

# CQC inspection report Report to Portsmouth HOSP



A black and white photograph of a young man with short, dark hair, smiling broadly. He is resting his head on his right hand, with his fingers curled near his face. He is wearing a dark, patterned shirt. In the background, a window with a white frame is visible, showing a bright outdoor scene. The overall mood is positive and relaxed.

**What are we proud of?**

Our 'Outstanding' LD services

Our caring and compassionate staff

Our research activities

The way we work with  
other organisations

Our work around new  
models of care

How we learn from mortality reviews

Our innovative practices

Our Tulip Clinic

Our end of life care services

The feedback from parents  
and carers

# Heat maps

## Solent Community Services

	Safe	Effective	Caring	Responsive	Well-led		Overall
Community health services for adults	Requires Improvement	Good	Good	Good	Good		Good
Community health services for children, young people and families	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement		Requires Improvement
Community health inpatient services	Good	Good	Good	Good	Good		Good
End of life care	Good	Good	Good	Good	Good		Good
Sexual Health	Good	Good	Good	Good	Good		Good
Overall	Requires Improvement	Good	Good	Good	Good		Good

# Solent Mental Health Ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Requires Improvement	Good
Specialist community mental health services for children and young people	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community-based mental health services for older people	Requires Improvement	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement
Community mental health services for people with a learning disability or autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Community Substance Misuse	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement



Honesty



Everyone counts



Accountable



Respectful



Teamwork



## Heat map – Primary Care Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Portswood Solent GP Practice	Good	Good	Good	Good	Requires improvement	Good
Adelaide Health Centre	Good	Good	Good	Good	Good	Good
Royal South Hants Hospital - Nicholstown	Requires improvement	Good	Good	Good	Requires Improvement	Requires Improvement

## Heat map – Overall Trust Rating

	Safe	Effective	Caring	Responsive	Well led		Overall
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement		Requires Improvement



# End of Life Care

	Safe	Effective	Caring	Responsive	Well-led	Overall
End of life care	Good	Good	Good	Good	Good	Good

- Good leadership, strong vision and focus on patient centred care
- Safety rated as good
- Effective care and treatment
- Evidence-based practice.
- Effective multidisciplinary working
- The care provided was good.
- Patients were truly respected and valued as individuals and were empowered partners in their care.
- Feedback from patients, relatives and carers was consistently positive and there were many examples of staff going 'above and beyond' when delivering care

# However

- Need to monitor rapid discharge of those expressing wish to die at home
- Review quality of MCA assessments \*
- Improve record management \*



# Community health inpatient services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good	Good	Good	Good	Good	Good

- Staff understood their responsibilities to raise concerns and report incidents, and evidence learning occurred as a result.
- Staffing levels were sufficient to provide safe care.
- Staff provided care and treatment that took account of nationally recognised evidence based guidelines and standards.
- Patient pain was managed effectively, and patient's varied dietary and nutritional needs were met.
- The trust took part in national and local audits to measure and promote improved outcomes for patients.
- Staff had a good understanding of their responsibilities to the Mental Capacity Act and applied it appropriately when caring for patients who had reduced capacity and cognition.
- There was a strong emphasis on multidisciplinary working across all inpatient wards.
- Nursing and medical staff were caring, compassionate and patient centred in their approach..
- There was a clear governance framework to monitor quality, performance and risk at ward level

# However

- Pressure from PHT on admission criteria in Spinnaker
- Time to complete mandatory training
- Medicine \* and equipment storage
- Access to social services
- Access to interpreter services \*

# Community health services for adults

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community Health Services for Adults	Requires Improvement	Good	Good	Good	Good	Good

- Responsive teams working collaboratively to meet their patients' needs.
- They provided care close to or within the patients' home environment, thus reducing hospital admissions.
- Staff used comprehensive holistic patient risk and care assessments,
- Patient and their families received compassionate, focused care, which respected their privacy and dignity. Without exception, patients we spoke with praised staff for their kindness, caring and empathy.
- Most formal patient feedback was positive, although where there were complaints; clear action plans were in place.
- Community services for adults provided care based upon the latest national guidance from the National Institute for Health and Care Excellence (NICE).
- Well-established multidisciplinary team (MDT) working across all the teams we visited.
- Staff had mandatory training and most had had appraisals and access to personal development.
- The trust had actively engaged staff in agreeing values to support the trust vision and strategy.

# However

- City differences and inequity
- Staffing pressures - need to ensure safe levels \*
- Pressure ulcer rates \*
- Using the new health record and access to IT equipment \*
- Wheelchair provision and access to community equipment \*
- Staff awareness of and use of duty of candour \*
- All facilities have emergency alarms \*

# Acute wards for adults of working age and psychiatric intensive care units (PICU's)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Requires Improvement	Good	Good	Good	Good	Good

- Comprehensive and mostly person-centred assessments on admission.
- Physical health assessments took place on admission.
- Good multidisciplinary team input in to patient care from a number of professionals across both wards.
- Mental Health Act documentation was complete across both wards. Staff adhered to the principles of the Code of Practice.
- Patients told us staff were caring. They had access to advocacy and information on their rights.
- We observed warm and professional actions on both wards despite the staff being under pressure.
- Patients could access information easily about treatment and support.
- Patients' needs were respected with regard to food, cultural and their spiritual needs. There was good access to interpreters
- Managers were available to staff. Despite the high acuity of patients and increased risks in previous months, staff had maintained fairly good morale and told us they felt supported by their leaders.

## However

- Potential ligature points in the enclosed gardens of both wards. \*
- On Maple ward there was no clear segregation of male and female bedrooms. \*
- Reporting safeguarding concerns on Maple ward in care plans \*
- Time for training and supervision
- DTOCs; forensic and housing



# Community-based mental health services for adults of working age

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good

- Managers were aware of staff caseloads and adjustments were made to take account of the complexity of patients.
- Patients who required regular blood checks to ensure maintenance of therapeutic levels of medicines, attended clinics run by the “wellbeing” staff.
- Care plans were up to date, personalised, holistic, recovery orientated and included evidence of ongoing physical care, informed consent and appropriate consideration of mental capacity.
- Staff had a very good understanding of the needs of their individual patients.
- Staff were committed to patient care and care was patient centred.
- Staff were responsive to patients’ needs and able to demonstrate how they could draw on increased support from colleagues if required.
- There were clear care pathways dealing with access and discharge to the community teams.
- Staff were overwhelmingly positive about the culture of the teams which they described as mature, supportive and very open. They also felt supported by line managers and colleagues.

# However

- L shaped interview rooms and lack of visibility
- More break away training

# Long stay / rehabilitation mental health wards for working age adults

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good

- Staffing levels were good and there was a good sense of relational security.
- Good morale amongst the staff, and a sense of team spirit. Leadership and development were encouraged and there was a team approach to service development.
- The ward was clean. Furnishings were in good order and the ward was well maintained.
- Staff used de-escalation techniques to reduce the need for restraint.
- Patients had a comprehensive assessment on admission, which included mental and physical health. On-going assessment was evident.
- Staff received management and clinical supervision, staff appraisals were carried out.
- There were good working relationships with the community teams and the acute and PICU wards that were located on site.
- All patients we spoke with told us that staff were caring and kind.
- Patients told us they were included in discussions and decisions relating to their care and treatment, and we observed a strong culture of promoting independence and rehabilitation.
- The ward had had a sufficient number of beds to meet the needs of patients from the catchment area. Discharge was well planned.
- Staff told us they felt supported by their immediate managers.
- Morale was high, with a low turnover of staff. There were opportunities for staff to develop their skills.

## However

- Non collapsible curtain rail remove and complete all other anti-ligature work \*
- Mandatory training missing elements

# Mental health crisis services and health-based places of safety

	Safe	Effective	Caring	Responsive	Well-led	Overall
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Requires Improvement	Good

- There was a range of psychological therapies available to patients using the crisis and home treatment service.
- Staff of the crisis and home treatment service told us they were well supported and had a good induction to the services.
- Patients we spoke with told us that the staff were respectful and staff reported morale as high.
- The crisis team had daily multidisciplinary meetings (Monday to Friday) to discuss patients and update risk assessments. Detail and quality was good in most of the care records we reviewed.
- The crisis team had access to a full range of mental health professionals and had non-medical prescribers.
- The crisis team had capacity to respond to routine and urgent referrals and all patients were visited within target times.
- Staff acted in a kind and respectful manner with patients. The patients we spoke with all said staff were supportive.
- All staff we spoke with were enthusiastic and caring.
- Patients were involved in recruiting staff. And could give feedback as part of a patient forum.

# However

- Address deviation from multi agency policy on HBPOS \*
- HBPOS stark
- Governance systems to monitor care in HPBOS \*
- Time for training and development \*
- Copies of care plans for clients



# Specialist community mental health services for children and young people (Portsmouth)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

- Risk assessments, care plans, crisis plans all comprehensive
- Supportive staff
- Good team working including multiagency
- Foster and parent feedback positive
- Staff spoke respectfully of young people
- Portsmouth CAMHS was well staffed with a 2% vacancy rate
- Clear arrangements for cover arrangements for sickness, leave, vacant posts to ensure patient safety.
- Crisis plans were completed and well integrated into their work.
- Mandatory training 95%

# However

- More user involvement in service needed
- Internal waits
- Risk assessments, crisis plans, care plans completed \*
- Training to undertake the role\*
- Access to unsafe areas\*
- Effective governance systems including waiting list management \*

# Community health services for children, young people and families

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

- There is a well -established children’s outreach assessment and support team (COAST) service in Southampton and Portsmouth.
- The interactive “Trache bus” is an innovative service which was available to children living in Portsmouth.
- In the clinics, medicines such as vaccines were stored safely and in line with guideline to maintain the cold chain.
- There was an effective process for safeguarding children which included safeguarding supervisions for staff.
- Staff adhered to infection control procedures to minimise of the risk and spread of infection.
- Records were stored safely and securely, although access to records was variable due to IT issues
- The duty of candour process was applied as required which included evidence of action taken information being shared with the relevant people.

## However

- Urgent equipment such as suction machine must be available in schools \*
- Medicines are administered and stored safely in special schools and protocols followed \*
- Staffing is reviewed and there are adequate staff to deliver the healthy child programme, health visiting and school nursing services. \*
- Robust processes are developed for identifying risk and monitoring quality across all services particularly school nursing.\*
- Staff receive training and appropriate supervision and their competencies are assessed re extended roles\*

# Wards for older people with mental health problems

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

- Staff were caring and committed to delivering a positive patient experience. Patients told us that they felt safe on the ward.
- Physical health monitoring was completed on admission and routinely thereafter. Care plans were up to date, comprehensive and patient focused.
- Best practice with regards to prescribing was being adhered to. Covert medication was being managed well.

## However

- Safeguarding procedures were not always being adhered to with regards to patient on patient assaults. \*
- Staff did not know where the ligature cutters were or what they were used for. \*
- Some ligature risk and control measures were missing from the annual audit tool.
- Staff were not adhering to best practice with regards to mixed sex environments or following local safety procedures- there was no separate female lounge in the smaller eight bedded area. \*
- Confidential information was not stored securely. \*
- Mandatory training issues
- There was a lack of oversight by senior staff on the ward with regards to resuscitation procedures, safeguard reporting and managing mixed sex environments. \*



# Community - based mental health services for older people

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for older people	Requires Improvement	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement

- Patients were seen within six weeks of referral in accordance with the guidance from the National Institute for Health and Care Excellence.
- The team took a proactive approach to re-engaging with people who do not attend appointments
- The waiting areas and clinic rooms were welcoming and comfortable
- We saw the information pack that staff gave to people using the memory clinic. It contained a good range of literature, including information how to complain
- We observed some examples of reasonable adjustments that staff had made so there was disabled access
- The carer we spoke with told us they knew how to complain. They were able to describe the complaints procedure and all said they felt confident that staff would act upon this if needed
- Caring not rated..... We observed warm interactions with a patient and carer in the clinic setting and staff demonstrated professionalism
- We spoke with one patient and their carer, they were very positive about the treatment they received and described staff as very helpful friendly and polite.

# However

- Carry out physical health checks in line with guidance \*
- The staff member who managed the memory service had a caseload of over 600 patients. Therefore, patients did not receive six monthly reviews of their medication in line with national guidance. \*
- Staff did not follow the trust's policies and procedures when managing medicines. Therefore, staff did not manage medicines in line with current legislation and guidance, including those related to storage and transportation.
- Staff told us that they managed risk and investigated incidents. However, at the time of the inspection staff could not provide any records of risk assessments, incident reports or audits of these records..
- Leadership to have access to policies procedures and documents \*
- Electronic care records were of inconsistent quality.
- Care records did not describe how staff involved patients in making decisions about their care
- Statutory and mandatory training issues
- The clinic did not have hand-washing sinks in the consultation rooms and had not completed an environmental risk assessment

# Community Substance Misuse

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community Substance Misuse	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

- There was emergency equipment that staff regularly checked and emergency procedures in place.
- Although staff in the Southampton service did not document interventions clearly, we did see some positive outcomes for clients in some of the care records.
- Clients in both services had good initial assessments, risk assessments, access to psychosocial interventions and social support in both locations.
- Most clients told us they felt respected and the teams were caring.
- Staff attitudes were positive towards clients in both locations.
- We observed kind and respectful interactions between staff and clients.
- Clients told us they understood their rights regarding confidentiality and sharing of information.
- We saw good examples of client involvement in recovery care plans in both locations.

# Community Substance Misuse

**However there are a range of concerns about the Southampton service despite the Portsmouth service performing well.**

- The trust must ensure that staff in the prescribing services review prescriptions regularly and policies are in place clearly outlining staff responsibilities in this.\*
- The trust must ensure that staff are supported effectively to monitor and manage caseloads.\*
- The trust must ensure that staff complete all safe storage visits for clients with children, and embed a system to identify which new clients starting treatment need a home visit. \*
- The trust must ensure that all clients have a prescribing care plan in place.\*
- The trust must ensure that there are sufficient staffing levels to safely manage and review clients who are in receipt of prescriptions.\*
- The trust must ensure that both services have signed patient group direction forms (PGD).\*
- The trust must ensure that staff undertake clear discharge planning for all clients accessing the prescribing service. This includes those clients who routinely do not attend appointments or who disengage.\*
- The trust must ensure that managers add all risk items to the service risk register on an on going basis.\*
- The trust must ensure that staff attend mandatory training.\*

# Community mental health services for people with a learning disability or autism

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community mental health services for people with a learning disability or autism	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

- Staff truly respected and valued service users' as individuals and aimed to empower them to achieve what they wanted to.
- All staff had a focus on the individual in what they did, with an ethos of enabling service users'.
- The service was focussed on the needs of the people using it and valued their participation in their care. Leadership within the service drove a positive, valuing and learning culture that staff thrived in.
- The service was innovative in developing new approaches to care and was responsive to the needs of service users'. These were developed collaboratively with people using the service.
- Capacity and consent were carefully considered in all interventions. Interventions followed best practice guidance and latest research which the service regularly reviewed.
- Governance arrangements were exemplary. The service had excellent learning from complaints and incidents
- The service continually reviewed best practice and national guidance and how it could be applied to the service. The service worked hard to gain feedback from people using the services in different ways and then acted on it.



# However

- Could improve consistency of risk assessments



Take more opportunities to share  
and learn between cities

Review of resource to deliver  
Healthy Child Programme

Ensure training methods always  
appropriate and accessible

Improve the involvement  
of service users

Improve access to forensic services

Improve standards of OPMH services

Supporting staff and  
managing workload

Deliver improved substance  
misuse services

# Action taken / action plans

A number of action plans were put in place immediately after the Inspection in July. These were specifically related to:

- Substance Misuse
- CAMHS (Southampton but with applied learning)
- Brooker Ward
- 136 suite
- Mary Rose School

Verbal feedback during the inspection initiated a number of action plans under weekly monitoring. The final reports also contain additional must/should actions that are now being actioned and tracked

# Multi-agency opportunities for learning

- Caseloads/ demand and capacity - health visiting, school nursing, OPMH community, SMS Soton, Paed continence., CAMHs waits, Spinnaker pressure
- Staffing pressures of above impacting on time for learning and supervision and time for case conferences
- DTOCs and delays in fast track and access to DoLs
- Differential commissioning; 136, EoL
- Wheelchairs and access to community equipment
- Complex commissioning structure; Soton SMS
- Forensic provision

# Today you would see

A growth in our learning culture as a result of our CQC experience

A sense of pride

Staff settled into  
new locations

Successful bid for sexual  
health services

Cohort 2 of Quality  
Improvement Programme

Improved staff  
engagement (3.82/5)

Great Place to Work  
Programme

Expanded and advanced  
staff communication

Less vacancies

Sound finances

Improved IT functionality

**Solent's vision is to  
provide great care, be a  
great place to work and  
deliver great value  
for money**



**Honesty**



**Everyone counts**



**Accountable**



**Respectful**



**Teamwork**



**Honesty**



**Everyone counts**



**Accountable**



**Respectful**



**Teamwork**

