

Southport and Ormskirk Hospital NHS Trust

RVY

Community health services for adults

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
	Ainsdale Centre for Health & Well-being		
	Community emergency response team		
	Churchtown Community Clinic		
	Hants Lane Clinic		
	Sandy Lane Health centre		

This report describes our judgement of the quality of care provided within this core service by Southport and Ormskirk NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Southport and Ormskirk NHS Trust and these are brought together to inform our overall judgement of Southport and Ormskirk NHS Trust

Summary of findings

Ratings

Overall rating for the service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Summary of findings

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Summary of findings

Overall summary

Community health services for adults in Southport & Ormskirk were last inspected in November 2015. The service received an overall rating of Requires Improvement although the caring domain was rated as Good. We found staffing numbers to be low and inadequate, particularly in district nursing services. It was felt there was a lack of senior management attention. An action plan was introduced to remedy the situation which we have monitored.

It should be noted that;

- At the time of our inspection in April 2016, the service was going through a procurement process in both its commissioned areas of activity.
- The trust were not successful in the tender process for the community adult services in West Lancashire and its current adult services would be transferred to a new provider shortly.
- The remaining services in Sefton were in the process of being tendered at the time of inspection and the Trust was hopeful of retaining the services commissioned in that area.
- It was recognised that the procurement process had an effect on the services ability to proactively develop the shape of its services and may have caused some issues around the recruitment and retention of staff in the period between our inspections.
- Whilst we found a certain level of anxiety in the staff group and its managers because of the procurement process, we also found them to be resilient and motivated. The staff had put enormous effort into stabilising the service and were on an upward trajectory to making the service good, despite a number of setbacks.

At this inspection we rated the service as Requiring Improvement because:

- Although we saw significant improvement from our last inspection it was from a low base. The service had improved its rating in two areas in both the Responsiveness and the Well Led domains. The

Caring domain continued to be good. Safety and Effectiveness were still seen as requiring improvement although improvement had been seen.

- Some of the areas of concern which we found in this inspection had been highlighted in our last visit in 2015.
- The service had an over reliance on agency staff to cover vacancies. At times agency staffing reached 50% of the workforce, especially in some district nursing teams. The service itself had recognised that this over reliance on agency staff was a risk. Time and energy was targeted towards filling in gaps through the use of agency staffing on a weekly basis. The reliance on agency staffing led to teams having limited time to reflect on future planning of care and reviewing the effectiveness of what they did.
- The community health services for adults were unable to show us how they shaped service delivery. The managers in community health services for adults noted that information systems were slow and hard to make sense of both in interview and on the local management log. We felt the service needed to improve at showing how they made patients' lives better and healthier with hard evidence.
- Despite improvements in staffing numbers a legacy still existed of some teams having not undertaken staff meetings or supervision.
- Mandatory training rates and personal development plans (PDPs) were below what was expected by the Trusts own standards in a number of community teams. A direct correlation existed between high use of agency staffing and the lack of personal development plans and mandatory training. The numbers of staff in community health services who had been appraised were below the numbers expected in the trusts own performance targets. In some district nursing teams the lack of appraisal was concerning.

However ;

Summary of findings

- The services staffing numbers were on an upward trend but still required improvement and this had an impact on how well it performed in the area of safety. In February 2015 the teams collectively had 53% of the staff they required to deliver its services. As of January 2016, this figure had risen to over 86% of required staff.
- Considerable improvement had been made in leadership. The staff told us that they were listened to by managers and in most cases found that change had occurred after our last inspection.
- The responsiveness of staff to patient need was seen as good with appropriate facilities, delivering planned care, in a way that suited individual's needs.
- Whilst teams focused on patient care, staff also told us they were unsure about where they would be employed in the future. Planning for changes in services was on hold until the completion of the final tender bid.
- Community health services for adults had developed a reporting tool, which gave senior managers real time updates on staff numbers and enabled them to make high level decisions about filling staff vacancies quickly.
- The service had made a concerted effort to fill its vacant staffing positions but this was, mainly by the use of employing agency staff in its teams.
- Managers advertised posts based on established staffing levels and used agency to achieve safe levels of care.
- We found that the majority of staff were happy about the progress made by the service in terms of staffing and they were appreciative of being listened to and had noticed positive change.
- Good processes were in place to reduce the risk of abuse and avoidable harm to patients. Training was on offer so that teams could identify concerns regarding Adult abuse or Child abuse. Systems were in place to report and record concerns about patients who were in the services care.
- The data we gathered provided us with evidence that incidents of harm to patients was relatively low when compared to the rest of the Trust.
- We were told by staff that teams had an open culture, where they felt free to disclose concerns and report issues as they occurred. The managers showed us that they took those concerns on board by making changes when staff voiced an issue about potential patient safety.
- Patients told us they felt safe and “in good hands”, whilst in the care of the community health services for adults.
- The service and its teams were seen as providing good care and were person centred and committed. The staff showed empathy and concern for people they treated. We observed staff giving good care to patients in their homes and in clinic treatment rooms.
- We found that staff were responsive to patient need and were good and competent at their job. The teams provided care to patients in different ways depending on circumstance.
- The patients we talked to valued what the staff did for them and felt Involved in their treatment. The staff talked to them and their families about treatment and placed patients and carers at ease.
- We saw a workforce who obviously supported each other and who were resilient and vocal about health care.
- We found examples of good leadership across the individual services. The recruitment of some new staff has enabled managers to start to have some space to think about leading rather than covering gaps in their own services because of lack of staff.
- We found on the whole that managers were visible in services. The staff noted how managers up to district level were available and supportive, often coming to services to see how staff were coping. Staff members talked of managers helping out at the shop floor when needed and they clearly had a fondness and respect for them.
- Despite uncertainty in their future employment staff were positive about their role and told us they concentrated on patient care first before anything else.

Summary of findings

Background to the service

Southport & Ormskirk Trust Hospital NHS Trust first registered with the CQC on 1 April 2011.

The Trust is an integrated care organisation which provides both acute and community based services.

Community adult services in Southport & Ormskirk were last inspected by the CQC in November 2015. The inspection of the services provided an overall rating of Requiring Improvement.

Whilst adult services are managed as one distinct group of staff, they are presently commissioned by two distinct areas which are Sefton Clinical Commissioning Groups and West Lancashire Clinical Commissioning Groups.

The service is made up of a range community teams consisting of nursing, therapy and specialist staff. The teams provide care to adults in their homes or in community based settings.

The services are often focused on providing planned care and rehabilitation following illness or injury. Staff provide ongoing and intensive management of long-term conditions and coordination of care for people with multiple or complex needs.

The core service includes:

- Community nursing services or integrated care teams, including district nursing, community matrons and specialist nursing services.
- Community therapy services
- Community intermediate care
- Community rehabilitation services
- Community outpatient and diagnostic services.

The core service does not include: community end of life care for adults – these services are covered by the end of life care core service.

At present the service is going through a procurement process in both its commissioned areas of activity. West Lancashire Clinical Commissioning Groups recently tendered out its community adult services which the Trust provides.

The trust was unsuccessful in the tender process for adult services in West Lancashire which will be transferred to a new provider shortly. The remaining services in Sefton are also due to be tendered although the Trust is hopeful of retaining the services commissioned in that area.

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh;

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The service was inspected by an inspector and a community nurse.

Why we carried out this inspection

The inspection was carried out as part of the follow up comprehensive inspection of Southport and Ormskirk NHS Trust.

Summary of findings

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 13 April 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists.

We carried out an announced visit on 12 to 15 April 2016. We visited Ainsdale Centre for Health & Well-being; Community emergency response team; Stoma; Churchtown Community Clinic; Hants Lane Clinic and Sandy Lane Health centre.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The service should ensure that staff within the service are up to date with their statutory and mandatory training
- The service should ensure that staff within the service are up to date with their personal development plans.
- The service has an over reliance on agency staff who are employed to cover vacancies. It should monitor and review its agency staffing levels and reduce them.
- Safe staffing numbers should continue to be monitored and improved upon.
- Clinical notes in Ainsdale district nursing team should be audited. The notes were repetitive in nature and some risk assessment documentation was not apparent.
- We found no evidence of how the service calculated the staff it required other than using historical numbers as a base line. The system the service used did not take into account the acuity (the level of severity of illness) or level of need and the complexity of patients that were being seen by teams
- The service had a minimal number of contributions to the NHS Friends and Family Test (FFT) which is a satisfaction survey that measures patient's satisfaction with the healthcare they have received.
- The issue of low compliance in safeguarding across some teams should be addressed immediately.

Southport and Ormskirk Hospital NHS Trust

Community health services for adults

Detailed findings from this inspection

Requires improvement 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

In our previous inspection in November 2015 we rated Safe as Requiring Improvement. The services were seen as needing improvement in having sufficient numbers of staff to provide safe, effective and responsive services.

In this inspection we rated Safe as requiring improvement because:

- Gaps in permanent staffing had increased the use of agency staff. In some district nursing teams staff rotas showed agency staff represented 50% of the total workforce. This was affecting the safety and consistency of service delivery and had been identified on the service risk register.
- Mandatory training rates in some teams, particularly in the district nursing service, were low.
- A caseload management tool to examine present and future staffing resource requirements was available however; no work had been undertaken with teams to actually physically establish numbers of cases and level of staffing required in teams.

- The information systems available to senior managers did not allow them to have “a bigger picture” long term view of the overall service staffing requirements.
- Community health services for adults in West Lancashire had recently been tendered out and won by an alternative provider. The services faced a period of movement or displacement of staff and we found a sense of uncertainty in staff and managers.
- The tendering process for the remaining services in Southport and Ormskirk was incomplete at the time of the inspection. The services faced a period of uncertainty in staff and managers.
- There were some inconsistencies regarding the use of documentation and the completion of patient risk assessments was inconsistent. The service was monitoring documentation and taking actions to improve its assessments.

However:

Are services safe?

- The trust had put an action plan in place to tackle staffing numbers. Senior managers had taken corporate responsibility for monitoring staffing levels and a communication line had been established with local managers.
- The trust had made a significant and positive improvement in regards to planning and delivering on its staffing numbers on a daily basis.
- Staff felt their teams work was safe across all the service we attended. Staff in Churchtown and Ainsdale district nursing told us how much the service had improved since the last CQC visit, particularly in respect of staffing numbers.
- The seriousness of incidents was low and were proactively reported, documented, reviewed and lessons were learnt.
- There were trust wide safeguarding policies and procedures in place, which staff in the service adhered to and understood.
- Infection control practices were of a good standard. Medicines were well managed and there were business continuity plans in place.
- The trust used paper and electronic records which were all accurate, complete, legible and securely stored. There was on-going auditing of record keeping which was monitored and any issues were fed back to the staff.
- The staff were aware of the trusts duty of candour policy and were also able to articulate in what circumstances it would be used.
- Buildings were clean and equipment was up to date in all the teams which were visited.
- The local performance dashboard was monitored through the trust and fed into its strategic performance dashboard which was monitored by the board.
- None of the local performance indicators showed upward trends or safety concerns in the last year.
- A Standard Operating Procedure (SOP) had been implemented across all services to inform and enhance staff understanding on the reporting of incidents and near misses.
- In community health services for adult services across the country, data usually shows pressure ulcers to be the number one cause of recorded harm to patients. Data provided by the trust showed this to be the case in Southport and Ormskirk Hospitals NHS Trust.
- The services own performance dashboard showed that community acquired pressure ulcers in general had decreased over the year 2015-2016. However the service saw an increase from 21 in October 2015 up to 33 in January 2016
- Commissioners had highlighted some concern over increases in pressure sore numbers and had asked for an action plan.
- The records we reviewed and discussion with staff confirmed that the trust had been proactive in taking steps to review the incidences of pressure ulcers using a Standing Operating Procedures (SOP) to identify the causes. The SOP also ensured that staff graded and recorded pressure ulcers correctly and used standardised treatment.
- The trust had developed a new quality improvement strategy (2016-2020) which had a particular emphasis on the successful identification of learning from incidents relating to pressure ulcers.

Safety performance

- The community health services for adults collected data which informed the NHS Safety Thermometer. The thermometer provides the community adult services with a 'temperature check' on harm that can be used to measure its progress in providing harm free care for its patients.
- The service had a local performance dashboard which examined safety performance on a quarterly basis. The dashboard was monitored and reviewed by senior managers in their governance meetings.
- Staff and patients, in every service we attended, described good and safe practice.
- Staff in Churchtown and Ainsdale district told us how much the service had improved since the last CQC visit, particularly in relation to staffing numbers.

Incident reporting, learning and improvement

- There was a services wide incidents log, which recorded all incidents in all of its teams.

Are services safe?

- In total there were 878 recorded incidents across the service teams from February 2015 to January 2016. The vast majority of incidents caused either no harm or minimal harm with only three of the 878 incidents classed as severe.
- Performance monitoring within the services showed that incidents in general were decreasing in the last year.
- The staff used an electronic incident reporting system which fed into the trust management system.
- Staff were aware of the system and were able to describe and demonstrate how to report incidents such as safeguarding using the online reporting system.
- Staff told us they felt able to tell managers about potential risk or concerns and were encouraged to report incidents or risks if and when one occurred.
- Member of staff in a district nursing team told us that they highlighted a potential risk in respect of staffing cover and managers dealt with it immediately.
- We reviewed governance committee meeting minutes for the service, which showed that managers reviewed recent incidents.
- There was a community health services for adults wide newsletter, which outlined any recent lessons learned due to incidents in services. Staff were able to see any issues that had arisen in other services so that they could apply the learning in their own teams.
- The two locality managers responsible for each district of the service attended safeguarding meetings in their respective areas, reporting back findings.
- The staff understood the process of contacting external safeguarding teams who could provide guidance and support to staff in during normal working hours. In a number of services this information was readily available on staff information boards or on desks of individual staff members.
- The staff were able to give examples of the types of safeguarding concerns they had faced, how they were reported and also positive outcomes in the protection of adults and children.
- The staff told us they received feedback from safeguarding concerns. Actual electronic referrals and email discussion with safeguarding teams and colleagues was evident.
- Staff gave examples of where they had intervened to protect vulnerable carers through liaison with other services.
- The staff evidenced a multi-agency approach to dealing with concerns including sharing information with other services when appropriate.
- The trust required staff to undertake safeguarding training as part of its mandatory training programme.
- We found that safeguarding level fluctuated across the service and 38 of the staff groups in the service were 100% compliant.

Duty of Candour

- Duty of candour requires the service to be open and transparent. It also requires that they notify patients (or other relevant persons) of 'certain safety incidents' and support them. The Trust wide duty of candour policy was in place and staff in community adult teams were aware of what the term meant and how to comply with it.

Safeguarding

- There were trust wide safeguarding policies and procedures in place, which staff in the service adhered to and understood.
- Safeguarding was discussed as part of a wider governance structure within the service.

Medicines

- However we found some services needed to make significant progress and 14 were fewer than 60% compliant.
- Whilst many of these staff groups were small, the district nursing teams in Hants Lane at 26%, Curzon at 30% and Churchtown were at concerning levels of compliance. The podiatry service in Sefton also showed significant numbers of staff who had not addressed safeguarding training. The issue of low compliance in safeguarding across some teams should be addressed immediately.

Are services safe?

- Medication incidents were reported and discussed at monthly senior manager governance meetings where performance was discussed across all the service areas. The meetings were attended by clinical and managerial leads and the lead pharmacist.
- The service undertook reviews on all medication incidents and had identified that 15% of all reported medication incidents recorded were missed doses. In total there have been 92 medication incidents from January 2015 to February 2016 with no discernible pattern highlighting concern.
- The service received support from the trusts corporate pharmacy team relating to medication advice or queries' and had representation at the trusts Drugs and Therapeutics Committee.
- The service learned from reported incidents. As part of this learning the use of a 'priority patient' list in district nursing was developed. It was used to complete a daily check ensuring that those patients expecting a visit for insulin administration were visited. The service supplied locked boxes for syringe drivers, following an incident involving an incorrect drug administration.
- The trust was working with commissioners to implement a team of non-medical prescribers in an Enhanced Community Continence and Urology Service. The service had identified that it was not currently practical or safe to adopt non- medical prescribers in the present service structure.
- Whilst medicines were owned by the patients in the community, district nurses said they always advised that controlled drugs be kept securely and they checked the stock on visits.
- We saw evidence of review of medicines owned by patients on a home visit which we attended with district nurses. Medication provided by a GP was discussed and we were told by the patient the nurse had contacted the GP on the effectiveness of medication.
- Regular maintenance was carried out on all services including cleaning of buildings if and when needed.
- The equipment in buildings and clinic rooms such as blinds, curtains and workspaces were found to be generally clean and dust-free.
- The clinic rooms had a robust system for disposal of waste, waste bins were clearly marked. The handling, storage and disposal of clinical waste including sharps followed protocol. All storage areas were labelled clearly so that staff could find equipment.
- The service had guidance procedures in place to ensure environmental cleanliness and prevention of healthcare acquired infection.
- All the staff were aware of environmental cleanliness techniques and were also fully aware of prevention of healthcare acquired infection.
- Equipment was regularly maintained and fit for purpose.
- Reviews were undertaken of equipment and the environment.

Quality of records

- Patient records were stored in service offices and in the patient's home. Staff also completed an electronic record using the trust's online system.
- Paper record systems were being used but the Trust had invested in a new system of electronic recording (EMIS) which teams were about to introduce. The use of the new system will enable increased communication with primary care services such as GPs.
- Standards of record keeping were monitored in the service. The most recent audit in teams was conducted on notes from District Nursing in Churchtown, with overall compliance at 89%, and 9 of 10 records achieved over 75% compliance.
- We reviewed 14 sets of care records for patients and they were generally of high standard.
- 10 had the names and appropriate designations for medical and nursing staff clearly documented.
- All had diagnosis and management plans as well as pressure ulcer risk assessments in the notes.

Environment and equipment

- The environment in the community clinics was appropriate to deliver care and treatment. Some clinic premises were old and tired; others such as Ainsdale health centre were relatively new and spacious.

Are services safe?

- All notes were signed and dated and nutritional risk assessments were generally completed.
- We found four sets of notes to be not in chronological order in Ainsdale district nursing team. The notes were repetitive in nature and some risk assessment documentation was not apparent.
- Most notes had district nursing interventions including documentation for cleaning hands and obtaining consent.
- Paper notes were stored in locked filing cabinets in offices apart from district nursing staff who kept patient records at the patient's home. The staff had passwords to access electronic files.
- We saw examples of teams adopting good administration processes from other community bases and the service supporting this by allowing administrators to come into other services to lay the foundations of good clerical systems.

Cleanliness, infection control and hygiene

- There were trust-wide policies in place for infection control and hand hygiene which were in date at the time of the inspection.
- Clinical staff showed us how they accessed trust policies from the intranet and were all aware that such policies existed.
- The staff had access to appropriate personal protective equipment, such as gloves and aprons, and we observed them using best practice hand hygiene techniques at the time of the inspection.
- Regular health and safety audits were carried out across locations including cleanliness and infection control.
- Decontamination processes and standard operating procedures were in place to ensure that if any areas were contaminated by blood spills or bodily fluids, staff could clean affected areas and make the area fit for purpose.
- There was a rolling programme of infection prevention audits across all community clinics.
- Patients attending clinic based nursing services were asked to complete a hand hygiene audit on themselves on a monthly basis with compliance being monitored at monthly Head of Nursing meetings.

- The monthly compliance rating from these audits was consistently above 90%, with the individual team compliance only falling below 90% on 7 out of 96 occasions.
- The clinic rooms were clean and airy and well decorated.
- There were two sinks in the clinic rooms and hand gel was available in dispensing machines.

Mandatory training

- The Trust provided a range of training courses for community staff. All staff received mandatory training via on-line and face to face sessions.
- The courses had a wide range of content including equality and diversity, clinical record keeping, fire safety, consent, hand hygiene, risk management, health and safety, incident reporting and investigation, information governance and confidentiality, slip trips and falls, safeguarding children, violence and aggression, moving and handling, conflict resolution, understanding dementia, medicines management and blood transfusion.
- New staff were required to complete a full day corporate induction and a local induction before undertaking their role.
- Staff told us that they were encouraged to complete their mandatory training, which they were able to complete in work time.
- The service used a traffic light system to highlight how well teams were doing in mandatory training with red being unsatisfactory.
- We found that as of January 2016 only four of its 14 teams that were recorded, achieved over 80% completion of mandatory training targets.
- The other 10 teams were achieving between 70-79% ranges of completion.
- The overall level of compliance in mandatory training in January 2016 was 77%. This is below the national community service provider benchmark of 86%. We feel that this should be addressed.

Assessing and responding to patient risk

Are services safe?

- There were processes in place to maintain the safety of patients.
- We reviewed patient assessments and documentation. Individual patient alerts were used on records systems to alert staff to any individual patient risk or environmental risk.
- Risks to patient safety were assessed on an initial visit and the required actions identified.
- On the whole risk assessments were completed and visible in case files.
- Teams in the community were aware of key risks such as falls and pressure ulcers and these were documented and the risks assessed.
- Staff could articulate what to do if a patient deteriorated and were aware of the escalation processes for senior manager support in an emergency.
- We were unable to see any safety thermometers in services despite information being available.
- Staff members told us that they now generally felt they had enough staff to have a functioning team and provide the level of care needed by patients.
- Managers told us that they had tried to recruit to further nursing posts with sporadic success because in the present climate it has been difficult to attract nurses.
- High numbers of agency staff were used in some community teams which could affect their ability to provide a consistent level of care. In some teams such as Churchtown district nursing, agency nursing staffing levels were half of the full time staffing group.
- Senior managers in the service had placed the use of agency staffing on the risk register because it affected service continuity and was extremely costly.
- We found no evidence of how the service calculated the staff it required other than using historical numbers as a base line. The system the service used did not take into account the acuity (the level of severity of illness) or level of need and the complexity of patients that were being seen by teams. We feel that this should be addressed.

Staffing levels and caseload

- Following the last inspection we told the trust they must ensure there were sufficient numbers of staff to provide care and treatment.
- A compliance action against regulation 22 was made at the last inspection. It was in relation to staffing.
- The service had introduced a real time monitoring system which showed community staffing levels across all of its teams.
- There had been a significant improvement in the number of staff across the majority of community health services for adults.
- In February 2015 the teams only had 53% of the staff they required to deliver its services. In one year, this figure had risen to over 86% at the end of January 2016. We feel that this should continue to be addressed.
- At the time of inspection it had 700 staff and 570 full time equivalent posts.
- The Trust had recently agreed two business cases before our inspection, which allowed community services to recruit to posts within district nursing services. We saw evidence that two teams were recruiting to these posts.
- All clinicians had experienced an increase in demand particularly in the number of new referrals into the service. The number of referrals had increased due to demographics and transfers of some services. GPs had previously undertaken procedures such as ear syringing, which were now undertaken by treatment room nurses.
- District nurses reviewed their own caseloads and organised visits on a daily basis. The nurses described more complexity in caseload management.
- Caseloads were unpredictable and visits could be requested at any time which made it more difficult to plan in district nursing.
- The continence service highlighted that some of its appointments could be up to half an hour journey away from base, which decreased the number of clients they could see in a day because of travel time.
- We saw evidence of a verbal criteria process within the community nursing teams but in many cases the services were open access without any ceiling to numbers of patients.

Are services safe?

- From discussion with managers and through review of governance minutes it was clear that the real time monitoring tool had created its own difficulties, it was deemed as complex to complete and did not enable senior managers to look at the "bigger picture".
 - District nursing teams had been issued with mobile phones as a result of business continuity plans involving breakdown of the telephony system.
 - We were shown a district nursing action card which related to what actions would be taken by district nursing teams in an emergency.
 - Staff told us about contingency plan files and how they would re allocate if need be to different bases in the trust.
- Managing anticipated risks**
- A major incident plan was accessible on the intranet to all staff which showed what actions they should take if a serious incident occurred.
 - Service leads and managers participated in Trust on call rotas and regularly attended major Incident training facilitated by internal leads and external agencies.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

In our previous inspection in November 2015 we rated Effective as Requiring Improvement.

The community health services for adults were seen as needing improvement because staff had no capacity to make appointments to attend treatment rooms. We found the service did not ensure there were sufficient numbers of staff to provide effective services.

In this inspection we rated Effective as Requiring Improvement because:

- Personal Development Plans (PDPs) levels were low in some teams in the service.
- In teams where we found high levels of agency staffing; we also found low appraisals rates.
- Staff commented on having no time to look at patients holistically because they had been too busy constantly addressing staffing quotas.
- Some teams had not met collectively to discuss effectiveness in team meetings.
- National Institute for Health and Care Excellence (NICE), and other recognised tools to improve effectiveness were not being used systematically within teams.
- The risk register provided to us, indicated that systems were not in place to show the effectiveness of services. Senior managers noted that improvement was needed in how effectiveness data was gathered.
- The performance dashboards provided to us showed no evidence of local targets. The staff were unaware of local targets and teams were not performance driven.
- Lack of a supervision policy was highlighted as a risk in the services governance meetings.

However;

- We saw evidence of good practice provided by some teams.
- NICE guidelines were available to staff teams and were downloadable on the trusts intranet site.

- Audits were undertaken and reviewed on an annual basis to identify learning and improve effectiveness. Audits were reviewed in the services and disseminated to staff.
- There were dashboards that showed the performance of services against levels of safety.
- At the time of the inspection the Trust had no clinical supervision policy; staff described a range of clinical supervision models, which varied across teams.

Evidence based care and treatment

- CERT and the Continence services used recognised models of best practice from the National Institute for Health and Care Excellence (NICE).
- There was no other apparent use of NICE standards across the other services we visited.
- Standard Operating Procedures or SOPs were available on line to staff within different disciplines, which were based on best practice guidance.
- The clinical health psychology team had fewer patient appointments than the national average (4-5 as opposed to 8-18) but its patients reported substantial benefits in terms of health improvement.
- The staff in community teams followed new local guidance on the prevention of pressure ulcers, which would provide best practice in the treatment of ulcers. The guidance was developed after concern from commissioners about a spike in pressure sore numbers.
- The trust has produced a new target for the reduction of pressure ulcers in its new clinical strategy. The strategy will provide a consistent approach to dealing with pressure ulcers across all its services.
- Staff said they didn't have enough time to reflect on evidence based practice because they were too busy with day to day management of caseloads.

Nutrition and hydration

- Nutrition and hydration charts were completed for patients within district nursing services.
- Assessments were made where appropriate actions taken and monitored when necessary.

Are services effective?

Technology and telemedicine

- The service had purchased a new electronic patient information system which would integrate across its community teams. The system would enable direct electronic contact with GP Practices and community nursing teams. Patient real time clinical information will be available on the system which will help clinical decision making.
- The service has plans to extend its new electronic patient system to accessible hand held electronic tablets. The use of tablets would then increase the ability of nurses and other clinicians to work away from base.
- The service had recently piloted a telehealth text system.

Patient outcomes

- The service had a comprehensive audit plan which was monitored at its senior manager. governance meetings.
- In December 2015 there were 65 audits registered for the service and 29 were in progress with 8 planned. Audits already undertaken include a hand hygiene audit which had just been completed.
- Governance meetings monitored progression of audits and the outcomes were shared across teams.
- A quality newsletter has been developed by the service, which disseminates learning and best practice to all staff.
- Patient outcome scales such as the Warwick well-being scale were being used in some team's i.e. clinical psychology to show improvements in patient well-being.
- The service had a dashboard which compared performance over a year across a number of domains. The dashboard showed trends in such areas as safety, effectiveness, responsiveness, which could be used to review effectiveness of services.
- A number of teams, particularly district nursing, did not show any evidence of how they monitored or showed improvement in patient health.
- The service had placed patient outcomes as a risk on its risk register, because it had no way of evidencing outcomes across many of its teams.

Competent staff

- The trust had been proactive in supporting staff to identify training needs and ensure staff at all levels were competent to fulfil their job role.
- Staff told us they were well supported with mandatory training, clinical supervision and staff appraisals. However uptake was low.
- The services own data showed that appraisal rates for adult community services fell below the trust target of 90%, only four of fourteen teams were compliant over 80%.
- We found particularly low levels of Personal Development Plans (PDPs) in some community district nursing teams. District nursing in Sandy Lane, Ainsdale and Churchtown showed particularly low rates of PDPs.
- We found Churchtown to have only 27% of its staff having a PDP as of January 2016.
- Teams that had previously been struggling with staffing and had used agency nurses to cover capacity issues had low rates of PDPs.
- Staff in some of the district nursing teams told us that the team had not met as a group for long periods of time, up to eight months in one case.
- Staff stated they were busy concentrating on delivering care and previously had little time to contemplate effectiveness. However the staff in those teams did inform us that they met collectively on other issues such as patient safety huddles.
- Teams had a number of enhance practitioner's i.e. non-medical prescribers whose competence was supported by updates and events.
- The service had developed a clinical skills programme which extended learning to look at public health data and the needs of primary care services such as GPs.
- The trust had invested in a Transform programme which aimed to improve the knowledge base on end of life care within acute hospitals across England. We found 477 community staff (93% of district nurses) and 1247 hospital staff (75% of all clinical staff) had been trained.
- At the time of the inspection the Trust had no clinical supervision policy; staff described a range of clinical supervision models, which varied across teams.

Multi-disciplinary working and coordinated care pathways

- District managers and service leads were in post and oversaw a variety of multi-disciplinary teams such as nurses and therapists.

Are services effective?

- We found close liaison between services and agencies such as social services and substance misuse services to ensure packages of care were in place.
- Staff reported good access to other services and worked collectively to discuss and meet the needs of service users.
- Staff liaised with GPs to discuss complex cases and any specific patient issues.
- We visited the community pain service, which was a clear example of an effective multi-disciplinary team. It contained a medical doctor with a specialism, physiotherapists, clinical psychologists, occupational therapists and nurses. The service worked closely with an external expert patient volunteer group, Pain Clinic Plus, who provide an informal support group to patients.
- District nursing staff supported patients in named nursing homes, helping to monitor and support patients' conditions.

Referral, transfer, discharge and transition

- We found an open referral system in many services, particularly district nursing
- District nurses accepted referrals in any format, including by telephone, face to face or by fax.
- District nurses used an answer phone system outside of normal working hours for staff to leave referral information and visit requests. Alternatively, staff could also call at the start of shift to handover any information required.

Access to information

- The Trust had recently purchased a new Electronic system. It will enable two way communications via GP Practices and community nursing and therapy teams.
- We found a positive picture in regards to the roll out of the system across community adult services. We visited the continence team where it was just being introduced and the system should be in place in most services by July 2016.
- Staff seemed positive about the system and the trust had provided training for teams. The staff who had been trained felt the system would support patient care.

- All staff had access to the trust's intranet and its present internal electronic systems so they could access policies and procedures as required.
- The trust told us they had a range of service leaflets which were available across community services for patient use. However leaflets were not entirely visible in sites or not available.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Community health services for adult's staff told us they were well supported with mandatory training, on mental capacity and deprivation of liberty.
- The mandatory training register for community adult services showed that roughly 60% of the staff teams have reached 100% uptake on training for Mental Capacity. The other teams in the service hovered between the 70% mark, with no large staffing gaps in the training.
- Staff had the appropriate skills and knowledge to seek consent from patients. Staff told us how they gained informed verbal, written consent before providing care or treatment.
- The patient case files we looked at indicated that staff had sought and obtained verbal or written consent before giving treatment. In the 14 case records we reviewed, we saw examples of where patients had given consent for treatment.
- Staff understood the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The Trust had a 'Mental Capacity and Deprivation of Liberties policy, which could be used by staff should a patient lack mental capacity.
- A trust-wide safeguarding team provided support and guidance for staff in relation to any issues regarding mental capacity assessments and deprivation of liberties safeguards.
- The files we inspected in services (14 in total), all showed permission for consent and staff were clear on when consent was required.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

In our previous inspection in November 2015 we rated Caring as Good because staff involved patients and carers and treated them with kindness and compassion.

In this inspection we rated Caring as Good because:

- All the patients interviewed by us provided good comments about the quality of service that they received from staff in services.
- Patients valued the staff and in some cases had a professional bond with them which was personal and supportive.
- We were present when care was being delivered. Patients gave consent for us to observe both group work and one to one care being provided by staff. We saw care being given in clinics and at patient's homes. In all cases the staff treated patients with dignity and respect.
- The majority of patients told us that staff asked them about being involved in planning their own care. Patients told us they were also given enough information to make informed decisions.
- All the staff interviewed in focus groups and in one to one interviews, told us they put patient care first and were very passionate about the care they delivered.
- It was evidenced in the comments made by patients and their relatives that they felt supported both physically and emotionally.

However;

- The service had a minimal number of contributions to the NHS Friends and Family Test (FFT) which is a satisfaction survey that measures patient's satisfaction with the healthcare they have received.
- The number of patient contributions to the NHS Friends and Family Test (FFT) has fallen significantly with a substantial 80% reduction in the last calendar year.
- Staff felt that a previous lack of staffing had sometimes got in the way of providing more care and emotional support to patients and relatives.

Compassionate care

- We spoke with patients and their families as part of the inspection. They all told us that staff were caring and treated them with dignity and respect.

- We observed staff interactions with patients in a group work setting for pain management. All those interviewed felt they were given adequate information on the service.
- The pain management service used expert patients who advised and supported new patients of the service.
- The staff placed patient need first and were keen to engage individuals in their treatment and put their minds at ease.
- Care was seen being delivered at a patient's home. The patient commented positively about the nursing care he received. He said it was consistent across the team, no matter whom the nurse was that attended his home. He also openly commented on the trust he had in all of the nursing staff who supported his treatment.
- In all cases where we observed care being given i.e. treatment rooms and waiting rooms, the staff went out of their way to be sensitive and develop trusting relationships with patients.
- Staff were knowledgeable about the need for confidentiality and tried to respect this at all times. It was not always possible to have a private conversation at the reception desks in a number of the treatment locations. However, waiting room chairs were placed as far away from the reception as possible so that conversations could remain private. Treatment was carried out in private rooms and there were many opportunities for patients to have a private and confidential conversation if required.
- Reception staff were observed as part of the inspection process in a busy clinic at Ainsdale centre. The staff were seen both answering the phone and in face to face contact with patients. Patients were dealt with sensitively and politely and also updated as to appointments being on time or running a little late.
- We observed a patient being assessed and treated by a treatment room nurse, who also delivered physical care to the individual. The patient was supported, listened to and the nurse showed compassion and empathy towards the patient.
- The NHS Friends and Family Test (FFT) is a satisfaction survey that measures patient's satisfaction with the

Are services caring?

healthcare they have received. For the month Jan 2016 prior to our inspection 97.6 % of patients were extremely likely or likely to recommend the community adults service.

- The robustness of the NHS Friends and Family Test is significantly affected by the numbers who contributed to the satisfaction survey with only 37 in total.
- The numbers interviewed for the NHS Friends and Family Test has shown a significant gradual yearly decrease from 215 people in Feb 15 to 37 in Jan 16.

Understanding and involvement of patients and those close to them

- Patient and carers told us that staff had asked them if they needed additional support.
- We witnessed a district nurse discussing the options for their care with a patient. The nurse and patient agreed the next step in care on the patient's records. We also saw evidence of a care plan.
- We interviewed a patient and her daughter at a warfarin clinic, who commented on the services desire to get the daughter involved in her mother's care.
- We observed the pain management services on an open day event and found that new patients could ask about their treatment either in an open forum or a one to one setting.
- We observed administrators and health professionals on the telephone advising patients about the choices of treatment times available to them.
- Staff were considerate and had a positive manor when speaking to patients on the telephone. The staff gave information in a clear way and asked if appointment times suited the patients' needs.
- A patient receiving warfarin treatment, whose second language was English, told us that staff discussed the options available to her regarding interpreters.
- All staff we interviewed were aware of the availability of language line if needed.
- We reviewed 14 sets of care records for patients and they were generally of high standard in terms of care planning.
- Some patients were unsure about the use of care plans mainly because of the brevity of treatment they were receiving. However the plan of care was verbally discussed with users of services and cares where appropriate.

- The use of leaflets and advocacy support through media information was not prominent in all the services we visited. Patient information boards needed updating and leaflets for services were not on display.

Emotional support

- The staff in community health services for adults demonstrated that they understood the importance of providing patients and their families with emotional support and were clear it was an integral part of their duties, rather than an addition.
- Staff felt that a lack of staffing had sometimes got in the way of providing more care and emotional support to patients and relatives but also felt that this was in the process of being addressed by the Trust by new recruitment, which has eased caseloads.
- The staff were observed providing reassurance and comfort particularly when providing care. A treatment room nurse was observed asking a patient about pain thresholds whilst undertaking a procedure.
- A patient in the pain management service told us that self-care was promoted in her treatment through the use of an exercise programme given by staff. The exercises were also evaluated in her appointments to assess their effectiveness.
- A Patient told us about their fondness for staff within district nursing and told us that staff had supported him both with his emotional and physical health emotional needs.
- A nurse checked if a housebound patient had need seen by anyone else on the day we visited. The nurse wanted to ensure that the patient was not isolated.
- Staff told us in forums that they felt the provision of emotional support was important to all patients, especially when providing palliative care or care to those with limited physical movement.
- We were told of how staff had gone the extra mile in the district nursing service by a patient who was waiting for a diagnosis on an illness. The illness was unrelated to the treatment he was receiving from the service. The patient disclosed that he expected a negative diagnosis when interviewed by us. He later asked one of the nurses to share positive news about the diagnosis with us after his tests came back negative. The nurse from the service shared the good news with us and there was obviously a visible caring bond between the two.

Are services caring?

- Staff collectively talked about caring for each other, working together to provide emotional support to colleagues as well as ill patients.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

In our previous inspection in November 2015 we rated Responsiveness as Requiring Improvement because the services needed to be better organised to meet people's needs.

In this inspection we rated Responsiveness as Good because:

- Community health services for adults had a flexible wide range of choice of services for the population it served.
- The service covered a wide and varied geographical area and we also found the staff knowledgeable about the health issues faced by local people.
- Services had varied and flexible opening times including over the holiday period which met the population's needs.
- The service took into consideration communication difficulties if patient's first language was not English and made interpreters available on request.
- Staff and patients were aware of the complaints process and complaints were recorded appropriately and reviewed by managers to look at any trends.
- The service showed a positive approach to responding to patient need throughout its teams, despite staff teams facing a high level of uncertainty in terms of future roles and targets.
- The service had low numbers of complaints which were managed locally.

However;

- Winter pressures had increased the flow of referrals into community teams from acute services, without any corresponding increase in additional resources. The effect of this was that team's response times became slower due to the number of referrals.
- The services had two differing commissioning contracts which made it difficult to make best use of resources. However this will no longer apply with the loss of its West Lancashire services.
- We found a level of uncertainty in staff teams regarding Building the Future Together, a joint vision between

providers of health care and commissioners in the footprint. It will fundamentally change the model of care provided by community adult services for adults in the near future.

Planning and delivering services which meet people's needs

- We found that community health services for adults had a flexible wide range of choice of services in place to meet the needs of its population.
- The service had a wide and varied geographical area and staff understood the issues in their footprint.
- The service had extended and variable opening hours in Treatment Rooms and Podiatry services within Southport and Formby. Nursing provision was available which included cover on Bank Holidays so that no gaps in treatment were apparent.
- Service users could access district nursing services directly and request visits and appointments.
- The capacity in district nursing services was flexible but this caused difficulty when there was pressure due to lack of staff or increasing numbers of referrals.
- Patients with complex needs were discussed between services and a co-ordinated multi-disciplinary plan of care was agreed.
- The service had developed a capacity demand tool which will help inform staffing requirements in the future, once it has been populated.
- The service faced challenges in terms of flexibility of use in the buildings it deliver care from. A number of the buildings were owned by external providers. The lack of control of buildings meant the teams had to rely on the good will of other providers if they wanted to respond to patient need i.e. changing clinic times.
- Winter pressures had increased the flow of referrals into community teams from acute services. The service also had increased referrals from new commitments added by partners, with no additional resources.
- The service had a number of commissioning arrangements which impacted on its ability to streamline some services and make best use of resources.
- We found a level of uncertainty regarding Building the Future Together, which is a joint venture between

Are services responsive to people's needs?

providers of health care and commissioners in the services footprint. It will potentially radically change the model of care provided by community adult services for adults in the near future. Although this was the case, staff were positive about change and were aware of the potential effect on their services.

- The service faced a period change caused by new commissioning intentions and therefore new models of work were on hold until tender processes were resolved.

Equality and diversity

- The Trust has a 'Respect and Dignity' policy which states that staff with any protected characteristics are supported. The Trust indicated in the policy it had no tolerance for any harassment, discrimination or victimisation of an individual.
- Staff received training for equality and diversity on corporate induction and every three years as part of mandatory training. However staff in some services were behind on mandatory training.
- Community services for adults provided language assistance to people whose first language was not English. The trust had a contract with an external company that provided face to face translation services along with access to a telephone interpreter.
- Staff told us they accessed interpreters to help communicate with patients. They said interpreters helped them to understand the patient's care needs and helped to gain consent before providing any support.
- Any identified cultural needs were recorded in the clinical record as part of the care and treatment plan.
- We saw no information leaflets in clinical areas which catered for those whose first language was not English.
- No signs and posters were present in any services which reflected the diversity of the services footprint.

Access to the right care at the right time

- District nurses saw patients when required and had no waiting times. The district nursing service prioritised patients on a daily basis, particularly those requiring end of life/palliative care or insulin.
- The service had good clinical provision at locality bases across its footprint, in both West Lancashire and Southport and Formby.

- The services opening hours were flexible to facilitate patient choice.
- We found community services for adults had step up pathways to CERT and Community Matrons when supporting a significant change in a patient's condition.
- Service specific timeframes were in place to ensure referrals classed as 'urgent' were acted on in an appropriate manner.
- Community services for adults had flexible working patterns and close links to other services to ensure the patient received care and treatment at the appropriate time.

Learning from complaints and concerns

- We saw evidence of a complaints log from February 2015 until January 2016. Individuals had made 82 complaints about community services out of a total of 814 across the entire trust.
- We saw evidence that the trust responded to complaints.
- We saw no discernible pattern in the types of complaints that were made or the services they were made against.
- We saw evidence that the service recorded complaints on the trust-wide complaints system.
- Locality managers and team leaders were responsible for investigating complaints in their areas.
- Staff told us that they were aware of how to receive and handle complaints and able to give examples of dealing with a complaint effectively. We were informed that managers discussed information about complaints with teams.
- When interviewed, patients told us they knew how to make a complaint in the teams they were receiving care from.
- Whilst patients said they knew how to complain, we saw no visible evidence of posters detailing how to contact the patient and liaison service (PALs) service to raise a concern.
- We were told at Ainsdale health centre that the service had plans to advertise PALs more prominently but it had not done so at the time of our inspection.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

In our previous inspection in November 2015 we rated Well-Led as Requiring Improvement. They needed improvement in leadership because staff didn't feel included in decision making.

At this inspection we rated Well-Led as Good because:

- Staff and ground level managers were very clear that efforts had been made to change and support teams despite difficult time period of potential change.
- We found that there was a robust governance framework within the service and senior managers on the whole were clear about their roles and responsibilities.
- It was clear that the service had put real effort into improving on regulatory breaches.
- Staff noted how senior managers up to District level, were visible and supportive and often came to services to see how staff were coping. A few staff described seeing managers on occasions “mucking in”, helping with ground level tasks when they visited services.
- We found evidence of change in culture. All the staff were happy to come to work and most saw working for the Trust in a positive light.
- We inspected two community district nursing teams, in which new team managers had been brought in to support change. The managers were articulate and positive about their role and clear about what they were employed to do. A number of areas of change were occurring, which included new administration systems and more concrete supervision of staff.
- Senior managers articulated a new vision for services. The vision will lay the foundation of a new model if the trust wins the remaining tender for Southport & Formby.
- The trust were reviewing its structure at the time of inspection, working with staff, commissioners and other organisations to review its present model as part of this commissioning process.
- Staff told us that managers had been inclusive in terms of discussing potential change in the service. Information was shared by the trust through the use of newsletters and invite to discussions on the shape of future services.

- In our discussion with the Trust and its community health services for adult's senior managers, it was clear that they acknowledged the need for system wide improvements in how services for adults are shaped in the future.
- Staff were concerned about roles in the future but we found a consensus that services needed to be reshaped to provide more consistent care in the future.

However,

- Whilst staff had been listened to and teams had been supported, we also found a number of teams facing on-going staff vacancy shortages. The shortages were supplemented by agency cover on a daily or weekly basis which made leadership challenging.
- We found uncertainty in some community staff and teams generally about how the final organisational structures would look and the staffs place in it.
- Community Health Services were unable to provide an up to date local strategy plan it was at the time of the inspection being compiled by the business unit as part of the Trust Annual Business Planning process for 2016 – 2017.

Service vision and strategy

- Community health services for adults were unable to provide an up to date local strategy plan. At the time of the inspection, it was being compiled by the business unit, as part of the trust annual business planning process for 2016 – 17.
- We saw sight of a historical strategic plan which was still being monitored and reviewed regularly by managers, which included the staffing action plan.
- The trust had a vision which had the remainder of its community services at its core in Sefton.
- We found that there remained uncertainty for some community staff about how the final organisational structures would look and there place within them.
- Staff involvement regarding visioning of the new service was patchy either due to work load or apparent none awareness of staff forums.
- Whilst some individual staff told us they were unaware of the visioning programme it was clear the service had

Are services well-led?

made staff aware of the visioning forums collectively. The staff were given the opportunity to support the process through news letters or through the intranet by email.

Governance, risk management and quality measurement

- The Trust has recently developed and published a quality improvement strategy which focused on bespoke projects which improve the quality of clinic are given to patients.
- The quality Improvement strategy clearly showed that the trust considers community health services for adults central to improvements in care quality. As part of improvement strategy the trust was targeting a 30% reduction in grade 2 ulcers by July 2016.
- The trust was monitoring the service as part of its integrated quality and performance report, which provided performance information for the board via a red, amber, green, (RAG) rated dashboard. The performance report included access rates, incidents and staffing issues.
- The trust will measure improvement in the reduction of ulcers by the introduction of a new set of quality dashboards which will be reviewed by the Board on a monthly basis. The dashboards will also be introduced at district and team level, so that staff can see and analyse change in given areas.
- The community adult services showed us a local risk register which anticipated clinical or environmental risks in the services. The risks were graded and then an action plan was placed around them to minimise or get rid of the risk completely.
- At the inspection we found risk management and quality assurance processes were in place at local level, including a community adult risk register linking local teams with the district managers and then linking district managers to the board.
- Service meetings showed that all risks were discussed and detailed how they were managed.
- Local managers were aware of their service risks and we saw examples of risks being highlighted on staff boards for instance.
- We found evidence of collective sharing of feedback on incidents and risk through governance meetings and

newsletters. However it was not as well replicated on the ground and shared learning was limited. The staff seemed to concentrate on risks in their services rather than being aware of issues in other teams.

- We found that further work was required to ensure that the teams understood and made use of the information they were collecting. For example, two district nursing teams told us that they had not met as a team for a number of months and therefore information on safety performance had not been discussed collectively.
- We saw evidence that incidents such as pressure ulcers were fed through the board reporting structures to the quality committee.
- Staff were aware of a SOP which advised on how pressure ulcers should be dealt with in terms of escalation.

Leadership of this service

- At our last inspection in February 2015, we told the trust it should ensure there was better staffing numbers through clear, effective leadership, so that teams felt able to provide quality care for patients and were able to voice concerns. In this inspection we spoke with staff across community health services for adults but specifically focussed on district nursing where most of the issues of concern were previously found.
- The staff on the whole said they received good leadership and support from their immediate line managers and also had support up until district line manager level when needed.
- The solving of staffing concerns was led by practitioners and team managers, senior managers had a “let’s do it now approach to problem’s rather than prevaricating over decisions.
- District managers were known by staff and were visible and supportive.
- Staff in two previously inspected district nursing teams which were identified as poorly supported, showed positivity and had managers who showed clear leadership skills with the support of the staffing group.
- The majority of staff knew who the chief executive was but were not aware of other members of the executive team.
- Whilst we found real change, it was still a concern that many of the positive actions to address better staffing numbers had been taken some months after the flagging up of concern.

Are services well-led?

Culture within this service

- At our previous inspection we found that the culture in community health services for adults was on the whole negative and in some areas concerning. A significant improvement in culture across the services has occurred.
- On the whole staff were appreciative of the change which has occurred in supporting services and we saw evidence of support for district managers to their team leaders and from team leaders to core staff.
- Whilst improvements had occurred, staff still discussed the negativity in culture which had been present up until recently and voiced concern about it happening again.
- A small number of staff felt that their service was still under pressure and had not been supported since the last inspection.
- Senior managers acknowledged that their time had been stretched by demands around supporting tendering and at times future business planning had become the priority.
- All staff were aware of the trust's whistleblowing procedures and how to raise concerns.
- There was a culture of openness, sharing, team working and support across the adult community service, despite the tendering of services.
- The staff in every service told us they were proud of the care they provided. One told us "that's what gets me out of bed in the morning".

Public engagement

- The NHS Friends and Family Test (FFT) feedback was reported in localities as part of the trust's performance reports.
- The number of patients involved in the survey from community health services for adults was disappointing.

- Whilst the number involved in the NHS Friends and Family Test was disappointing, we found teams were encouraged to get patient feedback from patients from its leadership.
- We found evidence of extensive patient surveys being undertaken across a wide range of teams including a diabetes patient survey and a patient experience survey for district nursing patients.
- We saw evidence that surveys had been discussed amongst services through the use of presentations to managers and staff.
- The trust had held a number of public forums in respect of the reshaping of services which included its community health services for adults.

Staff engagement

- At our last inspection we told the trust they should ensure that communication and staff engagement was on going and more robust. The majority of staff told us that engagement across services with staff had improved.
- Staff were asked to be involved in future visioning of service through staff forums and electronic newsletters.
- We found a direct link between senior managers and local managers through the real time monitoring of staff.
- We found that managers had taken on concerns from staff, i.e. staffing numbers in teams and they had implemented change through recruitment or the use of agency staff.
- We found staff were asked to share their experience of risk collectively through a risk sharing newsletters which went out to all clinical teams through electronic mail.
- Governance meeting minutes showed how inclusive discussion was amongst services and information was then shared with staff in those teams.