

South Warwickshire NHS Foundation Trust

RJC

Community health services for adults

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RJC46	Royal Leamington Spa Rehabilitation Hospital, Healthcote Lane, Warwick, Cv34 6SR		
RJC03	Stratford Hospital, Arden Street, Stratford upon Avon, CV37 6NX		

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

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

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

Summary of findings

Ratings

Overall rating for the service		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive?		Outstanding	☆
Are services well-led?		Good	●

Summary of findings

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Summary of findings

Overall summary

Overall we found adult community services to be good. However, we rated the responsiveness of community health services for adults as outstanding.

Staff across the service understood the importance of reporting incidents and did so appropriately. We saw lessons learnt from incidents were shared amongst teams. Whilst there were vacancies across the majority of teams, staff felt the current workload was manageable and teams supported each other when demand increased.

Multi-disciplinary team working was apparent with services using referral pathways as required and there were good links with the local GP practices.

Appraisals and peer to peer learning provided staff with time to develop and share knowledge. Staff felt well supported in continuing professional development and were provided with clinical and caseload supervision at regular intervals.

Patients said that staff were “absolutely amazing” and showed compassionate and considerate care during their visits. Patients said that they could call staff with any problems and they would visit within a few hours. They said they felt that staff often went above and beyond the requirements of their role to ensure patients received high quality care. Staff were extremely passionate about their role in improving patient conditions not only clinically but also emotionally. Well-being was a strong focus in all contacts with patients and consistent positive feedback was given about services provided.

There was a clear vision and strategy for the future of the service. Senior staff attended governance meetings. Staff said the recent reconfiguration of the service had improved morale.

Training levels on subjects such as manual handling, health and safety varied across community services which meant that the knowledge level of all staff was not consistent.

Summary of findings

Background to the service

Prior to April 2014, community teams were made up of many smaller teams, all providing a different aspect of care. Following a review, a new model was introduced and in April 2014 the integrated health teams (IHT) was launched. The IHT encompassed district nursing teams, long term condition and intermediate care teams. The IHT service covered 800 square miles providing services for a population of 580,000 people. The IHTs served three local acute hospitals, three clinical commissioning groups (CCGs), one county council and many private and charitable providers and agencies.

There were 11 multi-disciplinary IHTs across Warwickshire which included nurses and therapists. In addition, in the south of the county there were two community emergency response teams (CERT). In the north of the county and Rugby the CERT was incorporated within the IHT. The service also included an integrated single point of access (iSPA) teams. The IHT covered any services provided to adults in their homes or in community based settings. The aim of the IHT is to focus on providing planned care, rehabilitation following illness or injury, ongoing and intensive management of long-term conditions, coordination and management of care for patients with multiple or complex needs.

An integration programme is underway (One Warwickshire) in collaboration with Warwickshire County Council reablement service to join up intermediate care and reablement services under a single line management structure.

St. Mary's Nursing Home is commissioned by South Warwickshire NHS Foundation Trust (SWFT) to provide two intermediate care beds. These are short term beds for patients who have the potential to be rehabilitated within a six week time frame.

We carried out an announced inspection from 15 to 18 March 2016. We visited a number of IHT sites, outpatient clinics and diagnostic services including:

- Camp Hill (CERT, iSPA, ICT, IHT)
- Atherstone (IHT)
- Leamington Spa (CERT, ICT, evening nurses team)
- Rugby (CERT, ICT, IHT)
- Royal Leamington Spa Rehabilitation Hospital x-ray department
- Stratford Hospital radiology department
- Outpatient clinics which included physiotherapy, leg ulcer treatment, musculoskeletal assessment and treatment service and continence services.

Our inspection team

Our inspection team was led by:

Chair: Jenny Leggott, Former Director of Nursing and Midwifery at Nottingham University Hospitals NHS Trust

Head of Hospital Inspections: Bernadette Hanney, CQC

The team included one CQC inspectors and a specialist adviser with knowledge of community services.

Why we carried out this inspection

We inspected this core service as part of our planned comprehensive inspection programme.

How we carried out this inspection

We visited five community sites, observing clinics including podiatry, continence and a physiotherapy exercise class.

We spoke with 53 members of staff including nursing, allied health professionals, support staff, administrative staff, professional leads and locality managers.

Summary of findings

During and after our inspection we spoke to nine patients and/or their relative who have received care.

We looked at 19 sets of patient notes that included care plans, risk assessments and service specific documents.

We looked at records and the trust's performance data.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 15 to 18 March 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses and therapists. We talked with people who used services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who used services. We met with people who used services and carers, who shared their views and experiences of the core service.

What people who use the provider say

During and post inspection we talked to nine patients across adult community services. All of the responses we received were very positive about the services they had received with praise mainly relating to the level of care and compassion staff had shown them. Examples of comments included:

- "Service was absolutely amazing."
- "Any problems, you could call them and they would come out within two hours to sort."
- "Can't fault the service, its first class."
- "Always explain everything and update the book so anyone can see what's going on."

Good practice

Outstanding practice

- The work of the community nursing service reviewing patients who were insulin dependent diabetics was recognised by Diabetes UK at the Patient First conference in London. Diabetes UK asked if they could work alongside the group and share SWFT good practice. The project had been put forward for the Health Service Journal (HSJ) and Nursing Times Awards 2016.

- The IHT had recognised the need to review the number of patients with pressure ulcers. They had introduced the Priority 123 Skin/Equipment Review which required staff to conduct weekly face to face, one monthly, three monthly, six monthly or annual reviews dependent on the category of priority.

Areas for improvement

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

- The trust should ensure all staff are up to date with mandatory training.
- The trust should ensure there are systems in place to improve the "did not attend" figures within the continence clinic.

- The trust should ensure there are actions in place for any shortfalls identified in the nurse care indicators.
- The trust should ensure that clinical rounds/spot checks are recorded.
- The trust should ensure that all complaints are reported to ensure themes are identified and lessons learnt cascaded to staff.

Summary of findings

Action the provider **COULD** take to improve

South Warwickshire NHS Foundation Trust

Community health services for adults

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

We rated the safety of community health services for adults as good because:

- Incident reporting occurred regularly and appropriately throughout all areas and staff received feedback when they reported an incident. We saw evidence of lessons learnt from incidents shared across community services.
- Equipment used within clinics was clean and well maintained. All equipment viewed was in service date, had been maintained and was fit for use.
- Good infection control procedures were followed by all staff and were consistent throughout services.
- The IHT completed initial assessments of the patient's current needs within their home, and worked closely with GP's and other agencies, such as Warwickshire County Council. They completed routine observations as required. Any concerns were escalated appropriately and deterioration was managed in accordance to National Institute for Health and Care Excellence (NICE) guidance.

- Nurse staffing levels met patients' needs at the time of the inspection. Staffing shortages were acted upon appropriately with the use of temporary staff and an effective induction process was in place.
- There were plans in place to ensure vulnerable people received priority care during adverse weather conditions.

However, we found that:

- The records audit for November 2015 regarding the completeness of all data within three days showed that all records had failed to reach the trust target of 90%. The trust had recognised the shortfall and all clinics and IHT were reviewing the data being completed.
- Mandatory training had not been completed by all staff within community services. However, senior staff were aware of the shortfall and we saw arrangements in place for additional training.

Safety performance

Are services safe?

- The NHS Safety Thermometer is a monthly point prevalent audit of avoidable harms which included new pressure ulcers, catheter urinary tract infections and falls.
- Safety thermometer scores remained met the target with an average score of 96% across IHT for 2015. However, in January 2016, IHTs 3, 7, 8 and 10 were worse than the target. Following analysis this was linked to old pressure ulcers and patients with catheters. Senior staff confirmed that further work was underway to learn from the audit which would be cascaded to staff.
- CERTs had never undertaken the safety thermometer. From May 2016 the safety thermometer would be captured following the roll out of training.
- Records showed that from January 2015 and January 2016 there were 13 new pressure ulcers. Over half of these, seven, occurred in June, July and August 2015.
- The trust had guidance to reduce the number of pressure ulcers acquired within the community service. The simple steps to prevent pressure ulcers (SSKIN) model provided guidance on how to prevent and treat pressure ulcers. Staff said they were aware and used the SSKIN model. This was evidenced in the records reviewed.
- The IHT had links with the tissue viability nurses who responded to any signs of skin changes and supported staff to follow the “STOP the pressure” programme.
- There were five new urinary tract infections (UTI's) in patients with a catheter from January 2015 and January 2016.
- A root cause analysis (RCA) was carried out for all pressure ulcers. A mini RCA was carried out on all category two pressure ulcers. All category three and four pressure ulcers were reported as serious incidents. They were all reviewed monthly in the pressure ulcer review group chaired by the director of nursing. As a result of the lessons learnt a new assessment tool had been developed for allied health professionals, the pressure ulcer risk assessment tool.
- In February 2015 a new patient education booklet was launched called the ‘Skin booklet’. This provided carers and patients with information and advice on all aspects of pressure ulcer prevention, recognition and treatment, and was given to all patients on the community caseloads as well as care homes.
- From January and December 2015 there were a 199 incidents reported to the National Reporting and Learning System (NRLS). The majority of incidents resulted in low or no harm. 47% of incidents related to implementation of care and ongoing monitoring/review. This category accounted for three severe harms (incident resulted in permanent harm) and most of the remaining incidents were categorised as moderate harms (incident resulted in a moderate increase in treatment and which caused significant but not permanent harm).
- The patient safety team produced a bi-monthly newsletter which was published electronically and made available to all staff. It included examples of good practice, lessons learnt and changes in practice that may have occurred as the result of an incident investigation. It contributed to the feedback that staff received from incident reporting, and demonstrated that reporting incidents resulted in changes in practice.
- The trust received notification of all new patient safety alerts. Patient safety alerts are crucial in alerting the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death. Senior staff confirmed the notifications were cascaded to the IHTs which they responded to as required.
- From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and

Incident reporting, learning and improvement

- Staff described how they would be open and transparent regarding any incidents. Staff said they understood their responsibilities to raise concerns and report incidents and near misses. They said they were fully supported when they did so.
- From February 2015 and February 2016, the community adult's services reported 51 serious incidents through the Strategic Executive Information System (STEIS). The most frequently reported incident types (31 of the 51 reported) were pressure ulcers. None of the serious incidents reported were classified as a never event. A never event is defined as: “A wholly preventable incident, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.”

Are services safe?

requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

- Staff understood their responsibilities with regard to the duty of candour legislation. Staff said the dissemination of information was through electronic communications and their attendance at staff meetings.
- The community teams were able to describe a working environment whereby they would investigate and discuss any duty of candour issues with the patient and their family and/or representative and an apology given whether or not there had been any harm.
- The locality managers said they reviewed all incidents and followed the duty of candour process for all incidents identified as moderate or above. We saw all incidents fed into the trust's governance structure.
- Staff said they dealt with patients in an open and transparent way when an incident occurred. For incidents which met the duty of candour criteria a supporting letter was also required. Ongoing incidents were reviewed to establish whether a duty of candour letter applied. The data was refreshed monthly to take into account any new information.

Safeguarding

- The service had a clear safeguarding policy in place. Staff were able to explain and demonstrate they understood the policy and how they used this as part of their practice.
- The training records showed all staff within the IHTs had completed their safeguarding children level 1 and safeguarding adult's level 2.
- Staff provided examples of when they would raise a safeguarding alert and told us they were able to discuss any concerns with their community leads, locality managers and/or social services.
- The trust had a safeguarding lead. Staff knew the name of the safeguarding lead and they told us they could approach them for advice if they needed to.
- We saw safeguarding boards displayed in the community services visited which provided information and contact details.

Medicines

- National Institute for Health and Care Excellence (NICE) guidance was followed when prescribing medicines for individual patients.

- Staff within nursing teams regularly administered insulin to patients and we saw guidance in relation to administration and management that was appropriate.
- Patients were encouraged to manage and access their own medicines where appropriate. If staff felt patients were struggling with self-medicating they contacted the patients GP to discuss options available, including pre-filled dosette boxes to simplify administration. This was in line with trust policy.
- There had been 265 reported medicine incidents from February 2015 and February 2016 across community services. These incidents were reviewed by the patient safety medication group. However, not all medicine incidents reported were attributed to the IHTs for example; reporting of issues with discharges from acute hospitals which were picked up by the teams. There were 11 medicine incidents reported within the IHT. There were a greater number of medicine incidents reported in the south Warwickshire than the north Warwickshire/Rugby locations. Areas identified included; delay in patients receiving drugs, unclear prescriptions, drugs given at the wrong frequency and device equipment errors.
- The trust had introduced a new medication administration record (MAR). However, staff said that there was poor communication about its implementation, as the new MAR was introduced without prior knowledge. They said this made it difficult and time consuming to both themselves and patients regarding the administration of medicines. Senior staff confirmed they were aware of the shortfall in communication and confirmed the new documentation was being disseminated to staff.
- We saw guidelines in place to ensure that all first assessments of patients discharged from hospital had a discharge letter with a list of current medicines. If there was no discharge letter staff told us they informed the CERT co-ordinator who advised the ward that a medicine summary must be obtained. The guidelines instructed staff not to administer medicines without the latest prescription and any queries identified were to be taken up with the GP and the CERT coordinator informed.
- Staff confirmed they were able to transcribe all patients' repeat prescriptions onto the MAR without an authorisation letter from the GPs. This was a directive between the trust and the local GP's. This process was confirmed by senior management.

Are services safe?

- All community nurses completed an annual medicine training test and competency. The records showed that nurses were up to date with their competencies. This meant they had the necessary skills to manage the safe care and welfare of patients.

Environment and equipment

- The radiology department at Stratford Hospital had two film rooms, an ultrasound room and a scanning machine. These were utilised by the whole of the trust. The scanning machine was a special type of X-ray that measured bone mineral density and assess the risk of bone fractures.
- We observed areas were clean and tidy.
- Equipment was cleaned and marked as ready for use with “I am clean” labels.
- We found that the imaging machine within Royal Leamington Spa Rehabilitation Hospital was checked monthly which was in line with trust protocol.
- Community staff utilised the services of an external company for equipment. They told us they had an on-line ordering system and deliveries were usually made the same day. They were also able to order bariatric equipment but said these usually took a few days to be delivered. Staff confirmed that approval was needed to ensure the IHT was cost effective.
- We attended a physiotherapy exercise class and found all the equipment had been cleaned and had “I am clean” stickers attached. We observed the equipment was cleaned in-between each patient use.
- The IHT had recognised the need to review the equipment provision for patients. The IHT had introduced the Priority123 skin/equipment review. The aim of the review was to assess the patients’ need for equipment. The records showed that this review had been implemented and staff confirmed it was beneficial in assessing patient’s needs.

Quality of records

- We looked at 19 records within community sites. The majority of records had been fully completed but we found inconsistencies in the completion of five records. Examples included incomplete moving and handling assessments and repositioning plans. Also we found five of the data entries had not been signed and timed by community staff.
- The records audit from the integrated and community division data management system for completeness

within three days for November 2015 showed that all had failed to reach the trust target of 90%. Areas included; continence service (85%), integrated adult care (73%) and tissue viability service (38%). The trust had recognised the shortfall and all clinics and IHTs were reviewing the data being completed. Locality managers confirmed this had been a concern and had been brought to the attention of staff during team meetings. This was confirmed by staff who felt there had been an improvement in the completeness of data. Staff also said that the use of the new electronic system ensured they were able to update information much easier and quicker than before.

- The IHT records were kept within the patient’s home. Upon discharge the records were retrieved and filed appropriately. Staff said that the risk of missing records were on the risk register. They said this was due partly to records being taken to hospital and being lost or inadvertently destroyed by patients after discharge. We saw arrangements in place to retrieve records on discharge.
- We saw the working from home removing records agreement. This provided staff with guidelines of the procedures when taking paper information which could identify patients and/or staff home. All agreements were signed by the staff member and countersigned by the line manager and the Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian; this was mandated for the NHS by Health Service Circular: HSC 1999/012.

Cleanliness, infection control and hygiene

- As of the first quarter of 2016, 98% of staff within IHT had up to date training in infection control.
- The records seen showed that from January 2015 and January 2016 the IHT compliance regarding infection control and hygiene ranged from 96% to 99%. The IHT had achieved 99% since May 2015.
- Throughout the clinics visited, we observed staff complying with best practice with regard to infection prevention and control policies. We observed staff washing their hands or using hand sanitising gel

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between patients and cleaning equipment such as the patient couch. There was access to hand washing facilities and a supply of personal protective equipment, which included gloves and aprons.

- We observed the correct disposal of waste within the appropriate containers. We saw posters on the walls to prompt staff.
- Information about infection control was displayed on patient and staff notice boards in community based settings and included guidance about correct waste disposal and hand hygiene techniques.

Mandatory training

- The training records for March 2016 showed that most staff were up to date with their training with the exception of health and safety (62-100%), fire safety (72-100%) and moving and handling (69-100%). The locality managers said they were aware of the shortfall and we saw there were arrangements for staff to complete their training.
- Staff said they preferred on-line training as it was often difficult to attend face to face training due to the distance of travelling to the training base.
- Senior staff confirmed that dementia training was an area for improvement and felt it was integral to their role within the community. This was confirmed by staff spoken with. The records showed that compliance with dementia training ranged from 68 and 100% for nine of the 11 IHT's. We saw two IHT's records showed compliance as low as 30%. The locality managers confirmed they were looking at the availability of training.
- Staff (band 6) within the leg ulcer team were organising training for new band 5 staff from the district nursing team.
- All staff had completed their tissue viability training. As a result of reducing pressure ulcers additional training was being provided by the IHT to social services and care homes. Staff said the aim was to provide an effective service in reducing pressure ulcers in the community.
- Locality managers confirmed that IHT staff had completed their end of life training which included difficult conversations training. This was confirmed in the records seen.
- New staff members covered mandatory training within their induction programme. During induction staff also

received training on conflict resolution and management of actual and potential aggression which was delivered in conjunction with the main areas of the lone working policy.

Assessing and responding to patient risk

- The IHTs completed assessments of the patient's current needs within their home, and worked closely with GP's and other agencies, such as Warwickshire County Council.
- First assessment appointments were prioritised according to patient needs and risk factors.
- Patients had individual risk assessments which were comprehensive, reviewed regularly and shared between any teams working with the same patient.
- The IHTs had a comprehensive clinical documentation booklet which assessed the risks to the patient. Examples included; waterlow, pressure sore assessments, nutrition and personal care assessments.
- Community staff completed an early warning system. This was based on the National Early Warning Score (NEWS), which recorded routine physiological observations such as blood pressure, temperature, weight and pulse rate/rhythm. These were carried out as needed. Concerns were escalated appropriately and deterioration was managed in according to NICE guidance.
- The community team used the Global Assessment Platform (GAP) system. This enabled staff to access their schedules remotely and see the list of patients allocated. This enabled the staff at base to know the whereabouts of staff and adjust the staff listing in the event of having to respond to a patient at risk.
- The community teams had recognised that a patient falling in their homes could pose a risk. We saw a leaflet called "what to do if I fall" which provided pictorial instructions on how to get up and what to do if they could not. This was given to all patients during their initial assessment.
- All new patients within the leg ulcer clinic received a full Doppler assessment. A Doppler assessment is of value in defining the safe level of compression bandaging.
- Staff within the leg ulcer clinics could make referrals to the vascular team if the patient required a vascular assessment.
- The IHT had recognised the need to review patient's skin and had introduced the Priority 123 Skin/Equipment Review. We saw the review form in use. For example;

Are services safe?

priority 1 was for patients who had or previously had a category three or four pressure ulcer and on-going unresolved health problems. Priority 2 referred to category one or two pressure ulcers which had healed within the last three months or patient with new non-blanching red areas. Priority 3 referred to patients who had no skin damage for one year or above and had never had a category three or four pressure ulcer. We observed the reviews were conducted weekly face to face, one monthly, three monthly, six monthly or annually dependent on the category of priority.

- Some staff said they had not received training in the new Priority 123 form. This was brought to the attention of senior management who said this was being cascaded to the IHT. This was confirmed by the locality managers.
- All patients were given a booklet called “Think SSKIN” which was in relation to pressure sore prevention. The booklet provided guidance on what a pressure sore was and how to examine skin. The booklet also had hints and tips and exercises for patients to follow. This meant the IHT had recognised the risk to patients and responded accordingly.
- We were provided with information regarding handovers between the day staff to the night staff. They discussed the patients due to be seen and identified any concerns or issues. Staff said the handovers were very informative and provided them with all the necessary evidence required to provide the appropriate care.

Staffing levels and caseload

- There is no national acuity tool for community adult services. The trust used the data provided by the Community Patient Administration System (CPAS) which outlined each team, the population, contacts, contact time and the top five pathways. The report (January 2016), conducted by the trust found that staff made on average 23,000 visits a month and there were enough resources to meet the demands safely.
- The rotas seen showed there were no identified concerns or issues with the actual staffing levels. All rotas had been filled in accordance with the planned staffing levels.
- The Royal College of Nursing found that the national average of band 5 community nursing face-to-face time with patients is 37% and for a band 6 district nurse face-to-face time with patients is 27%. We saw this baseline had been used in the implementation of the GAP tool,

also known as an electronic scheduling tool. The aim of the tool was to increase clinical face-to-face time with patients. The records read showed the nursing teams had increased their contact time with patients.

- Staffing figures for community teams was based on the current whole time equivalent (WTE), skill mix, population, caseload, contacts, face-to-face time and patient outcomes. The records for January 2016 showed there were 10 WTE vacancies. An additional seven posts were awaiting start dates. This equated to a 7% vacancy rate.
- There was a recruitment campaign in place to employ newly qualified staff into the community with a supportive preceptorship package. A review of the skill mix and caseload within the teams was in progress to enable more band 4 assistant practitioner's posts.
- During our visit, the locality managers confirmed they were constantly reviewing their staffing levels and had recently appointed new staff whom were undertaking induction and mentoring. The IHT had a rolling programme to actively recruit new staff which included student nurses. We saw the IHT had risk assessments in place regarding the shortage of staff.
- Senior management told us that staff worked extra shifts to accommodate the needs of patients as well as using bank and agency nurses. All bank and agency nurses were approved by senior nurses.
- The IHT had reviewed the skill mix of staff within their teams and how they could work differently. As a result the IHT had identified some patients could be seen by band 4 staff instead of a qualified nurse for tasks such as catheter changes, moderate pressure area care and the ordering of equipment. Locality managers confirmed they were looking at the training and competency of band 4 staff to carry out some of these roles. The review also identified the opportunity to “up skill” the band 3 roles to include simple dressings, equipment checks and administration of simple eye drops.
- The combined CERT/IHTs saw approximately 3,648 patients a year which equated to an average of 70 per week. This was in line with the target of 60 to 70 patients a week. All staff spoken with said their caseload was manageable and the locality managers confirmed they were in the process of reviewing all caseloads with a view of “cleansing” patients who no longer required their service.

Are services safe?

- The district nurses evening team in Nuneaton and the north and south Warwickshire continence services showed an agency usage of under 10% from April 2014 to March 2015.
- In 2015 the service re-launched a sickness management task and finish group to support managers in dealing with staff absence. The overall sickness rate, as of January 2016, was just under 8% which was worse than the trust's target of 4%. We saw that three locations had been identified as areas of concern due to long-term illness and work was underway to address these. This was monitored through the quality and senior manager's monthly meetings.
- All radiographers were based at Warwick Hospital. We saw they spent time within the community hospitals on a rotational basis. Staff said that they enjoyed working in the community hospitals and that it was a "very popular place to work."

Managing anticipated risks

- A local risk register was in place for community services. Areas identified on the risk register included; lone working, safe needles and loss of records. The services had mitigated the risks by ensuring staff were aware of the lone working policy and the procedures for the retrieval of records to reduce loss. We saw risk assessments in place regarding needle stick injuries.
- The service had identified that some locations were unsafe at night due to the presence of youths loitering outside who had attempted to enter the locked buildings. As a result the CERT and ICT from north Warwickshire based themselves at a centralised location within Warwickshire after 6pm to maintain their safety, and the evening nursing service at Leamington Spa had arrangements to ensure they could only utilise certain access during their evening shift. Staff said they felt safer after the implementation of these actions, but would ensure they vacated the premises, if possible, in pairs.
- Staff were able to describe appropriate the actions to be taken should a patient not answer the door or not be at home when they arrived for a visit.
- Community services had good systems in place for winter planning and for other weather variables. Four by four vehicles could be acquired as needed and all staff were aware of this service.
- Due to the vulnerable nature of lone working in the community, the service operated a risk assessment culture and staff were encouraged to identify hazards and risk to ensure the safety of both staff and patients. Staff told us they were encouraged and supported to raise concerns. We saw copies of IHT risk assessments which identified the risk, the impact and the control measures. For example; staff visiting patients who were known to be challenging, and could be a risk to them were paired up. Staff said this system worked and there had not been any issues or concerns regarding their welfare.
- There was a clear lone working policy and process which staff were aware of. There was a buddy system and staff told us that "safe and well" checks were consistent and regular. This ensured that the whereabouts and safety of staff was known. The GAP system enabled office staff to know the whereabouts of staff in the community. This meant the service had mitigated the risk to staff working alone.
- We saw the business continuity plan for iSPA. This ensured there were processes in place to cover for example, electricity failure, staff sickness, computer failure and flooding.

Are services effective?

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

We rated the effectiveness of community health services for adults as good because:

- The service had effective evidence based care and treatment policies based on national guidance.
- We saw evidence of effective multidisciplinary working with staff, teams and services working together to deliver effective care and treatment.
- Patient outcomes were measured regularly and feedback on outcomes used to improve services.
- Patients' pain was assessed and pain relief provided appropriately.
- Patients' nutrition and hydration status were assessed and recorded on all the medical wards.
- Staff had the necessary qualifications and skills they needed to carry out their roles effectively. Staff were supported to maintain and further develop their professional skills and experience.
- Consent to care and treatment was obtained in line with legislation and guidance and, Deprivation of Liberty Safeguards, when required, was applied appropriately.

However, we found that:

- There were no systems or procedures in place to improve the "did not attend" figures within the continence clinic.
- Nurse care indicators were monitored monthly against 10 records. Areas covered included; documentation, falls, pain, nutrition, skin, medication and catheter care. However, during our visit we found no evidence of any actions to manage the recording shortfall identified in skin, falls and nutrition management.
- Although clinical rounds/spot checks were completed on staff working in the community these were not recorded. This meant we could not ensure that all staff reviewed had the appropriate competency to maintain the care and wellbeing of patients in the community.

Evidence based care and treatment

- In 2015 the NHS Benchmarking Network undertook a national audit of community nursing. The full report is not as yet available, but early indicators showed that SWFT community nursing teams achieved better than

the national average in all areas except one. Examples included; safety thermometer (national average 94%, IHT 96%), avoidable pressure ulcers (national average four, IHT two), average length of visit (national average 28 minutes, IHT 26 minutes). However, patient face to face time showed a national average of 60% compared to 52% for the community teams. Further work had been undertaken to improve this audit by reviewing rosters, standardising pathways and reviewing the skill mix.

- Community teams followed national guidance and delivered evidence based care. Staff could give examples of up to date guidance such as diabetes management and this was shared regularly amongst teams.
- We saw evidence of the NICE guidelines followed in relation to the prevention of pressure ulcers.
- Within the podiatry clinics we saw NICE guidelines followed for diabetic and rheumatoid arthritis foot care.
- There were integrated care pathways (multidisciplinary plans of anticipated care and timeframes) in place for specific conditions or sets of symptoms. These included pathways for falls prevention and management, nutrition and catheter care.
- Local policy and procedure guidelines for all specialities were available on the trust intranet and were easily accessible by all members of staff.
- The community services had three aligned pathways that formed the Home First Programme.
 - Pathway I focused on CERT/intermediate care/ reablement integration
 - Pathway II focused on rehabilitation and reablement on discharge to assess in a range of nursing home placements.
 - Pathway III focused on patients who required social care or health assessments for additional care at home or a care of nursing placements.
- The 19 records reviewed which included the leg ulcer and continence clinics had completed care plans as well as skin bundle inspections, nutrition and waterlow

Are services effective?

charts and fluid intake. The records were updated monthly which incorporated a re-assessment. This involved for example; the measuring and photographing of wounds, consent and review of care plans.

- The leg ulcer clinic followed two care pathways. Care pathway one referred to venous leg ulcers without complication with the wound expected to heal within 12 weeks. Care pathway two referred to venous leg ulcers with complications which would be expected to heal within 18 weeks. Examples of complications included; not healed by 20-40% within four weeks, ulcers already present for more than one year at point of referral and ulcers with some degree of lymphoedema (a chronic condition that causes swelling in the body's tissues).
- Patients with a catheter were regularly reviewed by staff in accordance with NICE guidance with a view of a planned trial without catheter (TWOC) taking place when an assessment indicated that it could be removed. The purpose of the assessment was to establish the patients' ability to empty their bladder successfully following removal of their urinary catheter. Staff confirmed they had identified catheters as an area of concern and were currently reviewing all patients with catheters.

Pain relief

- We saw staff conducted assessments of patients' pain and offered evidence based advice regarding the most appropriate pain relief. Staff said they discussed pain regularly with patients and they would refer to the patients' GP if they required further input.
- We observed staff discussing with patients during a physiotherapy exercise class the management of their pain and the pain relief being used. We saw the patient's pain was assessed through the exercise programme.

Nutrition and hydration

- Nutrition and hydration assessments were completed on appropriate patients. These assessments were detailed and used nationally recognised nutritional screening tools, for example the Malnutrition Universal Screening Tool (MUST).
- Dietitians, community nurses and speech and language therapy (SLT) services all worked together to provide advice and guidance to people in the community regarding diet and health.
- We saw evidence that assessments were updated regularly and a change in score/need acted upon.

Technology and telemedicine

- The area regarding telemedicine was not assessed because this was not used by the IHT.
- IHT staff said that communication could pose a problem when visiting remote locations due to poor signal coverage. We saw that poor communication was not included in the local risk register. However, there were systems in place whereby staff knew the whereabouts of all staff to ensure their safety and wellbeing.
- Staff said the updating of their hand held electronic systems were on occasions very slow due to poor coverage at their location. We observed this during our visit to the evening nursing service. Staff said they found the information technology (IT) staff very approachable and helpful.

Patient outcomes

- The service completed a Time to Care (T2C) report in October 2015. We saw the results provided to the board of director's report dated January 2016. The T2C data was triangulated with patient outcome measures, numbers of patient visits and treatments at each IHT. The return rate of data across the IHT was 83% which was inputted into the T2C data analysis tool.
- The T2C showed that 42% of staff time was face-to-face contact. An additional 15% was 'patient related other' for example; liaising with the GP, social care, family members and pharmacy. 15% of staff time related to travelling between patients. Overall this meant that the IHT achieved 72% contact with patients in the community. The audit also revealed that 85% of care was delivered within the patient's home and 15% in residential homes.
- The T2C data had identified the top 10 treatments across the service. For example; 21% of community nursing time was related to the dressing of wounds, 18% for the administration of insulin and 12% for the dressing of ulcers.
- The leg ulcer clinic had a three month healing target rate which was overseen by the finance and performance reporting and quality meetings. Staff completed a financial data sheet which included the date of patient referral, the date seen, the number of visits per week, the type of ulcer and the date of discharge. The records seen showed that the clinic was meeting the three month target. Staff said they received verbal feedback on the audit results.

Are services effective?

- Within the continence clinic 20% of appointments were classed as “did not attend” (DNA). Staff were unable to tell us what the trust’s DNA target was. Staff confirmed that although these appointments were monitored they did not see any outcomes or action plans to improve the figures. This meant there were no systems or procedures in place to monitor the patients who did not attend their clinic.
- Nurse care indicators were monitored monthly against 10 records. Areas covered included; documentation, falls, pain, nutrition, skin, medication and catheter care. The information was red, amber and green (RAG) rated, with red at 70% or below, amber from 70 and 90%, and green at over 90%. We saw that falls, nutrition and skin were the highest areas of concern. For example; the lowest score for the IHT was 67% for skin and the highest was 90%. Falls ranged from 76% and 86% whilst nutrition was from 78% and 90%. The locality managers confirmed that action plans would be implemented where the percentage fell below 90%. However, during our visit we found no evidence of any actions to manage the shortfall. This meant that staff may not have the most up to date information recorded to manage the care and welfare needs of patients in the community.
- We saw the continence catheter care audit for May 2015. The key findings showed that urethral catheter management accounted for 4% of district nurse clinical caseloads. The audit highlighted how the community service could manage catheters better and release capacity. For example; 606 patients had an indwelling catheter on the district nurse’s caseloads, of which 26% could possibly attend a clinic setting which could potentially be a more effective use of nursing time.
- The iSPA abandonment calls from April 2015 to February 2016 showed a steady decrease from 16% to 6% for all teams. The percentage of calls answered within one minute averaged 70% across all teams. This meant the team had become more effective in answering and responding to all calls received from patients
- We saw the divisional objectives report for 2015-16 which included the objective, the measure and the progress. Areas identified for the community services included the implementation of Priority 123 and the review and redevelopment of the reablement approach across all adult community services. We saw the Priority

123 was in the process of being cascaded to community staff and the business plan regarding the reablement service. Not all staff were aware of this at the time of the inspection.

Competent staff

- The February 2016 data showed that personal development reviews overall was at 90% for all clinical staff within adult community services. North Warwickshire and Rugby combined achieved 96% and the south Warwickshire achieved 84%, which was just below target. This was monitored quarterly through senior managers meeting and quality meetings.
- During our visits the locality managers confirmed that staff’s personal development reviews had been addressed and all staff had received their annual appraisals. This was confirmed with staff spoken with.
- Staff confirmed their learning leads were identified during their one to one appraisals and if they had any issues or queries they could discuss with their locality managers who were approachable and had an open door policy.
- Locality managers confirmed they provided individualised action plans and/or one to one support for staff with poor or variable performance.
- There were procedures for staff returning to work after a length of absence which included the support of occupation health and a slow introduction back to work.
- Two new staff members confirmed they had been allocated a mentor who would be working with them throughout their induction period. They confirmed they had received a competency handbook which they were working through. New staff also confirmed they felt “well supported.” This meant that staff had support from experienced staff across the service in completing their local induction.
- Senior staff said there was a system leadership pilot programme available from February to September 2016. We saw a copy of the programme which aimed to develop approaches and solutions and allow leaders the opportunity to develop new ways of thinking to challenges. Staff undertaking the programme said that it was very good and they felt proud to be given the opportunity to develop within the trust.

Are services effective?

- Locality leaders confirmed they were provided with a list of all clinical staff requiring revalidation. Staff requiring to update their validation would be notified by email. They confirmed that all staffs' revalidation were up to date which was confirmed in the records read.
- There were clinical rounds/spot checks completed on staff working in the community. However, community leads told us they did not record these visits. This meant the IHT could not ensure that all staff reviewed had the appropriate competency to maintain the care and wellbeing of patients in the community.
- Physiotherapists completed an assistant practitioner course. They said this prepared them to work in an effective, safe and inter-professional manner within their defined area of practice. This was under the instruction and supervision of a registered practitioner.
- All bank and agency completed a local induction. These were reviewed by either the line manager/nominated member of staff to ensure they were signed and completed by the staff member. Areas covered included; basic life support training, infection control and needle stick injury procedures and use of telephone and information technology systems.

Multi-disciplinary working and coordinated care pathways

- IHT care was delivered by a multi professional team of over 60 staff; made up of nurses, occupational therapists, physiotherapists, community district nurses and support workers.
- There was good collaborative working across all community services to promote the health and wellbeing of patients.
- Therapy staff provided joint visits to patients where it was beneficial. Although therapy teams did not regularly conduct visits we were provided with examples where this had occurred.
- There was good evidence of interagency working with social services for care packages and with the local authority for aids and adaptations to patient's homes.
- Senior management said they had a good rapport with GP surgeries and had regular contact with them.
- We observed good working between the physiotherapists and patients during a physiotherapy exercise class assessment. Patients were given advice on the exercises and we saw exercise posters on display on the walls.

- The IHT worked closely with the Macmillan nurses as they supported many patients with their end of life care. Staff said this was now becoming a part of their working day. Senior staff confirmed they were able to recognise the amount of end of life care the district nurses provided through the GAP system as activity provided by the nurses was recognised.

Referral, transfer, discharge and transition

- We saw referrals and communication networks between district nurses, GP's, hospitals and home services.
- There was a maximum waiting time to the adult speech and language therapy services of 18 weeks for low priority cases.
- For the falls team there was a waiting time of four weeks.
- Staff confirmed their biggest challenge were late hospital discharges. They said their cut off time was preferably 7pm to guarantee a safe discharge of the patient and to ensure patients could be seen at an appropriate time of the day. The IHT had daily handovers to discuss the patients seen that day and the patients due for discharge. This enabled the community nursing service to be aware of any procedures they needed to put in place to support the patient had the appropriate support on their return home from hospital.
- Referrals between nursing and therapy services occurred often after discharge from hospital and this was successful. Staff were conscious of cross-over of work and managed this appropriately by providing joint visits where appropriate.
- Patients to be seen by the physiotherapists were triaged prior to being given an appointment. We saw that patients with fractures and post-operative patients were seen within a week, whilst acute patients were seen within two weeks and chronic patients within four weeks. Patients spoken with felt they were seen quickly and did not have to wait a long time.
- Staff confirmed they were piloting a scheme whereby patients had longer appointments. The trial was ongoing for another couple of months. Staff said they felt this had reduced follow up appointments which had increased their capacity for seeing new patients and reduce patient waiting lists.
- The continence clinics' target waiting time was 12 weeks. We saw the waiting list for clinic and home visits was approximately five to six weeks.

Are services effective?

- The records for the continence service showed there had been 398 patients who did not attend their appointments from September 2015 to February 2016. The highest number of non-attendance was in north Warwickshire at 177 patients. Staff said that they would try and re-contact the patients by either phoning them or sending out new appointments.
- The records for the tissue viability service showed there had been 80 patients who did not attend their appointments from September 2015 to February 2016. The highest number of non-attendance was the leg and ulcer clinics in north Warwickshire and Rugby with a total of 47. Staff said all patients would be contacted with new appointments given.

Access to information

- Community based staff completed and updated records kept within the patients' home when they visited the patient.
- Information needed to deliver effective care and treatment was available to most staff in a timely and accessible way. Procedure specific information, policies and procedures were available via the trust intranet.
- Patients, on occasions, moved between teams and services. Staff confirmed they attended, where appropriate, a handover with the service which included information on the patient and their current needs.
- Additional information relating to current trust issues, incidents and complaints was available to staff via communication boards, email and staff meeting minutes.

- Patient discharge summaries were sent electronically to the patient's GP on discharge to ensure continuity of care within the community.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- IHT worked jointly with a wide range of social, health and voluntary sector services, and obtained patient consent to share information with these services.
- Consent was gained for treatment and assessment. Staff ensured patients were informed fully on the care and treatment they were about to carry out.
- Most staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had received appropriate training on this. We saw that staff within the Rugby team had identified DoLS as an area which required additional training due to the complex needs of the patients they served. Arrangements were being made to implement the additional training.
- Staff within the community services confirmed they had not made any best interest decisions. However, they confirmed they would refer to their safeguarding lead for support to complete any documentation.
- Senior staff confirmed they did not use restraint for people who lacked mental capacity. This was confirmed by staff spoken with.
- Within the CERT the records reviewed showed consent being obtained and recorded each time they visited the patients in the community.

Are services caring?

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

We rated the services for adults community health services as good because:

- Patients received compassionate care, and patients said they were treated with dignity and respect. We saw that staff interactions with patients were patient-centred and unhurried. Staff were focused on the needs of patients and improving services.
- Patients and relatives we spoke with said they felt involved in their care and were complimentary and full of praise for the staff looking after them.
- The data from the NHS Friends and Family Test (FFT) was positive with 99% of patients stating they would recommend the service to friends and family.
- There were arrangements to provide emotional support to patients and their families where required.

Compassionate care, dignity and respect

- We spoke with nine patients and/or relatives during and after our inspection. Feedback was positive about the care and treatment they received from adult community services. Feedback from those who used the services included “friendly efficient service”, staff were “very kind and ready to listen” and “good time keeping.”
- Feedback from a family member regarding the community nurses stated their relative received excellent care and that staff discussed all care and treatment in a very respectful and helpful way.
- Patient feedback from the NHS Friends and Family Test (FFT) showed consistently that most patients would recommend adult community services to friends and family. Results from April 2015 to February 2016 consistently showed that 99% of friends and family would recommend adult community services as a whole. This was from a response of from 90 and 112 patients across the IHT.
- During our inspection we observed staff to be polite and courteous to patients. We saw staff responding compassionately when patients needed support and saw a number of examples of good care. For example; a patient became distressed regarding the removal of a dressing. Staff took time to explain what they were doing and supported the patient throughout.

- Staff told us they always respected patient’s individual preferences, habits, culture, faith and background. Patients we spoke with felt that their privacy was respected and they were treated with courtesy when receiving care.
- Staff within the clinics respected patient’s privacy and dignity by ensuring they pulled the curtain around each patient seen.
- We reviewed the telephone surveys results for the IHT for January 2016. The survey asked patients questions regarding their care, for example; how often they use the integrated health care teams and what was their experience of using this service. The overall score for January 2016 was 64% of patients saying yes to the survey questions and 36% of patients saying no (301 total responses). We saw that 3% of patients were dissatisfied with staff time keeping, awareness of what to expect next and communication of what was happening. We saw the IHT had analysed the information and created a report with areas to improve on.

Understanding and involvement of patients and those close to them

- We observed patients being involved in their care when visiting the clinics. For example during a leg clinic ulcer the nursing staff asked patients how they felt about the change in their treatment and their involvement.
- Patients told us staff had explained and given advice on for example; leg ulcer care and gave answers to recent wound swabs taken. None of the patients we spoke with had any concerns regarding the way they had been spoken to. All were very complimentary about the way in which they had been treated.
- We observed nurses and therapists introducing themselves to patients at all times, and explaining to patients about the care and treatment options.
- All staff we observed communicated respectfully and effectively with patients.
- We saw good interaction between the physiotherapists and patients during an exercise assessment. Patients’ concerns were discussed and literature was provided showing the exercises they should complete. Patients

Are services caring?

said staff were “friendly and informative” and they were “happy to come to the classes.” Some said the exercises had “improved their healing” and they had “better function in their movement.”

Emotional support

- Patients told us they received support when required, to cope emotionally with their long term conditions.
- Most staff said that they had sufficient time to spend with patients when they needed support, but other staff felt that time pressures and workloads meant this did not always happen.
- Patients said staff encouraged them to manage their own health, care and wellbeing so they could maintain their independence.
- Relatives and patients said they were encouraged by staff to link with external agencies in the local community for additional advice and support.
- Clinical nurse specialists were available for advice and support in a number of specialties including stroke services, cancer services and for patients with heart failure.
- Staff showed an awareness of the emotional and mental health needs of patients and were able to refer patients for specialist support if required. Assessment tools for anxiety, depression and well-being were available for staff to use when required.



Are services responsive to people's needs?

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

We rated the responsiveness of community health services for adults as outstanding because:

- Patient's individual needs and preferences were central to the planning and delivery of the services. The services were flexible and provided choice whilst ensuring continuity of care.
- The involvement of other organisations such as Diabetes UK was integral to how the services were planned.
- The services provided a range of interventions to prevent admission to hospital and to facilitate discharge from acute settings.
- Clinics and visits generally were on time with minimal cancellations. Patients said they did not have to wait a long time to be seen by any service.
- There was a proactive approach to understanding the needs of different groups of patients whilst delivering care that met their needs. Staff had a good understanding of equality and diversity.
- Patients were encouraged to seek help between appointments where needed and appointments were flexible. Home visits were provided to vulnerable patients who were unable to attend clinics.

However, we found that:

- Staff attempted to resolve all issues and complaints at the time it was raised whilst it is positive that they tried to resolve these complaints locally themes were not captured within the service to drive improvement.

Planning and delivering services which meet people's needs

- The IHTs aim was to deliver both nursing and therapy intervention which met patient's individual needs. This included:
 - helping patients avoid going into hospital unnecessarily
 - helping patients be as independent as possible after a stay in hospital
 - preventing patients from having to move into a residential home until they really need to.

- A rehabilitation programme was agreed with patients and their families. The records seen showed these had been reviewed regularly. This could involve a period of six weeks or less, depending on the patient's needs and progress.
- The trust and staff within the IHT were aware of patient's complex health needs and we saw the services were well coordinated to meet those needs.
- Staff said that an integrated health and social care team were able to facilitate the setting up of short and long term care packages and reduced delays in the transfer of care.
- SWFT had recently teamed up with South Warwickshire GP Federation to create a way of providing care that would improve health care for local communities. The aim of the scheme was to provide person centred care which was delivered in the most appropriate setting. This ensured that the joint working reviewed the best way to provide care outside of hospitals. Senior staff told us the benefits were:
 - Better communication between community teams and primary care
 - Reduction of admissions to hospital
 - More care being provided locally
- We saw the amount of referrals, contacts and discharges the IHT received/undertook across the region from April 2015 and February 2016. In north Warwickshire there were 4,826 referrals, 107,302 contacts and 4,890 discharges. In Rugby there were 2,207 referrals, 61,250 contacts and 2,082 discharges and in south Warwickshire there were 12,096 referrals, 288,211 contacts and 12,054 discharges. All staff spoken with confirmed that all referrals, contacts and discharges were manageable.
- We saw the number of referrals, visits and caseload figures in relation to SSKIN across the IHT. From April 2015 and February 2016 there had been a total of 1,268 referrals and 31,015 visits. There were currently 1,897 patients on IHT's caseloads referring to pressure ulcers.
- We visited the radiology department at Royal Leamington Spa Rehabilitation Hospital which provided imaging and ultrasound services to both in-patients and GP lists which could be transmitted to Warwick Hospital



Are services responsive to people's needs?

electronically. This meant that doctors could quickly review and provide the necessary information to enable clinics to plan and deliver the services which met patient's needs.

- The IHT took part in the "Your Turn" scheme which was one of the IHTs Commissioning for Quality and Innovation (CQUIN) framework. The CQUIN framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. This included the nurses providing training to residential and care homes regarding pressure ulcer prevention. The aim of the campaign was to start educating all those who provided front line care in residential and nursing homes in the locality. This involved a series of training dates aimed at formal carers where they will receive the essential knowledge for prevention of pressure ulcers. This also included materials to support this such as leaflets, posters and workbooks. The scheme started training in January 2016 and would continue until June 2016.
- The leg ulcer clinics at Royal Leamington Spa Rehabilitation and Stratford Hospital had administrative support. They received a facsimile message after which they would allocate a clinic appointment.
- The leg ulcer clinics received approximately six to seven referrals a week from the GP and saw approximately 40 patients daily. Staff said they were "proud of the service and what it had achieved." Patients were not discharged from the service and post leg ulcer care was provided by the "Health Leg Club." Staff said they were currently discussing extending the service to meet capacity needs.
- There was a criteria in place for continence products. All prescriptions were signed by either the band 6 or 7 nurses. The service had launched the Continence Project as part of the SSKIN bundle to promote continence and review products used.
- The community team in north Warwickshire, alongside the medical director, the diabetic specialist nurse and the GPs had started an in-depth review of patients who had insulin dependent diabetes and required visits from the community services. To date 90 hours of registered nursing time had been released back into the community teams in the north Warwickshire through patients being able to self-administer their insulin. The project was presented at the Patient First conference in London in November 2015. Following the presentation

the team were approached by Diabetes UK who asked if the team would like to work with them by sharing SWFT good practice. The project had been put forward for the Health service Journal (HJS) and Nursing Times Awards 2016.

- We saw the results of the average length of stay for the CERT teams. For north CERT this was from two and three days, 2.4 days for Warwick CERT and three days for Stratford CERT. This was within the guidelines of providing up to three day emergency support.

Equality and diversity

- The training records showed that from 98 and 100% of staff had completed their equality and diversity training as of March 2016. Staff showed a good understanding of equality and diversity.
- Patients were asked about their spiritual, ethnic and cultural needs and their health goals, as well as their medical and nursing needs at each assessment. This was confirmed in the records reviewed.
- The IHT at north Warwickshire community services worked closely with the Warwickshire Race Equality Partnership (WREP) to encourage good practice in respect of equality, diversity and human rights.
- Telephone translation services were available where necessary and staff knew how to access these.
- Leaflets were not routinely on display in languages other than English, but were available on request.

Meeting the needs of people in vulnerable circumstances

- Community staff knew who the vulnerable patients were within their caseloads and were able to prioritise these.
- Therapy and nursing teams had good knowledge of how to improve care for those living with dementia. Their needs were generally detailed in care plans and were patient centred.
- Patients with dementia used the "All about me" documentation books that, when completed by patients and their families, gave patient centred information to staff to facilitate more effective care. All about me is a simple and practical tool to outline patient's needs, preferences, likes, dislikes and interests.
- The needs and wishes of patients with a learning disability or of patients who lacked capacity were understood and taken into account.
- Staff confirmed they could access a nurse who specialised in learning disabilities when required.



Are services responsive to people's needs?

- The service had access to mental health advisers who could provide support, guidance and review patients as required.
- Patients with complex needs were usually given home appointments. Elderly patients and patients that lived in care homes were automatically issued a home visit. This was confirmed by staff in both the continence and podiatry clinics.
- Visiting times could be flexible should the patient have other appointments they needed to attend. This was confirmed with patients spoken with.
- The trust reported that they had no waiting lists for any of their three district nursing services. This was confirmed during our visit to the district nursing services in the community.
- The radiology department at Royal Leamington Spa Rehabilitation Hospital was available Monday to Thursday. The radiographer could ask for instant reporting if they felt it was necessary. Usually, the reports generated were available within seven days and sent to the patient's GP.
- The radiology department at Stratford Hospital was available Monday to Friday 8.30am to 4.30pm. This unit offered a walk in service for x-rays such as chest and bone x-rays. Most patients were sent to the service via the GP service with the occasional patients being referred from the minor injuries unit.
- Patients were able to access the Warwickshire Home First Service whereby they were provided with care for a period of up to six weeks. This included any activities either medical, rehabilitative or social which enabled the patient to maximise their independence. Patients were supported by the services only as long as needed, after which time a safe transfer would be arranged to long term services if applicable.
- All ultrasounds seen by the radiology departments visited were pre-booked from either the consultant clinics or GP surgeries. On occasions, they saw in-patients from the rehabilitation ward at Stratford Hospital.
- The continence service was provided Monday to Friday 9:15am to 2:30pm. Each day one nurse was out in the community completing home visits whilst the other attended clinic. The service saw on average six to seven patients per day. Initial appointment times were one hour with follow up appointments of 30 minutes. Most referrals were from GPs, hospitals and care homes although patients were able to self-refer.
- Appointments for the continence service could either be by the choose and book system or direct with the secretary in the clinic.
- The podiatry service was provided Monday to Friday 9am to 3:45pm with double/triple appointments available for patients with complex needs.
- The door to the podiatry clinic room had recently been made wider to provide easier access for patients using wheelchairs.
- Patients at the musculoskeletal assessment and treatment service told us that as there was a long

Access to the right care at the right time

- The iSPA was a one-stop referral system for patients residing in the Warwickshire area. The iSPA north service was available from 8am and 5pm Monday to Friday. Outside of these hours calls were diverted to iSPA south. iSPA south worked Monday to Sunday from 8am to 10pm. Calls to the iSPA outside these hours were diverted to the out of hour's service to manage.
- Referrals could be accessed via the phone or e-mail. The service had been developed to process referrals and enquiries using a universal referral form, ensuring all essential information were completed. Staff said this reduced time delays and avoided unnecessary duplication. However, some staff said that the triage referrals/expectations set by patient GP's made it a challenge, which was confirmed by the CERT as they had to on occasions re-refer back to the GP's.
- IHT provided a seven days a week service from 8.30am to 12 midnight with NHS 111 cover overnight. NHS 111 is a single non-emergency medical helpline which replaced the telephone triage and advice services provided by NHS Direct and local GP out of hours services.
- Patients could access the CERT direct. The aim of the CERT was to:
 - Support patients return home from hospital by providing rehabilitation at home.
 - Support patients to regain confidence and strength so they could remain living at home
 - Encourage patients to do as much as possible for themselves
 - Ensure a smooth transfer of care to other services as appropriate for example; social services.



Are services responsive to people's needs?

waiting list at Stratford Hospital, so they had been offered an appointment at Royal Leamington Spa Rehabilitation Hospital. Patients said they were happy with the new arrangements and would be “happy to have future appointments” at Royal Leamington Spa Rehabilitation Hospital.

- Warwickshire patients had access to a Parkinson's disease and tissue viability nurses, a diabetes nurse (Warwickshire north only) and a heart failure nurse (Warwickshire south only).
- The Parkinson disease specialist nurse provided a service Monday to Friday from 8:30am to 16:30pm. Patients with general concerns about their health could be managed by the IHT whilst complex issues relating to Parkinson's disease needed co-ordination and care management by the specialist nurse.
- The diabetes specialist nurse supported newly diagnosed patients with diabetes to manage their condition in the community. The diabetes nurse role was part time and they worked Wednesday, Thursday and Friday from 9am to 5pm.
- The heart failure specialist nurse was available to support consultants, community matrons and GPs. They attended specialist clinics following a pathway from the acute to the community setting. The service was available Monday to Friday 8:30am to 4:30pm.
- IHT 8 based in Leamington Spa had recognised the need to provide additional support for wound care which had resulted in the provision of an ambulatory wound clinic each Saturday morning. They said this was very popular and released additional time to nurses in the community.

Learning from complaints and concerns

- Patients generally knew how to raise concerns or make a complaint. The visiting community teams encouraged patients, those close to them or their representatives to provide feedback about their care.
- Patients were supported to use the system and to use their preferred communication method. This included enabling patients to use an advocate where they needed to. Patients were informed about the right to complain further and how to do so, including providing information about relevant complaint procedures.
- The complaints within the community teams were separated by service. We saw there were 12 in total of which five referred to district nursing, six were within the patient's home and one with a residential/nursing home. Staff, when asked, were not able to provide us with any examples of lessons learnt from complaints within their services.
- Staff would speak to anyone raising a complaint at the time they raised it. The aim was to try and resolve the problem or complaint at the time it was raised. This information was not collated in anyway, which meant that themes within the service could not be easily identified.
- Literature and posters were displayed advising patients and their relatives how they could raise a concern or complaint, formally or informally.
- Staff told us the locality managers investigated complaints and gave them feedback about complaints in which they were involved.
- Patients we spoke with felt they would know how to complain if they needed to.

Are services well-led?

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

We found that community health services for adults were well-led because:

- Staff and service leads were generally clear about their priorities and vision and felt involved with the integration of the reablement service.
- There was good feedback from patient surveys. Relatives said they saw staff treating patients with respect and were happy with the service provided.
- Leadership within adult community services was good. Most staff felt supported by their immediate managers and senior managers within the community. There was knowledge of the trust leadership team and of the executive link system.
- Staff felt able to suggest new initiatives for improving care and efficiency within their service, and generally felt involved in changes within community teams.
- The service had recognised the risks to patient safety and the quality of care and treatment, actions were clearly defined and staff felt the results were very positive.
- Daily safety huddles meant that staff had all the relevant information to support patients within the service.

Service vision and strategy

- There was a vision for the IHT which was “to provide high quality, clinically and cost effective NHS healthcare services that met the needs of patients and the population that we serve.” We saw the vision on display and staff in the adult community services were able to quote what the vision was as well as directing to posters within the services’ visited.
- Staff confirmed their aim was to improve the trust’s vision and felt this was being met through their approach to patients in the community and feedback received.
- The trust’s values were on display within the services’ visited and staff said that they felt involved in the completion of these values. The values included:
 - Safe – We put safety above everything else
 - Effective – We will do the right thing at the right time
 - Compassionate – We offer compassionate care to everyone

- Trusted – We will be open and honest
- Staff said they felt involved with the integration of the reablement service and said they had attended staff workshops. The results of the workshops identified similarities across CERT, intermediate care services and the reablement services and said the duties they carried out were similar regarding intervention and discharge.
- Some staff felt that the trust concentrated more on acute services. They said that some of the “money from the new build” should come into the community services due to the increase in patient capacity.

Governance, risk management and quality measurement

- SWFT and Warwickshire County Council had embarked on an integration of both the CERT and reablement service as part of the development of Warwickshire Home First Services. Underpinning this was a strong governance framework which provided structure, governance routes and assurance to ensure the programme is to be delivered.
- The service had identified the risk regarding the integration of the reablement/CERT project and we saw the risk log dated December 2015. This was red, amber and green rated. For example, an area highlighted as a concern included different skill sets and competencies across the teams which may result in inequality of service provision. The risk log identified the potential impact which included for example; poor customer experience and delayed discharges. The risk register had a mitigation and contingency plan to address the issues such as the training and development of the workforce.
- There were effective governance meetings in place which supported the delivery of the strategy and good quality care. This was monitored through regular audits with the results cascaded to staff via team meetings and the quality dashboard.
- Staff said they understood their role and how it linked to the trust’s vision and values. They said this was discussed during their annual appraisals. This was confirmed by the locality managers.

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- We saw copies of the local risk register for IHT. This included for example; safe needles, lone working, the lack of clinics and loss of patient records. Staff confirmed this was regularly reviewed and updated and included in the team meetings.
- We saw copies of the CERT/IHT meeting minutes which were held bi-monthly. Agenda items included; updates on recruitment, integration with reablement and urgent falls pathway.
- We saw copies of the IHT team meetings minutes which were held by the professional leads. The meetings had set agendas which discussed areas of concern within the IHT.
- The IHT had a fortnightly task and finish group meetings. Staff said this enabled senior nurses to listen to the teams' concerns and address any staffing issues. Also welcome packs and student packs had been developed by staff identifying a need within the task and finish group.
- The leg ulcer and continence teams had regular weekly meetings to discuss patient care. Copies of the minutes were sent to staff via email.
- Regular audits were conducted within all areas of adult community services, these included referrals, contact times, pressure ulcer occurrence and equipment provision. Audit results were shared and learnt from where appropriate.
- Team working was evident and staff were encouraged to share views and thoughts between each other.
- There was a whistleblowing process for the trust. Staff knew of the trust's whistleblowing policy and said they would be confident in using it if required.
- We observed staff being positive about working for the trust. Staff felt committed to providing good quality care and understood the contribution they made personally to the care and treatment of patients.
- All of the locality managers we spoke with said they were proud of their team.
- Staff we spoke with told us they felt there was a culture of openness within the organisation. For example, during our visit a nurse contacted their manager about an issue they wished to discuss. Staff spoken with considered that this was typical of the services' approach.
- Some staff felt that work pressures had increased, as their workload was rising due to the increased dependency of patients.
- Staff told us they were comfortable reporting incidents and raising concerns. They told us they were encouraged to learn from incidents.

Public engagement

- We did not visit patients in the community. However, patients spoken with by telephone were able to describe the files within their homes and how they were used to support other people/staff visiting.
- Patients confirmed they could feedback their views and this was encouraged by staff during visits.
- Regular phone feedback was obtained from patients to ensure they were happy with the care and treatment being provided to them.
- Patient's views and experiences were gathered through the FFT and telephone surveys. Locality managers said they were reviewing the results to see how they could improve the service.
- Staff confirmed they were encouraged to read the records to ensure they had the most up to date information. This was confirmed by patients spoken with.

Staff engagement

- Financial constraints of the trust had been openly discussed with staff and their involvement in reducing costs was sought. Nursing staff had been informed of associated costs with certain dressing types and with

Leadership of this service

- The medical director and the director of nursing for community services conducted clinical rounds with community nurses over the last year to review the competency of staff. Staff said they felt supported by senior management and felt they could contact the chief executive officer.
- Staff said they felt cared and listened to and said the IHT was a "happy organisation."
- Staff said they worked well together, supported each other and felt it was a "good team" after the integration.
- All staff were provided with a staff handbook which provided staff with information and guidance. Examples included; whistleblowing, education, learning and development and health and well-being.

Culture within this service

- All staff felt there was a hardworking and passionate culture within the service which focussed on patient care.

Are services well-led?

this knowledge could choose alternatives where appropriate. Staff felt this information regarding cost helped them feel involved in choices within the service and made them more aware.

Innovation, improvement and sustainability

- Staff from all areas told us they felt supported to implement new innovations and ideas.
- Senior staff confirmed that staff could nominate an “employee of the month.” The aim of the scheme was to recognise staff that had gone above and beyond their call of duty whilst showing resilience to get the best outcome for patients.
- The IHT had set up a working party to look at falls within patients’ homes. The aim was to see how they can reduce the amount of falls that occurred.
- The IHT were involved in a community focused pressure ulcer prevention and awareness programme called

“Your Turn.” The aim of the campaign was to start educating all those who provided front line care in residential and nursing homes in the locality. This involved a series of training dates aimed at formal carers where they would receive the essential knowledge for prevention of pressure ulcers. This also includes materials to support this such as leaflets, posters and workbooks. The training started in January 2016 and would continue until June 2016.

- The community service had begun an in-depth review of patients who were insulin dependent diabetics. The project was presented at the Patient First conference in London. Following the presentation the team were approached by Diabetes UK who asked if they would like to work with them by sharing SWFT good practice. The project had been put forward for the Health service Journal (HJS) and Nursing Times Awards 2016.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.