Central Manchester University Hospitals NHS Foundation Trust

RW3

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)
RW3CL	Chorlton Health Centre	Community health services for adults	M21 9NJ
RW3MR	Manchester Royal Infirmary	Levenshulme Health Centre	M13 9WL
RW3MH	Moss side Health Centre	Community health services for adults	M14 4GP
RW3MR	Manchester Royal Infirmary	Gorton South	M13 9WL
RW3X9	The Vallance Centre	Community health services for adults	M13 9UJ
RW3MR	Manchester Royal Infirmary	Sick cell and Thalassaemia	M13 9WL

This report describes our judgement of the quality of care provided within this core service by Central Manchester University Hospitals NHS Foundation 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 Central Manchester University Hospitals NHS Foundation Trust and these are brought together to inform our overall judgement of Central Manchester University Hospitals NHS Foundation Trust

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of findings

Overall summary

Overall, we rated the community health services for adults as 'good' because;

Staff were committed, enthusiastic and proud of the services they provide. Staff treated patients with dignity and offered support when required. Staff explained treatment and interacted well with patients. Patients were encouraged to agree treatment aims and to be involved in their care.

Services used National Institute of Health and Care Excellence (NICE) best practice guidance and national guidelines to support the care and treatment provided to patients. Multi-disciplinary, patient–centred care was evident and integration to locality teams meant there was involvement of a range of specialist staff to meet the needs of patients. Adult community services' monitored performance through quality dashboards and key performance indicator reports.

Staff had access to training and development opportunities. Staff across all services received annual appraisals. However, rates for completion of appraisals were below the trust target of 90%. Staff had training on consent and deprivation of liberty safeguards. They discussed treatment and care planning with patients and obtained their consent before providing care. Staff understood and were able to explain the process for reporting safeguarding concerns. There was an incident reporting system in place and staff knew how to access it. We observed good hand hygiene practice and personal protective equipment (PPE) was available and used appropriately. Complaints were discussed at team level and at clinical effectiveness meetings. Learning from complaints was used to improve services. Where possible staff tried to resolve complaints locally.

Services were responsive to patients' needs and could be flexible where required. The trust collated data on the 18 week referral to treatment time (RTT) standard. Referral to treatment and waiting times were variable across the community services, however the majority of services were meeting the 18 week RTT standard. District nurses saw patients when required and had no waiting times. Nursing assessments identified patients living with dementia or a learning disability and care was provided to meet their needs. Staff regularly used an interpretation and translation service when required to support patient care and treatment.

Risk registers were in place and risks were discussed at team meetings. Staff were aware of the trust's values and vision. Staff felt well supported by managers and colleagues.

However, there were maintenance issues with base buildings across the locality. We raised the matter with the trust at the time of inspection and immediate action taken to address our concerns. There was a shortage of staff across all services in the locality teams. Staff worked extra hours and utilised bank staff to cover shifts. This had been recognised as a risk and had been added to the risk register. The trust had jobs advertised and had held recruitment events. Improvements were required to reduce the 'Did not attend' rates for some services, particularly MSK physiotherapy and the nutrition service.

Summary of findings

Background to the service

Central Manchester University Hospitals NHS Foundation Trust provide a wide range of community based health services for adults, supporting health and wellbeing promotion, minor ailments and serious or long-term conditions. The services provided include: district nursing, podiatry, nutrition service, active case managers, home care pathway, sickle cell and thalassaemia service, complex discharge service, continence service, physiotherapy services, home support team, falls team and occupational therapy.

The services are newly integrated into four locality hubs to promote integrated care provision. Services are provided across Manchester in people's homes, residential and nursing homes, clinics and in community venues.

As part of our inspection, we visited community services on 10, 11 and 12 November 2015 in seven different locations across Greater Manchester. The services we visited included:

- Active case managers
- District nurses
- Domiciliary physiotherapy
- Musculoskeletal physiotherapy
- Falls service
- Home pathway team
- Treatment room (Central Manchester),
- Discharge team,
- Out of hours district nursing service,
- Continence clinic,
- Podiatry clinic,
- Nutrition service,
- Integrated care teams,
- Sickle Cell and thalassaemia service

As part of our inspection we reviewed performance information about the trust, information provided by stakeholders and care and treatment records. We observed how care and treatment was provided. We spoke with patients and their relatives and staff at all levels including managers, senior managers, directorate leads, district nurses and allied health professionals. Patients also shared information about their experiences of community services via comment cards that we left in various community locations across Greater Manchester.

Our inspection team

Our inspection team was led by:

Chair: Nick Hulme, Chief Executive, The Ipswich Hospital NHS Trust

Team Leader: Ann Ford, Head of Hospital Inspections, North West

The team that inspected this service were one CQC inspector and two specialist advisors with backgrounds in community nursing, nurse training, occupational therapy and managing community services

The team would like to thank all those who met and spoke to inspectors during the inspection and were open and balanced with the sharing of experiences and their perceptions of the quality of care and treatment by the service.

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our comprehensive inspection of Central Manchester University Hospitals NHS Foundation Trust

How we carried out this inspection

To get to the heart of people who use services' experience 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 11-13 November 2015.

During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We also spoke directly with 33 members of staff. We talked with people who use services. We observed how people were being cared for in their own homes and in clinics. We talked with carers and/or family members and reviewed 18 care or treatment records for people who use services.

What people who use the provider say

As part of our inspection, we observed patient survey results, spoke to five patients and watched videos of patient's stories.

Patients we spoke to were very positive about the services they received and patient survey results seen indicated a high level of patient satisfaction. Survey results seen for district nursing, sickle cell and thalassaemia and nutrition.

We received comments form patients and their relatives/ carers via comments boxes that were left in community clinics and services. The majority of feedback we received was positive although some comments were received in relation to the environment and poor state of repair of some clinics.

Good practice

The sickle cell and thalassaemia service provided a comprehensive, multi-disciplinary service. They worked collaboratively across acute and community services and with their colleagues nationwide. They ensured an equitable provision of diagnosis and support and provided public engagement events forging excellent relationships with the community.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The trust should ensure staffing levels are sufficient across services to meet the needs of the community.
- The trust should review the estates provision for community services and ensure premises are safe for both staff and patients to use.

Central Manchester University Hospitals NHS Foundation 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

We rated community adult health care services as 'requires improvement' for safe because;

There was a shortage of staff across all services in the locality teams. Staff worked extra hours and utilised bank staff to cover shifts. This had been recognised as a risk and had been added to the risk register. The trust had jobs advertised and had held recruitment events. Records reviewed were of a good standard but the trust audit highlighted poor quality in record keeping.

There were maintenance issues with base buildings across the locality. One clinic required immediate attention due to poor standards of cleanliness and out of date dressings. We raised the matter with the trust at the time of inspection and immediate action was taken to address our concerns. Other bases had reported leaks, maintenance and cleaning issues. One base visited was a new building and was very spacious, clean and tidy. Podiatry services had identified a risk in relation to recyclable instruments being over 10 years old and requiring replacement. This had been on the risk register for two years.

Staff accessed training and felt supported to develop. Training figures were variable; trust wide mandatory training figures showed a completion rate just below the trust target. Staff understood and were able to explain the process for reporting safeguarding concerns. There was an incident reporting system in place and staff knew how to access it. There was evidence of learning from incidents. Hand hygiene audits were completed but not in a consistent manner, however, results showed good compliance. We observed good hand hygiene practice and personal protective equipment (PPE) was available and used appropriately.

Safety performance

- The NHS safety thermometer is a national improvement tool for measuring, monitoring and analysing avoidable harm to patients and ‘harm free’ care.
- District nurses record safety thermometer information and the findings were displayed on white boards at service bases. Safety thermometer data were reported and discussed at team level.

Requires improvement

Are services safe?

- According to data provided by the trust, there were 146 pressure ulcers reported between 20 August 2014 and 19 August 2015, 138 of which were reported as having a minor or low harm.

Incident reporting, learning and improvement

- Incidents were reported using an electronic incident reporting system. All staff knew how to report incidents and had access to the on-line system.
- Staff receivedfeedback on local incidents at team meetings and we saw evidence of this in team meeting minutes, this promoted learning from incidents to avoid reoccurrence.
- Staff gave examples of incidents reported. District nurses stated their biggest incidents were for pressure ulcers and this was confirmed by the trust data. Staff followed national guidance on the prevention of pressure ulcers. All skin damage from grade 1 to grade 4 was reported as an incident. All grade 3 and 4 ulcers required further investigation.
- 481 incidents were reported across the community services between August 2014 and August 2015. District nursing reported the highest number with 220. None of the incidents were rated as major or catastrophic. The majority of incidents were reported as being low harm. This demonstrated a positive culture towards the reporting of incidents.A policy wasin place to deal with Duty of Candour requirements. The aim of the duty of candour regulation is to ensure trusts are open and transparent with people who use services and to inform and apologise to them when things go wrong with their care and treatment. When incidents are reported as moderate using the reporting system, there was a duty of candour prompt to complete.
- Staff were aware of the duty of candour requirements. Staff showed us how to access the policy and told us about incidents they had completed duty of candour for, for example following a fall or development of pressure damage.
- Senior staff attended clinical effectiveness meetings monthly where they discussed incidents and lessons learnt were shared. This was evident in meeting minutes.
- A lessons learned document was cascaded to staff. This highlighted issues around the trust and reported information such as infection control figures and any learning identified from incidents. Duty of candour and never event information was also included.

Safeguarding

- Staff understood and were able to explain the process for reporting safeguarding concerns.
- The safeguarding policy was accessible to staff on the intranet and they submitted referrals via the electronic system. Staff showed us how to access the system.
- Staff had completed training for safeguarding. Levels one (basic) and two (intermediate) were available on-line.
- The trust training figures for level one safeguarding show that across adult services completion rates were between 87% and 100%. Level two training had been completed by 83% and 100% of staff across services. The trust target was for 90% of staff to complete training.
- Some staff had completed level three (advanced) training also. However, it was not clear form the data provided what percentage of staff had completed this training.
- Staff told us they received good support from the trust's safeguarding team and would ring the team if they needed an urgent response.

Medicines

- Medicines were stored, administered and recorded in line with best practice guidelines.
- Nurses from the out of hours team stated they had good relationships with GPs and had no problems when requiring medications for patients. They would complete joint visits when required.
- Staff used a trust wide dressing's formulary to work from for providing wound care to promote a standardised approach.
- There was a recorded incident for the I.V. therapy team. This involved the administration of a loading dose instead of a maintenance dose. Staff reviewed the prescription chart, which they found to be dark and hard to read. Review of the prescription form took place and the form was updated as a result.
- The treatment room at Levenshulme Health Centre had an anaphylaxis kit available for use. This was sealed and in date.
- There was oxygen available at Levenshulme health centre reception and in clinic. We observed that daily checks and daily logs were completed.

Environment and equipment

Requires improvement

Are services safe?

- Community staff had mobile phones as part of the lone working policy. However, a risk had been identified due to poor battery life and potential for staff to be uncontactable. This had been on the risk register since 16 December 2013 but it was not clear what action had been taken to reduce or manage this risk.
- Most of the locations we visited required maintenance and repair. Two locations had leaks with buckets to collect the water, one in a patient toilet at the sickle cell and thalassaemia service and one in a staff access stairwell at Chorlton health centre. Staff had reported both issues and were awaiting a response.
- The sickle cell and thalassaemia service added the cleaning of their clinic to the risk register in 2012 and the risk remained on the register in October 2015. It was not clear what action had been taken to address this risk at the time of the inspection.
- Equipment for patients' homes was ordered on-line via an equipment store utilised by both health and social care staff. However, there were no facilities for delivery at the weekend.
- Issues were raised by staff about the short supply of beds to order for patients homes. This could affect a patient's discharge and cause delays.
- Treatment beds within treatment rooms were in good condition and were height adjustable.
- In Longsight health centre dressing supplies were out of date and the treatment room was visibly dirty. There was also an issue with vermin. This was raised with the trust at the time of our inspection and immediate action was taken to address our concerns.
- Podiatry services had identified a risk in relation to recyclable instruments being over 10 years old and requiring replacement. The risk had been on the risk register since June 2013 and was due forreview on 1 October 2015. This could be a potential safety risk to staff and patients.

Quality of records

- Yellow folders were utilised for patients' notes and were held by the patient in their home setting. Treatment room notes were stored securely in the clinic rooms. We reviewed 18 records across district nursing, home support, podiatry, the treatment room and sickle cell services.
- Care plans were hand written and patient specific. The records seen were clear, concise, legible and of a good standard.
- The trust conducted a records audit in 2015 and found poor compliance to record keeping standards. This was on the risk register and a risk management committee meeting was held on 17 November 2015 to discuss action planning in order to ensure improvements.

Cleanliness, infection control and hygiene

- The trust's Infection Prevention and Control policy was accessible to staff via the intranet. Audits were regularly completed to monitor compliance with uniform policy, aseptic non-touch technique (ANTT) and hand hygiene.
- Hand hygiene audit completion was variable across services, some completing them on a monthly basis and others completing them every six months. However, those completed showed good standards of compliance of between 93% and 100%.
- District nurses completed an audit of adherence to dress code in January 2015 and found good compliance. Hand hygiene and personal protective equipment (PPE) compliance assessments in November 2015 showed compliance with best practice guidance.
- Daily cleaning rotas were completed in the clinics we visited. Rooms we inspected were visibly clean and tidy.
- Staff cleaned treatment beds in clinic after use as part of their cleaning regime to prevent cross contamination.
- Handwashing facilities were available in clinic rooms and we observed staff washing their hands in line with best practice standards.
- Personal protective equipment including aprons, gloves and hand gel was available in clinics and in stock rooms for staff to carry when out in the community. We observed staff utilising these appropriately.
- Sharp bins were all dated, temporarily closed if not in use and stored securely in line with best practice guidance.
- There were community infection prevention link workers and 'essential steps' champions to cascade information, complete audits, offer support and cascade training. Regular link worker meetings and essential steps champions' meetings took place.. ANTT training and information regarding audits were discussed and minuted.
- We reviewed the clinical waste policy and the form staff completed to request collection of clinical waste. Staff stated that this was a good process and had had no issues.

Mandatory training

Requires improvement

Are services safe?

- In June 2015, the trust report on corporate mandatory training and clinical mandatory training showed the completion rate was 89% for corporate mandatory training and 87% for clinical mandatory training. This was just below the trust's internal target of 90%.
- Mandatory training was delivered both as face to face sessions and via e-learning. Topics included safeguarding, infection prevention and control, hand hygiene and risk management.
- New staff completed a full day corporate induction and a local induction before undertaking their role.
- The trust used a 'red, amber, green' (RAG) rating system for recording training status. This was monitored by line managers and as part of staff appraisals.

Assessing and responding to patient risk

- We reviewed patient assessments and documentation. Risks were assessed on initial visit and required actions identified. Risk assessments completed included pressure ulcer, nutrition and hydration, moving and handling and falls.
- The home support service used a comprehensive assessment document that looked at assessing risk as above and discussed action plans for preferred care.
- Formulation of locality multidisciplinary teams had taken place in the last few months. Staff completed weekly huddles to discuss patients' needs and agree the most appropriate services to visit.
- GP meetings were held monthly to discuss care of patients at the end of life and any cases that were complex.

Staffing levels and caseload

- There was a shortfall in staffing levels across adult community services. This was particularly evident in district nursing and the out of hours' service. District nursing actual staffing was 9% below establishment. Dietetics were (3.7 wte) 33% down. Bank staff were utilised regularly to maintain staffing levels.
- District nurses reported doing extra shifts to help cover and that they used very few bank staff, they did not report any issues with this.
- Vacant posts were advertised awaiting fulfilment.The trust held recruitment events and had been actively undertaking international recruitment.
- Maternity leave and long-term sickness was not back filled within services leading to a lack of staff to provide cover.
- The intravenous therapy team had had long-term sickness for five months; staff covered by working extra hours. There was also a vacancy out to advert for an additional full time post.
- The out of hours nursing team used bank staff every week to cover shifts. At the time of inspection, they only had one trained nurse and a support worker on duty overnight but were supposed to work in two's for safety. Caseloads were unpredictable so this was not always possible and so could cause a risk to staff safety and the ability to complete all required visits.
- District nurses reviewed caseloads and organised visits on a daily basis. Caseloads were unpredictable and visits could be requested at any time. If a member of staff had a complex and time-consuming visit, colleagues would re-allocate visits to ensure all patients were visited.

Managing anticipated risks

- A lone working policy was in place and staff showed us how they accessed it.
- Staff used electronic lone worker devices when out in the community. Further training around lone working was to be arranged but no dates for the training had been confirmed at the time of our inspection.
- Staff stated that any risks highlighted during visits were cascaded via handover to ensure staff safety. For example, if patients had a dog.
- A business continuity plan was in place and observed. Provision of services in exceptional circumstances such as where there was loss of power and poor weather conditions.
- Senior staff told us that they try to ensure staff complete training during the spring and summer so there are more staff available for winter planning.
- Staff were aware the trust has a major incident plan and could access it via the intranet. Annual training for major incident planning is incorporated in corporate mandatory training.

Good

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.

We have rated community adult health care services as 'good' for effective because;

Services used National Institute of Health and Care Excellence (NICE) best practice guidance and national guidelines to support the care and treatment provided to patients. Multi-disciplinary, patient–centred care was evident and integration to locality teams meant there was involvement of a range of specialist staff to meet the needs of patients. Staff liaised closely with GPs and social service colleagues. Adult community services' monitored performance through quality dashboards and key performance indicator reports.

Staff had access to training and development opportunities. Staff across all services received annual appraisals. However, rates for completion of appraisals were below the trust target of 90%. Support meetings could be requested and allied health professionals had access to drop in sessions. Staff had training on consent and deprivation of liberty safeguards. They discussed treatment and care planning with patients and obtained their consent before providing care.

Evidence based care and treatment

- Care and treatment was provided in line with evidence – based best practice guidance.
- The sickle cell and thalassemia service followed national guidance and the service participated in the review of UK standards.
- The falls team followed national guidance and updated their assessment tool following research with assistance from Manchester University.
- The intravenous therapy (IV) team reviewed evidence of effective practice research in cannulas to improve practice. 'Epic3' guidelines were reviewed and compliance audited; audit results showed patient treatment and care had improved as a result. Epic3 are national evidence based guidelines for preventing healthcare associated infections in NHS hospitals.
- Staff utilised integrated care pathways for pressure ulcers, end of life care and venous/arterial disease. Integrated care pathways are designed to implement national standards such as national services frameworks and guidelines by the National Institute for Clinical Excellence (NICE).
- Musculo-skeletal care pathways were easy to follow and indicated which pathway the service user required.

Nutrition and hydration

- A nutritional referral quality review highlighted improvements from the previous audit but highlighted further actions were required. An action plan had been developed as a result and actions included: continuing training for nutritional risk assessment & referral pathways, review of nutritional support referral criteria as part of a larger review of referral criteria to the dietetic department, and dissemination of this information. The actions were due for completion for the end of 2015/ 2016.
- Community nurses used the malnutrition universal screening tool to complete an assessment of patient nutrition and hydration needs. Staff referred patients to a GP and/or dietitian where required.

Technology and telemedicine

- Lone worker devices were on trial across community services and were due for review in 2016. This action had been implemented following a lone worker risk assessment.
- Two risks on the risk register related to inconsistent access to online systems. Staff also confirmed that they could not always access the trust intranet due to connectivity issues.
- Staff used handheld computer devices to access the trust intranet and current NICE guidance. Patients' test results and trust policies were accessible in patients' home.
- Planning for access to an electronic patient medical record system was underway for 2016. This would enable staff access to patient medical information and current medication.

Patient outcomes

Good

Are services effective?

- The trust monitored adult community services' performance through quality dashboards and key performance indicator reports.
- Quality dashboards were used to record and monitor safety performance indicators such as incidents, patient falls, mandatory training compliance, sickness absence and complaints. Results were monitored and discussed during team meetings.
- Similarly KPI reports were used to review and monitor service delivery standards such as referral acceptance rates, 'did not attend rates' and face to face contacts. Again these were monitored by service managers and divisional leads with outcomes cascaded at staff meetings to aid improvements.
- Services participated in trust audits to aid in improvement in patient care and treatment including community adults record keeping, vitamin D – increasing patient use in high risk groups and review of falls service documentation against trust guidance. Each audit had a designated clinical lead. Action plans were developed where areas for improvement had been identified.
- District nurses audited documentation, pressure ulcers, catheter care, VTE and falls as part of monitoring of harm free care.
- Within the Central Community Nutrition Service, 2 dietitians (1.0 wte approx) provided a nutritional support service for patients with, or at high risk of, malnutrition. Referrals to this service had increased over the past few years, and now accounted for approximately 50% of all referrals to the department.
- This service had carried out a re-audit in May 2015 to monitor and assess the quality of referrals following the introduction of a new referral form in October 2013 (the original audit in March 2014 identified a number of areas for improvement). The audit focused on three standards: nutritional support referrals are made on the correct referral form, all information requested is provided on the referrals, and the referral meets the referral criteria for nutritional support. The re-audit showed there had been significant improvements in the first two standards (the rating score had improved from 'red' to 'amber') but improvements were still needed to ensure staff used the correct referral form, provided all the information requested on the referrals, and referred patients according to the referral criteria. An action plan was in place to address these areas.
- Care plans we reviewed included dates for review and progress with planned goals was documented.
- A recent audit of compliance to NICE guidelines for falls had been completed. Unfortunately the report was not viewed as it was in draft format at the time of our inspection.
- The IV therapy team had performed an audit on whether an increased indwell time would affect infection rates in peripheral cannulas. The audit found that the increased indwell time of up to 10 days for cannulas showed no increase in phlebitis or infection rates this meant there was reduced need to have more invasive long term lines inserted in community patients.
- Staff 'huddles' enabled discussion of patient outcomes and any highlighted issues. Recent discussions had highlighted the need to have patient notes that all the multi-disciplinary team utilised. An audit was planned to monitor the effectiveness of proposed changes.

Competent staff

- Staff received regular appraisals and this was evident in the records we reviewed. However, trust figures showed that the number of completed appraisals were still below their target of 90% with a rate of 79% in June 2015. Actions to improve the compliance rate included instructing managers to focus on completing appraisals within the coming month.
- Staff reported having opportunities to develop and good access to training. Issues were highlighted within specialist services due to the lack of local access to specific training, meaning extra travel and more funding was needed.
- Assistant practitioners were employed across the trust but competencies had not been universally agreed. Staff stated that they were able to complete more competencies in the acute setting than in community and felt that some skills were lost due to this. An assistant practitioner is a healthcare worker who has undertaken a two year training programme that consists of a health related foundation degree with associated practice-based learning, and who assists registered practitioners e.g. nurses, radiographers and occupational therapists in delivering care and treatment.
- Staff had their competence re-assessed when moving between community and acute services and if employed from outside the trust to ensure they had the correct skills and knowledge to carry out their role.

Good

Are services effective?

- Nurse prescribing was utilised in the community and district nurses completed the V150 community nurse practiotner prescribing course. Some senior nursing staff had completed the V300 non medical prescribing training and utilised this within their scope of practice.
- Senior staff showed us information regarding a current research project that staff were participating in. A specialist nurse was conducting a study via Manchester University that commenced with a review of staff's current skills and knowledge in relation to dementia and end of life care. Results would be reviewed to highlight training needs; this would then be delivered at locality level. Increased learning and knowledge following training was to be re-assessed after five months.
- Sickle cell and thalassaemia staff completed 'Pegasus' training. This covered disease management and genetic problems.

Multi-disciplinary working and coordinated care pathways

- Staff had been re-located to form integrated locality teams to work within a multi-disciplinary setting.
- Staff reported good access to other services and worked collectively to discuss and meet the needs of service users.
- Staff completed weekly 'huddles' to discuss cases and any complex issues. As part of the meeting,staff would agree on who the the most appropriate clinician to visit would be to avoid duplication. These huddles were relativelynew but staff were positive about their success.
- Locality managers were in post and oversaw a variety of services within the multi-disciplinary team such as district nurses, home care pathway, domiciliary physiotherapy and active case managers.
- Staff liaised closely with each other and we observed discussion of service user information, progress and care planning.
- Staff attend meetings with GPs discuss complex cases and any specific patient issues.

Referral, transfer, discharge and transition

- District nurses accepted referrals in any format, including by telephone, face to face or by fax. Other services, like physiotherapy, preferred completion of a referral form.
- During a staff focus group, staff reported issues with the new discharge summary sheet from the acute hospitals. Staff told us the previous form was easy to read and contained relevant history and diagnosis information. Staff showed us the new form, which was difficult to read and staff reported that it did not contain all relevant information. Staff were unsure if there had been any input from community services in developing the new form. Staff had raised this concern with managers and were awaiting an outcome.
- Senior staff discussed delays in weekend discharges if funded nursing is required. To try and reduce delays, district nurses would input extra visits to support discharges where possible. The discharge team helped to facilitate effective and appropriate discharges, liaising with services and agencies such as social services to ensure packages of care were in place.
- Out of hours, district nurses used an answer phone for staff to leave referral information and visit requests. Alternatively, staff could also call at the start of shift to handover any information required. Overnight staff had support from the radio room who took service user calls to ensure prompt receipt of referrals.

Access to information

- Staff had access to the trust intranet and could access policies and procedures as required.
- Service user test results were accessible at health centres.
- Patient records were stored at the patient's home and contained the necessary information to provide appropriate care and treatment.
- The trust policies were easy to access and staff showed us where to find them. However, there had been three sets of policies for staff to use since the integration of services. Policies available were categorised as Central Manchester, primary care trust and Trafford. Staff were not aware of when these would all be merged. Staff felt they had access to more policies to support practice and knew which ones to use.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff were aware of their responsibilities in relation to consent and could access guidance on the intranet if needed.
- All staff received mandatory annual training on the Mental Capacity Act and deprivation of liberty safeguards.

Good

Are services effective?

- Service user verbal consent was obtained during clinic contacts and recorded in clinical notes. This was evident in the district nursing notes we reviewed.
- If patients lacked the capacity to make an informed decision, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals, in accordance with the trust's safeguarding policies.
- Some assessment documentation we reviewed included a box to complete for patient agreement and signatures however, this was not consistent across all the records reviewed.

Good

Are services caring?

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

We have rated community adult health care services as 'good' for caring because;

Patients received care and treatment from caring staff who were respectful and polite. All staff treated patients with dignity and offered support when required. Staff explained treatment and interacted well with patients. Patients were encouraged to agree treatment aims and to be involved in their care.

Compassionate care

- We observed staff treating patients with compassion and dignity.
- Staff communicated clearly with patients and their relatives/carers and engaged with them to understand their needs.
- Patients told us they were happy with the services they received and had good relationships with staff. Patients said they felt well supported.
- Results from patient surveys displayed in the sickle cell and thalassaemia waiting room showed positive patient feedback.

Understanding and involvement of patients and those close to them

- Staff holistically assessed patients' needs. Patients were actively involved in decision making and care planning.
- Staff discussed treatment plans with patients and this was documented in some of the clinical notes reviewed, however this was not consistent.
- Explanations of treatments and test results were given during visits and clinic appointments. Staff discussed further actions required and answered questions effectively.
- The sickle cell and thalassaemia service provided a community engagement programme. This included a programme to support under 18's to improve self-management. Funding was received from Children in Need to aid provision of the expert patients programme called 'staying positive' to support people following diagnosis.
- The sickle cell and thalassaemia service also delivered a conference that included speakers living with disorders or supporting family members.
- Recording of patient's stories was available in video format. These allowed patients to feedback their experiences of their care and treatment.

Emotional support

- The Macmillan team offered support to community nurses, services and their families in palliative care and end if life.
- Staff told us they offered support to service users especially when providing palliative care and agreed extra support visits where required.
- District nursing staff had completed 'Sage and Thyme' training which covered enhanced communication skills and was designed to train all grades of staff how to listen and respond to patients or carers who are distressed or concerned.
- The sickle cell and thalassaemia service offered support to all newly diagnosed patients and provided counselling services and disease specific information.

Good

Are services responsive to people's needs?

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

We rated community adult healthcare services as 'good' for responsive because;

Services were responsive to patients' needs and could be flexible where required. They worked collaboratively to meet patients' needs. The trust collated data on the 18 week referral to treatment time (RTT) standard. Referral to treatment and waiting times were variable across the community services, however the majority of services were meeting the 18 week RTT standard. District nurses saw patients when required and had no waiting times.

Nursing assessments identified patients living with dementia or a learning disability and care was provided to meet their needs. Staff liaised with other agencies, families and carers to try to maintain patients' normal routines. Staff regularly used an interpretation and translation service when required to support patient care and treatment.

Complaints were discussed at team level and at clinical effectiveness meetings. Learning from complaints was used to improve services. Where possible staff tried to resolve complaints locally.

However, improvements were required to reduce the 'Did not attend' rates for some services, particularly MSK physiotherapy and the nutrition service.

Planning and delivering services which meet people's needs

- Patients needs were assessed and care planned accordingly. Where appropriate care planning involved joint vists with other specialities or GP's.
- Patients with complex needs were discussed between services and a coordinated multi-disciplinary plan of care was agreed. Service users could access district nursing services directly and request visits and appointments.
- The nutrition team were understaffed by 0.8%. The service was out to tender at the time of our inspection and there was a risk to provision of the service.
- A variety of patient leaflets were available.These included complaints information and what to expect as death approaches.
- Staff told us that palliative care discharges were facilitated even at short notice. Extra visits were arranged to support discharge if awaiting social services input.
- Evening district nurses provided visits for patients requiring care andtreatment out of hours.
- The sickle cell and thalassaemia service provided a support group and counselling service for patients following diagnosis.

Equality and diversity

- Staff received training for equality and diversity on induction and annually as part of corporate mandatory training.
- The sickle cell and thalassaemia service tested all new pregnant women for disorders due to the diverse population in the locality.
- There were equality and diversity champions within services who provided updates and supported colleagues and patients.
- The sickle cell and thalassaemia service provided national disease specific patient leaflets to service users and their families and/or carers.

Meeting the needs of people in vulnerable circumstances

- Patients' needs and wishes were recorded in their notes. District nurses gave an example of a patient who would not open their mail due to fear of what was inside. Staff helped them read their mail, understand it and liaised with the family at the patient's request.
- Nursing assessments identified patients living with dementia or a learning disability and care was provided to meet their needs. Staff liaised with other agencies, families and carers to try to maintain patients' normal routines.
- Health centres were accessible to wheelchair users, however some doors were heavy to open and would pose a problem to patients with mobility issues.
- Staff took a flexible approach to visits; adjusting appointments to accommodate patient needs.

Good

Are services responsive to people's needs?

- The home care pathway service supported people within their home to facilitate discharge from hospital. The service took up to 60 cases but with flexible winter planning could accommodate 70 cases.
- Services utilised an interpretation and translation service due to the diverse population. Figures show that face-to-face sessions were undertaken with patients during 2014-2015 nearly 38,000 times. There were also 8200 telephone interpretation requests.
- Services also used the service to meet the needs of service users who were deaf/deaf and blind in over 1000 sessions.

Access to the right care at the right time

- The trust collated data on the 18 week referral to treatment time (RTT) standard. Referral to treatment and waiting times were variable across the community services, however the majority of services were meeting the 18 week RTT standard. District nurses saw patients when required and had no waiting times. There was a waiting time of between two to seven weeks to access the continence team (in Rusholme and Levenshulme respectively) whilst waiting times for the podiatry teams varied between three and 18 weeks dependent on the clinic and treatments required.
- Waiting times for home visits from the nutrition service were between four to six weeks. However urgent requests for home visits were carried out within two weeks of referral. Waiting times for clinic appointments were between four to eight weeks.
- The average waiting time to access the MSK physiotherapy service was between three and eight weeks dependent on location.
- Service huddles ensured the right practitioner assessed a patient's needs as required.
- Staff liaised closely with social service colleagues to meet patients' needs and provide timely services.
- District nurses visited urgent referrals on the day requested.
- Visits were prioritised by district nurses and if emergency or urgent situations arose teams re-allocated vists to ensure all patients were seen.
- Did not attend rates varied across community services. The community services quality dashboard for July 2015 showed district nursing services had a 2% DNA rate while the MSK physiotherapy (Central) service had a 17% DNA rate and the nutrition service had a 23% DNA rate, no actions were identified.
- The quality dashboard for July 2015 showed referral acceptance rates across community services were between 94% and 100%.

Learning from complaints and concerns

- Staff received customer service training on induction and annually as part of corporate mandatory training.
- Feedback and actions from complaints were shared at team meetings and meeting minutes corroborated this.
- Staff were aware of the trust complaints policy and could access it via the trust intranet.
- Staff discussed the process for complaints handling and emphasised the initial goal was for local resolution.
- Complaints leaflets were available in health centre receptions. They were easy to read and informative.
- Senior staff discussed complaints and action planning at monthly clinical effectiveness meetings. This information was then cascaded at team meetings.
- Responses to complaints were either face to face, via telephone or by letter. We observed a written complaint and subsequent responses from the service lead. The response covered all items raised by the complainant and highlighted actions underway.

Good

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.

We have rated community adult health care services as 'good' for well-led because;

Staff working in community adult healthcare services were aware of the trust vision and strategy. There was a clear strategy and a set of defined objectives for community services. Staff felt well supported and able to approach management with any concerns or issues.

Systems were in place to record and monitor risks. Managers attended monthly clinical effectiveness meetings and learning was shared with staff via team meetings. Services engaged with the public in a variety of ways including satisfaction surveys to support groups.

Most staff enjoyed their work and felt positive about recent changes and integration. However, sickness levels were double the trust target of 3.6% in June 2015.

Service vision and strategy

- There was a clear vision for community adult services: “We deliver the right care for people outside of hospital.”
- This vision was underpinned by a clear strategy and set of defined objectives. Progress with strategic objectives was monitored via a Directorate of Adults & Specialist Community Services Strategy Action Plan.
- Monthly living values were displayed in offices and clinic rooms. November’s displayed value was ‘Respect’. Staff felt this was to highlight trust values and to promote use of them in practice.
- Staff knew the vison for the trust and could access information on the trust’s overall strategy via the intranet.
- Staff reported access to regular ‘ask the manager’ sessions where information was cascaded and staff could raise issues.

Governance, risk management and quality measurement

- For governance purposes, community services sit within the Division of Medicine and Community Services alongside acute medical services and urgent care services.
- Harm free care monitoring and management group meetings were held to discuss trust wide issues and actions. Minutes reviewed highlighted discussions around pressure ulcers, falls and other harms.
- The division introduced support meetings for research, audit and education facilitated by the clinical effectiveness officer. A total of 18 meetings were planned per year.
- The clinical effectiveness officer oversaw risk registers and incident submissions at divisional level and each service held it’s own local risk register also.. The mitigating actions noted had reduced risk ratings and there were clearreview dates for each identified risk. However, some risks remained on the register after several years without resolution. The clinical effectiveness officers offered support to managers and monitored responses and completion of risk registers.
- Monthly divisional meetings discussed all risks and how they were managed. Meeting minutes demonstrate this.
- Quality dashboards were used to record all performance information submitted. This aided identification of incident trends.
- A generic trust risk assessment form was utilised to identify risks and we observed completed forms, risks were then added to either the service or corporate risk register.
- Allied health professionals’ meetings utilised case studies to share lessons and learning.
- The trust had divisional audit forward plans in place to monitor the quality of services provided. Audits completed include a nutritional referral audit and actions required identified.

Leadership of this service

- The IV therapy team told us they received good support from their managers.
- Staff felt they had good divisional support and felt able to raise any concerns or issues. However, they did not feel there was a lot of senior executive team interaction.
- Most services did not have regular clinical support sessions but can access this when required. Allied health professional have specific drop in sessions that they can access.

Good

Are services well-led?

- Staff felt they were part of professional, supportive teams and provided informal supervision and support to each other on a daily basis.

Culture within this service

- Staff were aware of the whistleblowing policy and how to access it. Staff felt confident to discuss concerns with their line managers and colleagues. However, staff voiced some confusion as on the intranet the process was called 'speak out safely'.
- Staff feel very proud of the services they provided and had a positive attitude to the integration of community teams/services.
- We observed good team rapport and support across services. Senior staff discussed how good they felt teams were and felt strongly that staff worked 'above and beyond' to ensure patents' needs were met.

Public engagement

- Patient surveys reported satisfaction with services, however there was no specified timeframe across services for the completion of surveys. For example, District nurses recorded them six monthly whilst the sickle cell and thalassaemia service recorded patient surveys continually. Good return rates and responses were seen on the last patients' survey for the sickle cell and thalassaemia service . The clinical effectiveness officer discussed patient forums to improve patient engagement.
- Patient satisfaction surveys for the nutrition team had a 90% positive response with 10% not very satisfied. Patient satisfaction survey results for the district nurses at Abbey Hey treatment room showed a 90% positive result.
- The sickle cell and thalassaemia service provided a 'staying positive' leaflet and offered workshops in response to patient feedback.
- The Chorlton neighbourhood project encouraged volunteers and service users to discuss needs and wishes with staff and focus forward planning.
- There were organised 'falls' events working with outside agencies such as Age Concern accessible to the public to try and reduce the number of falls in the community.
- A patient and carer's forum for patients with a learning disability was held every three months to give patients and carer's the opportunity to discuss how services could be improved.

Staff engagement

- The trust staff survey 2014 showed a response rate of 44%, similar to the England average of 42%. Across the division the response rate was 33%. The trust sent internal staff audits via email to try to engage with staff and highlight areas of concern.
- Staff reported consultation and involvement in integration plans and base moves. They believed integration was positive and would streamline services.
- Line managers shared compliments received via team meetings but also to individual staff. We observed an example of a letter sent to a staff member.

Innovation, improvement and sustainability

- A commissioned IV team pilot by the clinical commissioning group enabled administration of antibiotics within the home setting.
- The trust Introduced four team hubs into the community bases to aid integration. Senior staff reported that further integration was planned and meetings with the council were attended to look at further cross working with social care colleagues.
- There was a relatively new home support team that supported service users in care home settings. All new residents were assessed. The service was welcomed by staff however, there was still some overlap with other services such as district nurses that need to be discussed. Staff incorporated advanced care planning in their assessment and aimed to agree advanced care plans with all service users and their families/carers.
- The clinical effectiveness officer aimed to commence a patient forum but no specific details had been agreed at the time of our inspection.
- The trust had a back to fitness rehabilitation programme, which incorporated evidence-based research. The aim was to support staff returning to work sick leave.