Virgin Care Services Limited

Bickerstaffe House

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, checked that patients ate and drank enough, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. There were innovative approaches to providing integrated person-centered pathways of care that involve other service providers, particularly for people with multiple and complex needs. The services were flexible, provided informed choice and ensured continuity of care. The service had shown where improvements have been made as a result of learning from reviews and that learning is shared with other services.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service had seen an increase in the occurrences of pressure ulcers. From March 2020 to March 2021. Lessons learned from each root cause analysis investigation had been completed and an overarching action plan had also been developed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good 	We have not previously rated this service. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. • Staff provided good care and treatment, checked that patients ate and drank enough, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. The services were flexible, provided informed choice and ensured continuity of care. The service had shown where improvements have been made as a result of learning from reviews and that learning is shared with other services.

Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service had seen an increase in the occurrences of pressure ulcers. From March 2020 to March 2021. Lessons learned from each root cause analysis investigation had been completed and an overarching action plan had also been developed.

Summary of findings

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Summary of this inspection

Background to Bickerstaffe House

This service has not been inspected or rated before.

The NHS West Lancashire clinical commissioning group commission West Lancashire community services (Bickerstaffe House) provided by Virgin Care to deliver community health services in the West Lancashire area. They provide a service to patients in their own homes and to patients in care and nursing homes. The services they provide includes;

- adult rehabilitation
- cardiac nursing
- community emergency response
- community IV therapy
- community matrons
- continence nursing
- diabetes nursing
- dietetics
- discharge planning
- district nursing
- falls prevention service
- neuro-rehab
- out of hours district nursing
- palliative care nursing
- phlebotomy
- podiatry
- respiratory nursing
- care co-ordination hub
- short intensive support services (SISS)
- speech & language therapy
- tissue viability nursing

Several services operate Monday to Sunday 365 days a year delivering a responsive service to support the needs of their patients and local response to COVID-19. These include:

- community emergency response 8am to 6pm
- community IV therapy 8am to 6pm
- discharge planning 8am to 8pm
- district nursing 24/7
- single point of access/care coordination hub 8am to 6pm
- short intensive support service 8am to 10pm.

There is a registered manager in place, and they are registered to provided diagnostic and screening procedures and treatment of disease, disorder or injury regulated activities.

Care Quality Commission (CQC) have not inspected this location before.

Summary of this inspection

How we carried out this inspection

This was a comprehensive inspection focusing on all elements of the following key questions:

- Is it safe
- Is it effective
- Is it caring
- Is it responsive
- Is it well-led.

Before the inspection visit, we reviewed information that we held about the location and asked other organisations for information.

During the inspection visit, the inspection team:

- spoke with 32 patients and carers by telephone
- spoke with 39 staff this included service leads, heads of operations, district nurses, specialist nurses, health care assistants, pharmacist lead, assistant practitioner, quality and safeguarding lead, team leaders, advanced nurse practitioners, community matron, tissue viability lead, head of community nursing, therapists, care coordinator and dietitian.
- observed care and treatment being delivered to nine patients in their own homes and clinics
- checked one clinic room and one medicine storage cupboard
- looked at 23 patient records
- dialled into one multidisciplinary locality call
- dialled into one safety huddle meeting
- checked one clinic cleaning schedule
- looked at a range of policies, procedures and other documents relating to the running of the service
- received feedback from clinical commissioners of the service.

Outstanding practice

We found the following outstanding practice:

- They used a population management tool working to identify groups of patients at high risk of missing out on care. The tool combined data from several sources including health, social care, housing and the county council. This had resulted in the delivery of a pulmonary rehabilitation service in an area of high deprivation with high numbers of respiratory problems.
- They had developed links with local voluntary, charity and faith sectors. They provided training to Age UK staff to deliver nail cutting services to patients who did not meet the threshold to access NHS services as well as working with them to provide aftercare services to support discharge pathways.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. They had delivered virtual offer of support to those affected by cancer throughout the pandemic carrying out a total of 13,771 contacts with 871 service users attending their virtual support and wellbeing courses throughout the pandemic. They had supported homeless people working closely with the local council to coordinate the local response to bring Everybody In, a government initiative during COVID-19.

Summary of this inspection

- The 'feel the difference fund' had been accessed by the service. This is an internal corporate fund for ideas that go beyond meeting minimum service standards such as patient safety needs. This allowed them to provide Thai Chi sessions to patients that completed their pulmonary rehabilitation programme. They have provided community clinicians with voice amplifying devices for deaf patients. They had access to a wound imaging device which allows the tissue viability nurses and podiatrists to quickly, safely, and easily see bacterial infections and measure wounds at the point of care.
- They had developed new services in partnership with the local clinical commissioning group (CCG) and system partners to highlight potential service gaps and have responded to change. This has been to ensure that the community services they provided continue to evolve to meet the change in need. Examples of this have been the development and provision of the short intensive support service (SISS) the development of the long COVID-19 service and the development of the discharge planning taskforce.
- They provided remote consultations to ensure patients were seen and received the appropriate care during COVID-19. They also provided patient information sessions to patients with long term conditions using technology applications available. This was to ensure that patients on waiting lists had the opportunity to engage in programmes despite lockdown in the pandemic.
- They have delivered closer to home services for breast cancer patients to enable them to access treatment at their local health centre. This commenced in 2019 and 27 patients have accessed this.

Areas for improvement

Action the service SHOULD take to improve:

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

The service should continue to monitor and implement their action plan produced as a result of the increase in the occurrences of pressure ulcers.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	☆ Outstanding	Good	Good
Overall	Good	Good	Good	☆ Outstanding	Good	Good

Good

Community health services for adults

Safe	Good
Effective	Good
Caring	Good
Responsive	Outstanding
Well-led	Good

Are Community health services for adults safe?

Good

We have not previously rated this service. We rated it as good because:

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. All staff received and kept up to date with their mandatory training. The overall training compliance was 91%.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had training on how to recognise and report abuse and they knew how to apply it. There was a safeguarding lead locally and a national lead within Virgin Care. There were also safeguarding champions within the various teams and regular meetings were held. They had a safeguarding training strategy in place that provided a framework. This ensured staff worked effectively to safeguard and promote the welfare of vulnerable children, young people and adults.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact. When providing care in patients' homes staff took precautions and actions to protect themselves and patients. They wore necessary personal protective equipment and had adequate supplies available. All staff completed COVID-19 rapid lateral flow tests and registered these on the government website and within their own intranet.

Environment and equipment

Good

Community health services for adults

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients. Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient when needed and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff completed screening tools to identify patients who were at risk of malnutrition, falls, venous thromboembolism, frailty and pressure area risk assessments.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank, agency staff a full induction.

They had over established rotas utilising bank and regular agency staff to support with any staffing capacity if needed. They had a continuous cycle of recruitment for bank staff which provided a pool of staff to recruit into permanent or fixed term vacancies.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care. The care records were electronic, and all staff had access to a portable device that also linked into general practitioners' records to view any recent test results or contacts.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. The patients GPs had overall responsibility for the prescribing of medication for patients. The district nurses prescribed some medications, dressings and ointments for patients and this was monitored and recorded. They used patient group directives (PGDs) and audited their use and followed National Institute for Healthcare Excellence (NICE) guidance. They used standard operating procedures and had access to information and support for medicines. The service also delivered non-medical prescribing by non-medical prescribers based within specialist nursing, admission avoidance, podiatry and community matron services to provide fast access to medications and to support the patients care plan.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions were implemented and monitored from the weekly harm free care panel. Staff met to discuss the feedback and look at improvements to patient care. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public. The service continually monitored safety performance.

Good

Community health services for adults

The service had seen an increase in the occurrence of pressure ulcers during COVID-19. Lessons learned from each root cause analysis investigation had been completed. An overarching action plan had also been developed which CQC and the clinical commissioning group for West Lancashire will continue to monitor.

Are Community health services for adults effective?

Good

We have not previously rated this service. We rated it as good because:

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. Some examples included diabetic foot problems: prevention and management, COVID-19 rapid guideline: managing symptoms in the community. Staff followed up-to-date policies they planned and delivered high quality care according to best practice and national guidance.

They reviewed new and updated guidance in the monthly integrated clinical governance meetings. These meetings highlighted and recorded any new and updated National Institute for Healthcare Excellence (NICE) guidance as part of a standard agenda item. They had reviewed and implemented changes during the COVID-19 in response to NICE and government guidance.

Nutrition and hydration

Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They asked patients about their hydration and nutritional intake during contact visits. They worked with other agencies to support patients who could not cook or feed themselves. Staff worked alongside the patients and their families ensuring their social and additional needs were addressed by referring onto external and internal services where needed. Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. Specialist support from staff such as dietitians and speech and language therapists were available for patients who needed it.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We saw nurses delivering care and treatment and checking equipment and syringe drivers used to deliver pain relief to patients. Nurses were able to quickly respond and replace faulty syringe drivers where needed.

Patient outcomes

Staff monitored the effectiveness of care and treatment. Patients care and outcomes were recorded within Virgin Cares reporting system. The service participated in relevant national clinical audits. Managers and staff used the results to improve patients' outcomes. Electronic patient reporting outcomes and experience measures were also reported.

Good

Community health services for adults

Service level reports were reviewed monthly as part of the monitoring of performance and operational board processes. These examined service performance and highlight any areas of risk or potential concerns in service performance and delivery.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits.

Competent staff

The service made sure staff were competent for their roles. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

Managers had appraised staff's work performance by carrying out 'how are you', conversations and held supervision meetings with them to provide support and development. They had team meetings and lunchtime learning events. They provided all staff with wellbeing support and an employee assistance programme. They provided mental health awareness sessions and some staff had been trained as mental health first aiders to support staff.

Peer reviews were in place for staff and these were completed during shadowing visits and face to face sessions. They had specialist practice development nurses within the district nursing service. Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Staff had access to higher relevant education and leadership development in their roles.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. They had weekly multidisciplinary team locality calls in the district nursing teams. They discussed and identified patients with complex needs. They also had a team discussion about patients who were vulnerable and needed additional support and care coordination. These meetings were attended by GPs, community matrons, physiotherapists, occupational therapists and district nurses and other outside agencies for example community paramedics.

Staff worked with other health care disciplines and with other agencies when required to care for patients. They also linked in with the community emergency response teams within their own service and the teams had daily safety huddles. The service had major incident planning in place for each team they provided, with action cards and service critical cards for staff to follow.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression, and referred patients onto learning disability services where needed.

Seven-day services

Good

Community health services for adults

Key services were available seven days a week to support timely patient care. Staff could call for support from on call managers and other disciplines 24 hours a day, seven days a week.

Health promotion

Staff gave patients practical support and advice to lead healthier lives. During the home visits we completed we saw the nurses advised patients how to live healthier lives. For example, they told them about dietary requirements and fluid intake and the need to continually mobilise. They also checked the patients had access to their single point of access telephone number. The service had relevant information promoting healthy lifestyles. Staff assessed each patient's health during the visit contact and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to a portable electronic records system that they could all update.

Are Community health services for adults caring?

Good

We have not previously rated this service. We rated it as good because:

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We visited patients in their own homes and observed care and treatment being delivered in clinics we attended. All patients and their families consented to us observing their care and treatment.

Staff also showed compassion and kindness in all the contacts we observed. Patients we spoke to were positive about the care and treatment they had received from the service. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness.

Good

Community health services for adults

Staff took time to explain to patients the procedures they were undertaking. When staff provided direct treatments to patients, we saw that staff respected privacy and dignity. There were systems in place to ensure patients with additional needs were supported. The service made referrals into local mental health and learning disability services where needed.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

We saw staff had contact with families and carers and saw that staff made time to listen to any concerns and offered support where needed. Patients told us they didn't feel rushed and staff made time to discuss their care and treatment.

Community staff rang some patients to remind them of their visits and provided flexibility in their appointment times where possible. Staff spent time talking to patients, or those close to them. Staff demonstrated empathy when having difficult conversations.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make informed decisions about their care and treatment. Patients we spoke with told us they felt involved in their own care and in making decisions about their care. Patients were enabled to manage their own health and care when they could, and to maintain independence.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make advanced decisions about their care.

Are Community health services for adults responsive?

Outstanding ☆

We have not previously rated this service. We rated it as outstanding because:

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Managers planned and organised services, so they met the changing needs of the local population.

Good

Community health services for adults

The service used a population management tool working with West Lancashire Integrated Care Partnership to identify groups of patients at high risk of missing out on care. The tool combined data from several sources including health, social care, housing and the county council. They had introduced a pulmonary rehabilitation service in an area of high deprivation with high numbers of respiratory problems.

They delivered services in line with West Lancs clinical commissioning group (CCG) commissioning strategy that was based on the needs of the population of West Lancashire and supported by service specifications for each of the commissioned services. During COVID-19 they continued to deliver services in line with national guidance on the prioritisation of community services. Following further national guidance on the restoration of community services in September 2020 they restored services that were paused as part of the initial response to COVID-19.

The service worked with others and had developed links with local voluntary, charity and faith sectors. They provided training to Age UK staff to deliver nail cutting services to patients who did not meet the threshold to access NHS services as well as working with them to provide aftercare services to support discharge pathways.

There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. They had delivered virtual offer of support to those affected by cancer throughout the pandemic carrying out a total of 13,771 contacts with 871 service users attending their virtual support and wellbeing courses throughout the pandemic.

They had supported the homeless population working closely with the local council to coordinate the local response to bring 'Everybody In', a government initiative during COVID-19.

They continued to increase service planning and delivery during COVID-19, and this included carrying out face to face visits to support other services that moved to remote consultations. To mention a few service provision and delivery initiatives to meet the needs of local people. They have increased the number of phlebotomist due to an increase of 1000% in referrals. They increased their capacity to support the discharge planning service and implemented COVID-19 discharge planning guidance in collaboration with system partners. They sourced and trained additional nursing and advance health professionals as well as seconding staff from other Virgin Care services.

They worked alongside the urgent care centres and provided an integrated out of hours service. They co-located the out of hours district nurses with their advanced non-medical prescribers and GP colleagues. This provided GP and nursing support out of hours. They have also provided fast access to packages of care to avoid patient hospital admissions. This has helped patients avoid the harms associated with an inpatient stay in hospital. This has promoted faster recovery for the patients and a return to independence where possible.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Patient's individual needs and preferences were central to the delivery of tailored services. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

They provided remote consultations to ensure patients were seen and received the appropriate care during COVID-19. They also provided patient information sessions to patients with long term conditions using technology applications available. This was to ensure that patients on waiting lists had the opportunity to engage in programmes despite lockdown in the pandemic.

They produced information booklets for patients that couldn't attend classes. One example of this was a pulmonary rehabilitation booklet. This was pictorial and provided easy instructions and had links to other resources to help with these conditions. They also used beyond words leaflets to provide families and carers with information about how to communicate with their family member who had a learning disability, about COVID-19 and leaflets about COVID-19 testing.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

For patients who did not have the capacity to make their own preferences known they worked closely with those identified as having lasting power of attorney (LPA) for health and welfare to ensure that the patient's voice was heard. They worked with patients advocates where needed to support the decision-making process.

They have delivered closer to home services for breast cancer patients to enable them to access treatment at their local health centre. This commenced in 2019 and 27 patients have accessed this.

The service had access to feel the difference fund an internal corporate fund for ideas that go beyond meeting minimum service standards such as patient safety needs. This has allowed them to provide Thai Chi sessions to patients that had completed their pulmonary rehabilitation programme. They provided community clinicians with voice amplifying devices for patients who are deaf. They had access to a wound imaging device which allowed the tissue viability nurses and podiatrists to quickly, safely, and easily see bacterial infections and measure wounds at the point of care.

Access and flow

People could access the service when they needed it and received the right care in a timely way. Patients were referred into community services by a care coordination hub and single point of access (SPA). Referrals were triaged by clinicians of the day (community nurse, therapist and community matron) and gathered further information from the patient, referrer and clinical record system. The system allowed them to view the patients' GP record to determine if the patient required a same day urgent visit. If a patient presented with an urgent clinical health need which may have led to further deterioration in their needs or left them at risk of admission to hospital, then they visited the patient within two hours.

All referred patients received a holistic assessment of their specific health needs and they created an individualised mutually agreed treatment care plan where needed.

The district nursing teams used a daily capacity and demand tool and a standard operating procedure (SOP) was in place to escalate demands on the service. Patients identified as being at highest risk were prioritised for visits that day. Contact was made with the out of hours team to reinstate and reschedule visits. Escalation to managers was always part of the SOP.

They had developed new services in partnership with the local clinical commissioning group (CCG) and system partners to highlight potential service gaps and have responded to change. This has been to ensure that the community services they provided continue to evolve to meet the change in need. Examples of this have been the development and provision of the short intensive support service (SISS) the development of the long COVID service and the development of the discharge planning taskforce.

Learning from complaints and concerns

Good

Community health services for adults

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint when necessary. Complaints were reported upon monthly at the quality subgroup and embedded in the monthly quality report. The service used innovative ways of looking into concerns, including using external people and professionals to make sure there is an independent and objective approach.

The service had seen an increase in patients waiting to access some services due to COVID -19 restrictions. From March 2020 to September 2020 there were increased waits for podiatry service appointments and community health care assessments. These were paused during COVID-19. Patients were advised of the paused services; they were given contact details to seek support should their needs deteriorate whilst they were waiting to be seen by the service. These services were now being delivered and the waiting list for treatment were reducing. Additional funding has been provided to increase extra capacity within the services to work through the backlog of patients within these services.

Are Community health services for adults well-led?

Good

We have not previously rated this service. We rated it as good because:

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The management team knew their services well and were able to identify areas of good practice and areas of improvement within their teams. The leaders were knowledgeable about issues and priorities for the quality and sustainability of the services. They understood what challenges they had and acted on them to address them.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to implement this which was developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. Quantifiable and measurable outcomes supported strategic objectives, which were cascaded throughout the service. Staff in all areas knew, understood and supported the vision, values and strategic goals and how their role helps in achieving them.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in their daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Leaders showed and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported. There were processes to support staff and promote their positive wellbeing.

Good

Community health services for adults

Leaders at every level lived the vision and embodied shared values, prioritised high-quality, sustainable and compassionate care, and promoted equality and diversity. Candour, openness, honesty, transparency and challenges to poor practice were welcomed by the leaders.

The leadership actively promoted staff empowerment to drive improvement, and raising concerns was encouraged and valued. Concerns were investigated sensitively and confidentially, and lessons were shared and acted on. When something had gone wrong, patients and their families received a sincere apology and were told about any actions being taken to prevent the same happening again.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. There was an effective and comprehensive process to identify, understand, monitor and address current and future risks and these were shared with commissioners and external organisations about the services they delivered.

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. There was a commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement within the service.

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They worked with partner organisations to help improve services for patients. The service was transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. There were organisational systems to support improvement and innovation work, including staff objectives, rewards, data systems, and ways of sharing improvement work. The service has made effective use of internal and external reviews, and learning is shared within their teams and used to make improvements.