



# CQC Inspection Follow up *Your Time To Shine*



# Introduction

## Our Inspection outcome

Our CQC Inspection took place in March 2016 and although recommendations were received, The Trust performed well. The feedback received from the CQC was very positive and they expressed their confidence in us to address the issues raised. The overwhelming feedback from our patients was that DCH is a caring organisation where they are treated with kindness and respect.

The report highlighted that four of the eight core services were rated as 'Good' and the Trust was rated as 'Good' overall for the caring domain. There were also areas where we needed to improve. We developed an action plan and have been committed to making these positive changes.

In this leaflet we have set out a sample of the recommendations and our progress with the improvement work.

Should you have any queries, you can contact the CQC Project Team on the email below

[CQCProjectTeam@dchft.nhs.uk](mailto:CQCProjectTeam@dchft.nhs.uk).

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Medical care	Requires Improvement	Good	Good	Good	Good	Good
Surgery	Requires Improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Requires Improvement	Good	Good
Maternity & gynaecology	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
Outpatients & diagnostic	Requires Improvement	Inspected but not rated	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

*“We're all here to provide the best care for our patients and the CQC visit can help us do that. Be open and honest; take pride in what we do well and acknowledge our challenges and what we are doing to address them.”*

*Nick Johnson,*

Director of Strategy and Business Development

### Next steps

We can expect the CQC to return to the Trust at any time for focus sessions with staff groups and unannounced visits by a small inspection team to follow up on the recommendation and improvements that we have made.

We welcome these return visits as they are a real opportunity to demonstrate that we seek feedback about our services, we act upon this feedback promptly in order to improve Safety and Patient Care and have robust systems in place to continue to improve the care we provide.

### Focus Groups

There will be focus groups arranged over the coming months where you will have an opportunity to talk with the CQC team and to share your everyday experiences of caring for our patients here in Dorset. The Trust welcomes and encourages your involvement in these sessions. The focus groups will be an opportunity to demonstrate how seriously we all take patient safety and quality at DCH and to show the inspectors how well we engage with each other in order to improve our services.

We want you to feel comfortable during these sessions and the sessions will be organised in such a way so that you can feel free to speak out.

### Contact details

For further information please contact

[CQCProjectTeam@dchft.nhs.uk](mailto:CQCProjectTeam@dchft.nhs.uk)

## A sample of the recommendations from our inspection

### THEY SAID

#### SAFE

All patient records must be stored securely to maintain patient confidentiality.

Management and administration of medicines always follows trust policy.

All Trust Risk registers are to be current and include all factors that may be adversely affect patient safety.

Develop governance processes across all specialities and divisions with a standardised approach to recording and reporting. Information is used to develop and improve service quality. Consultants supervise junior registrars in line with RCOG guidance.

Five steps to safer surgery checklist is appropriately completed.

Number of nurses on duty are based on the numbers of planned by the trust all times of the day and night to support safe care.

### WE DID

- All areas have secure storage areas.
- Information Governance checks will ensure consistent approach to security of patient records.
- Action plan drawn up to address areas of concern.
- Regular audit programme undertaken to monitor improvements.
- Risk registers have been reviewed and refreshed.
- All areas are undertaking regular review of risk registers.
- Corporate and Clinical Governance review is underway in line with Divisional restructure.
- Clear lines of reporting and assurance identified.
- Agreed actions through Clinical Governance meeting.
- Spot audit to be undertaken and reported through governance.
- Completion of WHO checklist is being monitored.
- Audit tool and process being reviewed.
- Skill mix review has been completed and approved.
- Skill mix implemented.

## THEY SAID

### SAFE

All equipment is clean, fit for purpose and ready to use in ED. A clear process must be implemented to demonstrate the mortuary trolley has been cleaned, with appropriate dates and times recorded.

Regular monitoring of the environment and equipment within the ED and action taken to reduce risks to patients.

Patients in minor operations room in ED have a reliable system in place to be able to call for help from staff.

Sufficient Palliative care consultant staffing provision in line with national guidance and to improve capacity for clinical leadership of the service.

The number of midwives is increased according to trust plans and in line with national guidance to support safe care of women.

There is sufficient therapy staff available to provide effective treatment of patients.

Staff attend and or complete mandatory training.

## WE DID

- Cleaning audits are undertaken and reported through Clinical Governance.
- Cleaning regime has been implemented in the Mortuary and records audited.
- Regular environmental checks are undertaken.
- Regular cleaning audits are undertaken and reported upwards.
- Alterations planned in minor ops area.
- Temporary measure in place.
- Audit underway to scope role requirement for End of Life Care.
- Plan developed and phase 1 complete.
- Review of substantive staff versus budgeted underway
- Team are successfully recruiting to vacancies.
- Continued work through Clinical Services Review.
- New Key Performance Indicators reported through Clinical Governance.
- Divisional performance reviews to ensure delivery remains on track.

## THEY SAID

### RESPONSIVE

Mixed sex breaches in critical care must be reported within national guidance and immediately that the breach occurs.

Turnaround times for typing clinic letters are consistently met, monitored and action taken when targets are not met across all specialities within the trust.

### EFFECTIVE

Implementation of clear and measurable action plans for improving end of life care for patients. There is monitoring and improvement in service targets and key performance indicators, as measured in the National Care of the Dying Audits.

Care and treatment in all services consistently takes account of current guidelines and legislation and that adherence is audited.

### Inspection Outcome: Requires Improvement

Everyone has worked tremendously hard to make the improvements required in the recent months and with continued support through leadership development, ongoing education and training, recruitment and staff development we know we can achieve our goal.

We thank you for your continued support and dedication

## WE DID

- Local agreement with CCG and CC Network.
- New policy developed and approved.
- Accurate recording on database and on CCU handover sheets.
- Clinical utilisation group set up and underway.
- Action plans developed for each service.
- Tracking of turnaround times introduced and monitored.
- Development of local strategy completed and agreed.
- Key performance indicators collected and reported monthly.
- Service targets set and recorded monthly and reported to EOLC Committee.
- Feedback from NICE implementation Committee is disseminated.
- Current local guidance is reviewed regularly and discussed at Clinical Govern-

## Your Time to Shine

We are all very proud of the services and care that we provide at DCH and these follow up visits are your opportunity to show the CQC all the great things you do and how you are working with patients to improve their care. You and your team may wish to have a discussion taking into consideration the questions below.

**How good is the service you provide?**

*(How do you know this and what do your patients say?)*

**What are you proud of?**

*(How do you share this?)*

**What are your concerns?**

(Where do they get discussed?)

**What change has been made in the Ward/Dept and why were they needed?**

**Are there any other things you would like to discuss with your line manager?**