

Wirral Community NHS Foundation Trust

Inspection report

St Catherine's Health Centre
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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

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

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

Wirral Community NHS Foundation Trust provides primary, community and public health services to the population of Wirral and parts of Cheshire. The trust works in partnership with other providers in the local health and social care economy aiming to provide high quality, integrated care to the communities it serves. Wirral Community NHS Foundation Trust became a foundation trust on 1 May 2016.

The trust serves a Wirral population of approximately 321,000 residents across 145,000 households. From June 2017 Wirral Community NHS Foundation Trust began to provide integrated adult health and social care services for patients and service users in local communities. Each year the trust averages 1.1 million patient contacts. At the time of our inspection the trust employed 1674 staff.

Wirral Community NHS Foundation Trust have headquarters at St Catherine's Health Centre and operate from six other locations as well as offering services within people's homes.

Overall summary

Our rating of this trust went down since our last inspection. We rated it as Requires improvement  

What this trust does

Wirral Community NHS Foundation Trust provides community services. The trust aims to treat people both at home and close to home. Services provided include district nursing, health visiting, dentistry, school nursing, urgent care, sexual health, GP out of hours services and support to people at the end of their lives.

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. At the last inspection, we rated services as good so we inspected them as part of our continual checks on the safety and quality of healthcare services. This was our first inspection of Sexual Health services. At this inspection we inspected Community Children and Young People services, Community Adults services, Urgent Care services and Sexual Health services. We also inspected GP out of hours at two locations. These inspections were undertaken between 6 March and 8 March 2018.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section is this organisation well-led? We completed our well-led inspection from 27 to 29 March 2018.

Summary of findings

What we found

Overall trust

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

- We inspected five core services during this inspection. We rated community adults and sexual health services as requires improvement. We rated children and young people's services, urgent care and GP out of hours services as good. We rated two of the trust's seven services as requires improvement and three as good. In rating the trust, we took into account the current ratings of the two services not inspected this time. These services were previously rated as good.
- We rated well-led for the trust overall as requires improvement.
- The trust was rated as requires improvement in the safe and well-led domains. In terms of the safe domain, across most core services we were not assured there were effective processes in place to identify, escalate and mitigate risks. This led to immediate patient safety risks, which we escalated and the trust responded to at the time of our inspection. Further details can be found below in the overall 'Are services safe?' section and the 'Is the service safe?' section for each core service.
- In terms of well-led, our main concerns were around systems and processes for risk escalation then the subsequent managerial actions that resulted from this. More detail can be found below in the overall 'Are services well-led?' section and the 'Is the service well-led?' section for each core service.

However:

- We rated effective, caring and responsive as good. In terms of the effective domain, we found people had good outcomes because they received effective care and treatment that met their needs.
- In terms of caring, we found people were supported, treated with dignity and respect, and were involved as partners in their care. For the responsive domain, we found people's needs were met through the way services were organised and delivered.
- More information about the effective, caring and responsive domains can be found in the 'Are services effective?' 'Are services caring?' and 'Are services responsive?' sections below. For each core service the 'Is the service effective?', 'Is the service caring?' and 'Is the service responsive?' sections below contain further detail.

Are services safe?

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

- Across the core services we inspected there were not effective processes in place for identifying, escalating and mitigating risks. Whilst the trust board were sighted on most risks, we did not find evidence of effective actions to mitigate and fully address all risks including some immediate patient safety risks. We addressed immediate patient safety risks with the trust, who took immediate action to mitigate them.
- During our sexual health, community adults and urgent care core service inspection we identified that systems to manage patient group directions needed strengthening. There was insufficient assurance that all nursing staff followed the patient group directions for supplying medicines. Staff did not consistently complete medication logs to show when medicines were removed from storage. These risks were escalated to the trust at the time of our inspection.

Summary of findings

- In urgent care we had concerns relating to the quality of paediatric life support training and the number of staff trained in it. We found a lack of assurance that competence in cardiopulmonary resuscitation skills was assessed according to the Resuscitation Council standards. We escalated these risks to the trust, who took immediate action to mitigate the risk. The trust has put an action plan in place to address the risks.
- We found that in sexual health services and community adults services that all appropriate patient risk assessments were not being undertaken/documentated. We escalated this to the trust at the time of our inspection: they took immediate action to mitigate the risks.
- At the time of our inspection, staff in sexual health services did not have access to a system that helped them to validate a patient's age. This meant that determination of age appropriateness was left to professional curiosity. We did not find evidence of professional curiosity being recorded during our review of records. We had limited assurance that staff were demonstrating professional curiosity. We escalated this risk to the trust and safeguarding concerns were identified. The trust took immediate action to address these.
- In urgent care not all qualified nursing staff were receiving the appropriate level of adult safeguarding training and staff demonstrated a lack of awareness of mental capacity assessment. We also identified concerns in mandatory training levels. For example there was room for further improvement in training levels for Fire Safety (73%) and Basic Life Support (76%).
- In sexual health services, systems were not in place to ensure that patients were appropriately protected. The IT system did not support staff to assess, treat, track and monitor patients identified with safeguarding concerns. Staff did not use the system to ensure that active multi-agency risk assessment conference and missing and child sexual exploitation cases were identifiable within the service. We escalated this risk to the trust at the time of the inspection and they developed an action plan to manage this risk.

However:

- Across most core services, there were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of how to access support from the safeguarding team and had received training at the appropriate level.
- Staff were aware of how to report incidents and could provide examples of changes to practice which came about through learning from incidents.
- The trust provided mandatory training in key skills to staff and data demonstrated that training levels had improved for most training modules since 2017.
- During our inspection we found that most staff within the services controlled infection risk well. Generally, staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.

Are services effective?

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

- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice. We saw that clinical guidelines followed national guidelines and clinical practice was monitored for compliance and consistency.
- Staff were qualified and had the skills to carry out their roles effectively. All staff, including bank and agency nurses, were supported to deliver effective care and treatment by a robust and responsive in-house training programme led by the professional development nurse.
- Staff of different professions worked together as a team to benefit patients. The trust worked collaboratively with the local acute trust to become part of the system-wide urgent care streaming process.

Summary of findings

- Staff sought consent from patients prior to delivering care and understood the differing legal requirements relevant to the care they provided.

However:

- There were no policies in relation to care of children with complex medical needs which were tailored to treatment within a community setting or specific to the care of children as opposed to adults.
- In urgent care the nurses we spoke to were not familiar with mental capacity assessment for adults.
- There was insufficient assurance that nurses received regular clinical reviews.

Are services caring?

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

- Staff, throughout the core services we inspected, treated people with kindness, respect and compassion. We observed staff interacting with patients in a way which was empathetic and sensitive to their needs.
- Staff supported people to express their views and be involved in decision making about their care. This included most staff being able to demonstrate how they gathered the views of children in order to plan their care.
- People using the services were complimentary about staff and the way they were treated. Patients told us staff were friendly and approachable.

However:

- Patients gave us a mixed response about the level of privacy and dignity experienced at the walk in centre reception desks.

Are services responsive?

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

- Across most core services, people could access care and treatment in a timely way. Services facing high demand had measures in place to ensure that people were reviewed appropriately and that targets for time from referral to initial contact were met.
- The services took concerns and complaints seriously, investigated them and learned lessons from the results which were shared with staff. Feedback forms were easily accessible for patients to submit a compliment, concern or complaint.
- The services took account of patients' individual needs and to meet the needs of people in vulnerable circumstances.
- Waiting times, from referral to treatment, and arrangements to treat and discharge patients were in line with good practice. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The rehabilitation at home team were not meeting targets for referral to assessment and this followed a reduction in funding and subsequently staff. The team had an action plan in place to reduce the resulting waiting lists. At the time of our inspection the team acknowledged that numbers of referrals received and team capacity meant that a waiting list could not be eradicated.

Are services well-led?

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

Summary of findings

- There were not always clear and effective processes for managing risk, issues and performance across the core services we inspected. Risks were not always escalated appropriately and the services were sometimes slow to implement changes to mitigate risks.
- In community children and young people's services, the accuracy of data collected and used to evaluate services was not always sufficiently scrutinised. It was not always possible to determine from electronic systems the caseload sizes of individual staff members and templates within the records system were not used consistently.
- Across most core services, there was a lack of evidence that the voices of all staff were heard and acted upon around skill mix, working extra hours and access to in-house training. Managers were aware of these concerns but it was not clear what progress was being made to resolve these issues.

However:

- Services had a vision for what they wanted to achieve and workable plans to turn this into action. The vision had been developed with involvement from staff, patients and key groups representing the local community.
- The management team were promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had not always collected, analysed, managed and used information well to support all its activities.

We also inspected:

Arrowe Park Hospital GP Out of Hours Service

We rated this service as good. We rated safe, effective, caring, responsive, and well-led as good.

For more information, see the separate inspection report on this service on our website –

Victoria Central GP Out of Hours Service

We rated this service as good. We rated safe, effective, caring, responsive, and well-led as good.

For more information, see the separate inspection report on this service on our website –

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.

Outstanding practice

We found examples of outstanding practice in community children and young people's services. For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including 14 breaches of legal requirements that the trust must put right. We found 50 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.

Summary of findings

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of two legal requirements at a trust-wide level and four in four core services we inspected.

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

What happens next

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

Outstanding practice

We found examples of outstanding practice in the community children and young people's services.

- The dietetics team had liaised with a local donor breastmilk bank and was able to offer women who attended the lactation clinic up to six weeks of donor milk to help them to continue with breastfeeding. The lactation clinic provided hour-long appointments so that the dietician could observe a feed and offer advice and support tailored to the individual.
- A children's weight reduction service called the FIT club had been developed by staff and offered weight reduction programmes which were tailored to the individual's needs. Staff worked with the extended families of children in order to encourage sustainable lifestyle changes. Staff conducted appointments wherever deemed to be most effective, whether that was at home, school or in a clinic setting. The team had worked closely with a local gym to create a circuit training class which was suitable for children and this was offered free of charge.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with 14 legal requirements. This action related to four core services we inspected:

At trustwide level:

- The trust must ensure that it is fully compliant with the requirements laid out in legislation applicable to fit and proper persons: directors.
- The trust must ensure it has systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

In community children and young people's services:

- The service must ensure that there are effective processes in place for identifying, escalating and managing risks within the service.

In urgent care services:

Summary of findings

- The urgent care service must assess, monitor and improve the quality and safety of the services provided in relation to adults safeguarding training, staff engagement, medicines management and clinical review systems.
- The urgent care service must ensure staff receive such appropriate training as is necessary to enable them to carry out the duties they are employed to perform in relation to cardiopulmonary resuscitation skills.

In community adults services:

- The community adults service must ensure that nurses carry out clinical risk assessments and screening of patients in accordance with trust policies and procedures.
- The community adults service must ensure that nurses are trained and fully aware of how often procedures should be repeated dependant on patient risk.
- The community adults service must ensure that batch report tools are being used and acted upon when reports indicate that patient assessments are overdue.
- The community adults service must ensure that there is a workable action plan focussed on the prevention of pressure ulcers.
- The community adults service must ensure that a record of patient group directives is kept and monitored so that staff sign up to a new directive immediately upon expiry of the previous directive.

In sexual health services:

- The service must ensure that staff understand their role in recognising and preventing potential abuse, and have a consistent approach to the effective assessment of children.
- The service must ensure that there is an effective system and process in place for identifying, escalating and managing risks within the service.
- The service must provide staff with sufficient training on the sexual health electronic patient recording system.
- The trust must ensure they have sufficient oversight of the service to ensure they are responsive when concerns relating to patient safety are raised.

Action the trust SHOULD take to improve

We found areas for improvement within the service.

At trustwide level:

- The trust should ensure it has systems and processes in place to ensure policies are reviewed and kept up to date.
- The trust should ensure that actions within action plans are recorded as completed when appropriate assurance has been received.
- The trust should consider introducing a system to enable it to ensure that patient group directives are being used appropriately.
- The trust should consider reviewing executive engagement with staff located further away from trust headquarters.
- The trust should consider documenting where talent has been recognised across the organisation.
- The trust should consider documenting the board development programme and dates.
- The trust should consider reviewing the effectiveness of its communication with staff.

Summary of findings

- The trust should ensure that senior staff are aware of the equality groups and their health needs within their demographic.
- The trust should consider linking strategic objectives to patient outcomes.
- The trust should consider asking about health and wellbeing in staff appraisals.
- The trust should consider reviewing how equality and diversity is monitored and reflected in their demographic and organisation.

In community children and young people's services:

- The service should continue with plans to provide intermediate life support training to all special school nurses.
- The service should implement a consistent approach to the recording of safeguarding information within the electronic records system.
- The service should introduce the use of genograms as recommended by the CQC report Not Seen, Not Heard: Finding the Hidden Child (2016).
- The service should implement checks to confirm that fridges containing vaccinations are locked at all times.
- The service should regularly review stock and dispose of out of date supplies.
- The service should review the way in which universal and universal plus plans are recorded so that caseload sizes can be more easily assessed and monitored.
- The service should take a consistent approach to the way in which safeguarding information, such as contact with other professionals, is recorded so that this information is easily accessible to staff.
- The service should tailor policies relating to care of children with complex needs to care within a community setting.
- The service should regularly review policies in a systematic way and evidence that these policies have been reviewed and are up to date.
- The service should consider how staff are made aware of children, young people or families where English is not a first language and how interpretation services can be arranged prior to appointments.

In urgent care services:

- The urgent care service should ensure that stock management monitoring systems are effective in removing out of date clinical supplies and medicines.
- The urgent care service should ensure that medicine stock records are accurate, that paper copies of patient group directions are in date and strengthen the assurance that all staff follow patient group directions for supplying medicines.
- The urgent care service should ensure that blood sugar testing equipment is maintained according to the manufacturer's guidance.
- The urgent care service should ensure that pain scores are recorded as part of the pain assessment process.
- The urgent care service should develop a documented escalation action plan to respond to increased pressure in the walk in centres and minor injuries unit.
- The urgent care service should review the assurance that trained nurses are receiving the expected number of clinical reviews.

Summary of findings

- The urgent care service should ensure the clinical audit plan includes pain assessment and consider including themes identified through clinical practice reviews.
- The urgent care service should review clinical supervision arrangements for advanced nurse practitioners and facilitate access to medical staff for professional development needs.
- The urgent care service should review staff communication mechanisms and consider a 'pulse check' exercise between staff surveys to monitor staff morale and concerns.
- The urgent care service should review and improve the facilities for children in the waiting rooms at each of the walk in centres.
- The service should ensure there is adequate assurance that cleaning schedules are completed and audited including facilities for children.
- The urgent care service should review arrangements to access discharge information in larger print or other languages when required.
- The urgent care service should consider how to improve the level of privacy and dignity experienced at the walk in centre reception desks.

In community adults services:

- The community adults service should ensure that any hard copies of medicines reference documents kept for use are the most up to date version of the document.
- The community adults service should ensure that medicines storage cupboards are adequately secured with stock segregated so that internal and external items are easily identifiable.
- The community adults service should ensure that medicines stock checks are undertaken regularly so that out of date medicines are not left in storage cupboards and are disposed of promptly and appropriately when they reach expiry date.
- The community adults service should consider community nursing staff being given protected time to attend tissue viability courses.
- The community adults service should ensure that a further audit is carried out in clinical supervision and preceptorship to determine whether compliance with the action plan has taken place and standards have improved.
- The community adults service should review how to improve the waiting list times of the rehab at home team.
- The community adults service should consider improving communication with staff regarding current vacancies and how the trust plans to fill them.
- The community adults service should consider how team leaders can be kept fully informed of key issues affecting their service.
- The community adults service should consider undertaking audits on the quality of patient records with action plans that can measure any improvements required.

In sexual health services:

- The trust should ensure that all staff are effectively trained to the trust's target in safeguarding children level three as per their policy.
- The service should provide appropriate training for front line clerical staff in the service particularly around the assessments of risk for the client group.

Summary of findings

- The trust should ensure effective record keeping is in place and available to all staff providing care.
- The service should carry out an audit to monitor the effectiveness of its record keeping.
- The service should ensure that staff record evidence to demonstrate they used their professional curiosity to challenge information given by patients in relation to age.
- The service should improve its input to clinical audits to monitor people's care and treatment as compared with similar services.
- The service should monitor and review how people are able to access the service when they need it.

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 organisation as requires improvement. This is because some overarching systems and processes within the trust did not meet the requirements of the Health and Social Act:

- At the time of our inspection we had concerns regarding the trust's fit and proper person process, a legal requirement. We were not assured that the process in place at the time of our inspection meant the trust could ensure that people who had director level responsibility for the quality and safety of care, and for meeting the fundamental standards, were fit and proper to carry out these important roles. During our inspection we could not find evidence of a clearly documented talent map or succession plan: Senior staff told us these documents did not exist. We escalated this to the trust during the inspection. They submitted an action plan outlining how they planned to address this regulatory breach.
- During our inspection we asked directors about the equality groups within the population the trust served. Senior staff struggled to articulate these, which meant we were not assured that the board were aware of their demographic. This meant we could not be assured that services were entirely planned to meet all the needs of the population the trust served.
- At the time of our inspection there was insufficient attention to appropriately engaging those with particular protected equality characteristics. Within the trust, equality and diversity were not consistently promoted. From 2016 to 2017, the staff survey showed there was an 18% increase in the number of staff from a black minority ethnic background experiencing bullying, harassment and abuse from other staff. Senior leaders we asked could not explain the reason for this increase. The staff survey showed a reduction in there being good communication between senior management and staff, which was 8% below the national average compared to other similar trusts. The survey also showed that recognition and value of staff by managers and the organisation had deteriorated. The trust was also below the national average for similar organisations for the percentage of staff believing the organisation provided equal opportunities for career progression/promotion. During our inspection we found limited evidence of staff networks in place promoting the diversity of staff. However, during our core service inspection staff told us they felt equality and diversity were promoted in their day to day work.
- At the time of our inspection staff satisfaction was mixed. Historically staff satisfaction at the trust had been above national average for community trusts. In 2018 for the first time the trust's staff survey had shown a dip in staff satisfaction to indicate it was lower than other community trusts. Whilst leaders considered improvement of this a

Summary of findings

priority, they also told us about further work that needed to be undertaken to address the needs of differing staff groups during their transformation process. The trust had processes in place to support staff, for example, freedom to speak up guardians. However, in the staff survey, staff had reported a reduction in the quality of appraisals. Staff were not asked about health and well-being in appraisals. There was a reduction in the number of staff who would recommend the trust as a place to work or receive treatment. The staff survey also outlined that organisational and management interest in and action on health and wellbeing was below national average when compared to other similar organisations.

- During our inspection we noted that most performance issues were escalated to the appropriate committees and the board through clear structures and processes. However, we found that risks to performance were not consistently comprehensively assessed and addressed with sufficient priority when they had come to the board's attention through internal mechanisms. For example, at the time of our inspection there were 59 of 179 policies that were beyond their review date. 35 of 89 clinical policies were beyond their review date. The overarching policy for policy management did not drive systematic oversight of policies, policy management and review. Responsibility for the policies being up to date sat with a range of executives. The content of the policy for policy management and the spread of responsibility meant there was limited oversight of all the policies the trust had. This represented a risk, which was not on the trust's risk register, despite it being identified as such by the audit committee in January 2018. Further examples are detailed in the evidence appendices for sexual health service, urgent care, community adults' and community children and young people's services.

However:

- Leaders had the experience, capacity and capability to ensure that the trust's strategy could be delivered. Senior staff were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the trust's challenges were and acted to address them. We noted that leaders at every level were visible and approachable. The trust had a leadership strategy and development programme in place.
- The trust had a clear statement of vision and values that was driven by quality and sustainability. Leaders had worked to translate it into a robust and realistic strategy and there were well-defined objectives that were achievable and relevant. The vision, values and strategy were developed through a structured planning process in collaboration with people who use the service, staff and external partners. The strategy was aligned to local plans in the wider health and social care economy. Progress against delivery of the

strategy and local plans was monitored and reviewed and there was evidence of this. During our core service inspection most staff in all areas knew, understood and supported the vision, values and strategic objectives and how their role helps in achieving them.

- The trust had structures, systems and most processes in place to support the delivery of its strategy, including sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures. Papers for board meetings and other committees were of a reasonable standard and contained appropriate information. Non-executive and executive directors were clear about their areas of responsibility. A clear framework set out the structure of service teams and divisions. At the time of our inspection we could not find written evidence setting out when senior trust meetings and board development days would happen, or the proposed content. During our core service inspection we found that managers used meetings to share essential information, such as learning from incidents and complaints and to take action as needed. Staff at all levels of the organisation understood their roles and responsibilities and what to escalate to a more senior person.
- During our inspection we found that financial pressures were managed so that they did not compromise the quality of care. Service developments and efficiency changes were developed and assessed with input from clinicians so that their impact on the quality of care is understood. These were monitored by the director of nursing, medical director and managers.

Summary of findings

- The board received holistic information on service quality and sustainability. Leaders used meeting agendas to address quality and sustainability sufficiently at all levels across the trust. Staff said they had access to all necessary information and were encouraged to challenge its reliability. The trust was aware of its performance through the use of key performance indicators and other metrics. This data fed into a board assurance framework. Most team managers had access to a range of information to support them with their management role. This included information on the performance of the service, staffing and patient care.
- The board and senior staff expressed confidence in the quality of the data and welcomed challenge. Information was in an accessible format, timely, accurate and identified areas for improvement. Systems were in place to collect data from wards/service teams and this was not overly burdensome for front line staff. Information technology systems and telephones were mainly working well and they helped to improve the quality of care. Most staff had access to the equipment and systems needed to do their work, although in some areas there were system and connectivity issues. Leaders submitted notifications to external bodies as required. The trust had completed the Information Governance Toolkit assessment. An independent team had audited it and the trust took action where needed. Information governance systems were in place, including confidentiality of patient records. The trust learned from data security breaches.
- The trust was transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them.
- There was a focus on continuous learning and improvement at all levels of the organisation, including through appropriate use of external accreditation and participation in research. There was knowledge of improvement methods and the skills to use them at all levels of the organisation. There were organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems, and ways of sharing improvement work. The service makes effective use of internal and external reviews.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018
Community health services for children and young people	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018
Community end of life care	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014
Community dental services	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014	Good Nov 2014
Urgent care	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018
Sexual Health	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Arrowe Park Hospital GP Out of Hours Service	Good Jul 2018	Good Jun 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Victoria Central GP Out of Hours Service	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Overall*	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018

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

Community health services for children and young people

Good   

Key facts and figures

The trust offers health services for children and young people from birth to 19 years of age. The services consist of integrated health visiting and school nursing teams that are located across eight geographical teams. They support transition from health visiting to school nursing.

Health visitors deliver the full healthy child programme including antenatal, birth visit, 4-8 week contact, 9-12 month review and 2-2.5 year review. Where additional needs are identified in a family, the trust offers universal plus or partnership plus support based upon the family's needs.

Family nurse partnership team provides intensive support for first time teenage mothers, from early pregnancy until their first child is two years old, with the aim of supporting them to have the healthiest pregnancy and be the best parent they can be. The family nurse replaces the health visitor during the programme.

The school nursing service is available all year round to students on roll in Wirral. Each school has a named school nurse or community staff nurse who offer services within the school setting and in the community.

There are also children's speech and language therapy, dietetics and continence teams working across Wirral who offer therapeutic assessments and interventions. These services operate from trust premises as well as operating clinics within health centres to ensure that care is provided as close to patients' homes as possible.

We inspected the whole service against all key questions due to concerns raised at the last inspection and information gathered as part of our continual monitoring and engagement with the trust.

Our inspection was completed as a short-notice announced inspection (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried out over three days. As part of our inspection we visited six locations where patient care was provided including five clinic settings, a special school and we observed two home visits.

During our inspection we spoke with 38 members of staff across all specialisms and grades, we reviewed 11 sets of patients' records, we reviewed seven trust policies and we observed five patients' appointments. We also collected written comments from people using the service.

Summary of this service

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

- Throughout the service staff were caring and passionate about providing good quality services to children, young people and families. Staff spoke with enthusiasm about their roles and specialties and demonstrated dedication to improvement and innovation.
- Staff were suitably qualified with the right skills and experience in order to deliver safe and effective care. The service ensured that there were enough staff to keep people safe from harm and protected from abuse.
- The service planned care effectively with external providers to create and implement care plans which were individualised and took into account the specific needs of individuals.

Community health services for children and young people

- Leaders and senior managers within the service engaged with staff in order to shape and improve services. This led to the implementation of bespoke services which better met the needs of the local population and improved morale among staff who felt that their opinions were listened to.
- The strategy of the service was aligned with cost improvement planning. Staff at all levels were clear that cost improvement could not be made to the detriment of service quality or safety.
- Talent mapping had been used as part of staff appraisals in order to provide development opportunities for staff who wished to progress in their careers. This meant that staff in leadership roles were passionate and enthusiastic.
- The culture of the service was focussed around the experiences of people using the services. Staff actively sought feedback from children, young people and families in order to shape and improve services.

However:

- Leadership structures within the service were in their infancy at the time of our inspection. This meant that while areas for improvement had been identified by senior leaders, there had not been time for effective change to have taken place.
- A recent workforce review had been completed without the input of staff with specialist knowledge of the service. This meant that the review findings were not always applicable to the service and time was taken to complete further contextual work in order to develop meaningful recommendations with regards to workforce planning.
- Risks to patient safety were not always identified and acted upon in a timely way. The special school nursing team had been working without policies tailored to care of children with complex needs within the community setting for a number of years.

Is the service safe?

Good   

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

- Staff received effective training in safety systems, processes and practices. Throughout the service, staff compliance with mandatory training was high.
- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were aware of how to access support from the safeguarding team and had received training at the appropriate level.
- Risks to patients were assessed, monitored and managed so that they were supported to stay safe. Staff used paediatric early warning scores when appropriate to detect deterioration in a child's condition and these were acted on as needed.
- There were adequate numbers of suitably qualified staff in place to ensure that people were safe at all times. Newly qualified staff members could access more senior staff for advice and support when needed.
- Staff had access to information and up to date records they needed in order to deliver safe care and treatment to people. We found that care plans were reviewed regularly and records were accessible using the electronic records system in place.
- There were processes in place to ensure the proper and safe use of medicines. We found that medicines were stored correctly and appropriately prescribed in line with current national guidance.

Community health services for children and young people

- Improvements were made to the service when things went wrong. Staff were aware of how to report incidents and could provide examples of changes to practice which came about through learning from incidents.

However;

- Not all staff were fully aware of what should be reported as an incident, which impacted upon the service's ability to effectively monitor incidents and learn from them.
- Records of conversations and information relating to safeguarding concerns were not consistently recorded in the same place within the electronic records system across the different teams within the service. This meant that it was not always clear for staff to see all of the information relating to a particular safeguarding concern.

Is the service effective?

Good   

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

- The care, treatment and support provided by the service were based on best practice guidance. We found policies in place which referenced current national guidelines and up to date evidence so that staff could provide the best treatment.
- People's care and treatment outcomes were monitored and some services were able to compare outcomes with similar services. The service reviewed ways in which outcomes were measured and implemented tools to capture more qualitative information in order to evidence outcomes.
- The service ensured that staff had the right skills, knowledge and experience in order to deliver effective care, support and treatment. Staff had regular appraisals in which they could identify any additional training needs.
- Staff throughout the service worked closely with other teams within the division and external organisations in order to deliver effective care and treatment. The service coordinated care with acute and mental health providers for children with complex needs.
- The service supported people to live healthier lives. Staff took a holistic approach to planning care using health assessments where appropriate.
- Consent to care and treatment was sought in line with legislation and guidance. Staff were able to assess when children were unable to give consent and this should be obtained from a person with parental responsibility.

However:

- There were no policies in relation to care of children with complex medical needs which were tailored to treatment within a community setting or specific to the care of children, as opposed to adults.

Is the service caring?

Good   

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

- Staff throughout the service treated people with kindness, dignity, respect and compassion. We observed staff interacting with children and families in a way which was empathetic and sensitive to their needs.

Community health services for children and young people

- Staff supported people to express their views and be involved in decision making about their care. Most staff could demonstrate how they gathered the views of children with complex needs in order to plan their care.
- Staff respected people's privacy and dignity at all times. Staff ensured that sensitive conversations took place in a confidential space where people could feel comfortable to share their concerns or feelings.

Is the service responsive?

Good ● → ←

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

- People received personalised care which was responsive to their needs. The service offered flexibility so that services were accessible to people at a time to suit them, and the needs of the local population were taken into account when planning services.
- The service ensured that arrangements were in place to accommodate children, young people and families with additional needs.
- People could access care and treatment in a timely way. Services facing high demand had measures in place to ensure that people were reviewed appropriately and that targets for time from referral to initial contact were met.
- Concerns and complaints were listened to and used to improve the quality of care. Staff were proactive in seeking feedback from children and families and feedback forms had been adapted for use with children.

However;

- Use of interpretation services was inconsistent across the service. We observed a home visit in which use of an interpreter would have had a positive impact but was not in place.

Is the service well-led?

Requires improvement ● ↓

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

- There were not always clear and effective processes for managing risk, issues and performance across the service. Risks were not always escalated appropriately and the service was sometimes slow to implement changes to mitigate risks.
- The accuracy of data collected and used to evaluate services was not always sufficiently scrutinised. It was not always possible to determine from electronic systems the caseload sizes of individual staff members, and templates within the records system were not used consistently.

However;

- There was effective leadership throughout the service with the capacity to deliver high-quality, sustainable care.
- There was a clear vision and strategy for the service. Staff at all levels were able to explain how their work aligned to the service strategy.
- There was a culture throughout the service which focussed on the delivery of high-quality, sustainable care. Staff spoke with passion about their roles and were supported by their colleagues and managers.

Community health services for children and young people

- There were clear roles, responsibilities and systems of accountability to support good governance and management throughout the service.
- The service engaged with people who use the service, the public and external organisations to support high-quality, sustainable services. People's views and experiences were routinely used to shape the service.
- Leaders throughout the service encouraged staff to strive for continuous learning, improvement and innovation. This resulted in the implementation of services which better served the local population.

Outstanding practice

We found examples of outstanding practice within this service.

Areas for improvement

The areas for improvement are highlighted above in the areas for improvement section.

Community health services for adults

Requires improvement  

Key facts and figures

Wirral Community NHS foundation trust is commissioned to provide Adult Community and Specialist Nursing Services and Community Therapy Services.

The community nursing service and community matrons work Wirral wide within a four hub model with individual teams aligned to GP practices. The trust has recently realigned 13 community nursing teams into nine teams. These teams are co-located with social care colleagues to support an integrated approach to caseload management. This has the benefits of improving the service user journey through improved co-ordination of care and reducing duplication.

Community Physiotherapy and Occupational Therapy provide an integrated community rehabilitation service. This service operates as two teams aligned to two hubs, each to support a multidisciplinary team model of working with nursing and social care within the hubs.

The community speech and language therapy, dietetics, podiatry and musculoskeletal services work on a Wirral wide footprint. These services operate from Wirral community trust premises as well as operating clinics within some GP practices to ensure that care is provided as close to patients homes as possible.

The core service includes Community nursing services or integrated care teams, including district nursing, community matrons and specialist nursing services; Community therapy services such as occupational therapy and physiotherapy; Community intermediate care; Community rehabilitation or reablement services; Community outpatient and diagnostic services.

In 2016 to 17 the Adult and Community Division had made 524,609 patient contacts. These included, 340,627 patient contacts by community nurses and matrons; 18,552 by the heart services; 20,907 by the speech and language therapists, 64,237 by physiotherapists; 49,055 by podiatrists; 7818 by dietitians; 6,884 by the integrated continence team; 3,702 by the community discharge team; 763 by the Parkinson's/Alzheimer's team; 502 by the tissue viability nurses and 3217 by both wheelchair services. In addition, the single point of access telephone service had 24,462 telephone contacts.

We inspected the whole service against all key questions due to concerns raised at the last inspection and information gathered as part of our continual monitoring and engagement with the trust.

Our inspection was completed as a short-notice announced inspection (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried out over four days from 6 to 9 March 2018. As part of our inspection we:

- visited four locations where patient care was provided including five clinic settings,
- the single point of access,
- four community nursing services,
- the rehabilitation at home service,
- and we observed four home visits.

During our inspection we:

Community health services for adults

- spoke with 45 members of staff across all specialisms and grades.
- spoke to five patients and one carer.
- reviewed 47 sets of patients' records.
- attended a training event for patients and carers.
- reviewed four trust policies.
- collected written comments from people using the service.

Summary of this service

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

- Nursing assessments were not being carried out frequently enough, or in accordance with trust policies. This potentially put patients at risk and failed to prevent patients from acquiring pressure ulcers.
- There were eight instances of out of date medicines found in stock cupboards, and expired hard copies of patient group directives being used by community nurses.
- Senior managers did not always have full oversight of concerns, issues and risks affecting the day to day working of some services. There was a significant lack of assurance about the organisation's management and prevention of pressure ulcers that had been a high risk on the risk register for some time.
- Communication lines from senior managers down to team leaders was not always effective. Some team leaders did not feel fully informed about key issues affecting their service, making it difficult for them to manage services effectively.

However:

- There were high compliance rates of mandatory training and 100% of staff had completed safeguarding training for adults and children.
- Services had suitable premises and equipment. They were kept clean to minimise the risk of infection.
- With the exception of the rehabilitation at home team, there were enough staff with the right qualifications, skills and training to meet key performance indicators so that patients were seen and assessed in a timely way and within the prescribed targets.
- The service provided care and treatment based on national guidance. There were processes in place to ensure that guidance was promptly reviewed, disseminated and embedded.
- The effectiveness of care and treatment was monitored regularly and reported to the trust board. Services were involved in the annual clinical audit programme. Audit results and patient outcome monitoring were compared with other services to drive improvements.
- Staff received regular supervision and role-specific training. They were encouraged to take up external training courses that were relevant to their roles.
- Staff worked collaboratively with the local acute trust, GPs and the local authority to deliver effective care and treatment and support people to live healthier lives and manage their own conditions.

Community health services for adults

- Staff cared for patients with compassion and respected their privacy and dignity. They offered adequate emotional support and involved patients and their carers in decisions about their carer and treatment.
- Complaints and concerns were treated seriously and lessons were learned and shared with staff.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. The views of staff and patients were used to drive improvements.
- Staff were valued and supported by managers and a positive culture and the wellbeing of staff was promoted.

Is the service safe?

Requires improvement ● → ←

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

- We found that community nurses were not undertaking a number of assessments, either at all or frequently enough and in accordance with trust policy, to prevent patients from acquiring pressure ulcers. In a review of patients' records, 14 out of 15 records had assessments that had not been carried out in accordance with trust policies and procedures and this potentially put patients at risk.
- There had been no discernible improvement since March 2017 when the trust undertook their own audit on the prevention and management of pressure ulcers. In March 2017 records were measured against 18 standards for completion of relevant assessments and advice given to patients. The trust found that 10 of the standards were not being met. We could not be assured that adequate training and instruction had been given to staff following this audit as our examination of patient records during our inspection showed little improvement in all of the standards being met.
- During our inspection we found eight out of date medications and expired hard copies of patient group directives.

However:

- The trust had an electronic patient record system that included a number of assessments to monitor and manage risks to patients and to support them to stay safe. Staff used national early warning scores (NEWS) where appropriate.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff received training in safety systems, processes and practices. Staff compliance with mandatory training was high with compliance rates higher than the 90% trust target in all 11 mandatory training modules.
- 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. Safeguarding training compliance was high across the service.
- Staff within 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 and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment.
- The service planned for emergencies and staff understood their roles if one should happen.

Community health services for adults

- 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.

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. The trust had processes in place to ensure that new guidance was promptly reviewed, disseminated and embedded with appropriate changes made to policies, procedures and training.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Some services were able to compare local results with those of other services to learn from them. Patient outcomes were monitored monthly and reported to the trust board every two months. The services were involved in the annual clinical audit programme and results helped to drive improvements.
- 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 worked closely with other teams within the division and with external organisations in order to deliver effective care and treatment. Clinicians in the trust worked collaboratively with each other and with other external providers in the area to ensure that people received person-centred care and received that care at the right level and in the right place.
- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate. Self-care and shared care was promoted with patients and carers.
- 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 understood their responsibilities in gaining patient consent and were observed to gain and record consent in line with trust policy.

However:

- Clinical staff had access to a malnutrition universal screening tool (MUST) in order to screen patients and identify risks of malnourishment. However, this was not being used consistently in nine out of 15 records we reviewed.
- Clinical staff had access to a pain assessment tool in order to identify pain levels and location of pain in patients. However, this was not being used consistently and we saw one case where pain had been recorded as an issue but there was no pain care plan in place.

Is the service caring?

Good ● → ←

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

Community health services for adults

- 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.

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 received personalised care which was responsive to their needs. The service engaged with people who had used the services to gather their views in order to better inform service planning.
- The service took account of patients' individual needs to meet the needs of people in vulnerable circumstances.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with good practice. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The rehabilitation at home team were not meeting targets for referral to assessment and this followed a reduction in funding and subsequently staff. The team had an action plan in place to reduce the resulting waiting lists. At the time of our inspection the team acknowledged that numbers of referrals received and team capacity meant that a waiting list could not be eradicated.

Is the service well-led?

Requires improvement ● ↓

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. However, we saw examples where senior managers did not have full oversight of concerns and issues affecting the day to day working of some adult community teams and where succession planning was not a clear priority.
- Whilst the trust was developing a systematic approach to continually improving the quality of its services, these systems were not fully implemented at the time of our inspection.
- There was a disconnect in communications between staff above band 7 and staff below. We saw several examples where team leaders and staff below did not feel fully informed about matters affecting their service.
- Whilst the trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, we saw examples of where senior managers did not have a full oversight of risks affecting the day to day working of some community teams, and the mitigating of certain risks had not been a priority. There was a lack of assurance about the organisation's management and prevention of pressure ulcers that had been a significant risk for some time.

Community health services for adults

- The trust collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. However, there were some remaining issues with remote working technology that had poor connectivity and the quality of cameras being used to photograph wounds.

However:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. These were 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. We saw evidence that staff views were listened to.
- There were clear roles, responsibilities and systems of accountability to support good governance.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Areas for improvement

The areas for improvement are highlighted above in the areas for improvement section.

Urgent care

Good   

Key facts and figures

Wirral Community Foundation Trust urgent care service offers three walk in centres, a minor injuries unit and a deep vein thrombosis clinic. The walk in centres are based at Arrowe Park Hospital, Victoria Central Health Centre and Eastham Clinic.

All three walk in centres are a nurse led drop in service. Patients are seen, treated and discharged by nurse practitioners or referred onto other appropriate services where their clinical presentation determines further intervention. The walk in centres are operationally managed in accordance with the agreed service specification.

There is also a deep vein thrombosis (DVT) service based at Arrowe Park Hospital which is a nurse led service that provides clinical treatment to patients presenting with suspected DVT. The trust also provides clinical input into those patients presenting with atrial fibrillation or are determined as sub therapeutic and require closer clinical management. The DVT service is operationally managed in accordance with the agreed service specification. We inspected all three walk in centres, the minor injuries unit and the deep vein thrombosis clinic.

At the last inspection we rated one key question (responsive) as requires improvement. We inspected all five key questions as part of our continual checks on the safety and quality of healthcare services.

Our inspection was completed as a short-notice announced inspection (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried out over three days. As part of our inspection we visited three locations where urgent care was provided in the three walk in centres, minor injuries unit and deep vein thrombosis clinic.

Before the inspection visit, we reviewed information that we held about the service and information requested from the trust.

During the inspection visit, the inspection team:

- Spoke with 32 patients who were using the service and two carers.
- Spoke with the lead nurse for each urgent care site and the deep vein thrombosis clinic, the clinical lead nurse and the deputy divisional manager.
- Spoke with 14 other staff including advanced nurse practitioners, nurse practitioners, staff nurses, an urgent care practitioner, receptionists, the infection control lead, the safeguarding liaison nurse and the professional development lead nurse.
- We observed 10 triage and treatment consultations.
- Reviewed 16 electronic patient records including patient risk assessments, observations and medication records.

Summary of this service

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

- Staff were caring and passionate about providing good quality services to people using the urgent care service. Staff spoke with enthusiasm about their roles and demonstrated dedication to providing timely and effective care.

Urgent care

- Staff were suitably qualified and had most of the right skills and experience in order to deliver safe and effective care. The service ensured that there were enough staff to keep people safe from harm and protected from abuse.
- The service sought to improve the efficiency and quality of community urgent care by developing pathways for patients with minor fractures and suspected deep vein thrombosis without the need for referral to the acute trust.
- The staff we spoke to understood their responsibilities to raise concerns, record safety incidents and near misses and knew how to report these. However they were less familiar with the duty of candour.
- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice. We saw that clinical guidelines followed national guidelines and clinical practice was monitored for compliance and consistency.
- The average percentage of all cases triaged September to December 2017 within 30 minutes was 88%. This was below target (95%) but improvement plans were in place to increase the flexibility of nursing roles to improve patient flow.
- There was an effective governance structure in place and a systematic approach to monitoring, reporting and improving the quality of care.

However:

- There were arrangements in place to identify, record and manage risks, but not all risks raised by staff and managers were recorded on the register.
- We had concerns relating to the quality of paediatric life support training and the number of staff trained in it and there was a lack of assurance that competence in cardiopulmonary resuscitation skills was assessed according to the Resuscitation Council standard.
- In urgent care 77% of qualified nursing staff had completed the appropriate level of adult safeguarding training. This was below the trust's target of 90%. Staff also demonstrated a lack of awareness of mental capacity assessment.
- Systems to manage patient group directions needed strengthening. There was insufficient assurance that all nursing staff received regular clinical reviews.
- Patients gave us a mixed response about the level of privacy experienced at the walk in centre reception desks.
- Facilities for children in each walk in centre waiting room were limited. At each site, parents told us they felt there was little to occupy children while they waited.
- We were unable to evidence regular team meetings took place for walk in centre staff, that divisional management attended or that there was a standard communication mechanism such as a newsletter, when meetings could not take place.
- There was a lack of evidence that the voices of all staff were heard and acted upon around skill mix, working extra hours and access to in-house training. Managers were aware of these concerns but it was not clear what progress was being made to resolve these issues.

Is the service safe?

Requires improvement ● ↓

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

- There was a lack of assurance that competence in cardiopulmonary resuscitation skills was assessed according to the Resuscitation Council standard.

Urgent care

- In urgent care 77% of qualified nursing staff had completed the appropriate level of adult safeguarding training. This was below the trust's target of 90%. Staff also demonstrated a lack of awareness of mental capacity assessment.
- Systems to manage patient group directions needed strengthening.
- There remained room for further improvement in training levels for Fire Safety (73%) and Basic Life Support (76%).
- There was a lack of evidence that domestic cleaning schedules were completed and audited, including facilities for children.
- Blood sugar testing equipment was not maintained according to the manufacturer's guidance.

However:

- The trust provided mandatory training in key skills to staff and data demonstrated that training levels had improved for most training modules since 2017.
- Safeguarding adults, children and young people at risk was given sufficient priority within the urgent care service; staff took a proactive approach to safeguarding and focused on early intervention.
- The service managed infection risk and used control measures to prevent the spread of infection.
- Staff at all sites were aware of how to report any issues regarding equipment and we saw evidence of most equipment being regularly maintained.
- Staff took a proactive approach to anticipating and managing risks to adults and children. Staff were familiar with the systems in place to escalate patients for admission to acute care or assessment in the local accident and emergency department.
- We observed triage and nurse practitioner consultations and saw that nurses undertook methodical and effective assessments.
- The service planned, implemented and reviewed staffing levels to keep people safe, however the service had experienced staffing shortages during 2017. Urgent care managers completed a staffing review in August 2017 and continued to recruit and develop staff to meet the needs of the service.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Medicines were stored securely and there were systems in place to support the administration of patient group directions and nurse independent prescribers.
- The staff we spoke to understood their responsibilities to raise concerns, record safety incidents and near misses and knew how to report these. The urgent care service reported no serious incidents or never events from October 2016 to September 2017.

Is the service effective?

Good   

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

- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice. We saw that clinical guidelines followed national guidelines and clinical practice was monitored for compliance and consistency.

Urgent care

- Staff participated in clinical review of their practice. The core service conducted relevant local audits to monitor people's care and treatment to improve quality.
- Staff were qualified and had the skills to carry out their roles effectively. All staff, including bank and agency nurses, were supported to deliver effective care and treatment by a robust and responsive in-house training programme led by the professional development nurse.
- All nursing staff received training in patient group direction (PGD) competencies based on the National Institute for Health and Care Excellence (NICE) competency framework for health professionals using PGDs.
- 100% of staff within urgent and emergency care received an appraisal from April 2017 to October 2017.
- The service sought to improve the efficiency and quality of community urgent care for patients with minor fractures and suspected deep vein thrombosis (DVT), without the need for referral to the acute trust.
- Staff of different professions worked together as a team to benefit patients. The trust worked collaboratively with the local acute trust to become part of the system-wide urgent care streaming process.
- The service supported patients to manage their healthcare needs.
- Consent to care and treatment was obtained in line with legislation and guidance for children and for people with capacity.

However:

- The nurses we spoke to were not familiar with mental capacity assessment for adults.
- There was insufficient assurance that nurses received regular clinical reviews.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Patients were universally positive in their feedback to us about the reception staff and nursing staff across all sites.
- From September to December 2017, an average of 95% of patients would recommend the urgent and primary care services to their friends and family.
- Staff responded in a timely and appropriate way when patients were distressed with pain or emotional distress. We saw a triage nurse negotiating in a gentle way with a child to take pain relief medicine and then reassuring the mother about the treatment plan.
- Patients told us they felt well-informed by staff during their consultations and that they could ask questions at any point.
- On discharge, staff provided patients with information about 'red flag' symptoms (a symptom that would require urgent medical evaluation), medications, continuing care and who to call if they were concerned following discharge

However:

- Patients gave us a mixed response about the level of privacy and dignity experienced at the walk in centre reception desks.

Urgent care

Is the service responsive?

Good  

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

- The urgent care service was planned in a way that met the needs of the local people. As part of a collaborative effort to reduce waiting times in the local acute emergency department (ED), the urgent care service was accepting patients streamed from the ED for review of minor complaints and illnesses.
- The service sought to improve the efficiency and quality of the community service for patients with fractures and suspected deep vein thrombosis (DVT), without referral to the acute trust.
- Staff accessed the telephone translation service when required and could access assistance for the visually or hearing impaired.
- The urgent care service performed well against the national urgent care performance target: the average percentage of all patients transferred or discharged within four hours of arrival from April 2017 to January 2018 was 99%.
- The average time taken to triage all children (16 and under) was below 20 minutes for all locations from April 2017 to January 2018.
- The average percentage of all cases triaged within 30 minutes from September to December 2017 was 88%. This was below target (95%) but improvement plans were in place to increase the flexibility of nursing roles to improve patient flow.
- The service took concerns and complaints seriously, investigated them and learned lessons from the results which were shared with staff. Feedback forms were easily accessible for patients to submit a compliment, concern or complaint.

However:

- Facilities for children in each walk in centre waiting room were limited.
- Information leaflets were not available in large print or languages other than English.

Is the service well-led?

Good   

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

- The divisional leads understood the challenges to and priorities for sustaining the urgent care service during the local urgent care transformation review.
- There was an effective governance structure in place and a systematic approach to monitoring, reporting and improving the quality of care.
- All the staff we spoke to were aware of the strategy to improve waiting times by moving towards advanced nurse practitioners leading triage, to increase the number of nurse practitioners by providing in-house training to band five nurses and to work with healthcare partners to achieve the urgent care transformation programme.

Urgent care

- The lead nurses promoted a positive culture that supported and valued staff. We saw examples of staff delivering care in line with the values of person centred care, being responsive and professional and actively supporting each other.

However

- We were not assured that arrangements for resuscitation training were effective.
- We were unable to evidence regular team meetings took place for walk in centre staff, that divisional management attended or that there was a standard communication mechanism such as a newsletter, when meetings could not take place.
- Systems to manage clinical supervision, pain assessment, medical devices and patient group directions needed strengthening.

Areas for improvement

The areas for improvement are highlighted above in the areas for improvement section.

Community Sexual Health

Requires improvement 

Key facts and figures

Sexual Health Wirral provides a fully integrated contraception, sexual health and genito urinary medicine service. The service operates seven days a week, across five locations and the dedicated website www.sexualhealthwirral.nhs.uk provides information, support and downloadable clinic timetables.

The five locations are St Catherine's Health Centre, Arrowe Park Hospital, Wirral Brook, Victoria Central Health Centre and Eastham Clinic.

Wirral Community NHS Foundation Trust is the lead provider, with sub contracts in place with two other NHS trusts and an independent healthcare provider, to deliver an integrated service.

At Wirral Brook the trust provides a sexual health and well-being service for children and young people aged under 25 years of age.

The service also sub contracts via service level agreements a number of local community pharmacies to deliver emergency hormonal contraception and a number of GP practices to deliver an enhanced long acting reversible contraception service to Wirral residents.

The main hub of the service is delivered at St Catherine's Health Centre. This is the only site delivering all three levels of service.

This was our first inspection of this core service. Our inspection was completed as a short-notice announced inspection (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Site visits were carried out over two days. As part of our inspection we visited three of the five locations where sexual health clinics were provided for patients. We visited Wirral Brook, St Catherine's Health Centre and Victoria Central Health Centre.

All three walk in centres are nurse led services. Patients are seen, treated, and discharged by nurse practitioners or referred onto other appropriate services where their clinical presentation determines further intervention.

Before the inspection visit, we reviewed information that we held about the service and information we requested from the trust.

During the inspection visit, the inspection team:

- Spoke with 13 patients who were using the service.
- Spoke with 16 members of staff across all specialisms and grades including advanced nurse practitioners, nurse practitioners, management team, staff nurses, health care assistants, clinical lead, receptionists, the infection control lead, the safeguarding liaison nurse.
- Reviewed 10 electronic patient records including patient risk assessments, observations and medication records.

Summary of this service

This was the first rating of this core service. We rated it as requires improvement because:

- Staff did not understand their role in recognising and preventing potential abuse and links with other agencies were not clear. Although most staff had completed safeguarding training, this was not being demonstrated in application.

Community Sexual Health

- Systems were not in place to ensure that patients were appropriately protected. Staff were not competent with the sexual health electronic patient recording system so staff were unable to use the system appropriately, access patient risk assessment tools within it and record patient information effectively.
- Risks to patient safety were not always identified and acted upon. The records system in place did allow staff to confirm the age of attendees. This meant that professional curiosity was relied upon to try and determine whether patients were the age they reported to be. This was not documented in any of the records we reviewed and represented an immediate patient safety risk, which the trust addressed at the time of our inspection.
- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice. We saw that clinical guidelines followed national guidelines. However, due to a lack of audits, it was unclear how clinical practice was monitored for compliance and consistency.
- The trust did not have clear oversight within the service. When staff raised patient safety risks relating to the IT system, the response had not been timely and effective.
- The governance structure in place was not always effective and there was not a systematic approach to monitoring, reporting and improving the quality of care.

However:

- Staff were caring and passionate about providing good quality services to people using the sexual health service. Staff spoke with enthusiasm about their roles and demonstrated dedication to providing effective care.
- Staff were able to describe the relevant national guidance and local procedures.
- There were systems in place to record incidents and staff we spoke with were aware of reporting incidents and how to report them. Managers investigated incidents and provided feedback to staff through team meetings.

Is the service safe?

Requires improvement

This was the first rating of this core service. We rated it as requires improvement because:

- The staff did not understand their role in recognising and preventing potential abuse, including child sexual exploitation and female genital mutilation. Staff did not have the ability to identify age appropriateness and manage risk.
- Systems were not in place to ensure that patients were appropriately protected. The IT system did not support staff to assess, treat, track and monitor patients identified with safeguarding concerns. Staff did not use the system to ensure that active multi-agency risk assessment conference and missing and child sexual exploitation cases were identifiable within the service. Our concerns were escalated to the trust at the time of the inspection and an action plan was put in place to address this risk.
- The service did not have robust arrangements in place that recognised and responded to risks to patients. Risks to patients were not always assessed, planned for and managed.
- The electronic recording system made it difficult for staff to access patient risk assessment questions relating to patients' female genital mutilation status. This left patients at risk of not being screened for signs of female genital mutilation.
- Clerical staff did not have the right training to identify risks to patients, particularly when dealing with young people.

Community Sexual Health

- Staff were not competent using the sexual health electronic patient recording system. This prevented them using the system and recording patient information effectively. We escalated this to the trust at the time of our inspection and they developed an action plan to address this.
- Appropriate records of patients' care and treatment were not always maintained. Records were not always clear and available to all staff providing care. Staff did not record evidence to demonstrate they used their professional curiosity to challenge information given by patients in relation to age. We escalated this to the trust at the time of our inspection and they developed an action plan to address this.
- Staff did not complete medication logs to show when medicines were removed from storage at the three sites we visited. This was not in accordance with the trust's medication policy or in line with best practice. It represented a risk of stock going missing without knowledge.

However:

- The trust provided mandatory training in key skills to staff and data demonstrated that training levels had improved for most training modules since 2017.
- We found a committed and skilled staff group who provided the right care and treatment for patients, despite our concerns around staff's understanding of safeguarding and female genital mutilation training.
- The service controlled infection risk well. They used control measures to prevent the spread of infection.
- Two services had suitable premises and equipment, and looked after them well. However, Brook Wirral was in need of some repair and redecoration.
- Staff within the service prescribed, gave and stored medicines well.
- We found the patient group directions were appropriately signed by the staff using them. These directions allow specified registered health professionals to give specified medicines to a predefined group of patients, without them having to see a doctor.
- 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. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good ●

This was the first rating of this core service. We rated it as good because:

- The service provided care and treatment based on national guidance and staff were aware of the local and national guidance available for use in the care and treatment of patients.
- Staff could describe guidelines relevant to sexual health services.
- Staff sought consent from patients prior to delivering care and understood the legal requirements such as the Children's Acts 1989 and 2004, Gillick competency and Fraser guidelines.
- Staff worked together as a team to benefit patients and improve the health of the local population.
- Managers appraised staff's work performance. Staff had regular appraisals in which they could provide support and identify any additional training needs.

Community Sexual Health

However:

- We saw evidence of some audit findings to improve care and treatment. However, due to issues with the IT system, the service was not as active in clinical audits to monitor people's care and treatment as compared with similar services.

Is the service caring?

Good ●

This was the first rating of this core service. We rated it as good because:

- Feedback from patients was positive about the way staff treated them. Staff supported patients treating them with compassionate care, kindness and respect.
- We observed staff speaking with patients in a respectful way. Staff understood the needs of patients and were flexible in meeting their needs.
- Chaperones were available if needed to provide support to people in clinics. There was information available explaining how this could be accessed.
- People using the service were complimentary about staff and the way they were treated. Patients told us staff were friendly and approachable and their privacy, dignity and confidentiality was maintained at all times.
- Staff provided information to patients in accessible formats. Patients were supported to understand their condition, care, treatment and any advice.
- Emotional support was provided to patients. Staff referred patients on for counselling and support services when necessary.

Is the service responsive?

Requires improvement ●

This was the first rating of this core service. We rated it as requires improvement because:

- People could not always access the service when they needed it. We reviewed the service's performance against its targets for a 10 month period between April 2017 and January 2018. This data showed that out of 13 key indicators, the service had not met 11 of their performance targets. The IT system did not support staff to record its true performance against its targets. The clinical team were monitoring the data to support an improvement in data recording quality. Following the inspection the trust submitted data which showed an improving picture of the sexual health service's performance against its targets.
- The IT system did not support the trust to provide a safe test requests and test results system due to a connection problem with the IT system and the laboratory. Concerns included a risk of errors due to manual data inputting, it being time consuming and that it had resulted in a significant number of breaches of the required timeline. The trust had an action plan outlining that performance was expected to improve links with the laboratory by the end of May 2018.
- We were not assured there was accurate monitoring of the number of patients who were turned away at Brook Wirral and how they were redirected. At Brook Wirral, we observed the latch was put on the door before the clinic closed so reception staff were not able to monitor the number of young people turned away.

Community Sexual Health

However:

- The service was an integrated service which meant that clinics were available to deliver contraceptive care, sexual health services and genito-urinary care.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and used them to improve the quality of care. Lessons learned were shared with all staff. Staff sought feedback from people who used the service.

Is the service well-led?

Requires improvement ●

This was the first rating of this core service. We rated it as requires improvement because:

- The service had experienced a period of change of managers at different levels. This had resulted in a lack of oversight and action to ensure staff had the right skills and were delivering high-quality sustainable care.
- The service had not always shown a systematic approach to continually improve the quality of its services.
- There were not clear and effective processes for managing risk, issues and performance across the service. Risks were not escalated appropriately and the service had been slow to implement changes to mitigate identified risks.
- The service had not always collected, analysed, managed and used information well to support all its activities.

However:

- The service had a vision for what it wanted to achieve and workable plans to turn this into action. The vision had developed with involvement from staff, patients and key groups representing the local community.
- The management team were promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- 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

The areas for improvement are highlighted above in the areas for improvement section.

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)

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

Regulated activity

Regulation

Diagnostic and screening procedures

Family planning services

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulated activity

Regulation

Diagnostic and screening procedures

Family planning services

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Regulation

Diagnostic and screening procedures

Family planning services

Surgical procedures

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Transport services, triage and medical advice provided remotely
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Transport services, triage and medical advice provided remotely
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

Nicholas Smith, Head of Hospitals, led this inspection. An executive reviewer, Maria Nelligan, Director of Nursing, supported our inspection of well-led for the trust overall.

The team included an inspection manager, seven inspectors, one executive reviewers, twelve specialist advisers, and one expert by experience.

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