

# Shropshire Community Health 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?

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.

# Summary of findings

## Background to the trust

Shropshire Community Health NHS Trust provides a range of community-based health services for adults and children in Shropshire, Telford and Wrekin, and some services to people in surrounding areas. These services range from district nursing and health visiting, to physiotherapy and specialist community clinics.

*(Source: Trust Website)*

### Facts and data about the trust

The trust has:

- 97 inpatient beds across four community hospitals.
- Three, day patient beds based at one community hospital.

The trust provides:

- 135 physical health outpatient clinics per week.
- 342 community physical health clinics per week.
- Health care provision to HMP Stoke Heath.

*(Source: Routine Provider Information Request (RPIR) P1 – Beds)*

### Patient numbers

The trust had 941,185 service user contacts from March 2017 to February 2018, and 1,085,624 service user contacts from March 2018 to February 2019.

*(Source: Trust information post inspection)*

There were 1,397 inpatient admissions, 72,024 outpatient attendances and 27,718 urgent/walk in attendances over the same time period.

*(Source: Hospital Episode Statistics)*

### Locations and teams at the trust

Information about the sites and teams, which offer community services at this trust, is shown below.

**Bishops Castle Community Hospital** Union street, Bishops Castle, SY9 5AJ

- Community hospital inpatient ward for rehabilitation and post-operative care
- End of life care
- Outpatient physiotherapy
- Podiatry for adults
- Children and speech and language therapy (SALT) service

**Bridgnorth Hospital** Northgate, Bridgnorth, WV16 4EU

- Community hospital inpatient ward for rehabilitation and post-operative care
- Day surgery

# Summary of findings

- End of life care
- Outpatients (physiotherapy, ENT, respiratory, pulmonary rehabilitation, community paediatrics, audiology, human papilloma virus (HPV), children's speech and language therapy, podiatry)
- Urgent care (minor injuries unit (MIU), diagnostic, assessment and access to rehabilitation and treatment (DAART), x-ray)

## **Ludlow Hospital** Gravel Hill, Ludlow, SY8 1QX

- Community hospital inpatient ward for rehabilitation and post-operative care
- End of life care
- Outpatients (respiratory, pulmonary rehabilitation, podiatry, children's podiatry, children's occupational therapy (OT), human papilloma virus (HPV), community paediatrics)
- Urgent care (MIU and x-ray for adults and children).

## **Oswestry Health Centre** Thomas Savin Road, Oswestry, SY11 1GA

- Urgent care (MIU and x-ray for adults and children).

## **Whitchurch Hospital** Claypit Street, Whitchurch, SY13 1NT

- Community hospital inpatient ward for rehabilitation and post-operative care
- End of life care
- Urgent care (MIU and x-ray for adults and children)
- Outpatient clinics including physiotherapy, cardiology, audiology, respiratory and gastroenterology

## **William Farr House** Mytton Oak Road, Shrewsbury, SY3 8XL

- Oswestry and Shrewsbury DAART
- End of life care
- Dental
- Outpatients (Admiral nursing, dermatology, ENT, gynaecology, podiatry, community paediatrics, respiratory adult diabetes, TeMS outpatients, care homes multi-disciplinary team, family nurse partnerships, 0-19 public health nursing service, community occupational therapy, community physiotherapy, community neuro rehabilitation team, continence advisory service, falls prevention service, infection prevention control, integrated community services (ICS), interdisciplinary teams, looked after children specialist nursing, adult safeguarding, children's speech and language therapy, child development, paediatric psychology, rapid response, Telford intermediate care team, specialist tissue viability service, wheelchair and posture service).

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● → ←

# Summary of findings

## What this trust does

The trust runs community health services for adults and children across Shropshire, Telford and Wrekin areas, and some services are provided to people in further surrounding areas. These services range from district nursing and health visiting, to physiotherapy and specialist community clinics

The community services provide clinical care to patients who are acutely, chronically or terminally ill in their own homes or from GP practices, health centres and inpatient units.

The services are multidisciplinary and include nursing staff and allied health professionals.

We inspected services at all bases listed above.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 09 January and 08 March 2019, we inspected five core services across Shropshire Community Health NHS Trust. These included community health services for children, young people and families, community health inpatient services, community end of life care, community dental services and urgent care services.

We carried out the well led review from 06 – 08 March 2019.

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 trust level. Our findings are in the section headed 'Is this organisation well led?'

## What we found

### Overall trust

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

- All six core services were rated as good overall

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 – [www.cqc.org.uk/R1D//reports](http://www.cqc.org.uk/R1D//reports).

### Are services safe?

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

All six core services were rated as good in this key question.

# Summary of findings

## Are services effective?

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

- All six core services were rated as good in this key question.

## Are services caring?

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

- All six core services were rated as good in this key question.

## Are services responsive?

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

- All six core services were rated as good in this key question.

## Are services well-led?

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

- All six core services were rated as good in this key question.

## Ratings tables

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

## Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We found 20 things that 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.

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

## Action we have taken

We issued a requirement notice to the trust. This related to a breach of legal requirements under community health services for children, young people and families.

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

## Areas for improvement

Action the trust **MUST** take to improve to bring it in line with legal requirements:

In community health services for children, young people and families:

- The trust **MUST** ensure safe and effective medicines management systems are in place at Severndale School.

Action the trust **SHOULD** take to improve. We told the trust 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.

### For the overall trust:

# Summary of findings

- Strengthen the records of appraisals for non-executive directors.
- Ensure formal training for named freedom to speak up guardians.
- Strengthen the links between the board assurance framework and corporate risk register.

## **In community health inpatient services:**

- The service should ensure all staff consistently complete mandatory training in a timely manner.
- The service should take action to further reduce the number of patients falls within inpatient services.
- The service should continue to work on the use of outcome measures in relation to therapy interventions, including agreeing timelines for actions.
- The service should continue to address the training needs of nursing staff in relation to mental capacity assessments and increase the confidence of staff to undertake these.
- The service should continue to review the needs of patients in relation to therapy services, including establishing clear rehabilitation and reablement pathways with appropriate levels of input.
- The service should continue to monitor out of hours medical assessments for patients and explore ways to ensure this is more timely.

## **In community end of life care services:**

- The service should maintain its momentum with the strategy to fulfil its aims and objectives.

## **In community health services for adults:**

- Consider reviewing the number of assessment packs available for the respiratory teams.
- Continue to develop and implement a sepsis policy and procedure document for staff to follow to ensure a consistent approach in sepsis management and escalation.
- Implement a standard approach for identifying patient deterioration for consistency across the service.
- Continue to develop the electronic patient record system; to ensure that all patient assessments for all specialities provided are on the system, to support the collection and reporting of patient outcome data, and to ensure all services are collecting this data to ensure the Accessible Information Standards 2016 is fully adhered to.
- Continue to develop succession planning particularly for band six nursing and therapy staff.
- Ensure that all staff understand the need to arrange for an independent interpreter when they are faced with language barriers.
- Consider further work on embedding the lone workers and the 'no answer' policies so all staff fully understand the procedures to take.

## **In urgent care services:**

- The service should ensure all staff consistently complete mandatory training in a timely manner.
- The service should ensure that patients' right to confidentiality and privacy are protected consistently protected.
- The service should continue to engage with commissioners and other providers to ensure local X-ray services are available to patients when they access urgent care services.

# Summary of findings

## Is this organisation well-led?

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

We rated well led at this trust as good. We rated it as good because:

- Trust leaders had the right skills and abilities to run an organisation providing high-quality sustainable care and services.
- The trust had a clear vision and strategy for what it wanted to achieve. These were supported by workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Leaders and managers across the trust promoted a positive people first culture, focused on ensuring staff were supported and valued. This created a sense of common purpose based on shared values and pride in the organisation and its services.
- The trust had embedded systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. This worked well at service and divisional level and board were well sighted, though formal records of scrutiny and oversight required strengthening.
- The trust collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. Collaboration with partner organisations was prioritised to be a driver of effective systems-based care.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Governance arrangements were embedded, though not consistently effective. It was not always clear how risks and critical information formally flowed through the system. The evidence to support very well-articulated narrative around scrutiny, oversight and assurance was inconsistent.

## Ratings tables

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

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

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

### Ratings for the whole trust

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

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Community health services for children and young people	Good →← Aug 2019					
Community health inpatient services	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019
Community end of life care	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑↑ Aug 2019	Good ↑ Aug 2019
Community dental services	Good →← Aug 2019					
Urgent care	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
<b>Overall*</b>	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

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

# Community end of life care

Good ● ↑

## Key facts and figures

The trust is not specifically commissioned to provide an end of life service. However, it provides palliative care as part of the overall specification for some services, including Inter Disciplinary Teams (IDT), Integrated Care services (ICS), Rapid Response and work in partnership with the out of hours services and the hospice at home team supported by a local hospice.

The trust provides end of life care at home or in hospital if that is the patient's choice.

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

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

We visited Ludlow Community Hospital, Bridgnorth Community Hospital, trust headquarters and held a focus group at a community hub. We spoke with 45 staff and six patients.

Within this report we will refer you to other core service reports for information relating to this service.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well-led as good.
- The trust now had an end of life strategy and staff documented and monitored patients' medical care through the use of care plans.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff were given time to reflect and review their practice and this was recorded in a workbook to demonstrate skills, knowledge and competencies supporting NMC revalidation.
- The service controlled infection risk well.
- Records we looked at showed that assessments of patients' needs were recorded to minimise their risks and maximise their comfort.
- The service now provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- A staff supervision strategy was now in place to support staff in delivering high quality, safe care.
- The service now 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.
- 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. Families and patients unanimously told us that the staff were all caring and thoughtful.

# Community end of life care

- Patients' individual needs were now appropriately planned and risk assessed.
- Concerns and complaints were taken seriously, investigated and lessons learned from the results, which were shared with all staff.
- A wealth of complimentary cards and letters, received from relatives, were displayed in the community wards.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care. Leaders were visible and approachable.
- Staff now felt engaged and valued. The leaders had become fully engaged with regards to promoting the strategy. The drive and commitment was evident to all staff involved with the process.
- Managers promoted a positive culture that supported and valued staff.
- The service had effective systems for identifying risks.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- The service should ensure progress is made in the implementation of electronic prescribing for prescriptions with the necessary security safeguards.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The clinical practice educator had provided support and training which had enabled staff to feel confident and informed to provide the highest quality of care. Staff now instigated the initial conversation with GP's and had difficult conversations with patients and their relatives.
- Staff were given time to reflect and review their practice and this was recorded in a workbook to demonstrate skills, knowledge and competencies supporting NMC revalidation.
- Staff described the trust's safeguarding policy which was available on the intranet. They understood their role and responsibilities in safeguarding vulnerable adults from abuse and the processes to follow when reporting a concern.
- An audit of adherence to the trusts policy relating to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in community hospitals was carried out in 2016. The action plan relating to the findings was completed by January 2017 prior to the new strategy (2016-2019) being introduced. The audit showed that: the patient and/or their family were involved in the decision making which was recorded clearly, together with the reasons for it and the names and designation of those involved in the discussion. DNACPR decisions were reviewed appropriately.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection such as appropriate handwashing and personal protective clothing.
- The service had suitable premises and equipment and looked after them well. Equipment was readily available to support timely discharge. Ward safety checks had been completed.

# Community end of life care

- Guidelines for the use of drugs in symptom control were in place along with anticipatory medication to aid the patients comfort. Standardised forms were used for anticipatory medication and syringe driver prescriptions.
- Staff were confident in describing the process that they would call 999 for critical emergencies. If patients required urgent but not critical treatment, staff accessed the GP during the day and 111 services out of hours.
- Records we looked at showed that assessments of patients' needs were recorded to minimise their risks and maximise their comfort. We saw that patients were regularly reviewed and risk assessments were effective.

## Is the service effective?

Good ● ↑

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

- The service now provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Out of hours support was available for staff by contacting ShropDoc, or the local hospice.
- The service now 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 had taken part in the national audit for care at the end of life (NACEL). Data collection closed in November 2018 and the report was due to be published in May 2019.
- The trust EOL care plan had been reviewed and revised; the care plan audit was due to commence in March 2019. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) were managed appropriately.
- Specialist training and support had empowered all levels of staff to be more proactive in processing the appropriate pathway ensuring the best care for their patients.
- A staff supervision strategy was now in place to support staff in delivering high quality, safe care.
- Staff and patients confirmed and patient records demonstrated that there was effective multidisciplinary team working between specialist nurses, community nurses, occupational therapists, physiotherapists and GPs. Consultant advice and review was arranged as necessary through referral to the acute trust.

## 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. The data collection system could not differentiate EOL data as no specific team exists to report Friends and Family Test.
- The community and inpatient teams displayed many thank you cards, letters of thanks and complimentary feedback relating to care received by the team. Staff were given time to visit bereaved relatives whom they had built a relationship with.

# Community end of life care

- Personalised bereavement cards were sent to the family and contact remained open should any questions arise. We heard many examples of compassionate care however one scenario was above and beyond when ward staff arranged for a couple to be looked after together, in a side room, to meet both their needs and keep them safe in the community hospital.
- Staff provided emotional support to patients to minimise their distress. Families and patients unanimously told us that the staff were all caring and thoughtful.
- All staff showed a great understanding of delivering compassionate and emotional support to the patient and their families. We observed staff to be friendly and approachable in the inpatient wards and community settings.
- Dying well champions were now identified in the community and inpatient areas. They were trained to support staff and guide patients and their relatives through difficult conversations.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Following the plan of the strategy a survey was sent out to the deceased person's next of kin to ask about their experience of end of life care provided to their family member / friend /relative in a community hospital.

## Is the service responsive?

Good ● → ←

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

- The service now planned and provided services in a way that met the needs of local people.
- Patients' individual needs were now appropriately planned and risk assessed. Staff were knowledgeable about their role and responsibilities in safeguarding vulnerable adults from abuse and they understood what processes to follow when reporting a concern.
- The Supportive and Palliative Care Indicators Tool (SPICT™) was used to help identify people whose health was deteriorating to assess them for unmet supportive and palliative care needs.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- Concerns and complaints were taken seriously, investigated and lessons learned from the results, which were shared with all staff. From October 2017 to September 2018 there were no complaints about community end of life care.

## Is the service well-led?

Good ● ↑ ↑

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

- Managers had the right skills and abilities to run a service providing high-quality sustainable care. Leaders were visible and approachable.
- Staff now felt engaged and valued. Multidisciplinary teams were supportive of each other's roles and recent discussions had included shadowing other colleagues to understand their pressures and responsibilities.

# Community end of life care

- The leaders had become fully engaged with regards to promoting the strategy. The drive and commitment was evident to all staff involved with the process.
- The service vision reflected what staff wanted to achieve and had workable plans to turn it into action which involved staff, patients, and key groups representing the local community.
- The People Strategy 2018-2021 has been developed to support the workforce change elements. An operational workforce plan will be annually reviewed to ensure it is aligned with the clinical vision.
- Managers promoted a positive culture that supported and valued staff.
- The staff and partners were involved in the refresh and development of the vision and values, which improved how, engaged the staff felt with the organisation. Staff told us that they were feeling more valued and that the culture had improved.
- Gold Standard Framework (GSF) meetings took place with GPs, where sharing of palliative care information took place weekly. Staff told us that they felt more empowered to instigate decision making conversations and team discussion had improved with confidence building within the teams.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were 12 risks identified on the EOL risk register, all had actions and progress recorded.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The 2017 staff survey showed that staff felt that they were engaged in change and felt that they make a difference. Staff felt valued and supported and 59% of staff felt there was recognition for good work.
- Volunteers took part in ward visits named 'observe and act' up to once a week which fed in to the strategy support group raising awareness. The feedback intelligence group (FIG) reviewed 'friends and family test' results and discussed data with the individual heads of service including complaints and compliments.
- Volunteers supported new volunteers and orientated them to the hospital site. The volunteers attended end of life focus groups and had links with voluntary services.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The community team were piloting a process with the acute trust called 'coming home to die'. With joint training some of the intensive care staff was enabled to escort a patient home whereby they would be received by the community staff. All those staff involved had attended verification of death training and attended planning meeting to ensure competencies were met.

## Areas for improvement

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

The service should maintain its momentum with the strategy to fulfil its aims and objectives.

# Community health inpatient services

Good  

## Key facts and figures

Information about the sites and teams, which offer services for inpatients at this trust, is shown below:

- Bishops Castle Community Hospital – 16 in-patient beds providing rehabilitation, post-operative care and end of life care
- Bridgnorth Community Hospital – 25 in-patient beds providing rehabilitation, post-operative care and end of life care
- Ludlow Community Hospital – 24 in-patient beds providing rehabilitation, post-operative care and end of life care
- Whitchurch Community Hospital – 32 in-patient beds providing rehabilitation, post-operative care and end of life care and four escalation beds.
- Day surgery at Bridgnorth Hospital – three beds available for non-general anaesthetic surgery for both the trust and external providers

*(Source: Universal Routine Provider Information Request (RPIR) – Sites tab)*

The trust provided the following information about their community inpatient services:

Shropshire Community Health NHS Trust runs four community hospitals - in Bishop's Castle, Bridgnorth, Ludlow and Whitchurch. The hospitals provide care for patients who do not need to be admitted to an acute hospital; have been transferred from an acute hospital for rehabilitation or recovery following an operation; or who need palliative care.

Local GPs may admit patients into inpatient and outpatient services. Patients can also be transferred from acute hospitals for rehabilitation before returning to their normal place of residence.

Shropshire Community Health NHS Trust provides day surgery services at Bridgnorth Hospital. The day surgery unit sees patients for a minor operation that can be conducted under a local anaesthetic. Patients are referred to the service by their GP or consultant.

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

## Percentage of patients that are children

From October 2017 to September 2018, no patients attending community inpatient services were identified as being a child aged 17 years or under.

*(Source: Routine Provider Information Request (RPIR) Universal P9 – Children)*

Care at the community hospitals is delivered by nursing, healthcare, GP's and therapy staff. The trust uses the community beds to support improved flow across the local health economy through collaborative working with a nearby acute trust and local GP practices. The ward areas are nurse led and staffed with multidisciplinary teams (MDT) supporting holistic patient care. Medical cover is provided by local GPs at Ludlow, Bridgnorth and Bishops Castle community hospitals. At Whitchurch medical cover is provided by locum doctors. Medical cover overnight, at weekends and on bank holidays is provided by the local out-of-hours service.

# Community health inpatient services

Each community hospital provides person centred care with the aim of supporting patients to regain functional ability in order to return to their usual place of residence. The hospital teams work with social workers and community nursing and rehabilitation teams to support early discharge where appropriate, or to facilitate transitions into on-going care/nursing homes.

The last CQC inspection of the community inpatient service was in March 2016 when the service was rated as requires improvement overall. We carried out an announced inspection from 4 February to 6 February 2019. We visited all four hospital sites during this inspection. During our inspection we spoke with 69 staff including nurses, doctors, the medical director, therapy leads, ward managers, pharmacists and pharmacy technicians, locality leads, rehabilitation coordinators, physiotherapy and occupational therapy staff, healthcare assistants, housekeeping staff and the deputy director of nursing and quality. We spoke with 19 patients and two relatives and viewed 17 sets of patient records. We attended nursing handovers, huddle meetings, ward rounds and multidisciplinary (MDT) team meetings. We observed mealtimes and patient activities. We also reviewed data provided by the trust.

## Summary of this service

Our rating of this service improved. 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.
- Staffing levels and skill mix were planned and reviewed so that people receive safe care and treatment.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises to meet patient's needs. The environment was secure. Equipment had been regularly tested for safety in accordance with policy.
- Staff kept appropriate records of patients' care and treatment. Records were mostly clear, up-to-date and available to all staff providing care. Records were audited in order to identify areas for improvement.
- The service stored, prescribed, administered and recorded medicines appropriately. Patients received the right medication at the right dose at the right time.
- Risks to people who used services were assessed, and their safety was generally monitored and maintained.
- The service used safety monitoring results appropriately. Managers collected safety information and shared it with staff, patients and visitors.
- The service generally managed patient safety incidents appropriately. Staff recognised incidents and reported them. Managers investigated incidents and lessons learned were shared with the team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service demonstrated that it provided care and treatment based on national guidance and evidence of its effectiveness. Managers had policies and processes in place to ensure that staff followed guidance and best practice.
- 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.
- Staff assessed and managed patients' pain and pain assessment tool were in the process of being introduced for people who experience difficulty communicating.

# Community health inpatient services

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They worked with other services to improve outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them in order to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses, therapists and other healthcare professionals supported each other to provide care.
- The service reviewed patient needs to improve their health. Recognised national screening mechanisms were seen to be used as part of the inpatient admission process.
- 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 with kindness and care.
- Staff provided emotional support to patients and carers to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. The service took action to address issues of patients not feeling involved in their care and treatment, including addressing issues with ward and medical staff.
- The trust generally planned and provided services in a way that met the needs of local people. There was coordination between the community hospitals, acute services and community services to plan and delivery services which meet people's needs. The service was reviewing therapy input within the inpatient service to ensure it met people's needs.
- The service took account of patients' individual needs. Services were planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia.
- There was a general decrease in the percentage of patients who experienced discharges that were delayed.
- Lessons learned from the results of complaint investigations were shared with staff.
- The service had leaders at all levels who were visible and approachable with the skills and abilities to run the service. Staff spoke positively about the senior management team and ward managers and they felt supported by them.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. Objectives had been developed which were aligned with the trust objectives.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Most staff reported they felt respected and valued.
- The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care by creating an environment of excellence in clinical care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients and staff to plan and manage appropriate services.

# Community health inpatient services

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

However:

- The service provided mandatory training in key skills to all staff but did not make sure that everyone completed it. Mandatory training compliance rates were below the trust target, including for safeguarding.
- We found that some improvements could be made to falls prevention as assistive technology was not readily available for use as a method of mitigating the risk of falling.
- There were limited outcome measures in use for therapy interventions and this was recognised by the service as an area for improvement.
- Mental capacity assessments were not undertaken by all nursing staff although managers were in the process of addressing this with additional staff training.
- Patients could not always access aspects of the service when they needed it; patients admitted at evenings and weekends did not have timely access to routine medical assessment. Therapy services were not readily available over the weekends and staffing issues had resulted in a reduction against planned physiotherapy cover.

## Is the service safe?

Good  

Our rating of safe improved. 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.
- Staffing levels and skill mix were planned and reviewed so that people receive safe care and treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises to meet patient's needs. The environment was secure. Equipment had been regularly tested for safety in accordance with policy.
- Staff kept appropriate records of patients' care and treatment. Records were mostly clear, up-to-date and available to all staff providing care. Records were audited in order to identify areas for improvement.
- The service stored, prescribed, administered and recorded medicines appropriately. Patients received the right medication at the right dose at the right time.
- Risks to people who used services were assessed, and their safety was generally monitored and maintained.
- The service used safety monitoring results appropriately. Managers collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service managed patient safety incidents appropriately. Staff recognised incidents and reported them. Managers investigated incidents and lessons learned were shared with the team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service provided mandatory training in key skills to all staff but did not make sure that everyone completed it. Mandatory training compliance rates were below the trust target.

# Community health inpatient services

- We found that some improvements could be made to falls prevention as assistive technology was not readily available for use as a method of mitigating the risk of falling.
- Therapy notes were not always clearly recorded and some templates had been photocopied so were not always easy to read.

## Is the service effective?

Good   

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

- The service demonstrated that it provided care and treatment based on national guidance and evidence of its effectiveness. Managers had policies and processes in place to ensure that staff followed guidance and best practice.
- 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.
- Staff assessed and managed patients' pain and pain assessment tool were in the process of being introduced for people who experience difficulty communicating.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They worked with other services to improve outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them in order to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses, therapists and other healthcare professionals supported each other to provide care.
- The service reviewed patient needs to improve their health. Recognised national screening mechanisms were seen to be used as part of the inpatient admission process.
- 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:

- There were limited outcome measures in use for therapy interventions and this was recognised by the service as an area for improvement.
- Mental capacity assessments were not undertaken by all nursing staff although managers were in the process of addressing this with additional staff training.

## Is the service caring?

Good   

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

# Community health inpatient services

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them with kindness and care.
- Staff provided emotional support to patients and carers to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. The service took action to address issues of patients not feeling involved in their care and treatment, including addressing issues with ward and medical staff.

## Is the service responsive?

Good  

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

- The trust planned and provided services in a way that met the needs of local people. There was coordination between the community hospitals, acute services and community services to plan and deliver services which meet people's needs. The service was reviewing therapy input within the inpatient service to ensure it met people's needs.
- The service took account of patients' individual needs. Services were planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia.
- There was a general decrease in the percentage of patients who experienced discharges that were delayed.
- The service managed complaints in line with trust policy.

However:

- Patients could not always access aspects of the service when they needed it; patients admitted at evenings and weekends did not have timely access to routine medical assessment. Therapy services were not readily available over the weekends and staffing issues had resulted in a reduction against planned physiotherapy cover.

## Is the service well-led?

Good   

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

- The service had leaders at all levels who were visible and approachable with the skills and abilities to run the service. Staff spoke positively about the senior management team and ward managers and they felt supported by them.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. Objectives had been developed which were aligned with the trust objectives.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Most staff reported they felt respected and valued.
- The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care by creating an environment of excellence in clinical care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Community health inpatient services

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Areas for improvement

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

The trust SHOULD:

- The service should ensure all staff consistently complete mandatory training in a timely manner.
- The service should take action to further reduce the number of patient falls within inpatient services.
- The service should continue to work on the use of outcome measures in relation to therapy interventions, including agreeing timelines for actions.
- The service should continue to address the training needs of nursing staff in relation to mental capacity assessments and increase the confidence of staff to undertake these.
- The service should continue to review the needs of patients in relation to therapy services, including establishing clear rehabilitation and reablement pathways with appropriate levels of input.
- The service should continue to monitor out of hours medical assessments for patients and explore ways to ensure this is more timely.

# Community health services for adults

Good  

## Key facts and figures

Shropshire Community Health NHS Trust provides a range of community based adult health services to approximately 306,100 people covering the county of Shropshire, approximately 1,346 square miles.

The community adult service has approximately 52 teams based at 21 locations. The trust has recently moved to locality based working and management throughout Shropshire, which has resulted in six neighbourhoods; central, north east, north west, south east, south west and Telford.

The adult service includes admiral nursing, diabetes, neurological rehabilitation, continence specialist nursing service, dermatology, outpatients (medical and therapies), ears, nose and throat (ENT), falls, gynaecology, respiratory, podiatry, Telford musculoskeletal service (TeMS), tissue viability nurses, care home teams, intermediate care team, Telford Wound Healing Service, Rapid Response, Telford Enablement Team, Telford Moving and Handling service, Community Nursing North and South Telford, specialist continence service, community equipment stores, Shropshire Wheelchair and Posture Service, Interdisciplinary care teams (IDT) and Integrated care services (ICS). There were eight IDTs and six ICS teams.

The trust provided the following information about their community services for adults:

Inter disciplinary teams include community nurses, occupational therapists and physiotherapists who work together to deliver community health services to patients in their own homes. The teams deliver urgent and planned care to patients helping to prevent avoidable admissions to a main hospital and to promote a healthy lifestyle as well as to maximise independence at home. Community matrons offer intensive case management for patients with many long-term health conditions or patients who are regularly admitted to hospital.

Matrons work with patients and their family/carers to manage long-term health conditions and plan for any changes of their conditions with the aim of keeping the patient out of hospital where appropriate.

The care provided by the Shropshire Community Health NHS Trust's interdisciplinary teams is for adults (over 18-year olds) living in Shropshire, Telford and Wrekin, who are unable to travel to access specific health care services from their GP or other NHS health care providers. Patients that need nursing care at home can be referred into the service by a GP or other relevant health care professional.

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

We inspected community health services for adults at Shropshire Community NHS Trust between 9 and 11 January 2019. The inspection was announced short-notice (staff knew we were coming) to ensure that everyone we needed to speak to was available. Our inspection team consisted of two CQC inspectors, one physiotherapist specialist advisor, one community matron specialist advisor and one nurse specialist advisor.

We spoke with 88 members of staff that consisted of 40 registered nurses (18 band 5, 13 band 6, nine band 7), eight physiotherapists (six band 6, two band 7), six locality managers, five occupational therapists (four band 6, one band 5), five team leaders (diabetes, continence, community neuro rehab, acute allied health professional lead, respiratory) four rehabilitation technicians (band 3), three rehabilitation coordinators (band 7), three assistant practitioners (band 4), two health care assistants (band 3), two community matrons, a tissue viability specialist nurse, a consultant nurse, head of nursing and quality for adults, a consultant, a wheelchair service manager, a psychological counsellor, an engineer, a store technician, a receptionist and a trainee assistant practitioner.

# Community health services for adults

We spoke with seven patients and their relatives, observed 10 contacts with patients (seven home visits, three clinic appointments) and reviewed 17 patient records.

During our inspection we visited the community adult services based at the following locations:

- Bridgnorth Hospital, Northgate, Bridgnorth
- Halesfield 6, Telford
- Ludlow Hospital, Gravel Hill, Ludlow
- Market Drayton Primary Care Centre, Maer Lane, Market Drayton
- Oswestry Health Centre, Thomas Savin Road, Oswestry
- Shropshire rehabilitation centre, Lancaster Road, Shrewsbury
- Strichley Medical Practice, Sandino Road, Telford
- Whitchurch Hospital, Claypit Street, Whitchurch
- William Farr House, Mytton Oak Road, Shrewsbury
- The Gateway, Craven Arms

We covered a sample of services provided by the following teams:

- Admiral nursing
- Community neurological rehabilitation team
- Diabetes
- Musculoskeletal physiotherapy
- North East integrated care services
- North East interdisciplinary team
- North West integrated care services
- North West interdisciplinary team
- Podiatry
- Rapid response team
- Respiratory (Telford) nursing and therapy
- Rheumatology outpatient's clinic
- South Telford community nursing team
- South East interdisciplinary team
- South West interdisciplinary team
- Shrewsbury North and South integrated care services
- Shrewsbury North and South interdisciplinary teams
- Telford and Wrekin care homes multidisciplinary team

# Community health services for adults

- Shropshire Wheelchair and Posture service

We reviewed a range of information provided by the trust and spoke with external organisations to share information before we visited.

The community adults service was last inspected in March 2016, where they were rated requires improvement overall; with safe and well-led rated as requires improvement and effective, caring and responsive rated as good.

The previous inspection found breaches to regulation 12, safe care and treatment, regulation 17, good governance and regulation 18, staffing. The service was given four 'must' actions and five 'should' actions for areas of improvement.

We found that the service had improved since the last inspection and the 'must' actions had been fulfilled. Three of the five 'should' actions had been addressed but there were still some improvements needed for clinical leadership of physiotherapy staff in areas and for collecting, collating and analysing patient outcomes so that improvements in patients' outcomes can be measured.

## Summary of this service

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

- Staff protected patients from avoidable harm and abuse. They ensured that legal requirements were met.
- There was a good multidisciplinary and multi-agency approach to coordinated care and treatment for patients.
- Staff provided effective care and treatment to patients that met their needs and resulted in good patient outcomes.
- Staff treated patients and those close to them with dignity and respect. They supported patients and their loved ones, and involved them as partners in their care.
- Services were delivered and organised in a way that met the needs of the local population.
- The leadership, governance and culture promoted the delivery of high-quality, patient-centred care.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Managers monitored mandatory training and alerted staff when they needed to update it. Most nursing staff received and were up to date with their mandatory training.
- Staff had seen improvement in mandatory training since the previous inspection. Mandatory training was comprehensive, effective, met the needs of patients and enabled staff to carry out their roles.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There were clear processes and procedures to keep patients and staff safe and safeguarded from abuse. These reflected national guidance and legislation.

# Community health services for adults

- Staff knew how to identify safeguarding concerns and followed local safeguarding procedures when necessary. There were comprehensive investigations when safeguarding opportunities were missed resulting in Safeguarding Adult Reviews (SAR).
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection. Staff adhered to national guidelines and local trust infection control policies to treat patients in a safe manner.
- The service had suitable premises and equipment and looked after them well. Equipment was appropriate and fit for purpose. Staff stored and maintained equipment appropriately and in line with trust policy and legislation. They had the right training and information to ensure specialist equipment was handled in a safe and appropriate way.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. These were in line with national guidance. Staff identified and responded appropriately to patients with deteriorating health and took an appropriate course of action when they suspected sepsis.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. They 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 could access information from other organisations and shared ongoing care needs appropriately, in a timely way and in line with relevant protocols.
- The service followed best practice when giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service used safety monitoring results well. Staff collected safety information and shared it with all staff. Managers used this to improve the service.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Staff in some areas did not have appropriate equipment to carry out their roles effectively. There were limited numbers of assessment packs for respiratory assessments that provided a limited number of patient outcome measures.
- Sepsis policies and procedures were in their infancy at the trust and there were inconsistencies around the use of a tool for identifying and assessing deteriorating patients.
- There was potential for delay in access to all information about a patient. The new electronic patient record system was still in development and did not include assessment forms for all specialties provided within the service. These were done on paper and uploaded on to the system retrospectively.

## 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.

# Community health services for adults

- Staff assessed patients' physical health, mental health and social needs holistically. They delivered care, treatment and support in line with legislation, professional standards and evidence-based practice.
- Staff developed clear care plans that were up to date and in line with relevant good-practice guidelines. These included clear outcome goals that were personalised to individuals.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of 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.
- Patients had their assessed needs, preferences and choices met by the right staff with the right skills and knowledge. Development opportunities for staff had improved since the last inspection.
- Services had clear criteria for referral and there was a multiagency approach to ensure patients got the right care swiftly.
- There were clear mechanisms for sharing appropriate information with patients' GPs and other relevant providers to ensure that they fully understood what was happening with patients' ongoing care.
- Coordination of rehabilitation had improved since the last inspection. Patients experienced coordinated care with clear and accurate information exchange between relevant health and social care professionals.
- Staff identified patients and carers that needed extra support and involved them in regularly monitoring their health, including health assessments and checks, where appropriate and necessary.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Some staff felt there was no succession planning in their roles. The trust was aware of this and had plans in place to improve succession planning.
- Not all services were collecting and reporting on patient outcome data. The trust was developing the new electronic system to support collection and reporting of patient outcomes.

## 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 took the time to interact with patients and those close to them in a respectful and considerate manner. They had a positive effect on the patients and their loved ones and this was clear from the positive feedback they received.

# Community health services for adults

- Staff provided emotional support to patients to minimise their distress. They understood the impact that a patients' care, treatment and condition had on their wellbeing and on those close to them, both emotionally and socially. There were arrangements to refer patients and their carers to further information and support.
- Staff involved patients and those close to them in decisions about their care and treatment. They communicated with patients and those close to them in a way that was understood.
- Staff encouraged and empowered people to use and link with support networks.

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people. Staff provided services that ensured flexibility, choice and continuity of care. They identified when patients' needs and choices were not being met and used information to improve and develop services.
- People could access the service when they needed it. Patients mostly had timely access to initial assessment and treatment at a time to suit them. Staff used technology to support timely access to care and treatment.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. Patients were seen at the right time, by the right staff and patients with the most urgent needs had their care and treatment prioritised.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Patients knew how to raise concerns and felt comfortable in doing so. Staff used complaints and concerns as an opportunity to learn and drive improvement.
- Staff made reasonable adjustments to ensure patients with a disability or language barrier could access and use the service on an equal basis to others.
- The service had implemented systems and monitored them to ensure they were compliant with the Accessible Information Standard (AIS) 2016.

However:

- We did not have assurance that patients with a different language would always have their needs met sufficiently.
- There was some improvement needed to ensure full compliance with the Accessible Information Standard. The trust was aware of this and had plans in place to address shortfalls.

## Is the service well-led?

Good  

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

- Leaders at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. They understood the challenges to quality and sustainability.

# Community health services for adults

- Clear organisational leadership structures allowed clear communication paths to the board and to the frontline staff. Leaders at all levels were visible and approachable.
- The trust enriched their staff with the skills, knowledge and experience they required to ensure sustainable, compassionate, inclusive and effective leadership.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- There was a clear vision and set of values, with quality and sustainability as the top priorities. There were robust and realistic strategies for achieving priorities and delivering good quality sustainable care.
- The vision, values and strategy were developed using a structured planning process and in collaboration with staff, patients and external partners. Progress against delivery of the strategy was monitored and reviewed. The trust had developed and implemented a podiatry and physiotherapy strategy since the last inspection.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture encouraged openness and honesty at all levels within the organisation and there was a strong emphasis on the safety and well-being of staff. Equality and diversity were promoted within and beyond the organisation.
- The trust had come a long way in improving the culture since the last inspection. At this inspection, staff felt supported, respected and valued. The culture was consistently centred around the needs and experience of patients and those close to them.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. They had a systemic approach to continually improving the quality of its service.
- All levels of governance and management within the community adults service functioned effectively and interacted with each other appropriately.
- Staff at all levels within the service were clear about their roles and understood what they were accountable for and to whom.
- There were comprehensive assurance systems that allowed performance issues and risks to be escalated appropriately through clear structures and processes. These were regularly reviewed and improved.
- The trust engaged well with staff, local organisations, patients and the public to plan and manage appropriate services. They collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Leaders encouraged staff to strive for continuous learning, improvement and innovation. Staff worked well with other organisations to develop and implement innovative practices.
- Staff regularly took the time to work together in resolving problems and to review individual and team objectives.

However:

- A minority of staff felt that local leadership could be improved in some specialist areas.
- Not all risk management plans were fully embedded and some were not managed appropriately. Some aspects of the lone working policy and procedures were not widely known by staff. There was a 'No answer' policy in place at the trust. However, not all staff were aware of this. This meant staff were not always aware of the formal procedures in place to respond to any patients who did not answer their door.

# Community health services for adults

## Areas for improvement

We found areas of improvement for this service. Please see the Areas for Improvement section above.

The community adults service should:

- Consider reviewing the number of assessment packs available for the respiratory teams.
- Continue to develop and implement a sepsis policy and procedure document for staff to follow to ensure a consistent approach in sepsis management and escalation.
- Implement a standard approach for identifying patient deterioration for consistency across the service.
- Continue to develop the electronic patient record system; to ensure that all patient assessments for all specialities provided are on the system, to support the collection and reporting of patient outcome data, and to ensure all services are collecting this data and to ensure the Accessible Information Standards 2016 is fully adhered to.
- Continue to develop succession planning particularly for band six nursing and therapy staff.
- Ensure that all staff understand the need to arrange for an independent interpreter when they are faced with language barriers.
- Consider further work on embedding the lone workers policy so all staff fully understand the procedures to take.
- Consider implementing a “No answer” policy and guidance for staff to follow.

# Community health services for children and young people

Good   

## Key facts and figures

Shropshire Community Health NHS trust provides a range of services for children and young people between the ages of 0 and 19 years, across Shropshire, Telford and Wrekin. This includes community children's nursing, school nursing, health visiting, therapy, psychology services and the Family Nurse Partnership. School nursing is also provided to the adjacent locality of Dudley. There are two child development centres, which provide assessment of children with additional needs who were under five years old.

We inspected community health services for children, young people and families. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

At this inspection, we re-inspected all key questions and the service overall.

During the inspection, the inspection team:

- Spoke with four relatives of children using the services.
- Reviewed 16 patient records and nine prescription charts.
- Spoke with 61 members of staff of all grades including senior managers.
- Reviewed trust policy documents and strategy plans.

We last inspected the service in March 2016 as part of its comprehensive inspection programme and rated the community health services for children, young people and families as good overall.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well-led as good.
- The service had enough staff with the right skills and training with managers who supported and monitored their performance.
- There was a positive working culture where learning from incidents was encouraged.
- There were effective safeguarding procedures in place and multidisciplinary teams worked together to protect vulnerable children.
- Staff provided individualised, child-centred care. Children, young people and their carers were treated with compassion, dignity and respect. Staff provided appropriate information and support to enable them to make decisions about the care they received.
- National programmes of care were followed and evidence-based practice was delivered across all children services.
- There were clear governance structures to monitor the quality of care delivered.

# Community health services for children and young people

## Is the service safe?

Good ● → ←

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

- Although some elements require improvement, the overall standard of service provided outweighed those concerns. We deviated from our usual aggregation of key question ratings to rate this service in a way that properly reflect our findings and avoid unfairness.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service did not always follow best practice when prescribing, giving, recording and storing medicines.
- Medicines management required improvement at Severndale school. There were inadequate methods of monitoring stocks of medicine and inconsistencies on prescription charts.

## 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.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

# Community health services for children and young people

## 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 parents 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 service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good  → ←

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and 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 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.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

# Community health services for children and young people

## Areas for improvement

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

The trust **MUST** ensure that medicines are managed properly and safely within schools. (Regulation 12 (2) (g))

# Urgent care

Good  

## Key facts and figures

A list of the departments that make up community urgent care services at the trust is below. We visited all the departments and sites listed below as part of this announced inspection.

- Bridgnorth Diagnostics, Assessment and Access to Rehabilitation and Treatment (DAART)
- Oswestry DAART
- Shrewsbury DAART
- Bridgnorth Minor Injury Unit (MIU)
- Ludlow MIU
- Oswestry MIU
- Whitchurch MIU
- Bridgnorth X-Ray
- Ludlow X-Ray
- Oswestry X-Ray
- Whitchurch X-Ray

From January to December 2018 there were 26,880 attendances at the trust's community urgent care services. Attendances can be broken down per unit.

MIU Bridgnorth 7759

MIU Ludlow 4651

MIU Oswestry 11248

MIU Whitchurch 3222

Grand Total 26880

*(Source: Trust information post inspection)*

The trust provided the following information about their community urgent care:

The minor injury units (MIUs) are staffed by experienced nurses and patients that attend one of the units were assessed and treated as quickly as possible. MIUs are located at Bridgnorth Hospital, Whitchurch Hospital, Ludlow Hospital and Oswestry Health Centre. If they require further or specialist treatment, patients were referred to a GP or the nearest accident and emergency department (A&E), or to another appropriate service for example falls clinics, fracture clinics or acute referrals for ophthalmology.

The minor injuries units offered treatment to anyone with a minor injury. There was no age limit or geographical boundary. This was a walk-in service and patients did not need to be referred or to make an appointment. Referrals could come however from a GP or other healthcare professionals, and some patients were brought into the units by the ambulance service. However, the minor injuries units were not open 24 hours.

# Urgent care

Staff at the minor injuries units treated:

- Bites, human and animal
- Cuts and lacerations
- Foreign bodies in the eyes nose and ears
- Fractures that require plaster only
- Minor burns and scalds
- Minor head injuries (with no loss of consciousness)
- Soft tissue injuries, for example sprains and bruises
- Wound infections

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

Diagnostics, Assessment and Access to Rehabilitation and Treatment (DAART) offered adult patients an assessment and diagnostic service including assessment by a GP with special interest in older people. The assessment was completed by a multidisciplinary team (a team made up of different healthcare professionals).

DAART provided access to multidisciplinary assessment, diagnostic tests and clinical treatments with the aim of keeping a poorly patient out of hospital where appropriate, allowing care to be given closer to their home or in a community setting.

The Shropshire-wide DAART teams offered the following services:

- Blood transfusions
- Intravenous (IV) drug administration
- Management of deep vein thrombosis
- Multidisciplinary and medical assessment

X-rays could be performed on patients referred by their GP or consultant, by appointment only, or through attending the Minor Injuries Unit.

*(Source: Provider's website)*

We inspected urgent care services at Shropshire Community Health NHS Trust between 4 and 6 February 2019. The inspection was announced at short-notice (staff knew we were coming) in line with our methodology and to ensure that everyone we needed to speak to was available. Our inspection team consisted of two CQC inspectors, one inspection manager and a nurse specialist advisor.

We spoke with 20 patients and five relatives about their care experiences. We also spoke with 45 members of staff about the delivery of patient care and the management of urgent care services. These 45 staff members consisted of; 12 emergency nurse practitioners, six receptionists, five nurses, five locality managers, four radiographers, four nurse team leaders, three radiography/imaging assistants, three health care assistants, two doctors and the clinical lead.

We also observed six patient initial assessments with patient consent and reviewed 21 sets of patient records to check they were accurate and up to date. We also observed part of a team meeting at one of the urgent care locations.

# Urgent care

The Care Quality Commission last inspected the service in March 2016 and rated urgent care services as requires improvement overall with safe, effective and well led rated as requires improvement and caring and responsive rated as good.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The MIU and DAART environments posed some challenges to staff. The trust was aware of these challenges and plans to address these challenges were in progress. Suitable equipment was in place and was appropriately maintained.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- An effective early warning system was in place to identify deteriorating patients and appropriate action was taken in response to this.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Where appropriate, the staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of 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. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients were supported to live healthier lives and manage their own care and wellbeing needs where appropriate.

# Urgent care

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They understood how and when to assess whether a patient had the capacity to make decisions about their care and followed the trust policy and procedures when a patient could not give consent.
- 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 trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. This included the needs of people with a mental health need or learning disability.
- People could access urgent care services during their opening hours. Waiting times from initial presentation/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, and shared these with all staff.
- Managers at all levels in the trust had 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 improve 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, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service provided mandatory training in key skills to all staff. However, the trust's training compliance targets were not always met.
- The service did not always have enough permanent staff available to provide care and support. However, bank and agency staff were used to mitigate the risk of harm and to ensure patients received the right care and treatment at the right time.
- The service should ensure that patients' right to confidentiality and privacy are protected consistently protected.

# Urgent care

- The service should continue to engage with commissioners and other providers to ensure local X-ray services are available to patients when they access urgent care services.

## Is the service safe?

Good  

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The MIU and DAART environments posed some challenges to staff. The trust was aware of these challenges and plans to address these challenges were in progress. Suitable equipment was in place and was appropriately maintained.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- An effective early warning system was in place to identify deteriorating patients and appropriate action was taken in response to this.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service provided mandatory training in key skills to all staff. However, the trust's training compliance targets were not always met.
- The service did not always have enough permanent staff available to provide care and support. However, bank and agency staff were used to mitigate the risk of harm and to ensure patients received the right care and treatment at the right time.

## Is the service effective?

Good  

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

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

# Urgent care

- Where appropriate, the staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of 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. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients were supported to live healthier lives and manage their own care and wellbeing needs where appropriate.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They understood how and when to assess whether a patient had the capacity to make decisions about their care and followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

Good ● → ←

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

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

However:

- The service should ensure that patients' right to confidentiality and privacy are protected consistently protected.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. This included the needs of people with a mental health need or learning disability.
- People could access urgent care services during their opening hours. Waiting times from initial presentation/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, and shared these with all staff.

However:

# Urgent care

- The service should continue to engage with commissioners and other providers to ensure local X-ray services are available to patients when they access urgent care services.

## Is the service well-led?

Good  

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high quality sustainable care.
- The service had a vision for what it wanted to achieve and 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 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.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations 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.

## Areas for improvement

- The service should ensure all staff consistently complete mandatory training in a timely manner.
- The service should ensure that patients' right to confidentiality and privacy are protected consistently protected.
- The service should continue to engage with commissioners and other providers to ensure local X-ray services are available to patients when they access urgent care services.

# Community dental services

Good   

## Key facts and figures

The Shropshire Community Health NHS Trust Dental Service directly provides a range of NHS dental services. These services have been set up with an aim to improve access to NHS dentistry for patients unable to find an NHS dentist in Shropshire and surrounding areas.

The trust provides specialist services, such as children's and special care dentistry; home visits for patients in the community; and treatment under general anaesthetic or sedation. Urgent dental services provide out of hours urgent/emergency dental treatment to residents and visitors to the county.

Urgent dental services at Shrewsbury and Oswestry are available Monday - Friday from 09.00 - 12.30 and 13.15 - 17.00, for patients who require urgent dental treatment; for example, they have severe toothache or have broken a tooth. Shropshire out of Hours urgent/emergency dental service advice via NHS 111 is available Monday - Friday after 17.00 and Saturday - Sunday and bank holidays (24 hours). The urgent/emergency dental service via NHS 111 is available Saturday - Sunday and bank holidays 09.00 - 12.00.

Children's and special care dentistry is a referral service for adults and children with special needs (for example, older people with mobility issues, people with learning disabilities, and individuals who are severely anxious or phobic). This service is available in Shrewsbury, Oswestry, Telford and Bridgnorth. The trust also offers outpatient dental treatment under general anaesthesia for children and adults at the Royal Shrewsbury Hospital, Princess Royal Hospital and Robert Jones & Agnes Hunt Orthopaedic Hospital and treatment under inhalation sedation and intravenous sedation at the special care dental centres.

The domiciliary dental service is for patients unable to attend the dental surgery due to medical and/or mobility difficulties. The service will provide an examination and minimal treatment to patients where they are located, for example in their own homes, residential and nursing homes.

We received feedback from 19 patients and spoke with 17 members of staff. We looked at dental care records for 12 people.

Our inspection between 29 and 31 February 2019 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

## Summary of this service

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

- Staff were qualified and competent to carry out their roles. They completed mandatory training to support them. There were effective systems in place to safeguard patients from abuse or neglect. Premises and equipment were clean and hygienic and used dental instruments were sterilised according to nationally recognised guidance. As a result of two never events a process had been put in place to reduce the likelihood of these occurring again.
- Staff provided treatment, advice and care in line with nationally recognised guidance. The service used skill mix effectively through the use of dental therapists and dental nurses with extended duties. Staff worked together as a team and with other healthcare professionals in the best interests of patients. Staff had a good awareness of their responsibilities under the Mental Capacity Act 2005.

# Community dental services

- Staff cared for patients with compassion and kindness. Patient feedback was positive. They told us staff were kind, polite, pleasant and respectful. We observed positive interaction between staff and patients.
- The service took into account patients' individual needs. Reasonable adjustments had been made to all clinics which we visited to help wheelchair users or those with limited mobility to access dental treatment. The service had hoisting facilities and a wheelchair tipper. The service provided care and oral hygiene advice to patients at the local orthopaedic hospital. The service dealt with complaints promptly, positively and efficiently.
- There was a clearly defined management structure. Managers had the right skills to support high quality sustainable care. Systems and processes were in place to help manage the risks associated the carrying on of the regulated activities. Staff engaged with patients, external stakeholders and other healthcare professionals to continually improve the service.

However:

- Not all actions identified in the fire risk assessment at Dawley dental centre had been actioned.
- A blind ended pipe which had been identified in the Legionella risk assessment at Shrewsbury dental centre had not been removed.
- Glucagon was not stored in a temperature monitored fridge and the expiry dates had not all been adjusted accordingly.
- The dentists did not obtain signed consent for urgent courses of treatment.

## Is the service safe?

Good   

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They 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.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff 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.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

# Community dental services

- A fire risk assessment at Dawley dental centre had identified the need to carry out fire drills and ensure the side fire exit is left open whilst the building is occupied. These had not been actioned.
- Glucagon was not stored in a temperature monitored fridge and the expiry dates had not all been adjusted accordingly.
- A Legionella risk assessment had been carried out at Shrewsbury dental centre. This had identified the presence of some blind ended pipes. One of these had not been removed.
- Staffing levels were low. However, there was some resilience within the dedicated workforce to compensate for this.

## 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. These included the National Institute for Health and Care Excellence, the Royal College of Surgeons and the Department of Health's 'Delivering Better Oral Health' toolkit 2013.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They used quality assurance processes well.
- 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 Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care.

However:

- The dentists did not obtain signed consent for emergency dental treatments.

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

# Community dental 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 local people.
- People could access the service when they needed it. Waiting times for treatment were good and these were actively monitored.
- 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.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. 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, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff 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 and innovation.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](http://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

# Our inspection team

This inspection was led by Victoria Watkins, Head of Hospitals Inspections. An executive reviewer supported our inspection of well-led for the trust overall.

The team included seven inspectors and nine 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.