

# Locala Community Partnerships C.I.C.

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this organisation. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of the organisation management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the organisation

Locala Community Partnerships is an independent Community Interest Company (CIC) that provides NHS community services to over 400,000 people in Kirklees and surrounding areas. Locala is a not-for-profit social enterprise.

Most of the care and support is provided in patient's homes, in clinics, schools and health centres by district nurses, therapists, health visitors, and other dedicated health care professionals. Services are managed through two business units and provided from 59 sites.

There is a single point of contact and Integrated Community Care Teams. Specialist services manage complex patients with a 'single disease diagnosis'.

Locala provides the 0-19 service in Calderdale and Kirklees, and there are a number of partnerships arrangements with other providers.

Locala provides five core community health services:

- Community adults
- Community children, young people and families
- Community Dental
- Sexual health
- GP services

We carried out a comprehensive inspection in October 2016. We rated the core services inspected as:

- Community health inpatient services – Inadequate
- Community health services for adults, Inc. community end of life care – Inadequate
- Community children's services - Good
- Community dental services – Good

We did not give the organisation an overall rating following this visit because not all services were inspected and the organisation was not inspected on how well-led it was in relation to all the services that it provides.

Locala was issued with four requirement notices as we found the organisation did not comply with regulation 12 (safe care and treatment), regulation 17 (good governance), regulation 18 (staffing) and regulation 20 (duty of candour). An action plan was submitted by Locala post inspection and progress of this action plan has been monitored through our engagement process.

## Overall summary

**Our rating of this organisation improved since our last inspection. We rated it as Good** ● ↑

## What this organisation does

Locala Community Partnerships is an independent Community Interest Company (CIC) that provides NHS community services to people in Kirklees and surrounding areas. Locala is a not-for-profit social enterprise.

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

The four core services we inspected as part of our continual checks on the safety and quality of healthcare services were:

- Community adults
- Community children, young people and families
- Community Dental
- Sexual health

The organisation provides the following services which we did not inspect:

- GP services
- Locala walk in centre

The primary medical care core service has previously been inspected and rated as part of our comprehensive inspection programme.

## What we found

### Overall organisation

Our rating of the organisation improved. We rated it as good because:

We rated safe, effective, caring, responsive and well led as good. We rated all four of the core services we inspected as good overall. In rating the organisation, we took into account the previous rating of the core service we did not inspect this time.

- We rated well- led for the organisation overall as good. The leadership, governance structure and culture within the organisation showed an open, effective and person-centred approach which was driving improvements to deliver good quality, patient centred care.
- We saw a strong vision and set of values which were shared across the organisation. Staff in core services knew the vision and values and had the opportunity to input into them.

# Summary of findings

- Locala had systems in place to identify learning from incidents, complaints and safeguarding alerts. Locala used safety summits to share information between teams and had recently enabled colleagues to access these through skype to improve attendance.
- There was an open incident reporting culture, staff knew how to report incidents and there was evidence of learning from incidents; there were comprehensive arrangements and procedures for safeguarding and feedback we received from external stakeholders in relation to safeguarding was positive. Staff in core services demonstrated a good understanding of safeguarding and knew how to protect patients from abuse.
- Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. Recorded risks were aligned with what staff said were on their 'worry list'. Locala had a risk profile which identified their highest scoring risks, there were key performance indicators in place to monitor risk management and we could see that risk was discussed regularly at both board and committee meetings.
- On the whole mandatory training compliance figures were good. Staff said they had access to both internal and external learning. Locala's coaching programme had been shortlisted for the training journal awards in the category of best coaching / mentoring programme.
- The organisation worked collaboratively with external partners to provide the highest quality of care. Locala was the lead provider for an innovative partnership which brought together five organisations and their 0-19 services to help ensure that all children, young people and families living in Kirklees will be healthy and resilient. Feedback from external stakeholders included recognition of Locala embracing new ways of working.
- Across the four core services we saw that 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.

However:

- Although Locala had an LGBT staff network they had not yet developed a Black and ethnic minority or a disability staff network. Locala had recognised that there was a need to develop further staff networks however these were not yet in place.
- In the community health services for adults, risk assessment reviews were not always documented on the electronic patient record. Staff were completing reviews of risk and these were discussed with the multidisciplinary team however documentation was not always updated in the risk document. In the children, young people and families service we saw some clinical records were not completed within the 24-hour timeframe. Records not completed within the 24-timeframe varied between 1% and 4%.
- In the community health services for adults not all mandatory training was compliant with the organisational target.
- In the children, young people and families service the 0-19 service in Kirklees had very high caseloads which were significantly above the organisations recommended colleague caseload.

## Are services safe?

Our rating of safe improved. We rated it as good because:

- We rated all four core services inspected as good. The rating for the safe domain in the community dental and community children, young people and families had improved from requires improvement at the 2016 inspection to good at this inspection. The community adults core service had improved from inadequate in the 2016 inspection to good at this inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

# Summary of findings

- Services 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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Services used systems and processes to safely prescribe, administer, record and store medicines.
- Most staff had completed mandatory training and additional training was provided which was service specific.
- In most services staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

However:

- In the community adult service, we found that staff did not routinely complete initial risk assessments for all patients in the ICCT's and did not always record reviews of risks in patients' care records.
- In the sexual health service nurse call bells in clinic rooms in Bradford and Dewsbury were not always situated by the patient couches and in Huddersfield nurses relied on the System one alarm system on their electronic devices to call for help when required. The medicines store room at the Princess Royal Hospital, Huddersfield was not locked at all times.
- In the community dental service, the record keeping audit was not dental specific and did not cover the specifics relating to the speciality of dentistry and an audit of antimicrobial prescribing had not been carried out.

## Are services effective?

Our rating of effective improved. We rated it as good because:

- We rated all four core services inspected as good for effective. The rating of the effective domain had improved from requires improvement to good in the community adult services. In the community dental and children, young people and families services their good rating was retained.
- Services provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Services made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- 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 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 monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. In the children, young people and families core service teams had been accredited under relevant clinical accreditation schemes.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- All four core services inspected were rated good for the caring domain. All three services inspected in 2016, community adults, community dental and children, young people and families retained their good rating at this inspection.

# Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. In the children, young people and families service staff ensured a family centred approach to care.

However:

- In the sexual health service at the Princess Royal Hospital, Huddersfield the environment did not allow patients sufficient privacy when booking in for appointments.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- All four core services inspected were rated good in the responsive domain. All three of the core services inspected during the 2016 inspection retained their good rating.
- The services 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.
- The services were inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- In most core services it was easy for people to give feedback and raise concerns about care received. All four core services treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- In the community adult service staff within the care home support team had come up with a innovative way of ensuring patients with dementia used their walking frames. Staff had painted walking frames red and as this colour was known to be effective in attracting the attention of dementia patients, it drew patients towards their walking frames and thus reduced falls within the care homes the patients resided.
- In most of the core services people could access the service when they needed it and received the right care in a timely way.

However:

- In the community dental service waiting times for an initial assessment appointment were excessive. As of November 2019, there were currently 501 children on the waiting list for an assessment (including new referrals received). Managers were fully aware of this and were taking action to reduce the waiting list and monitoring the progress.
- In the sexual health service the clinics did not provide leaflets in a range of languages for patients and carers in waiting areas to inform them of advice such as leading healthier lives, local voluntary groups providing support and crisis line details. There were links on the provider website and relevant medical leaflets were provided where appropriate following diagnosis and or treatment, but this additional opportunity to help patients was not utilised.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

# Summary of findings

- All four core services we inspected were rated good for the well led domain. With the community adults core service improving by two ratings from inadequate to good.
- Leaders had the skills and abilities to run the services. They understood and managed the priorities and issues the services faced. They were proactive in looking at ways of improving services and staff at all levels were encouraged to participate.
- Most of the services had a vision for what it wanted to achieve and a strategy to turn it into action, 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.
- Staff felt respected, supported and valued. There was a clear focus on the needs of patients receiving care. Staff were proud to work for the services and there was an open and inclusive culture where concerns could be raised.
- Leaders operated effective governance processes which were proactively reviewed both locally and at trust level. We found evidence of oversight and ownership and staff at all levels were clear about their roles and responsibilities.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However

- In the sexual health service staff were unclear of the sexual health services strategy or vision.
- Staff supervision data in the sexual health service was not collected to provide senior management with oversight. Staff sickness data was not collated to show the impact when clinics and/or patient appointments were cancelled for managers to monitor although some work was in progress to address this.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each core service, and for the whole organisation. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used of professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in three of the core services we inspected. These were the children, young people and families service, the community adults service and in the community sexual health service.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement, we found 32 things that the organisation should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

For more information on action we have taken, see the sections on Areas for improvement.

# Summary of findings

## What happens next

We will check that the organisation takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found a number of areas of good practice both provider wide and in the three of the core services we inspected.

There was a recently developed system known as the 'virtual noticeboard'. This brought together external and internal information in an easy to use format online such as links to faculty guidance, policies and procedures as well as internal meeting minutes and newsletters to name a few. Staff were positive about this online centre for information and source of guidance.

### Children, young people and families service

Staff members were supported by volunteers in some of the services. Volunteers carried out roles such as meet and greet and breast-feeding peer support. All volunteers received training and supervision and had a Disclosure and Barring Service check, which checks if people have a criminal record. Breast feeding peer supporters also completed a certified course.

At Kirklees 0-19 service staff were being trained to become dual role practitioners. This meant they were trained as both health visitors and school nurses. About 40 percent of the workforce had received this training. This enabled the team to provide improved continuity for the family as one practitioner was able to provide support for both younger and older children within the same family.

### Community health services for adults

Staff within the care home support team had come up with an innovative way of ensuring patients with dementia used their walking frames. Staff had painted walking frames red and as this colour was known to be effective in attracting the attention of dementia patients, it drew patients towards their walking frames, reducing falls within the care homes the patients resided.

The service used dressings that were animal product free for patients who were against the use of animal products. Some dressings contained pig matter and were, therefore, not used on patients following the Muslim faith.

### Sexual health services

The use of technology in the service was significant to providing an efficient and informed service. Most staff were issued with a laptop and we saw use of this was extensive. This included increased accessibility for referrals to non-medical prescribers and referrals to the Clinical lead or safeguarding lead when required.

The electronic record management system was well utilised and being increasingly developed to improve quality and efficiency for example the new under 18 risk assessment being uploaded, the full rollout of the electronic stock management system, safe communication to GP's and receiving test results from external laboratory back to the patient record, for the service to then inform the patient.

The outreach team in Kirklees worked creatively to access those patients most at risk and unlikely to attend the clinics. This included a significant amount of multi-disciplinary work and engagement with other providers to support organisations to reach those most vulnerable at times and locations which worked for the patients.

# Summary of findings

## Areas for improvement

Action the organisation **MUST** take is necessary to comply with its legal obligations. Action the organisation **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the provider **MUST** take to improve**

No must actions identified.

### **Action the provider **SHOULD** take to improve:**

#### **Organisation wide**

- The provider should consider identifying an individual executive lead designated for mental health.
- The provider should ensure they develop workforce plans to ensure succession planning can be fully implemented.
- The provider should consider making the post of equality and diversity lead permanent.
- The organisation should ensure that the development of staff networks progress and they continue with engagement and workforce planning in relation to equality, diversity and inclusion.
- The organisation should ensure that it reviews the organisations equality and diversity policy to reflect the Workforce Race Equality Standard and considers reference to the workforce disability equality standard or other statutory requirements within the policy.
- The organisation should ensure there is a standardised, structured approach taken when undertaking clinical audit work.
- The organisation should ensure they improve the standard of complaint outcomes following investigation.
- The organisation should consider participating in clinical research studies.
- The organisation should ensure a consistent approach to follow up contact and outcome letters following serious incident reviews.
- The organisation should consider having a process for overseeing the booking of bank and agency staff.

#### **Community adult services**

- The provider should ensure that all staff record and update information in relation to patients' clinical risks.
- The provider should ensure that they continue to improve compliance with mandatory training.
- The provider should ensure that information in relation to medicine allergies are clearly highlighted in patients' care records.

#### **Children, young people and families**

- The provider should ensure there are adequate safety measures in place to reduce the risk of accidents within the building.
- The provider should ensure that accurate cleaning records are maintained.
- The provider should continue to manage and mitigate risks with regards to high caseloads.
- The provider should ensure that contacts with patients are recorded onto the system within the 24 hour guidance.

# Summary of findings

- The provider should consider how to engage and support people who had concerns around vaccines due to religious or cultural reasons.

## **Community dental services**

- The organisation should take action to ensure audits of dental care records reflect the specialised nature of dentistry.
- The organisation should carry out regular antimicrobial prescribing audits.
- The organisation should continue to take action to reduce the waiting times for an initial assessment.

## **Sexual health services**

- The provider should provide suitable cleaning charts to staff which allow them to accurately record the cleaning tasks completed in line with the policy.
- The provider should ensure the environment at the Princess Royal Hospital, Huddersfield allows patients sufficient privacy when booking in for appointments and is well maintained throughout.
- The provider should ensure the medicines store room is locked at all times.
- The provider should ensure nurse call bells are located by patient couches at all locations to ensure easy access for staff, in the event of an emergency.
- The provider should ensure that complaints are managed in a timely manner and in accordance with the policy.
- The provider should consider the template completed for 'peace of mind' appointments and whether they should include safeguarding prompts for staff.
- The provider should ensure the community sexual health service staff have a clear vision and strategy to collectively adopt and pursue.
- The provider should continue to develop a system to record staff supervision which ensures senior management can monitor and oversee.
- The provider should ensure the service has a system in place to monitor the impact staff absence and sickness has on client appointments and clinics
- The provider should consider providing further signposting information to patients using leaflets in waiting rooms to better inform them for example of healthy living, support groups and crisis lines.

## Is this organisation well-led?

Our comprehensive inspections of organisations have shown a strong link between the quality of overall management of a provider and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well an organisation manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

*We rated well-led at the organisation as good because:*

- The organisation had an experienced leadership team with the skills, knowledge, and commitment to provide high-quality services. They recognised the training needs of managers at all levels and worked to provide development opportunities.

# Summary of findings

- The board and senior leadership team had a clear vision and set of values that were central to the organisation. They worked with colleagues providing an opportunity for staff to develop these values ensuring understanding, so staff could apply them to their daily roles.
- The organisational strategy was directly linked to the providers vision and values. The provider involved internal stakeholders in the development of the strategy and had a clear three-year plan to provide high-quality, sustainable care. An operating plan was also in place to measure the progress of the strategy.
- Senior leaders were all 'site adopters' this meant they were linked to locations across the organisation to ensure their visibility and good relations amongst colleagues. They had developed the role of a colleague board member to further develop an understanding of challenges faced by colleagues in their day to day work.
- The organisation had a clear structure for overseeing performance, quality and risk, with board members represented across locations. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The leadership team worked well with services to share learning across the organisation. We heard that members of the leadership team joined team meetings to share learning when serious incidents happened and learning opportunities had been made more accessible by the use of technology to ensure larger attendance at learning events.
- The organisation made sure that it communicated effectively with patients, staff, the public, and local organisations. It supported the services to develop their own engagement plans and encouraged colleagues to get involved with projects affecting the future of the organisation.
- The board reviewed performance reports that included data about the services, local managers had access to the data through a dashboard and could interrogate the data available to them. The performance report was discussed at board meetings alongside patient stories.
- There was an effective process in place to identify, monitor and address risk. Risks identified on the organisational risk register matched those on colleagues 'worry list' and we saw discussions relating to the identified risks taking place at the relevant committee meetings.

However:

- During our well led inspection we interviewed the director of people and organisational development. Although the organisation recognised that there was high turnover and staffing gaps within core services workforce plans had not yet been developed. There was a plan in place to develop these within the business units however this work had not yet started.
- We reviewed the organisations equality and diversity policy; the policy referenced a 'scheme' rather than reflecting the workforce race equality standards. There was no reference to the workforce disability equality standard or other statutory requirements within the policy.
- We reviewed a selection of audit reports we were concerned clinical audit was not carried out and followed up in a consistent way. We found time lines and owners of audit work was unclear with different formats used. We believed a more structured approach needed to be taken when undertaking audit work.
- We found that although all the investigations we reviewed were of good quality there was not always a consistent approach followed when sending out outcome letters.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑↑ Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good ↑↑ Feb 2020	Good ↑↑ Feb 2020
Community health services for children and young people	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020
Community dental services	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020
Community health sexual health services	Good Feb 2020					
<b>Overall*</b>	Good ↑ Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Community health services for adults

Good   

## Key facts and figures

Locala is a not-for-profit social enterprise that provides a variety of NHS community healthcare services to people in Kirklees, Calderdale and Bradford areas. Community health services for adults at Locala Community Partnerships Community Interest Company (CIC) includes general community and specialist nursing services, community therapy and intermediate care. Services work with the single point of contact and the integrated community care teams (ICCTs) to ensure that the patient receives the right care at the right time by the right professional. Specialist services case manage complex patients with a single disease diagnosis.

Community services include: ICCTs, seeing housebound patients with a nursing need or other people with complex nursing needs where it is more appropriate to be seen at home, community matron interventions, intravenous therapy, intermediate care beds, medicines optimisation, end of life (EOL) advice.

Specialist services include: continence, diabetes, respiratory, cardiology, tissue viability, community therapy and rehabilitation, rapid response and hospital in-reach (START), children's specialist services, planned services including dermatology, musculoskeletal (MSK) services, neurology, plastics podiatry and day surgery.

Complex care: EOL care including symptom management, wound care, continence care, diabetes, long term condition care/reviews, phlebotomy, integrated care with local authority. Services provide complex care and case management as required for patients in their care.

Case management includes: a single core assessment with care planning and goal setting, care co-ordination including working closely with voluntary organisations to provide home from hospital service, short term support to prevent readmission. Early supported discharge, with the support of specialist colleagues. Engagement with care homes. Routine GP liaison and multidisciplinary team meetings (MDT) attendance. Promoting self-care and maximising independence.

For this inspection, we looked at a sample of the services offered within Locala's community services for adults across three of its locations:

### Locations and services inspected

- Mill Hill Health Centre, Huddersfield. Care homes support team that worked with 48 homes in Greater Huddersfield to support the quality of patient care across all care homes.
- Ings Grove House, Mirfield. Intermediate care beds team which provided nursing and therapy rehab intervention for patients in a local authority setting.
- Fartown Health Centre, Huddersfield. Integrated community care team which supported patients who were housebound by providing nursing care in their own homes and/or other community settings. Staff offered patients advice, teaching and nurse care to enable independence with an acute or chronic illness.
- Fartown Health Centre, Huddersfield. Podiatry service - which offered assessment, diagnosis and treatment of problems associated with the foot and lower limb and supported patients to maintain their own foot health through advice, education, and support.
- Fartown Health Centre, Huddersfield. Continence service - which provided advice for continence management for all age ranges including patients with a learning disability.

# Community health services for adults

- Princess Royal Health Centre, Huddersfield. Tuberculosis service - which provided care and support to people suffering from the disease and aimed to limit the spread of tuberculosis within the community and reduce the transmission of infection by early diagnosis and effective treatment.
- Princess Royal Health Centre, Huddersfield. Musculoskeletal service - which provided assessment and treatment of patients with complex musculoskeletal conditions including diagnosis and management, and support with a tailored plan of care.
- Princess Royal Health Centre, Huddersfield. Diabetes service - which provided specialist management and education for patients with diabetes including Level 5 support in the acute clinic environment
- Holme Valley Memorial Hospital, Holmfirth. Integrated community care team - which supported patients who were housebound by providing nursing care in their own homes and/or other community settings. Staff offered patients advice, teaching and nurse care to enable independence with an acute or chronic illness.

Our inspection was a short-term announced inspection, so the provider knew we were coming and could ensure that everyone we needed to talk to was available.

Throughout the inspection we:

- spoke with the service's strategic lead
- spoke with the ICCTs operations manager
- spoke with the two service managers of the care homes support team
- spoke with 20 other staff members including nurses, team leaders, a clinical co-ordinator, podiatrists and administrators
- spoke with nine patients and one carer
- looked at the medicines management arrangements for services that kept medicines in stock
- looked at the health and safety of the environments of locations where care and treatment were provided
- looked at the clinical pathways, policies and procedures and other documentation within the service
- observed a safety huddle meeting within the ICCT at the Holme Valley Memorial Hospital
- observed the delivery of care and treatment both at the service bases and patients' places of residence.

This service was previously inspected in October and November 2016 and was rated as inadequate overall. We rated safe and well led as inadequate, we rated effective and responsive as requires improvement. We rated caring as good.

Following the last inspection, we told the service they must make the following improvements;

- Ensure that there are robust procedures in place to ensure that incidents, including serious incidents are correctly identified and reported and are comprehensively investigated and reviewed at an appropriate level within the organisation.
- Ensure that learning from incidents and complaints is shared and embedded across the organisation.
- Ensure that the duty of candour process is effective and embedded in practice across the organisation.
- Ensure that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff, taking into account patients' dependency levels.

# Community health services for adults

- Ensure that all staff have completed mandatory training and role specific training.
- Ensure that infection prevention and control policies and procedures are reviewed and in date.
- Ensure that the infection prevention and control audit programme is followed and actions are identified and implemented in a timely manner when issues are identified through the audit programme.
- Ensure that staff are up-to-date with appraisals and staff attend clinical supervision as required.
- Ensure that there are in operation effective governance, reporting and assurance mechanisms.
- Ensure that there are in operation effective risk management systems so that risks can be identified, assessed, escalated and managed.
- The provider must have systems in place, such as regular audits of the services provided, to monitor and improve the quality of the service.
- Ensure that staff have undertaken safeguarding training at the appropriate levels for their role.
- Ensure that there are appropriate systems in place in the community adults service to ensure that patients are prioritised and seen promptly in accordance with clinical need. In addition, the provider must ensure that the governance and monitoring of such systems is operated effectively to enable the identification of any potential system failures, and to take action so as to protect patients from the risks of inappropriate or unsafe care and treatment.
- Ensure that staff competency is robustly assessed in the community adults service.
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## Summary of this service

Our rating of this service improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff identified and quickly acted upon patients at risk of deterioration. The service had enough staff with the right qualifications, skills, training and experience. The service managed patient safety incidents well. The service used monitoring results well to improve safety.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. All those responsible for delivering care worked together as a team to benefit patients.
- 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.

# Community health services for adults

- 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, we found the following issues that the service needed to improve:

- The provider did not always ensure that information in relation to medicine allergies were clearly highlighted in patients' care records.
- Mandatory training compliance figures were low in some areas, particularly in relation to medical staff.
- Staff only assessed and mitigated risk of patients when a risk actually presented and did not record any reviews of risk within care records.

## Is the service safe?

Good   

Our rating of safe improved. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- 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.
- 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 identified and quickly acted upon patients at risk of deterioration. Staff we spoke with knew the patients well and were aware of the risks associated with each patient. However, we found that staff did not routinely complete initial risk assessments for all patients in the ICCT's.
- 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 and locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- 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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

However:

- The provider did not always ensure that information in relation to medicine allergies were clearly highlighted in patients' care records.
- Mandatory training compliance figures were low in some areas, particularly in relation to medical staff.

# Community health services for adults

- Staff only assessed and mitigated risk of patients when a risk actually presented and did not record any reviews of risk within care records.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Patients we spoke with confirmed this.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. We saw an improving picture in the numbers of staff having a yearly appraisal.
- 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 gave patients practical support and advice to lead healthier lives.
- 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.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Most staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Community health services for adults

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way. In the musculoskeletal service the provider was exceeding their identified target.
- 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.

## Is the service well-led?

Good ● ↑↑

Our rating of well-led improved. We rated it as good because:

- 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 service had a vision for what it wanted to achieve and a strategy to turn it into action, 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.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in 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.
- 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.
- 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- 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.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

# Community health services for adults

- 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. Leaders encouraged innovation and participation in research.

However, we found the following issues that the service needs to improve:

- The provider did not always ensure that information in relation to medicine allergies were clearly highlighted in patients' care records. Staff only assessed and mitigated risk of patients when a risk actually presented and did not record any reviews of risk within care records
- Mandatory training compliance figures were low in some areas, particularly in relation to medical staff.

## Outstanding practice

Staff within the care home support team had come up with an innovative way of ensuring patients with dementia used their walking frames. Staff had painted walking frames red and as this colour was known to be effective in attracting the attention of dementia patients, it drew patients towards their walking frames and thus reduced falls within the care homes the patients resided.

The service used dressings that were animal product free for patients were against the use of animal products. Some dressings contained pig matter and were, therefore, not used on patients following the Muslim faith.

## Areas for improvement

Action the provider SHOULD take to meet the regulations:

- The provider should ensure that all staff record and update information in relation to patients' clinical risks.
- The provider should ensure that they continue to improve compliance with mandatory training.
- The provider should ensure that information in relation to medicine allergies are clearly highlighted in patients' care records.

# Community health services for children and young people

Good   

## Key facts and figures

Locala Community Partnerships CIC provide the following children's services:

- A public health 0-19 service in both Kirklees and Calderdale (health visiting, school nursing and FNP (Family Nurse Partnership) (Kirklees only)). Incorporating the Healthy Child Programme, childhood clinics, first line interventions and safeguarding.
- The service in Kirklees is a partnership model where Locala is the lead provider. The other services include, child and adolescent mental health services (CAMHS), emotional health and wellbeing, HomeStart - volunteer support and Yorkshire children's centre - Vitamin scheme and safety programme.
- Health visiting in Calderdale is part of the public health early years' service which includes infant feeding and oral health team.
- School nursing in Calderdale is part of a multiagency partnership - healthy futures Calderdale - launched in September 2019.
- Immunisation team delivering childhood immunisation to the patients at 19 GP practices in North Kirklees and school age immunisations across the whole of Kirklees.
- Children's expert team in North Kirklees, which includes Children's community nursing (and paediatric diabetes), children's Speech and Language Therapy, physiotherapy and occupational therapy (OT).
- Child health services - North Kirklees
- Oral health team (Calderdale)
- Infant feeding, including peer supporters (Calderdale and Kirklees)
- Dental service - includes a service for children with additional needs in both Calderdale and Kirklees.
- We carried out a comprehensive inspection which meant we inspected against all five domains.
- Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.
- We visited the following sites: the immunisations team, the 0-19 service in Kirklees, the health visiting team in Calderdale, the schools nursing team in Calderdale and the speech and language team, the diabetes team and the occupational therapies team at the Child Development Centre in Dewsbury Hospital.
- We spoke to 22 staff, ten patients and looked at fifteen patient records.

## Summary of this service

Our rating of this service stayed the same. 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. Staff controlled infection risks 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.

# Community health services for children and young people

- Staff provided good care and treatment. 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.
- 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:

- In one of the services, staff had very high caseloads, which was affecting service provision as staff were completing some visits over the telephone rather than face to face. This was being monitored and risks were being mitigated through a system of identifying and prioritising families that were vulnerable or most in need of support.
- We saw some environmental concerns including the lack of a radiator cover within a sensory room for children and some poorly kept cleaning records
- Some of the records were not inputted onto the system within the 24 hours timescales required.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff. Most staff had completed mandatory training. Additional training was provided which was service specific.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff could access safeguarding supervision when they needed it and there was a safeguarding team who provided support and training to staff regarding safeguarding issues.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service mainly 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 and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

# Community health services for children and young people

- 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. When things went wrong, staff apologised and gave patients honest information and suitable support.
- However
- Some environmental issues had not been identified until highlighted by the inspection team. The sensory room contained a radiator with no cover on it. Although a cover had been ordered there were no signs to remind staff not to turn the radiator on. Cleaning records were not up to date so we could not be assured that cleaning was undertaken according to service requirements.
- Not all records were up-to-date because not all records were completed within the 24-hour timeframe. This meant that up to date records were not always available to staff.
- Caseloads in Kirklees 0-19 service were high. This was being monitored and risks were being mitigated through a system of identifying and prioritising families that were vulnerable or most in need of support.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- 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 gave patients practical support and advice to lead healthier lives.
- 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.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

# Community health services for children and young people

- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- 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.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

People could access the service when they needed it and received the right care in a timely way

- 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.

However

- It was unclear what the provider was doing to engage and support people who had concerns around vaccines due to cultural or religious reasons.

## Is the service well-led?

**Good** ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, 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 service had a vision for what it wanted to achieve and a strategy to turn it into action, 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.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in 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 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.
- 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

# Community health services for children and young people

- 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.
- 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.

## Outstanding practice

- Staff members were supported by volunteers in some of the services. Volunteers carried out roles such as meet and greet and breast-feeding peer support. All volunteers and received training and supervision and had a Disclosure and Barring Service check, which checks if people have a criminal record. Breast feeding peer supporters also completed a certified course.
- At Kirklees 0-19 service staff were being trained to become dual role practitioners. This meant they were trained as both health visitors and school nurses. About 40 percent of the workforce had received this training. This enabled provided improved continuity for the family as one practitioner was able to provide support for both younger and older children within the same family.

## Areas for improvement

We found areas for improvement in this service:

### SHOULD ACTIONS

- The provider should ensure there are adequate safety measure in place to reduce the risk of accidents within the building.
- The provider should ensure that accurate cleaning records are maintained.
- The provider should continue to manage and mitigate risks with regards to high caseloads.
- The provider should ensure that contacts with patients are recorded onto the system within the 24 hour guidance.
- The provider should consider how to engage and support people who had concerns around vaccines due to religious or cultural reasons.

# Community dental services

Good   

## Key facts and figures

The community dental services (CDS) at Locala Community Partnership CIC is commissioned by NHS England to provide services to the eligible population resident in the Kirklees and Calderdale area.

The CDS:

- Is flexible and responsive, adapting to the individual needs of patients, in terms of their requirements.
- Ensures that information about the services they provide is readily accessible in web based and written forms.
- Participates in local and regional networks, including local dental professional networks and managed clinical networks as they emerge.
- Provides a comprehensive range of dental care including anxiety and behaviour management (non-pharmacological), sedation, services under General Anaesthesia (GA) and care in domiciliary settings. Care in domiciliary settings will be limited to priority groups who are eligible to be seen in the CDS when there is a requirement for them to be seen in a non-clinical setting.
- Provides sedation services, which will include treatment under inhalation sedation, for children and adults who have disabilities or where sedation is necessary to enable the patient to access primary care dental treatment in line with published guidance in agreement with the commissioners.
- Provides a specialist-led preoperative dental assessment for children and adults, specifically to ensure that only those children with a need for general anaesthesia receive it.
- Established a care pathway that includes a dental assessment within a specialist-led service: examination; treatment planning; and consideration of suitability of alternative options to GA such as sedation
- Provides urgent dental care for eligible patients who have had their initial triage assessment or in exceptional circumstances, where the initial triage assessment has not been completed.

Information about the sites and teams, which offer community dental services at Locala Community Partnership CIC, is shown below:

Location / site name	Team/ward/satellite name	Address
Cleckheaton Health Centre	<b>LVW - Dental service</b>	<b>Cleckheaton Health Centre, Greenside, Cleckheaton, BD19 5AP</b>
Batley Health Centre	<b>LVW - Dental service</b>	<b>Batley Health Centre, Upper Commercial Street, Batley, WF17 5ED</b>
Princess Royal Community Health Centre	<b>LVW - Dental service</b>	<b>Princess Royal Health Centre, Greenhead Road, Huddersfield, HD1 4EW</b>

# Community dental services

St Johns Health Centre	<b>LVW - Dental service</b>	<b>St Johns Health Centre, Lightowler Road, Halifax, HX1 5NB</b>
Todmorden Health Centre	<b>LVW - Dental service</b>	<b>Todmorden Health Centre, Off Halifax Road, Lower George Street, Todmorden, OL14 5QG</b>
Holme Valley Memorial Hospital	<b>LVW - Dental service</b>	<b>Holme Valley Memorial Hospital, Huddersfield Road, Holmfirth, HD9 3TS</b>
Huddersfield Royal Infirmary	<b>LVW - Dental service</b>	<b>Huddersfield Royal Infirmary, Acre St, Lindley, Huddersfield HD3 3EA</b>
Dewsbury District General Hospital	<b>LVW - Dental service</b>	<b>Dewsbury District General Hospital, Halifax Rd, Dewsbury WF13 4HS</b>

We received feedback from 27 patients and spoke with 17 members of staff. We looked at dental care records for 15 people.

Our inspection between 5 and 7 November 2019 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During the inspection we visited four locations where dental services are provided from. The services were located in Batley, Huddersfield, Halifax and Holmfirth.

## Summary of this service

Our rating of this service stayed the same. 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 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.

# Community dental 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 waiting times for an initial assessment were excessive. As of November 2019, there were currently 501 children on the waiting list for an assessment (including new referrals received). The service was fully aware of this and was taking action to reduce the waiting times.
- Improvements could be made to the audit process to ensure audits of dental care records are relevant to dentistry.
- An audit of antimicrobial prescribing had not been carried out.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- 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 completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- 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 and locum staff a full induction.
- 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 service used systems and processes to safely prescribe, administer, record and store medicines.
- 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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- The record keeping audit was not dental specific and did not cover the specifics relating to the speciality of dentistry.

# Community dental services

- An audit of antimicrobial prescribing had not been carried out.

## Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- 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 gave patients practical support and advice to lead healthier lives.
- 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.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- 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.

# Community dental services

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- 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.

However:

- Waiting times for an initial assessment appointment were excessive. As of November 2019, there were currently 501 children on the waiting list for an assessment (including new referrals received). Managers were fully aware of this and were taking action to reduce the waiting list and monitoring the progress. These included recruiting additional dentists, reviewing the access and discharge policy, utilising the dental therapists more effectively and increasing clinic capacity. There were systems in place to prioritise any children who were in pain. A waiting list recovery trajectory had been developed which indicated it would be manageable by May 2020.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- 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 service had a vision for what it wanted to achieve and a strategy to turn it into action, 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.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in 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 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.
- 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- 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.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- 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. Leaders encouraged innovation and participation in research.

# Community dental services

## Areas for improvement

We found areas for improvement in this service

The service SHOULD:

- Take action to ensure audits of dental care records reflect the specialised nature of dentistry.
- Carry out regular antimicrobial prescribing audits.
- Continue to take action to reduce the waiting times for an initial assessment.

# Community health sexual health services

Good 

## Key facts and figures

Locala community sexual health services are provided by two services, namely Bradford Integrated Sexual and Reproductive Health Service and Kirklees sexual health service. These two services are commissioned separately and have been managed by Locala since 2016.

The Bradford Integrated Sexual and Reproductive Health Service aims to have a positive impact on the sexual and reproductive health of the population of Bradford, by providing the following:

- Diagnosis and effective management of sexually transmitted infections, including the diagnosis of HIV
- Contraceptive and reproductive health services
- Promote good sexual health and relationships through information, education and advice
- Comprehensive integrated sexual and reproductive service in a single visit where possible
- Open access, available to anyone requiring care irrespective of their age, place of residence, gender, sexuality and GP registration
- Identify health inequalities and ensure services are appropriate for service users who have the greatest need
- Work in partnership to define clear referral pathways between providers, enabling effective planning through clinical leadership & clinical networks
- Promote the service, provide key sexual health messages using innovative and appropriate media and marketing techniques.

In Kirklees, the service aimed to improve the sexual health of the population of by promoting sexual health wellbeing, carrying out promotion, giving information and advice, including that which reduces the stigma that is associated with STIs, HIV and unwanted pregnancy. The service provided rapid and easy access to patients for:

- Prevention, detection and management of STIs reducing onward transmission
- HIV testing reducing onward transmission and late detection of HIV
- Contraception services, including long acting contraception to prevent unwanted pregnancy
- Continuous service improvement, through innovative ways including engagement with service users
- Clear and effective referral pathways across providers
- Governance through effective clinical leadership.

For this inspection, we looked at a sample of the services offered within Locala's community services for adults across four of its locations:

Location / site name	Team / ward / satellite name	Services provided	Address
Howard House	LVW - Bradford sexual health	Provides a confidential service providing contraception and STI	Bradford Sexual

# Community health sexual health services

		(sexually transmitted infection) care in clinics across Bradford offering appointments and 'queue and wait' clinics. We offer: A full range of contraception including implants, coils, condoms and emergency contraception Testing and treatment for sexually transmitted infections (STIs). Finger prick testing for HIV. Post exposure prophylaxis (PEP). Assistance with unplanned pregnancies sexual health help and advice.	Health Centre, 2nd Floor Howard House, 6 Bank Street, Bradford, BD1 1EE
Bowling Hall Medical Practice			Bowling Hall Medical Practice, Rooney Lane, Bradford. BD4 7SS
Princess Royal Community HC	<b>LVW - Kirklees sexual health</b>		Princess Royal Health Centre, Greenhead Road, Huddersfield, HD1 4EW
Dewsbury HC	<b>LVW - Kirklees sexual health</b>		Dewsbury Health Centre, Wellington Road, Dewsbury, WF13 1HN

The provider was inspected in October 2016 however this core service was not included in that inspection. The service was included in the inspection of 5-7 November 2019, which was a short notice announced inspection which meant the provider was notified of our visit 48 hours prior to the arrival of the inspection teams. We inspected the service using all the key lines of enquiry in the five domains (safe, effective, caring, responsive and well-led).

Before the inspection visit, we reviewed information that we held about these services and requested information from the provider.

During the inspection visit, the inspection team:

- visited four locations, looked at the quality of the environments including the clinic rooms and observed how staff were caring for patients

# Community health sexual health services

- spoke with 8 patients who were using the service
- spoke with 25 members of staff including clinical lead, nurses, doctors, health care assistants, outreach team members, administration staff and managers
- looked at the care and treatment records of 12 patients
- reviewed medication management policies, procedures and records
- attended and observed four patient consultations
- attended the outreach team weekly referral meeting
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

This is the first inspection of the sexual health core 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. 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 a holistic patient centred approach to planning and delivering care and treatment, proving high quality care. All staff were actively engaged in monitoring the effectiveness of the service to improve quality and outcomes for patients. Innovative and evidence-based techniques were used to improve the service. Staff development was a priority for the service and there was evidence of strong collaborative working.
- 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 had the individual needs of patients central to the planning and delivery of care. Services were flexible and used innovative approaches to ensure the services met the needs of people needing them. There was active engagement with other agencies to support those most vulnerable to access services at the right time and there was a proactive approach to understanding the needs of those using the service. Work had been done and was ongoing to ensure people could access services in a timely way.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff had common values and felt respected, valued and supported. Staff were clear about their roles and accountabilities They were focused on the needs of patients and adopted innovative approaches to continually improve patient care. The service engaged well with other organisations within the community to plan, develop and manage services

However:

- Recording systems at times did not provide managers and staff with key management information. This included the monitoring of staff sickness and its impact on appointments and clinic times, the delayed recording of medical sessional staff mandatory training course completion and clinic cleaning log form which did not provide for full recording in line with policy.

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- There were some environmental safety concerns as nurse call alarms were not within easy reach of patient examination couches in all location inspected to help nurses in the event of an emergency. At Huddersfield, the reception area did not provide patients with privacy when checking into their appointment and some paintwork was flaking with a risk to infection control.
- Staff were not aware of a service strategy or vision and some complaints were not managed in a timely manner or in accordance with the policy.

## Is the service safe?

Good 

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised most risks.
- **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, to keep patients safe and gave bank and agency staff a full induction.**
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer and record medicines.
- 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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- Cleaning charts provided to staff did not allow staff to accurately record the cleaning tasks completed in line with the policy
- The template completed by staff for 'peace of mind' appointments did not include any safeguarding prompts for staff to ensure all issues were captured.
- The patient reception at the Princess Royal Hospital, Huddersfield did not allow patients sufficient privacy when booking in for appointments. There were also areas throughout, where the paintwork was peeling, so could not be wiped clean.
- Nurse call bells in clinic rooms in Bradford and Dewsbury were not always situated by the patient couches and in Huddersfield nurses relied on the System one alarm system on their electronic devices to call for help when required.

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- The medicines store room at the Princess Royal Hospital, Huddersfield was not locked at all times.

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, registered nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

However:

- The service did not provide leaflets for patients and carers in waiting areas in a range of languages to inform them of advice such as leading healthier lives, local voluntary groups providing support and crisis line details. There were links on the provider website and relevant medical leaflets were provided where appropriate following diagnosis and or treatment, but this additional opportunity to help patients was not utilised.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers who were worried or anxious. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Huddersfield reception area did not provide patients with privacy when checking into their appointment.

## Is the service responsive?

**Good** ●

We rated it as good because:

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- 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- 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.

However:

- Complaint response times were not in line with the services complaints policy.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were proactive in looking at ways of improving services and staff at all levels were encouraged to participate.
- There was shared purpose between managers and staff to look at innovative ways to keep developing the service. There were strong collaborative relationships with a wide range of agencies and services with a common focus on improving the quality of care for patients within the local communities.
- Staff felt respected, supported and valued. There was a clear focus on the needs of patients receiving care. Staff were proud to work for the service and there was an open and inclusive culture where concerns could be raised.
- Leaders operated effective governance processes which were proactively reviewed both locally and at provider level. We found evidence of oversight and ownership and staff at all levels were clear about their roles and responsibilities.
- Leaders and teams used systems to manage performance effectively. The service collected, analysed, managed information well. Performance data was used to drive improvement and evidence the use of best practice.
- Leaders and staff actively engaged with patients, staff, equality groups, the public and local organisations to plan and manage services and used their feedback to improve and develop services.

However:

- Staff were unclear of the sexual health services strategy or vision to follow.
- Staff supervision data was not collected to provide senior management with oversight.
- Staff sickness data was not collated to show the impact when clinics and/or patient appointments were cancelled for managers to monitor. Some work was in progress to address this.

# Community health sexual health services

## Outstanding practice

The use of technology in the service was significant to providing an efficient and informed service. Most staff were issued with laptops and we saw use of this was extensive. This included increased accessibility for referrals to non-medical prescribers and referrals to the clinical lead or safeguarding lead when required.

The electronic record management system was well utilised and being increasingly developed to improve quality and efficiency for example the new Under 18 risk assessment being uploaded, the full rollout of the electronic stock management system, safe communication to GP's and receiving test results from external laboratory back to the patient record, for the service to then inform the patient.

A further system developed recently was the staff virtual noticeboard. This brought together external and internal information in an easy to use format online such as links to faculty guidance, policies and procedures as well as internal meeting minutes and newsletters to name a few. Staff were positive about this online centre for information and source of guidance.

The outreach team in Kirklees worked creatively to provide access for those patients most at risk and unlikely to attend the clinics. This included a significant amount of multi-disciplinary work and engagement with other providers and support organisations to reach those most vulnerable at times and locations which worked for the patients.

## Areas for improvement

### Action the provider SHOULD take to meet the regulations:

- The provider should provide suitable cleaning charts to staff which allow them to accurately record the cleaning tasks completed in line with the policy
- The provider should ensure the environment at the Princess Royal Hospital, Huddersfield allows patients sufficient privacy when booking in for appointments and is well maintained throughout.
- The provider should ensure the medicines store room is locked at all times.
- The provider should ensure nurse call bells are located by patient couches at all locations to ensure easy access for staff, in the event of an emergency.
- The provider should ensure that complaints are managed in a timely manner and in accordance with the policy.
- The provider should consider the template completed for 'peace of mind' appointments and whether they should include safeguarding prompts for staff.
- The provider should ensure the community sexual health service staff have a clear vision and strategy to collectively adopt and pursue.
- The provider should continue to develop a system to record staff supervision which ensures senior management can monitor and oversee.
- The provider should ensure the service has a system in place to monitor the impact staff absence and sickness has on client appointments and clinics
- The provider should consider providing further signposting information to patients using leaflets in waiting rooms to better inform them for example of healthy living, support groups and crisis lines.

# Our inspection team

Sarah Dronsfield, Head of Hospital Inspections led this inspection. An executive reviewer, Ann McCracken supported our inspection of well-led for the organisation overall.

The team included two inspection managers, eight further inspectors, a pharmacist specialist, a board level director, a director of nursing, an equality and diversity specialist and eight specialist advisors. The team also included one on site inspection planner.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of organisations. Specialist advisers are experts in their field who we do not directly employ.