' individual needs. Patients were assessed on admission to identify any additional support needs.

- Patients could access most services when they needed it.

However:

- Although the trust treated concerns and complaints seriously, investigated them and learned lessons from the results, they did not always do so in a timely manner.

Summary of findings

Are services well-led?

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

- 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 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 mostly committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

- The trust delivered care based on its vision for what it wanted to achieve. The vision was the focus of each service's work and was embedded within the business unit. There were workable plans to turn it into action, developed with involvement from staff, patients, and key groups representing the local community.

However:

- The trust generally 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. However, there was not an effective approach for regularly reviewing trust policies or for monitoring compliance with equipment testing requirements.

- While the trust generally collected, analysed, managed and used information to support its activities, some information was not accurately recorded, some information was not collected or stored securely, and some information collected was duplicated and/or difficult to access.

Ratings tables

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

Outstanding practice

We found an example of outstanding practice within the community adults service.

Areas for improvement

We found areas for improvement including 2 breaches of legal requirements that the trust must put right. We found 18 things that the trust should improve to comply with a minor breach which did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see Areas for improvement section of this report.

Action we have taken

We issued 2 requirement notices to the trust. Our action related to two breaches to legal requirements in two core services.

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

Summary of findings

What happens next

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

Outstanding practice

The Trust had established a process for health care assistants to deliver insulin to diabetic patients. This enabled registered nurses to deliver more complex care. The innovation was unique and had been submitted as a nomination for the trust's annual leading light awards. It had been presented at a 'Leading Change and Adding Value' conference and the service had been informed that there were plans to publish their project nationally

Areas for improvement

Action the trust MUST take to improve.

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches:

- Ensure it follows its medicines management policy in relation to the safe handling of medicine including, supply, storage, administration, handling and recording.

- Patients must be prescribed the right drugs, by the right route in the right dosage at the right time.

- Ensure that all equipment in use is fit for purpose and is within the expiry date for testing in line with policy. The service must ensure there is an effective process for monitoring the regular testing of all clinical equipment in line with policy.

Action the trust SHOULD take to improve.

We told the trust that it should take action to comply with minor breaches that did not justify regulatory action to avoid breaching a legal requirement in future or to improve services:

- To ensure that all Mental Capacity documentation is completed and recorded in line with new recommended NICE guidance.

- To maintain and complete all relevant DNACPR documentation in line with recommended guidance.

- Mandatory training compliance is in line with trust targets.

- Staff are compliant with effective infection control and prevention techniques.

- Staffing numbers are appropriate to clinical demands.

- The service must provide a risk-free environment to patients and reduce all hazards as far as is practically possible.

- Patient records must be stored securely.

- Do not attempt cardiopulmonary resuscitation (DNACPR) order records must be written, managed and stored in with best practice and national guidance.

- The service should ensure all risks are recorded on the service risk register.

- The service should ensure all staff are competent and confident in using the services electronic record system.

- The service should ensure its handover sheets are fit for purpose and contain only essential data.

Summary of findings

- Ensure that staff understand key policies for medicines management and the service audits staff compliance in line with policy.

- Ensure staffing shortages are addressed to prevent any impact on patient care.

- Develop a more consistent process to reviewing trust policies so that they are within their review due date.

- To monitor staff are compliant with mandatory training.

- Ensure that it develops robust internal arrangements for monitoring capturing and escalating any internal audit actions that were at risk of missing their implementation dates.

- Consider whether its current performance framework required further development to address the requirement for clearer accountability and performance monitoring of the pharmacy service level agreement.

- Improve the review process and to ensure that the trust were learning from all deaths reviewed.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust 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. There was a mix of experience within the executive directors with some new to their executive roles at the trust and others with considerable experience.

- The trust had a clear vision for what it wanted to achieve and workable plans to turn it into action. The vision was developed with involvement from staff, patients and key groups representing the community.

- Managers across the trust promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values. Staff felt supported, respected, and valued and felt proud to work for the organisation.

- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- Although a process for reviewing deaths was in place, it was not well established and shared learning from deaths was not effective.

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with secure safeguards.

- The trust engaged very well with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations effectively.

- There was trust wide commitment to innovation with patient experience and safety at the heart of improvements.

Summary of findings

However:

- Whilst the trust generally used a systematic approach to continually improve the quality of its services and safeguarding high standards of care there were some areas that were not fully effective. These included the arrangements for monitoring the progress of actions from internal audits, the escalation process for the business units which required a more detailed scrutiny of their performance and the overall level of assurance in the board assurance framework for each strategic risk.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 2019	Good Jan 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	Requires improvement ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019
Community health services for children and young people	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Community health inpatient services	Requires improvement ↓ Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Requires improvement ↓ Jan 2019	Requires improvement ↓ Jan 2019
Community end of life care	Good ➜← Jan 2019	Requires improvement ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Community dental services	Good Oct 2016	Good Oct 2016	Outstanding Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Overall*	Requires improvement ↓ Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2019	Good ➜← Jan 2018

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

Community end of life care

Good 🟢 ⬆️

Key facts and figures

Hertfordshire Community Trust (HCT) is responsible for delivering a wide range of community and

inpatient health services across Hertfordshire. The trust serves the communities of Broxbourne, Dacorum, East Hertfordshire, Hertsmere, North Hertfordshire, St Albans, Stevenage, Three Rivers, Watford and Welwyn, and Hatfield.

HCT was commissioned by two clinical commissioning groups (CCGs). East and North

Hertfordshire CCG, commission HCT to provide specialist palliative care (SPC) and End of

Life care as part of the community and inpatient nursing provided in North Hertfordshire,

Stevenage and Royston localities. SPC nurses were provided by Herts Valleys CCG commission within Watford and Hertsmere localities. Hospices within the area provided care for the St Albans, Harpenden and Dacorum localities.

During our inspection we visited community inpatient areas at Queen Victoria Memorial, Danesbury House, Potters Bar community hospital and Hemel Hempstead hospital. We also visited community adult services within the HCT localities. During our inspection we were told that there were seven patients at the end of their life within the community setting and that there were no inpatient community patients requiring end of life care. We attended four home visits with both SPC nurses and community nurses. We reviewed six care records including six medicine charts, and reviewed 22 do not attempt resuscitation (DNACPR) forms within the community inpatient and community settings, we also reviewed ten patients Mental Capacity Act (MCA) documentation.

We spoke with 18 staff including, specialist palliative care nurses, community end of life champions, ward inpatient end of life champions, a palliative care medical consultant, a specialist Macmillan clinical education manager and locality managers within HCT. In addition, we spoke with a range of staff including ward nurses and ward sisters, medical staff and allied healthcare professionals, clinical nurse specialists and community nurses. We also spoke with four patients and six relatives.

Summary of this service

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

- The service controlled infection risk in line with best practice. Staff kept themselves, equipment and the premises clean. Staff complied with the infection prevention and control trust policy.

- The service generally had suitable premises and equipment and looked after them well. The equipment was serviced according to the manufacturer's instructions. Patients admitted for end of life care within the community inpatient wards were cared for in single rooms. This provided the patient and relatives with privacy and ensured a quiet peaceful environment.

- The service prescribed, administered, recorded and stored medicines in accordance with good practice. Patients who were deemed to be at the end of their life, were prescribed a range of medicines that could be administered when required to manage their symptoms, this was referred to as 'anticipatory medicines'

Community end of life care

- The service had systems in place to ensure the safety of patients. Comprehensive risk assessments were carried out for patients, and risk management plans were developed in line with national guidance. These included assessments of patients' susceptibility to pressure ulcers, dehydration and malnutrition where it was appropriate. In accordance with the end of life care planning, these assessments were adapted according to the patient's needs.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. During our inspection we saw that patients had personalised advanced care plans (ACP). The care plans included individual's preferences regarding the type of care they would wish to receive and where they wanted to be cared for. The ACP is a fundamental part of the NHS End of Life Care Programme.

- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional and social impact of patients care and treatment.

- Patients and relatives that we spoke with were positive about the support they received from the community nurses and SPC team. Patients could access and be given appropriate, timely support and information to cope emotionally and mentally with their care.

- The trust planned and provided services in a way that met the needs of patients and their relatives. End of life services within the inpatient and community localities provided flexibility, choice and continuity of care.

- People could access the service when they needed it. This was provided by either the community trust specialist palliative care team or palliative nurses from local hospices. Staff provided patients with the appropriate telephone numbers to ring if out of hours advice was required.

However:

- The service generally monitored the effectiveness of care and treatment and used the findings to improve them. Monthly data was collected via audits for end of life record keeping compliance, advanced care pathway completion and preferred place of death. This data was disseminated using clinical dashboards and was monitored by the appropriate locality managers, although due to recent changes within the electronic record framework, this information was not easily accessible at the time of the inspection.

- Staff understood their roles and responsibilities regarding the Mental Capacity Act 2005. However, during our inspection we found that consent was not always obtained or recorded in line with relevant guidance and legislation.

Is the service safe?

Good 🟢 ➡️ ⬅️

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff showed an awareness of safeguarding procedures and how to recognise if someone was at risk or had been exposed to abuse. Staff had access to the safeguarding policy and knew how to escalate concerns to the wider trust safeguarding team.

- The service controlled infection risk in line with best practice. Staff kept themselves, equipment and the premises clean. Staff complied with the infection prevention and control trust policy.

- The service generally had suitable premises and equipment and looked after them well. The equipment was serviced according to the manufacturer's instructions. Patients admitted for end of life care within the community inpatient wards were cared for in single rooms.

Community end of life care

- The service had systems in place to ensure the safety of patients. Comprehensive risk assessments were carried out for patients, and risk management plans were developed in line with national guidance. In accordance with the end of life care planning, these assessments were adapted according to the patient's needs.

- 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, skill mix and caseloads were planned and reviewed so patients received safe care and treatment, in line with relevant national guidance.

- Staff generally kept appropriate records of patients' care and treatment. Patient's individual community care pathways included records of conversations with the patient and family members about decision making at the end of life, this was documented both on a paper copy and electronically stored within the advanced care plan.

- The service prescribed, administered, recorded and stored medicines in accordance with good practice. Patients who were deemed to be at the end of their life, were prescribed a range of medicines that could be administered when required to manage their symptoms, this was referred to as 'anticipatory medicines'.

- The service managed patient safety incidents and generally learned from incidents. Staff recognised incidents and reported them in a timely manner. Staff we spoke with understood their responsibilities regarding reporting incidents. The trust used an electronic reporting system on which all staff had been trained to use.

However:

- Although the service provided mandatory training in key skills to all staff and made sure end of life specialist nurses, community and inpatient staff had access to it, not all staff had completed mandatory training.

Is the service effective?

Requires improvement 🟠 ➜ ⬅

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

- Staff understood their roles and responsibilities regarding the Mental Capacity Act 2005. However, during our inspection we found that consent was not always obtained or recorded in line with relevant guidance and legislation. Where the individual lacked capacity, a Mental Capacity Act (MCA) form should have been completed and documented within the patient's paper notes and on the electronic record system.

- Out of the 22 DNACPR forms reviewed, nine patients were deemed to be lacking in capacity. Out of the nine patient records, no MCA forms were documented in either paper or electronic records. This was escalated at the time of our inspection.

- The service generally monitored the effectiveness of care and treatment and used the findings to improve them. Monthly data was collected via audits for end of life record keeping compliance, advanced care pathway completion and preferred place of death. This data was disseminated using clinical dashboards and was monitored by the appropriate locality managers. Due to recent changes within the electronic record framework we were unable to gather sufficient information for the percentage completion of the above tasks.

However:

- Staff, teams and services within and across all the localities worked very well together to deliver effective care and treatment. The service coordinated with other providers and services, including GPs and hospices to ensure patients approaching the end of life were identified and supported.

Community end of life care

- Patients had their needs assessed, preferences and choices met by staff with the right skills and knowledge. Staff we met within inpatient areas and community localities felt confident to deliver end of life care that met the needs of patients.

- Patients' pain was assessed and managed appropriately. Patients we spoke with told us that their pain was adequately controlled.

- Staff gave patients enough food and drink to meet their needs and improve their health. Staff gave patients enough food and drink to meet their needs within the inpatient setting and, where relevant in the patient's home environment.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. During our inspection we saw that patients had personalised advanced care plans (ACP). The care plans included individual's preferences regarding the type of care they would wish to receive and where they wanted to be cared for. The ACP is a fundamental part of the NHS End of Life Care Programme.

Is the service caring?

Good 🟢 ➡️ ⬅️

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff interacted with patients and those close to them in a respectful and considerate manner. Patients and their relatives were positive about experiences of care and kindness offered to them.

- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional and social impact of patients care and treatment. Patients could access and be given appropriate, timely support and information to cope emotionally and mentally with their care.

- 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. Psychological, religious and spiritual support were available to patients. Bereavement information was available to assist relatives to access suitable services.

Is the service responsive?

Good 🟢 ➡️ ⬅️

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

- The trust planned and provided services in a way that met the needs of patients and their relatives. End of life services within the inpatient and community localities provided flexibility, choice and continuity of care.

- The service took account of patients' individual needs. End of life services were accessible to all members of the community including people with conditions such as heart failure, dementia and neurological conditions.

- Patients could access most services when they needed it.

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. Outcomes from complaints and concerns were shared with inpatient and community staff. Information about how to make a complaint or raise a concern was available to patients and staff within community localities.

Community end of life care

However:

- The trust did not provide information on how rapidly patients were discharged from inpatient services, although information was provided which showed that 28% of patients achieved their preferred place of death.

Is the service well-led?

Good 🟢 ⬆

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

- Leaders had the skills, knowledge and experience required to run a service providing sustainable care. The service was managed by an operational lead for end of life care and a consultant in palliative medicine. Senior management staff had the knowledge and experience they required and understood the challenges needed to embed a quality and sustainable service. The end of life team spoke passionately about the care provided by staff.

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. The trust had worked hard to make improvements following the last inspection of the end of life service in March 2016. A strategy that included partnership working between the trust and the local clinical commissioning group had been developed.

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Across all areas staff said they were committed and passionate about the care they provided to patients. They reported feeling proud to work within their community settings and were positive about the job they did.

- There was an effective governance structure in place. Processes and systems of accountability supported the delivery of the end of life care strategy. All staff at all levels working within the SPC team were clear about who they reported to. There were clear lines of accountability, and the responsibility for cascading information upwards to senior management and downwards to staff in the community was understood by all staff we spoke with.

- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A strategic end of life steering group had recently been arranged to ensure risks within the service were addressed.

- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.

- The trust was committed to improving services by learning from when things went well, and when they went wrong, promoting training, research and innovation. The trust had implemented a strategy, a new governance framework and a vision for the development of end of life care. They had acted upon shortfalls found in the previous inspection and were dedicated to improving the service through ongoing reviews. The community trust were in the process of contributing towards the National Care of the Dying audit.

However:

- The service had collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. However, some key information relating to patients accessing their preferred place of death was absent.

Areas for improvement

We found areas for improvement in this service.

Community end of life care

Action the trust **SHOULD** take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

- To ensure that all Mental Capacity documentation is completed and recorded in line with new recommended NICE guidance.

- To maintain and complete all relevant DNACPR documentation in line with recommended guidance.

- To monitor staff are compliant with mandatory training.

- To ensure patients' preferred place of death is captured and audited and if rapid discharge was provided for patients wishing to die at home.

Community health inpatient services

Requires improvement ●

Key facts and figures

Hertfordshire Community NHS Trust provides NHS healthcare services to a population of 1.2 million people in Hertfordshire. The Trust provides community-based services for adults and older people, children and a range of ambulatory and specialist care services. They serve the communities of Broxbourne, Dacorum, East Herts, Hertsmere, North Herts, St Albans, Stevenage, Three Rivers, Watford and Welwyn, and Hatfield.

Hertfordshire Community NHS Trust (HCT) manages eight inpatient units situated in five locations. The inpatient units are geographically spread across Hertfordshire and are commissioned by three different commissioning teams. There are also inpatient beds commissioned by a fourth commissioning team intermittently during times of increased system pressure.

The locations the community inpatient units are based are:

• Bishops Stortford – Herts and Essex inpatient unit

• Hemel Hempstead – St Peters and Simpson inpatient units

• Potters Bar – Potters Bar community hospital inpatient unit

• Watford – Langley house which includes Holywell and Midway inpatient units

• Welwyn Garden City – Queen Victoria Memorial and Danesbury inpatient unit

The service provides 185 intermediate care rehabilitation beds and also stroke and neurological rehabilitation beds. They also deliver a patient pathway under 'Pathway 3'. Pathway 3 is for patients being discharged home for assessments, and is used for more complex discharges, and particularly for continuing health care assessments which require a multi-agency approach and involve social care providers. This pathway is organised through Simpson inpatient unit.

Patients in the region are allocated beds via the county community bed bureau, which is a central access hub for all community hospital bed based units.

We carried out this unannounced inspection 18 – 21 September and 27 September 2018. We inspected the Herts and Essex inpatient unit; St Peters and Simpson inpatient units; Holywell and Midway inpatient units and Danesbury inpatient unit. At Potters Bar, we looked at medicines management only.

During the inspection, we spoke with 25 staff of various grades including service leads, matrons, therapy managers, ward sisters, nurses, student nurses, therapists, doctors and housekeeping staff. We spoke with eight patients and three relatives, observed care and treatment and looked at 10 patients' medical and nursing records and 24 patients' prescription charts. We also looked at 18 do not attempt cardio pulmonary resuscitation records.

The service was last inspected in April 2016 and at that inspection the community inpatient service was rated good for safe, effective, caring, responsive and well led. During this inspection, we looked at the changes and considered any progress that had been made within the community inpatient services.

Summary of this service

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

Community health inpatient services

- The service did not always prescribe, give, record or store medicines in line with best practice. Patients did not always receive the right medication, at the right dose, at the right time.

- While the service provided mandatory training in key skills to staff not all medical staff had completed all the required mandatory training. Nursing staff across the inpatient units had completed most of their mandatory training.

- The service generally had suitable premises and equipment and looked after them well. However, some buildings were old and in need of refurbishment or repair, some units had insufficient storage space and some units had broken equipment.

- The service did not always have enough nursing staff with the right qualifications, skills, training and experience. The service did not report any incidents of harm due to staff shortages.

- Staff did not always keep appropriate records of patients care and treatment, not all patient records were kept in secured areas. Several staff had difficulties navigating a new electronic notes system, and not all records were completed in line with best practice.

- Although arrangements to admit, treat and discharge patients were in line with good practice, people could not always access the service when they needed it.

- Although some managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care, some leaders were very new to their role and were developing their leadership skills.

- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff received safeguarding training on how to recognise and report abuse.

- The service mostly controlled infection risk well. Most staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. During our inspection, we found the environment to be clean and most staff followed the trust policy on infection prevention and control.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

- Patients' pain was assessed, we saw evidence that analgesia prescribed was administered.

- Staff were sufficiently qualified and had the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

- Staff continually cared for patients with compassion. Feedback from all patients confirmed that staff treated them well and with kindness.

- The service took account of patients' individual needs. Patients were assessed on admission to identify any additional support needs.

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

Community health inpatient services

Is the service safe?

Requires improvement 🟠 ⬇

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

- The service did not always prescribe, give, record or store medicines in line with best practice. Patients did not always receive the right medication, at the right dose, at the right time.

- While the service provided mandatory training in key skills to staff not all medical staff had completed all the required mandatory training. Nursing staff across the inpatient units had completed most of their mandatory training.

- The service generally had suitable premises and equipment and looked after them well. However, some buildings were old and in need of refurbishment or repair, some units had insufficient storage space and some units had broken equipment.

- Although there were effective systems in place to recognise and respond to deteriorating patients' needs, not all risks in the service had been identified, assessed and monitored. Not all staff were aware of local risk registers.

- The service did not always have enough nursing staff with the right qualifications, skills, training and experience. The service did not report any incidents of harm due to staff shortages.

- Staff did not always keep appropriate records of patients care and treatment, not all patient records were kept in secured areas. Several staff had difficulties navigating a new electronic notes system, and not all records were completed in line with best practice.

- Staff recognised incidents and reported them, but not all incidents were categorised correctly. It was difficult to ascertain the correct number of each type of incident.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff received safeguarding training on how to recognise and report abuse.

- The service mostly controlled infection risk well. Most staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. During our inspection, we found the environment to be clean and most staff followed the trust policy on infection prevention and control.

- 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 safety.

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 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.

Community health inpatient services

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- Patients' pain was assessed, we saw evidence that analgesia prescribed was administered.

- The service monitored its 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.

- Staff were sufficiently qualified and had the right skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

- Most staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

- 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. However, policy and best practice was not always followed when a patient lacked capacity to make their own decisions.

Is the service caring?

Good 🟢 ➡️ ⬅️

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

- Staff continually cared for patients with compassion. Feedback from all patients confirmed that staff treated them well and with kindness.

- Staff provided emotional support to patients to minimise their distress.

- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good 🟢 ➡️ ⬅️

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

- The trust planned and provided services in a way that met the needs of local people.

- The service took account of patients' individual needs. Patients were assessed on admission to identify any additional support needs.

However, we also found:

- Although arrangements to admit, treat and discharge patients were in line with good practice, people could not always access the service when they needed it.

- Although the service treated concerns and complaints seriously, investigated them and learned lessons from the results, they did not always do so in a timely manner.

Is the service well-led?

Requires improvement 🟠 ⬇️

Community health inpatient services

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

- Although some managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care, some leaders were very new to their role and were developing their leadership skills.

- Although the trust used a systematic approach to continually improve the quality of its services and safeguarding standards of care, they did not always create an environment in which excellence in clinical care flourished.

- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- While the trust collected, analysed, managed and used information to support its activities, some information was not accurately recorded, some information was not stored securely, and some information collected was duplicated and/or difficult to access.

However, we also found:

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

- 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 mostly committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Areas for improvement

We found areas for improvement in this service.

Action the trust MUST take to improve inpatient care services.

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches:

The service must:

- Ensure it follows its medicines management policy in relation to the safe handling of medicine including, supply, storage, administration, handling and recording.

- Prescribe for patients the right drugs, by the right route in the right dosage at the right time.

Action the trust SHOULD take to improve inpatient care services.

We told the trust that it should take action to comply with minor breaches that did not justify regulatory action to avoid breaching a legal requirement in future or to improve services:

The service should ensure that:

- Mandatory training compliance is in line with trust targets.

- Staff are compliant with effective infection control and prevention techniques.

- Staffing numbers are appropriate to clinical demands.

- Provide a risk-free environment to patients and reduce all hazards as far as is practically possible.

Community health inpatient services

- Patient records are stored securely.

- Do not attempt cardiopulmonary resuscitation (DNACPR) order records are written, managed and store in with best practice and national guidance.

- All risks are recorded on the service risk register.

- All staff are competent and confident in using the services electronic record system.

- Handover sheets are fit for purpose and contain only essential data.

Community health services for adults

Good 🟢 ➔ ⬅

Key facts and figures

Hertfordshire Community NHS Trust has a total of 11 registered locations, although care and treatment is delivered from 347 sites across Hertfordshire.

Hertfordshire Community NHS Trust (HCT) has organised community services for adults into one management team (adult's services business unit) led by the associate director of operations. This management structure is split into four portfolios each managed by a deputy general manager.

The Hertfordshire Valleys Community Adult Health Service (CAHS) portfolio consists of the integrated community teams across Hertfordshire Valley Clinical Commissioning Group (CCG) geographical area and is split into four localities with each managed by an HCT locality manager. The managers for this service portfolio had recently (November 2017) completed a re-commissioning exercise led by the CCG. This consisted of a reduction in funding, and the development of a new delivery model and service specification. The name of the teams also changed during this time to the CAHS teams. This portfolio also includes the HCT discharge home to assess team.

The east and north integrated community team's portfolio consists of the community teams across East and North Hertfordshire CCG geographical area and is split into six localities with each managed by a HCT locality manager. This service portfolio is currently going through a re-commissioning exercise by the CCG. This consists of the development of a new delivery model and service specification.

The specialist community services portfolio includes multiple large and small services, for example, podiatry, bladder and bowel, and heart failure with multiple different commissioners (NHSE, Hertfordshire Valleys and East and North CCGs, acute trusts). Some span the whole of Hertfordshire and some part of the county.

For community health services for adults at this trust, there are two registered locations. Howard Court is the registered location for 232 services.

Summary of this service

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

- Staff understood how to protect patients from abuse and worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had the appropriate level of safeguarding training for the services they delivered.

- The service controlled infection risk well most of the time. Staff generally kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection.

- Systems and procedures were mostly in place to assess, monitor and manage risks to patients. Patients in all services were assessed with a range of holistic assessment tools which were in line with national practice. Staff completed risk assessments as part of the electronic patient record.

- The service had established a process for health care assistants to deliver insulin to diabetic patients. This was a unique process and enabled registered nurses to deliver more complex care.

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

Community health services for adults

- The service managed patient safety incidents in line with best practice. Staff recognised incidents and reported them appropriately. Managers investigated incidents and sometimes shared lessons learned with the whole team and the wider service.

- The service generally provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

- 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 in different clinical roles worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff worked with referrers and other care providers, such as the local hospital and GP surgeries to ensure patients were seen by the most appropriate service. There were effective communication systems and clear referral processes in place.

- 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.

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

- Staff provided emotional support to patients to minimise their distress.

- Staff involved patients and those close to them in decisions about their care and treatment.

- The core service planned and provided services in a way that met the needs of local people.

- The service took account of patients' individual needs.

- Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

- The service had a vision for what it wanted to achieve and 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.

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.

- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Community health services for adults

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service generally had suitable premises but did not always have equipment that was regularly maintained. When we found out of date equipment during our inspection, we raised this with managers, who took action to address this. Following our inspection, we saw that there were large amounts of equipment on the service equipment maintenance logs that were out of date for annual testing. We were not assured that the service had effective processes for ensuring that all equipment was maintained in line with policy.

- The service did not always have 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. There were high vacancy levels for nursing staff and a dependence on bank and agency staff to cover shifts. However, managers were aware of the issues and had put strategies in place to try and address this problem.

- The service prescribed, gave, recorded and generally stored medicines in accordance with best practice. However, there was lack of knowledge surrounding some key policies and key audits were not undertaken.

- The service generally 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. However, there was not an effective approach for regularly reviewing trust policies or for monitoring compliance with equipment testing requirements.

Is the service safe?

Requires improvement 🟠 ➡️ ⬅️

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

- The service generally had suitable premises but did not always have equipment that was regularly maintained. When we found out of date equipment during our inspection, we raised this with managers, who took action to address this. Following our inspection, we saw that there were large amounts of equipment on the service equipment maintenance logs that were out of date for annual testing. We were not assured that the service had effective processes for ensuring that all equipment was maintained in line with policy. In addition, resuscitation equipment was not checked daily.

- The service did not always have 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. There were high vacancy levels for nursing staff and a dependence on bank and agency staff to cover shifts. However, managers were aware of the issues and had put strategies in place to try and address this problem.

- Although medicines were prescribed, given, recorded and generally stored in accordance with best practice, there was lack of knowledge surrounding some key policies and key audits were not undertaken.

- Whilst systems and procedures were mostly in place to assess, monitor and manage risks to patients, not all patients had up to date risk assessment recorded.

However:

- The service provided mandatory training in key skills to all staff and made sure almost all completed it and remained up to date.

Community health services for adults

- Staff understood how to protect patients from abuse and worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had the appropriate level of safeguarding training for the services they delivered.

- Risks from infection were controlled well most of the time. Staff generally kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection.

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

- The service managed patient safety incidents in line with best practice. Staff recognised incidents and reported them appropriately. Managers investigated incidents and sometimes shared lessons learned with the whole team and the wider service, although this was variable. When things went wrong, staff apologised, but not all staff were aware of their duties with regards to their duty to give patients honest information and suitable support.

Is the service effective?

Good 🟢 ➔ ⬅

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

- The service generally provided care and treatment based on national guidance and there was evidence of its effectiveness, although some policies were beyond their date for review. Managers checked to make sure staff followed guidance.

- 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 in different clinical roles worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff worked with referrers and other care providers, such as the local hospital and GP surgeries to ensure patients were seen by the most appropriate service. There were effective communication systems and clear referral processes in place.

- 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 🟢 ➔ ⬅

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

- Staff provided emotional support to patients to minimise their distress.

- Staff involved patients and those close to them in decisions about their care and treatment

Community health services for adults

Is the service responsive?

Good 🟢 ➔ ⬅

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

- The core service planned and provided services in a way that met the needs of local people.

- The service had an established process for health care assistants to deliver insulin to diabetic patients. This was a unique process and enabled registered nurses to deliver more complex care.

- The service took account of patients' individual needs.

- Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good 🟢 ➔ ⬅

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

- The service delivered care based on the trust's vision for what it wanted to achieve. The vision was the focus of each service's work and was embedded within the business unit. There were 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.

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.

- The service engaged with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service generally used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. However, there was not an effective approach for regularly reviewing trust policies or for monitoring compliance with equipment testing requirements.

Community health services for adults

Outstanding practice

- The service had established a process for health care assistants to deliver insulin to diabetic patients. This enabled registered nurses to deliver more complex care. The innovation was unique and had been submitted as a nomination for the trust's annual leading light awards. It had been presented at a 'Leading Change and Adding Value' conference and the service had been informed that there were plans to publish their project nationally.

Areas for improvement

We found areas for improvement in this service.

The service must take action to:

- Ensure that all equipment in use is fit for purpose and is within the expiry date for testing in line with policy. The service must ensure there is an effective process for monitoring the regular testing of all clinical equipment in line with policy.

The service should take action to:

- Ensure that staff understand key policies for medicines management and the service audits staff compliance in line with policy.

- Ensure staffing shortages are addressed to prevent any impact on patient care.

- Develop a more consistent process to reviewing trust policies so that they are within their review due date.

- Review the checklist to reflect all the contents of the resuscitation trolley and ensure the check are undertaken daily.

- Promote the importance of undertaking all risk assessments in line with trust policy.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Our inspection team

Bernadette Hanney, Head of Hospital Inspection led this inspection and an executive reviewer, Jane Tomkinson, Chief Executive, Liverpool Heart and Chest Hospital, supported our inspection of well-led for the trust overall.

The team included an inspection manager, seven inspectors, and six specialist advisers.

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. .