

Central London Community Healthcare NHS Trust

Quality Report

7th Floor, 64 Victoria Street, London, SW1E 6QP
Tel: 020 7798 1300
Website: www.clch.nhs.uk

Date of inspection visit: 7 – 10 April 2015
Date of publication: 20/08/2015

Core services inspected	CQC registered location	CQC location ID
Community health services for adults	Colville Health Centre Edgware Community Hospital Soho Centre for Health and Care St Charles Centre for Health and Wellbeing Violet Melchett Clinic Central London Community Health Services - HQ	1-1968304531 RYXY9 RYX02 RYXX4 RYXY9 RYXY8
Community health services for children, young people and families.	The Medical Centre Oak Lane Clinic St Charles Centre for Health and Wellbeing Parsons Green Health Centre Bessborough Street Clinic Richford Gate Primary Care Centre	RYXY8 RYXY8 RYXX4 RYXX3 RYXY8 1-199722336
Community health services inpatient services	Finchley Memorial Hospital Intermediate Care Ward Edgware Community Hospital Intermediate Care Ward Majory Warren Ward, Charing Cross Hospital	RYXZ2 RYXY9 RYXW7
End of life care	Pembroke Palliative Care Unit	RYXY2
Urgent care	Edgware Community Hospital Walk in Centre Finchley Memorial Hospital Walk in Centre Parsons Green Walk in Centre	RYX Y1 RYX Z1 RYX X3 RYX 02 RYX X4

Summary of findings

Soho NHS Walk in Centre
St Charles Urgent Care Centre

Community Dental services

Vale Drive primary Care centre
Barnet General Hospital
Lisson Grove Health Centre
Colville Health Centre
Parsons Green Health Centre

1-199720741
RAL26
1-199724395
1-1968304531
RYXY8

This report describes our judgement of the quality of care at this provider. It 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.






Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for community health services at this provider

Good 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the services and what we found	8
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
Information about the provider	9
What people who use the provider's services say	10
Good practice	10
Areas for improvement	11

Detailed findings from this inspection

Findings by our five questions	12
Action we have told the provider to take	34

Summary of findings

Overall summary

Letter from the Chief Inspector of Hospitals

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

We inspected Central London Community Healthcare NHS Trust from 7–10 April 2015 and undertook an unannounced inspection on 29 April 2015. We carried out this comprehensive inspection as part of the Care Quality Commission (CQC)'s comprehensive inspection programme.

We inspected the following core services

- Community health services, including:
 - Community health inpatient services
 - Community adult and long-term conditions
 - Community end of life care
 - Community health services for children, young people and families
 - Urgent care centres.
 - Dentists

We sampled locations across Barnet, Hammersmith and Fulham, Kensington and Chelsea and Westminster. The trust is working toward gaining Foundation Trust status and therefore requires a comprehensive inspection.

We did not inspect offender health services or the continuing care services provided by Central London Community Healthcare NHS Trust.

We found that the provider was performing at a level which led to a judgement of good. Our key findings were as follows:

- During our inspection, we observed patients and relatives being treated with dignity, respect and compassion. Staff were very considerate towards patients, their relatives and other people. The promotion of self-care was of particular relevance to the care of patients and we observed patients' independence was promoted during visits from the service.
- Managers worked with commissioners of services, local authorities, other providers, GPs and patients to

co-ordinate and develop services responsive to the needs of patients. We found patients could access community health services promptly in the areas we visited. Indicators for community services showed that patients were assessed promptly for care and treatment, and this was consistently within the expectations of patients and commissioners.

- The trust board placed emphasis developing a vision and strategy, ensuring clear accountabilities and effective processes to measure performance and address concerns, leadership, culture and values. Clinical Business Unit Managers and Team Leaders demonstrated a clear understanding of their role and position in the trust. Local team leadership was effective and staff said their direct line managers were supportive and provided leadership.
- The trust had identified and reported incidences of pressure ulcers as an area to improve and in response, the trust had developed Pressure Ulcer Prevention and Management training as an e-learning module, introduced objective structured examinations and distributed resource packs to residential home staff.
- The service had infection prevention and control policies in place. Staff followed infection control principles and were generally seen to wash their hands and use hand gel appropriately. Infection control audits were undertaken and staff training on infection control was good across all areas
- The safety of children and young people's services required improvement. This was because there were significant staff vacancies within the division and in some specific roles. Whilst the trust had plans in place to increase recruitment bank and agency staff were used regularly by the organisation to cover vacancies.
- There were robust safeguarding policies and procedures in place. Staff received regular safeguarding supervision and were knowledgeable about their responsibilities regarding safeguarding vulnerable people.
- Senior managers told us that there were business continuity and major incident plans in place however staff in some services were unaware of these plans. All staff said they would take direction from their line managers in the event of a major incident.

Summary of findings

- End of life care services were caring and responsive although required improvement to be safe, effective and well-led. On the in-patient unit staffing had been problematic due to recruitment problems. The inpatient service was generally covered in terms of nursing numbers but that the skill mix was affected as agency staff did not generally have specialist palliative care experience. Patients on the inpatient unit were not always having risks assessed in line with trust policy or pain assessments completed in an effective way and we saw that a contributing factor in this was the recent development of an electronic record system that was yet to be fully embedded.
- The trust had developed a vision and strategy for end of life care, which was only completed in March 2015, that incorporated 6 key elements around end of life care that included the delivery of end of life care in different settings. We saw that the trust was working on a strategy implementation plan and work streams that involved key staff, including some members of the specialist palliative care team. We were told that these work streams had only just been implemented and not all staff invited to participate had attended a meeting at the time of our inspection. We were also told that while specialist staff were invited to participate in work streams they did not have a lead role in this.
- Multi-disciplinary, patient-centred care was evident and involved a range of specialist staff involved in joint visits to the patient. External partners included GPs, housing and social services, police, the prison service, and mental health.
- The inspection team noted the improvements that had been achieved on Jade Ward as a result of focussed improvement work and this had now been implemented on Marjory Warren Ward.

We saw several areas of outstanding practice including:

- The tissue viability service had developed examples of innovative practice and had taken part in international research and the development of NICE guidance. The service was in the process of updating NICE guidance for national use at the time of our inspection. The service had taken an innovative patient centred approach, focused on the needs of patients and support for the patient's self-management of their condition.
- The inspection team commended the work of the services provided to the homeless in Westminster
- The turnaround work undertaken on Jade Ward was noted to have effected significant improvements in delivery of care
- One ward manager had organised for patients wishing to attend, to go to church on Easter Sunday and the trust had organised a Christmas carol service on the winter pressures ward which is located on an acute hospital site

However, there were also areas of poor practice where the provider needs to make improvements.

- The inspection team noted that there were a number of concerns regarding Marjory Warren Ward however the trust were aware of the issues and an improvement plan in place. There were new leadership arrangements in place to take forward the improvement plan for this ward.
- Staffing across a number of areas including health visiting and the staffing levels at Pembridge Palliative Care Unit were of particular concern

Importantly, the provider must:

- Review recruitment and retention of staff in health visiting, school nursing and occupational therapy.
- Review arrangements to support adequate staffing of all community nursing teams to ensure patients are not placed at risk.
- The patient record system used within the Pembridge Palliative Care Unit must be reviewed to ensure that all staff are able to participate in recording patient assessments and care plans in a way that meets safety requirements.
- Risk assessments must be completed on all patients in line with trust policy.
- The trust must develop a timely implementation plan for the development of an end of life care plan/ guidance to ensure consistency of care.
- The use of pain assessments must be continued to be reviewed to ensure these are being used effectively to assess and manage patient's pain.
- Guidance regarding nutrition and hydration for patients at the end of life must be available to staff caring for them.
- The trust's resuscitation policy must be updated for staff in line with national guidance regarding mental capacity and DNACPR decisions.
- There must be clear, consistent and coordinated leadership between the trust and the specialist

Summary of findings

palliative care service in terms of responsibilities regarding implementation of initiatives and reviews of areas such as the review of clinical guidelines, implementation of patient outcome measures and a replacement guide for the LCP.






Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of services.

Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Paula Head, Chief Executive, Sussex Community Trust

Team Leader: Amanda Stanford, Head of Inspection, Care Quality Commission

The team included CQC inspectors and a variety of specialists including District Nurses; palliative care specialists; health visitors; pharmacist; dentist; school nurse; physiotherapist; Director of Nursing, Chief Executive and experts by experience who have used health care services in community settings.

Why we carried out this inspection

We inspected Central London Community Healthcare NHS Trust as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the Trust and asked other organisations to share what they knew. We carried out an announced visit between 7th and 10th of April 2015. During the visit we held focus groups with a range of staff who worked within the service, including nurses, doctors, therapists and administration staff. We talked with people who use 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 use

services. We met with people who use services and carers, who shared their views and experiences of the services. We carried out an unannounced visit on 29th April 2015 at Pembridge Palliative Care Unit.

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?

Information about the provider

Central London Community Healthcare NHS Trust was established in November 2010 after the merger of 3 inner London Primary Care Trust providers. In 2011 the trust successfully bid for Barnet provider services and had just recently been awarded the contracts for provision of services in West Hertfordshire. The trust provided a number of services across London. The trust served a population of approximately 900,000 across Barnet, Hammersmith and Fulham, Kensington and Chelsea and Westminster. These areas had a large proportion of people in the 16 – 44 year age groups. There were large imbalances between young and older age groups. There

was a lower proportion of people in the 65 years and over age group followed by the under 16 year age group. There was variation in the health of people in Hammersmith and Fulham, Kensington and Chelsea and Westminster and in these areas deprivation was higher than the England average, children in poverty in these areas range from 23.8% to 35.4%. In Barnet the health of people was generally better than the England average with lower rates of deprivation and 19.9% of children in poverty. Life

Summary of findings

expectancy across all of the areas was higher than the England average however between the most deprived areas and least deprived there were significant differences in life expectancy.

Across all of the areas the incidence of tuberculosis (TB) in adults was worse than the England average along with statutory homelessness. Violent crime and drug misuse were worse than the England average in Kensington and Chelsea. In Hammersmith and Fulham and Westminster sexually transmitted infections were worse than the England average. Across all areas smoking related deaths was better than the England national average. In all areas child obesity ranged from 20% to 25%.

The trust had a total income of £196million as at the end of financial year 2013/14 and employed 3,097 staff. Central London Community Healthcare NHS Trust had a total of 19 registered locations, including 8 inpatient units and a specialist palliative care unit, providing a total of 240 beds. The trust provided services at 544 sites.

Services included adult community nursing services; children and family services; specialist services to help manage long term conditions; rehabilitation and therapies; palliative care services; homeless health service and NHS walk-in and urgent care centres.

The trust was working towards achieving Foundation Trust status.

The trust was in discussion regarding a partnership with Capita which was focussed around provision of corporate services, including some human resources functions, estates and IT.

There had been 29 inspections at 13 of the 19 active locations registered to Central London Community Healthcare NHS Trust and all locations were found to be compliant with CQC essential standards of quality and safety .

What people who use the provider's services say

An ongoing trust patient survey showed that between May 2014 and February 2015 between 94% and 97% of patients stated that they were treated with dignity and respect. Between 76% and 88% of patients stated that they were involved in their treatment planning and decisions about their treatment as they wanted to be. Between 91% and 97% of patients definitely understood the explanation about their treatment they were given.

The trust had recently introduced the Family and Friends Test as a means of receiving patient and family feedback, 1629 responses were received in December 2014. Results showed 95% of patients agreed they were treated with dignity and respect, 82% of patients would recommend the service and 90% of patients rated their overall experience as either excellent or good.

People who use the palliative care service were generally very positive in their feedback. We spoke with 5 patients who told us that the care they had received was good and

that staff were responsive to their needs. We received 4 feedback cards that were mostly positive although there were two comments about patients not always having the help they needed in a timely way. One patient commented that the service they had received had been excellent and they had been treated with respect and dignity and that staff had shown high levels of empathy and caring.

Children, young people and their carers told us that they were treated with compassion, dignity and respect. An ongoing trust patient survey showed that between May 2014 and February 2015 between 94% and 97% of patients stated that they were treated with dignity and respect. Between 76% and 88% of patients stated that they were involved in their treatment planning and decisions about their treatment as they wanted to be. Between 91% and 97% of patients definitely understood the explanation about their treatment they were given.

Good practice

We saw the tissue viability service had developed innovative practice and had taken part in international

Summary of findings

research and the development of NICE guidance. The nutrition and dietetics service provided excellent, patient centred care based on leading and setting standards in dietetics and nutrition including NICE guidance development and facilities for patients.

The nutrition and dietetics service provided excellent, patient centred care based on leading and setting standards in dietetics and nutrition including NICE guidance development and facilities for patients. The service participated in international research and publication

Areas for improvement

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

Action the provider **MUST** take to improve

- Review recruitment and retention of staff in health visiting, school nursing and occupational therapy.
- The patient record system used within the Pembroge Palliative Care Unit must be reviewed to ensure that all staff are able to participate in recording patient assessments and care plans in a way that meets safety requirements.
- Risk assessments must be completed on all patients in line with trust policy.
- The trust must develop a timely implementation plan for the development of an end of life care plan/ guidance to ensure consistency of care.
- The use of pain assessments must be continued to be reviewed to ensure these are being used effectively to assess and manage patients' pain.
- Guidance regarding nutrition and hydration for patients at the end of life must be available to staff caring for them.
- The trust's resuscitation policy must be updated for staff in line with national guidance regarding mental capacity and DNACPR decisions.
- There must be clear, consistent and coordinated leadership between the trust and the specialist palliative care service in terms of responsibilities regarding implementation of initiatives and reviews of areas such as the review of clinical guidelines, implementation of patient outcome measures and a replacement guide for the LCP.

Action the provider **SHOULD** take to improve

- Review arrangements to support adequate staffing of all community nursing teams to ensure patients are not placed at risk.
- Enable patients to self-medicate to facilitate rehabilitation.
- Ensure that good practice, learning and improvements achieved in each ward is shared across all units.
- Continue to support new managers to lead ward teams with confidence and strive for continuing improvement.
- That the serial numbers of blank prescriptions are recorded in line with current guidance.
- Guidelines for effective prescribing should be reviewed and updated with clarity on what guidance is to be used.
- There should be clear, consistent and coordinated leadership between the trust and the specialist palliative care service in terms of responsibilities for the development of end of life care services across the trust as a whole.
- Review safety and access to some buildings by non trust staff
- Review and improve performance measures for the Family Nurse Partnership and Healthy Child Programme
- Review the engagement with staff in Barnet and work on the perceived bullying culture and the way grievances are dealt with by the Human Resource department.
- Review the balance scorecard and ensure that metrics are providing appropriate assurance to the Board

Central London Community Healthcare NHS Trust

Detailed findings

Requires improvement



Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

There were a number of areas that had staffing pressures these included the Pembrokeshire Palliative Care service, health visiting and community nursing and particularly in children, young people and family services. The trust had in place a recruitment strategy that included international recruitment and close working with the local university to facilitate community placements for students nurses to try and increase the numbers of newly registered nurses choosing community nursing as a career. Where bank and agency staff were used the trust aimed to ensure they were used on a block basis to maintain consistency of care although this was not always possible.

The trust had an electronic incident reporting system in place and staff confirmed that they were able to report incidents through this system. The trust reported 178 serious incidents between 1 February 2014 and 31 January 2015 of which 98 were Grade 3 pressure ulcers and 61 were Grade 4 pressure ulcers. The trust had also had 8 incidents of confidential information breaches. There were no never events reported during the previous 12 months.

The trust had processes in place to ensure safeguarding of both children and adults and staff had received appropriate training and were aware of the processes. There was well established links with external agencies to ensure sharing of information

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

Our findings

Duty of Candour

- In November 2014 the duty of candour statutory requirement was introduced and applied to all NHS trusts. The trust had in place a policy relating to these new requirements.
- Arrangements had been made to train staff in the duty of candour as part of mandatory training.
- Some staff we spoke with were able to explain their understanding of the requirements of duty of candour, although others were unaware of the requirement.
- The Executive team were fully informed of the requirements of Duty of Candour

Safeguarding

- Staff demonstrated a good awareness of safeguarding processes and were able to describe to us in detail, actions they would take if they had any safeguarding concerns. The organisation had safeguarding policies and procedures and there was a system in place for highlighting and monitoring children where there were safeguarding concerns it was clear what action should be taken if children missed appointments or attended accident and emergency.
- Staff received training in safeguarding as part of their mandatory training. Safeguarding adults (level one) training was included in the corporate induction training. Staff received further training annually including update training, at a level appropriate to their area of work.
- The safeguarding team had strong links with external agencies and was well represented on the Multi-agency safeguarding hub (MASH) team. This ensured that important information was shared between agencies.
- All of the staff we spoke with had undergone training about female genital mutilation (FGM) and were aware of the action they should take if they identified a patient at risk. School nurses also delivered awareness sessions to children through school assemblies to raise awareness amongst children and parents.

Incident reporting, learning and improvement

- According to the national NHS staff survey 2014, the organisation scored higher than the national average for. “percentage of staff reporting errors, near misses or incidents witnessed in the last month” at 94% compared to the national average of 91%.
- There were no Never Events reported in community hospitals or other settings in the community between February 2014 and January 2015.
- Between February 2014 and January 2015 the trust reported 178 serious incidents in community hospitals or other settings in the community; of these 131 occurred in patients’ homes (131). The majority of incidents (145) were grades three or four pressure ulcers.
- The trust had identified and reported incidences of pressure ulcers as an area to improve and had undertaken communication and training initiatives within care and residential homes. Pressure ulcers assessed as grade three severity or above were referred for investigation as a serious incident and a root cause analysis was undertaken. The Quality committee had requested a ‘deep dive’ into pressure ulcer incidents to identify root causes and implement actions.
- The trust had implemented the ‘Sign up to Safety’ campaign and had held a number of public safety events across the geographical patch.
- The 2014 NHS Staff Survey showed that there had been a rise in the number of staff receiving health and safety training from 75% in 2013 to 79% in 2014 which is in line with the national average
- The trust had implemented complaints, litigation, incident and PALS complaint reports in all of the Clinical Business Units
- The trust had previously had a number of incidents relating to a break in the cold chain however steps had been taken to address this and there was an entry on

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

the risk register with actions taken recorded. The inspection pharmacist had seen actions taken by the trust to address the issues relating to the break in the cold chain.

Staffing levels and caseload

- There were staffing shortages across a number of services, data provided to the trust board confirmed vacancy rates across the trust at 19% for qualified nurses and 9% for allied health professionals. The trust had a recruitment plan in place but highlighted the competitive environment in which they were recruiting nurses. The Chief Nurse described close working with universities to facilitate placements for student nurses to improve awareness of opportunities for nursing in a community setting. The trust was also looking at international recruitment opportunities although they felt that the international pool of staff was reducing.
- The trust had a “complexity tool” to measure the complexity of caseloads which was used to provide support for planning caseloads. Caseload allocations were reviewed periodically to reassess the frequency and appropriateness of visits to patients with long term conditions.
- Staff shortages were identified on the trust’s risk register and staff told us they escalated issues related to staffing levels which were then addressed at a local level. Feedback was received from incidents reported that related to staffing and these were discussed at team meetings.
- Staff from community locations we visited identified to us that the shortage of staff in their team was an issue and they said they were working excess hours and working extended shifts to cover work allocated to their team. In particular in children’s services there were a number of staffing issues with Barnet being particularly affected. Across the organisation in children and young people’s services, including administrative services, there was an average vacancy rate of 10.6%. Bank and agency use across the organisation in children and young people’s services totalled 127,192.75 hours. Within the sexual health services teams, there was a vacancy rate of 35.6% for qualified nursing staff. These vacancies had to date been covered by regular bank staff.
- The trust had set a 70:30 bank to agency staff ratio as a target to move the trust to a position of less reliance on agency staff. The trust is not yet meeting this target and

the trust had continued to make the bank more attractive and work was underway to provide weekly payments to bank staff working in Barnet in order to increase and maintain the size of the bank.

- Staffing establishments required to achieve safe staffing levels in community and specialist nursing teams reflected the skill mix requirements and the need to travel within the areas covered as well as caseload numbers.
- Sickness absence rates of 4% for qualified nurses and 2% for allied health professionals were reported (March 2015).
- Health visiting staff caseloads exceeded the Lord Lamming 2009 recommended case load level of 300 families per health visitor for the majority of staff. In some instances, caseloads were more than double the recommended level. For example, the Torrington team staff had 603 families on their caseload, Vale Drive had 691, Grahame Park had 495, Oak Lane had 742, Edgware had 612 and Childs Hill had 652. Staff reported that they had high numbers of children on their caseloads that were classed as vulnerable. We were informed by the trust that high caseloads in this service were a result of commissioning decisions around the numbers of required Health Visitors.
- Medical cover across the inpatient units varied between provision by General Practitioners in some units and others being covered by a medical Consultant and Registrar.
- Staff vacancies were problematic at all Urgent Care Centres and the trust were investigating the possibility of offering an enhanced rate for nurse practitioners through the staff bank. This had not yet been agreed.
- On the in-patient palliative care unit staffing had been problematic due to recruitment problems. We viewed data that showed 51% of registered nursing shifts had been covered by agency or bank nurses for the 4 week period between the 16th March and the 22nd April. We were particularly concerned with the impact the agency usage may have on skill mix.
- There had been three whistleblowing incidents in the last 12 months related to inadequate staffing levels leading to the delivery of poor care

Managing anticipated risks

- Foreseeable risks and planned for changes in demand due to seasonal fluctuations including disruptions to

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

the service due to adverse weather were managed through emergency plans including plans to meet the needs of vulnerable patients in severe winter weather, heat waves and during power cuts.

- Updates to emergency plans were shared with all staff and minutes of emergency planning meetings were shared with staff
- The organisation had a lone worker policy in place and was in the process of rolling out lone worker devices for staff who worked in higher risk areas.

Cleanliness and infection control

- The trust had infection prevention and control policies in place. The current Head of Infection Prevention and Medical Devices had been in post for 9 months at the time of inspection, and there was also a team of five Infection Control Nurses who worked across the organisation.
- Generally the trust had a low incidence of infection incidence with one MRSA bacteraemia in 2013 and 4 cases of Clostridium Difficile in the last 12 months, 3 of these cases were on Marjory Warren ward at Finchley Memorial Hospital. The trust had a target of 6 cases for Inner London and 6 cases for Barnet.
- The majority of staff had undergone infection control training in the last 12 months. The average across the localities and department was 87%.
- We observed staff during visits to patients in their own homes, care homes and clinic sessions. Staff demonstrated they had a good understanding of infection prevention and control. Staff followed trust guidelines for hand washing and adhering to being bare below the elbow.
- We saw staff generally cleaned their hands and used hand gel prior to and after care was given, used gloves and aprons appropriately and cleaned reusable equipment. All locations visited adhered to schedules for cleaning and appeared visibly clean, tidy and sharps boxes were available.
- Cleaning audits were undertaken (January 2015) to identify risks and issues. Any lapses were identified and action taken. Hand hygiene audits were completed monthly with scores ranging from 93% to 100% compliance.

- Information about infection control was displayed on staff notice boards in community based settings and included guidance about correct waste disposal, hand hygiene techniques and methicillin-resistant staphylococcus aureus (MRSA) screening.
- We were informed that each team included an infection control link nurse. The link nurse's role included attending infection control meetings and providing feedback to their team.
- Aseptic Non Touch Technique (ANTT) validation audit showed 95% compliance. eLearning in ANTT techniques had been re-launched in 2014 and was mandatory for all staff carrying out invasive procedures.
- In the inpatient units monthly environmental audits had very high compliance with all wards achieving 100% compliance for most months. This had dropped to 99% on one ward on one occasion due to dust on top of a doorframe.

Mandatory training

- Across the organisation, the percentage of staff receiving job-relevant training, learning or development in the last 12 months is above average at 84% in 2013 and 2014.
- Statutory and mandatory training rates across the divisions were good with no areas of concern identified. Mandatory training for staff included resuscitation, infection control, information governance, fire safety, equality and diversity, moving and handling, health and safety, conflict resolution, safeguarding adults and safeguarding children.
- In community adult services we reviewed the trust records for training and this showed the percentage of mandatory training completed by type of training. Although we found records of mandatory training for some community locations were not up to date at trust level due to delays in recording, overall a very high proportion of mandatory training was completed.
- Staff told us that the organisation placed a high importance on training and managers made sure that staff attended mandatory training.
- Within children and young people's services, mandatory training levels varied across Boroughs and services. Most teams had compliance levels above 80% for all training. The trust target was 90%.
- In the inpatient units mandatory training compliance ranged between 95 and 100% across the teams

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

Assessing and responding to patient risk

- The trust assessment and screening tools including NEWS (national early warning score), MUST (malnutrition universal screening tool) and Braden scale (for pressure ulcer risk) were all clearly documented and reviewed effectively.
- In community we saw that risk assessments were completed for each patient at the initial visit and included skin integrity, nutrition, falls risk, pain assessment, and activities of daily living. The service proactively responded to identified risks by assessing the urgency of the need and developing treatment plans to respond to priority patients.
- We observed nursing team handovers and saw that concerns were identified and escalated appropriately. Staff demonstrated confidence in being able to escalate their concerns about deteriorating patients. Senior clinical staff provided advice and a daily review of the patient waiting list took place to continually assess the capacity of the team to respond to the needs of vulnerable patients.
- The trust had completed a number of audits in 2014, for example compliance to malnutrition screening, falls guidance and compliance with NICE guidelines on managing pressure ulcers.
- At Pembroke Palliative Care Unit staff we spoke with told us that completing risk assessments in a timely way was difficult due to the use of bank and agency staff and the implementation of the new electronic patient record system that they needed instruction on how to use. As a result, permanent staff had to find additional time to check the records and ensure they were up to date.
- In the dental service the WHO checklist was used in the day care unit for dental treatment provided under General Anaesthetic (GA). Audits of the WHO checklist demonstrated high levels of compliance.

Major incident awareness and training

- The organisation had major incident protocols and standard operating procedures in place.
- In the event of a major incident communication with staff is initially by text message, to inform them of any risks and action to take.

- Staff and some managers were unsure of whether the organisation had major incident and business continuity plans. They told us that if there was an incident they would contact the on call manager for advice.
- A central resilience team were responsible for coordination of any major incident
- All urgent care services had business continuity plans in case of loss of services or damage to premises.

Medicines management

- Clinical pharmacy services to the trust were supplied by an in-house team of pharmacists and technicians. The supply function was purchased by the trust from external pharmacies.
- We found that in all the areas we visited there had been no issues with medicines availability and the clinical input of pharmacists had benefited patients as evidenced by the pharmacist intervention monitoring.
- The medicines management team carried out audits on the safe and secure handling of medicines between June 2014 and March 2015 at all community sites. Where areas of concern were highlighted, an individual report and action plan was produced for each site by the medicines management team with a latest due date of 31 May 2015. During our inspection we found that many of the actions had already been taken and where this had not been possible, solutions had been found to ensure that the medicines were stored safely in the interim.
- Breaks in the cold chain storage of medicines had also been identified and we were shown actions that had been taken and were on going to prevent a recurrence.
- Safety alerts were reviewed for relevance by clinical leads and identified for dissemination to staff.

Environment and safety of equipment and facilities

- In childrens and young people's services some team offices were in buildings that had poor or no security. For example, one team office, where patients were able to 'drop in' did not always have a receptionist and had no secure entry system. This meant that patients who attended without an appointment could be left sitting unattended indefinitely. Additionally, this also meant that staff were left vulnerable, especially if they worked late at night.

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

- All equipment viewed was regularly cleaned, electrical testing and service records of equipment were available. Medical devices were recorded on the trust's asset register showing service due dates.
- We saw processes were in place for planned maintenance, the return of used equipment and the procurement of replacement equipment.
- Resuscitation trolleys were well stocked and all equipment was in date in all areas with trolleys. In the Walk-in and Urgent Care Centres the resuscitation trolleys were checked daily and signatures were recorded on all checklists. Resuscitation drugs were kept in sealed containers, within expiry dates, and staff restocked these appropriately as drugs were used.
- We found there were adequate stocks of equipment, and for some items of equipment, patients were offered a choice. In urgent instances, equipment could be supplied to the patient the same day. A limited emergency stock of equipment was available for supplies out of hours.
- The organisation used an electronic record keeping system and was in the process of moving to a new electronic record system called SystmOne.
- SystmOne is also used by many of the neighbouring GPs within three of the four boroughs covered by the organisation. This meant that once the SystmOne was fully implemented, staff would be able to access more information about patients as patients would have one record across the organisations.
- Staff were awaiting mobile working devices such as tablets or laptops. This meant that they were writing records by hand and then typing the information in the electronic record back at the office. Staff felt that this process was time consuming and meant that they were working extra hours rather than take time away from patients to make sure records were kept up to date.
- We looked at 18 patient records within community sites, patients' homes and during our observation of patient care. Initial assessments, risk assessments, care plan reviews and consent information were fully completed.
- We looked at 19 care records across school nursing, health visiting and looked after children. We found that records contained enough appropriate information. Additions were made in a timely manner.

Records management

Are services effective?

Good 

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

Summary of findings

There was evidence that all services were using National Institute of Health and Care Excellence (NICE) guidance with examples of clinical pathways being based upon best practice and current guidance. The tissue viability team were of particular note for the innovative approach they had taken in supporting and developing a self-management approach to assist patients to manage their condition.

There were a number of clinical audits that demonstrated improvements to current standards or informed continuous improvements in patient outcomes. However we were concerned regarding the lack of progress regarding the development of a holistic end of life care pathway to replace the Liverpool Care pathway (LCP). Children's and Young People's services were not achieving a number of patient outcomes including the Family Nurse Partnership, immunisation rates and health visiting targets

The Patient Led Assessment of the Clinical Environment (PLACE) showed that the clinical areas were achieving high levels of cleanliness with all areas achieving higher than the England average for this domain. However areas varied in condition, appearance and maintenance.

There were good multi-disciplinary arrangements in place across the range of services with examples showing teams working with a range of other healthcare professionals both within and external to the organisation to ensure delivery of patient focussed care.

There was concern regarding the trust wide resuscitation policy (valid from April 2014 – March 2016) which was not in line with national guidance regarding patient involvement in DNACPR decisions.

included. 'Liraglutide starting and stopping following NICE guidelines', 'Home enteral tube feeding (HEFT)' and 'NICE Guideline Pressure Ulcer CG029'. Specific pathways and guidance were used for certain long term conditions which staff accessed on the trust intranet. The respiratory team used local guidance which were based on NICE Chronic obstructive pulmonary disease (COPD) guidelines for pulmonary rehabilitation.

- The tissue viability service had prepared local wound formulary guidelines for wound dressing and care which reflected NICE guidance. A pressure ulcer leaflet for staff to give to patients was also based on NICE guidance. The tissue viability service had developed examples of innovative practice and had taken part in international research and the development of NICE guidance. The service was in the process of updating NICE guidance for national use at the time of our inspection. The service had taken an innovative patient centred approach, focused on the needs of patients and support for the patient's self-management of their condition.
- There were a wide range of clinical audits undertaken in 2013/14 across the Business Units. The trust also achieved or partially achieved the Quality priorities set out in the 2013/14 Quality Account. The team noted the significant improvement in record keeping compliance which was 56% in the 2012/13 audit but in the trust-wide re-audit in 2013/14 this had improved and services achieved 87% which exceeded the trust target of 85%.
- The falls service followed national and international best practice in developing assessment guidance and screening tools used by occupational therapists followed NICE guidance to measure effectiveness.
- We saw patients' assessments were completed using templates available on the trust's computer system which followed national guidelines for measuring harm reflected in the NHS Safety Thermometer.
- The organisation followed the national initiative called the healthy child programme. This is a Department of Health programme of early intervention and prevention for health visitor contacts with babies and children. It offers regular contact with every family and includes a programme of screening tests, immunisations and vaccinations, development reviews and information, guidance and support for parents. In Barnet however, the health visitors were not carrying out one element of the programme, 6-8 week checks due to commissioning arrangements

Our findings

Evidence based care and treatment

- We saw evidence that services across the trust used National Institute of Health and Care Excellence (NICE) and Royal College of Nursing (RCN) policies and best practice guidelines to support the care and treatment provided for patients. Examples of NICE guidance

Are services effective?

Good 

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.

- In the inpatient areas the inspection team documentation audits were carried out and the final results from the November 2014 audit were awaited. However, staff had identified key issues, taken actions for improvement and were progressing towards peer review.
- The Liverpool Care Pathway (LCP) had been removed however we did not see a replacement for the LCP in operation. Staff told us the electronic Palliative Care system had been adapted as an interim measure so that windows were in use to meet the needs of patients at the end of life. These included windows on the system for preferred place of care, advance care planning, communication and involvement of relatives. Staff told us that they were looking at an end of life care plan from another trust however it would likely take a further 6 – 9 months to embed onto the IT system.

Pain relief

- Across services inspection teams reviewed patient records and these showed that pain assessments were completed regularly and effectively and analgesia was prescribed and administered appropriately.
- A recognised assessment tool supported by national guidance was used to support the review of patients with pain symptoms. We found care plans indicated if a review was required.
- In End of Life Care we viewed the results of an audit of pain assessment charts that had been carried out by one of the doctor's on the Pembridge unit. During a three month audit period, pain assessment charts were used only 29% of the time and were inconsistently completed. We viewed plans, as a result of this audit, for a teaching session on the use of pain assessment tools.

Nutrition and hydration

- We observed that assessments using a recognised assessment tool supported by national guidance were completed appropriately to assess the patient's nutrition and hydration needs.
- The service monitored monthly the proportion of patients assessed for nutritional requirements at their first visit and we saw care plans were in place for nutrition and hydration.
- The nutrition and dietetics service provided excellent, patient centred care based on leading and setting

standards in dietetics and nutrition including NICE guidance development and facilities for patients. The service participated in international research and publication

- In the inpatient units food and fluids were within patients' reach and a red tray system was used for patients who required assistance with eating and drinking. At Edgware Community Hospital following a fluid intake audit staff had implemented a dehydration assessment tool (GULP: gauge, urine, look, plan) to monitor patient's fluid intake and output more effectively. This had been in place for 6 months.

Use of technology and telemedicine

- Within the school nursing service, work was underway to develop a number of internet based support services for children and young people. For example, to allow young people to ask questions via an email, rather than having to see the school nurse. The website will also provide young people with information and advice about a number of public health matters.
- The dietetics team used skype calls to involve both parents in meetings when one parent wasn't able to attend in person.

Approach to monitoring quality and people's outcomes

- The trust participated in the NHS National Safety Thermometer, a national prevalence survey which on one day in each month looks at all relevant patients to determine whether they had received harm as a result of the healthcare they had received. A national target of 96% of patients should be harm free. The trust reported in the January 2015 Board papers that for 2014 more than 92% of their patients were harm free. The trust had set themselves an internal stretch target of 98% of patients being harm free for 2015. The trust had in place a programme of clinical audits across the clinical services. Frequency of audits undertaken however did vary with the last audit in children's and young people's services undertaken in August 2014.
- The trust had achieved United Nations Children's Fund (UNICEF) Stage 3 BFI Full Accreditation in the tri-Boroughs. This was achieved because of an organisation wide project to promote breastfeeding. The project lead was no longer in place and staff

Are services effective?

Good 

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.

reported to us that they missed the support they received from the project team. Barnet were at register of intent / certificate of commitment and have not undergone any formal UNCIEF BFI assessment as yet.

- There were a number of patient outcomes in the Children and Young Peoples services where they were not meeting national outcome measures. This included the Family Nurse Partnership Key performance indicators for the tri-borough (Kensington and Chelsea, Fulham and Hammersmith and Westminster) showed that targets were not always being met. For example, expected visits during pregnancy (eventual goal 80%) 41%, expected visits during infancy (eventual goal 65%) 36%, data forms completed accurately and within required times (goal 90%) 70%, weekly and monthly supervision sessions met (goal 90%), 85%.
- Health visiting staff from Barnet told us that they were not meeting the Healthy Child targets set.
- Immunisation rates fell below the England average across all of the areas covered by the trust for measles mumps and rubella (MMR), diphtheria, polio, tetanus, pertussis and Hib across the organisation were worse than the England average.
- Patient led assessment of the care environment (PLACE) carried out in 2014 gave a cleanliness rating of 100%. Other scores were variable across the inpatient areas with Finchley Memorial Hospital scoring higher (91.67%) than the England average for condition, maintenance and appearance and Pembridge Palliative Care Unit scoring lower (73.88%) than the England average (89.12%). However, patients and visitors we spoke to on our visit were very satisfied with the ward environment.
- Across services inspection teams reviewed patient records and these showed that pain assessments were completed regularly and effectively and analgesia was prescribed and administered appropriately. However in End of Life Care we viewed the results of an audit of pain assessment charts that had been carried out by one of the doctor's on the Pembridge unit. During a three month audit period, pain assessment charts were used only 29% of the time and were inconsistently completed. We viewed plans, as a result of this audit, for a teaching session on the use of pain assessment tools.
- CAPE (care, analgesia, patient safety and environment) assessments were carried out regularly by the nursing teams in the inpatient units.
- Nursing teams used MUST assessments. Patients were screened on admission for malnourishment and the dietician assessed all patients whose nutritional needs were highlighted.
- In the Dental service the General Anaesthetic pathway was not streamlined. Children and their carers reported to the Barnet General Hospital Day Surgery Unit (DSU) and were then directed to the inpatient children's ward where they were admitted, seen by the dentist and anaesthetist and had access to a play therapist whilst waiting for their procedure. They were then escorted to the DSU before returning to the inpatient ward to fully recover prior to discharge home.
- At Pembridge Palliative Care Unit we viewed a prevention and management of pressure ulcers policy (valid from June 2014 to June 2016) that stated that all patients should be screened for malnutrition using a MUST (malnutrition universal screening tool). However we did not see a Malnutrition Universal Screening Tool (MUST) in use at the time of our inspection. Staff we spoke with told us these were not routinely used unless requested by the dietician. This was again confirmed at the unannounced visit.
- Managers told us clinical outcomes on the Pembridge inpatient unit were not being measured, however they had plans to implement the Integrated Palliative Care Outcome Scale (IPOS) in December 2014. This had not been implemented at the time of our inspection and staff told us this was now planned for July 2015. However the leads for end of life care told us they recognised there was a gap in the use of audits and the monitoring of patient outcomes and that this was an area they were intending to address in line with the implementation of the end of life care strategy.
- Patient Reported Experience Measures (PREMS) were used to show the effectiveness of the service and there had been a significant increase in the number of PREMS received (1621 in December 2014). The trust achieved this through telephone interviews, face to face interviews and paper questionnaires with patients and service users, feedback from patients and from a group that represented patients' diversity.

Outcomes of care and treatment

- There were a number of patient outcomes in the Children and Young Peoples services where they were not meeting national outcome measures. This included the Family Nurse Partnership Key performance indicators for

Are services effective?

Good 

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.

the tri-borough (Kensington and Chelsea, Fulham and Hammersmith and Westminster) showed that targets were not always being met. For example, expected visits during pregnancy (eventual goal 80%) 41%, expected visits during infancy (eventual goal 65%) 36%, data forms completed accurately and within required times (goal 90%) 70%, weekly and monthly supervision sessions met (goal 90%), 85%.

- Health visiting staff from Barnet told us that they were not meeting the Healthy Child targets set.
- Immunisation rates fell below the England average across all of the areas covered by the trust for measles mumps and rubella (MMR), diphtheria, polio, tetanus, pertussis and Hib across the organisation were worse than the England average.
- Patient led assessment of the care environment (PLACE) carried out in 2014 gave a cleanliness rating of 100%. Other scores were variable across the inpatient areas with Finchley Memorial Hospital scoring higher (91.67%) than the England average for condition, maintenance and appearance and Pembridge Palliative Care Unit scoring lower (73.88%) than the England average (89.12%). However, patients and visitors we spoke to on our visit were very satisfied with the ward environment.
- In inpatient units patients were involved in their own rehabilitation, goal setting and discharge planning from their admission to the wards. Discharge dates were set and agreed as a goal and individual needs and rates of recovery were considered at multidisciplinary meetings.

Competent staff

- All new staff completed a trust induction, complemented by induction and job shadowing locally. The trust provided all staff with training to support and enhance competencies in particular skill areas relevant to the service.
- Data provided showed 84% of nurses, 90% of nursing/healthcare assistants, 88% of physiotherapists and 76% of occupational therapists had received training and development within the last twelve months.
- Staff told us training and development was supported throughout the trust, training needs were identified as part of appraisal, and through one to one meetings. Staff were supported to complete education and skills development.
- Staff confirmed Clinical Business Unit Managers and Team Leaders provided clinical supervision for staff across teams every four to six weeks.

Multi-disciplinary working and co-ordination of care pathways

- There was an emphasis on multi-disciplinary and multi-agency working within the organisation.
- Across the inpatient areas there were multi-disciplinary meetings taking place weekly in some units and twice weekly in others. The meetings focussed on the patient's progress, specific needs and discharge plans
- In community nursing multi-disciplinary, patient-centred care was evident and involved a range of specialist staff who may also be involved in joint visits to the patient. External partners included GPs, housing and social services, police, the prison service, and mental health.
- There was a good approach to multidisciplinary working in end of life care. An example was the specialist palliative care nurses who participated in Gold Standards Framework meetings with GP practices.
- On the Pembridge inpatient unit referral meetings and handovers involved members of the multidisciplinary team including nursing, medical, pharmacy, social work, allied healthcare and spiritual support staff. Each patient requiring end of life care had involvement of the multi-disciplinary team in their care and care was discussed on a daily basis either on the inpatient unit or as part of the specialist palliative care referral meeting.
- In the Dental service the General Anaesthetic pathway was not streamlined. Children and their carers reported to the Barnet General Hospital Day Surgery Unit (DSU) and were then directed to the inpatient children's ward where they were admitted, seen by the dentist and anaesthetist and had access to a play therapist whilst waiting for their procedure. They were then escorted to the DSU before returning to the inpatient ward to fully recover prior to discharge home.

Referral, transfer, discharge and transition

- Patients were referred and transferred appropriately. Multidisciplinary processes were in place to manage the process of referral, transfer, discharge and transition.
- In community nursing we found integrated arrangements for discharge liaison between hospital and community settings were effective. Discharge care plans were prepared for patients and recorded on the trust's information system. The discharge pathway could involve self-care with GP support with access to a range of other support services.

Are services effective?

Good 

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.

- There were procedures in place to ensure that as young people made the transition to adult services, this was done sensitively and when the patient was ready to start the transfer process. The process of transition to adult service usually began as the person approached the age 14 however this was dependent on each individual, their maturity and their wishes.
- The organisation used a continuum of need. This made sure that each person involved in a patient's care was aware of the level of need and support of the patient.
- In end of life care fast track discharge provision was in place. We saw that staff on the inpatient unit and the community team recorded patients' preferred place of care as part of their assessment processes. Staff we spoke with told us that same day discharge was possible but that some regions were more complex than others.

Availability of information

- The Trust produced a Staff Newsletter for the rehabilitation units which included information on preventing harm and providing effective care, staff education opportunities, learning from incidents, working in partnership with patients and staff awareness and considerations for working with people with learning disabilities.
- Staff felt involved and were encouraged to give feedback on patient care both informally and at handovers.
- In the inpatient units therapy staff were included in patient handovers at shift changes and reported information back to the therapy teams.
- We reviewed information on the trust intranet that staff used to support their work and saw the information was clear and accessible. This also enabled staff to access practice and information about patient care and treatment through external internet sites.
- Staff received corporate emails with team briefings, newsletters and other updates about particular themes on a regular basis.
- The organisation had a child health information hub which was used to coordinate information received about children and young people from a variety of sources including accident and emergency departments and other organisations. There had been major problems with the receipt and recording information over the last 12 months leading to a large backlog of information which had not been processed. This meant that there had been a risk that important information

about potential vulnerable children was delayed and not actioned in a timely manner. The organisation was fully aware of the issues and had taken action to make sure that the backlog had been addressed. They had an action plan in place, had amalgamated a number of systems and no longer had a backlog.

- In dental services the electronic patient record allowed dental professionals to access patient's dental records across almost all of the Trust's dental sites. This was not available at Barnet.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw patients were consented appropriately and correctly and consent was obtained before care was delivered. We reviewed consent information as part of our review of records and found this was obtained and recorded appropriately. At Finchley Memorial Hospital the inspection noted an area of good practice was to obtain the consent and agreement of the patient for their plan of care which the patient was asked to sign.
- We observed that Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) courses attended were included in the member of staff's individual training log. Staff we spoke with demonstrated a clear understanding of the Act, of their responsibilities and of DoLS procedures. Mental capacity assessments were undertaken if nursing staff had a concern that the patient might not have capacity to consent.
- We saw that a trust wide resuscitation policy (valid from April 2014 – March 2016) that was kept at Pembridge stated that "there is no ethical obligation to discuss resuscitation with palliative/end of life care patients," and, "When a decision not to attempt CPR is made on these clear clinical grounds, it is not appropriate to ask the patients' wishes about CPR, but careful consideration should be given as to whether to inform the patient of the DNAR decision." This was not in line with national resuscitation council guidance which states that there should be a presumption in favour of patient involvement and that there need to be convincing reason not to involve the patient (Decisions relating to cardiopulmonary resuscitation, October 2014).

Are services effective?

Good 

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.

- In dental services staff told us of best interest meetings for patients without the capacity to consent. They reported working with patients, families, carers and other healthcare professionals to ensure people had access to care and treatment.

Are services caring?

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

Summary of findings

Across the services provided by the trust we spoke to over 120 patients and 20 relatives, we visited clinical areas and accompanied district nurses to observe patients receiving care at home as well as to talk with patients and their relatives about their experience of the service. We also received feedback from patients who had completed comment cards.

Throughout our inspection we found the approach staff used was consistently appropriate to the setting and demonstrated compassion and consideration for the patient. Patients and relatives told us that the care they received from staff was excellent and that patients felt safe and cared for during their treatment and staff were respectful of their needs and preferences.

Patients and visitors told us that all staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being administered.

We were told by staff in a focus group that patients and their families were involved in planning their own care. We saw that patients and their relatives and carers were involved in the delivery and planning of their care needs across all of the core services that we inspected and that this was carried out in a kind and caring manner.

Children, young people and their carers told us that they were treated with compassion, dignity and respect. They were involved in discussions about treatment and care options and able to make decisions. Information was provided in a number of formats to enable young people to understand the care available to them and help them to make decisions about the care they wanted to receive.

included bereavement support and a day care course that focused on keeping patients well at home by using techniques such as mindfulness, massage and relaxation.

- During our inspection, we observed patients and relatives being treated with dignity, respect and compassion. An example of this was in community nursing where we observed care and treatment being delivered by tissue viability specialist nurses who respected and maintained patients dignity and administered care sensitively and with compassion.
- The trust had recently introduced the Family and Friends Test as a means of receiving patient and family feedback, results showed 95% of patients agreed they were treated with dignity and respect.
- An ongoing trust patient survey showed that between May 2014 and February 2015 between 94% and 97% of patients stated that they were treated with dignity and respect. This was against a target of 95%. The organisation failed to meet the target twice during that period.
- We observed staff speaking to patients in a sensitive and compassionate manner. Staff knocked on doors before entering private areas and used privacy screens where available.
- In the inpatient units we saw leaflets being given and one ward had begun to use the "This is me" tool universally to record every patient's needs, interests, preferences, likes and dislikes. One ward manager had organised for patients wishing to attend, to go to church on Easter Sunday and the trust had organised a Christmas carol service on the winter pressures ward which is located on an acute hospital site. Board members, senior managers, relatives and some of the staff and patients from the neighbouring ward had attended.
- PREMS (patient reported experience measures survey) for dental services in January 2015 showed: Friends & Family Test (FFT) had a low response rate (63 returns) - 70% of respondents were positive about their experiences of care, 80% were likely to recommend the dental services; 100% rated their care as excellent or good; 90% were involved in the planning of their care; 100% said they were treated with dignity and respect; 90% said care and treatment was 'definitely' explained in a way that they could understand and 90% were definitely satisfied with how quickly they were seen.

Our findings

Dignity, respect and compassionate care

- The trust had developed a Compassion in Care Project. The project incorporated the 6 c's of care, compassion, competence, communication, courage and commitment. The project focused on how compassion could be put into practice. Examples we saw in practice

Are services caring?

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

- We saw that care after death honoured people's spiritual and cultural wishes. Faith leaders from multiple faiths were accessible and a spiritual advisor was available to patients, relatives and staff. There was a focus on the support available not being just religious support, but emotional and spiritual too.
- Some reception areas did not allow for privacy but all centres had a private room or area where confidential information could be discussed.
- We received 14 comments cards as part of the inspection process, of these 12 were positive and described being treated with dignity.

Understanding and involvement of patients and those close to them

- Patients' management plans were discussed and at all contacts with patients, questions were answered and advice was given to patients directly, carers and relatives.
- Staff in a focus group told us community nursing teams involved the patient, family and carers in decision making. Patients were involved in decision making about their care and treatment. We observed district nurses give advice to patients on medication and using assessment, clinical specialists set goals with the patient's involvement and planned with the patient so that their needs were addressed to help them achieve their goals.
- Staff told us the promotion of self-care was of particular relevance to the care of patients in community settings. We observed that patients' independence was promoted during visits from the service. Patient leaflets and verbal advice about self-care were available. Information leaflets were provided to patients for health promotion and self-management of long term conditions.
- An ongoing trust patient satisfaction survey showed that between May 2014 and February 2015 between 76% and 88% of patients were as involved in their treatment planning and decisions about their treatment as they wanted to be. This was against an organisation target of 80%. The organisation missed the target on three occasions.
- Between 91% and 97% of patients definitely understood the explanation about their treatment they were given. The trust had set a target of 80% for 2013/14 however as they had exceeded this target they had increased this target to 90% for 2014/15.
- Patients at the end of life were able to participate in Coordinate My Care (CMC), a service which helps to record the patient's views and wishes about their care within an electronic personalised care plan. The care plan is then available to all professionals involved in the patient's care and can be updated and amended.
- The trust had not participated in the National Survey of Bereaved People. This survey works to collect information from relatives and friends about the quality of care provided at the end of life.

Emotional support

- Emotional and spiritual support was considered to be a priority within the trust and we saw this through the development of the compassion in care project and initiatives.
- Staff were aware of the emotional aspects of care for patients living with long term conditions and provided specialist support for patients where this was needed. We observed staff also providing emotional support to carers and relatives. An example of this was in the inpatient unit a patient told us that they had been confused and upset, thinking that the ward staff wanted to discharge them. A nurse had reassured them and had arranged a meeting to involve the patient. This had impressed the patient and they told us they thought staff were "going above and beyond here".
- A bereavement service had provided a leaflet which gave practical information for people who were bereaved. The brochure was available in other formats and languages other than English.
- In childrens services there were access to Child and Adolescent Mental health services and there were drop in services for parents with children who had allergies (Itchy, Sneezy, Wheezy service), bed wetting and fussy eaters.
- Two senior members of the Pembrokeshire palliative care team had attended training in the use of Schwartz rounds. Schwartz rounds are meetings which provide an opportunity for staff from all disciplines to reflect on the emotional aspects of their work. This project is due to be implemented by August 2015 and managers are aiming for it to support the continued development of compassionate care.

Promotion of self-care

- Staff told us the promotion of self-care was of particular relevance to the care of patients in community settings.

Are services caring?

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

We observed that patients' independence was promoted during visits from the service. Patient leaflets and verbal advice about self-care were available. Information leaflets were provided to patients for health promotion and self-management of long term conditions.

- The physiotherapy service supported exercise regimes for patients in community clinics and we observed a clinic session where the patient exercises regime was reviewed and improvements discussed. The patient's progress was discussed with them and encouragement was given to the patient regarding their progress with exercise.

Are services responsive to people's needs?

Good 

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

Summary of findings

Managers we spoke with across a range of community services were aware of the issues in their area to develop services responsive to the needs of patients. They worked with commissioners of services, local authorities, other providers, GPs and patients to co-ordinate and integrate pathways of care.

The trust categorised complaints as either simple or complex depending on the nature of the complaint and had set a target of responding to 90% of simple complaints in 25 working day and 100% of complex complaints within the agreed timescale. The organisation followed the NHS complaints policy and staff were aware of how to deal with complaints or escalate them as required. The inspection team saw that action plans were completed in response to complaints and shared with teams.

There were a number of access targets across both adult and childrens services that the trust did not meet these included the falls service and health visitor first visits for newborns.

The trust was committed to receiving feedback from service users, they did through a group that represented the diversity of the population served and through a series of patient reported experience measures (PREMS). The trust used a variety of media to collect this information including electronic tablets; face to face interviews; telephone interviews and postal paper questionnaires.

to face interviews; telephone interviews and postal paper questionnaires. Examples of PREMS included whether patients were treated with dignity and respect; friends and family test and explaining care.

- We found there were good working relationships with local acute hospital providers so that patients benefited from joined up care when admitted to hospital. Managers and team leaders also liaised with residential and nursing homes in arranging care and support which avoided the patient's admission to hospital.
- Community services were developed in collaboration with local commissioners and included a broad range of specialist teams including a TB nursing team, Diabetes, respiratory nursing team and rapid response teams designed to support patients in remaining at home rather than be admitted to hospital and services for homeless people
- In the inpatient units the admission criteria was clear and patients were assessed in acute settings. The decision to admit a patient to the ward was made by Tracker nurses who were based in the acute hospitals. They completed a referral to the bed manager for the Community wards at Finchley and Edgware. Once the admission referrals were received they were triaged by the lead therapist who made the admission decision. Although clinicians told us that the referral documentation could be streamlined and required more open and honest information about the clinical condition of the patient to ensure appropriate admission.
- Due to commissioning differences, some services, such as the sickle cell service was not available to people who lived in Barnet. Patients had to be referred to services elsewhere within the organisation. Homeless services were only available in Westminster.
- Some of the localities within the organisation had recently changing populations. Some staff in the Children's and Young People's services felt that they had not received enough training to be able to understand the cultural needs of populations that had moved in to the organisation catchment area over recent years. For example some staff told us that they had received training about how to identify people at risk of radicalisation, however not all staff had received this training.

Our findings

Service planning and delivery to meet the needs of local people

- The trust was committed to receiving feedback from service users, they did this through a group that represented the diversity of the population served and through a series of patient reported experience measures (PREMS). The trust used a variety of media to collect this information including electronic tablets; face

Are services responsive to people's needs?

Good 

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

Equality and diversity

- Leaflets for services stated that the information was available in other formats and languages other than English.
- Staff confirmed translation services were available for people whose first language was not English and were able to provide examples where the interpreter service had been used.
- Staff said they asked what the patient's cultural needs were as part of their initial and ongoing assessment. This was confirmed by patients we spoke with.

Meeting needs of people in vulnerable circumstances

- Services used a range of information that was available in several languages and formats and posters with information for patients were displayed in community settings in different languages. There was access to translation services.
- The trust had designated dementia champions and training in caring for patients living with dementia was available to staff. We were informed that all staff had undertaken a dementia awareness training session. The dental service treated patients with a diagnosis of dementia and gave examples of carrying out dental examinations in three nursing homes in Barnet. The trust was also looking to implement the Namaste approach to Dementia Care.
- Physiotherapists in the specialist musculoskeletal service provided services for patients living with a learning disability and for patients with long term conditions such as cerebral palsy. For patients who used mental health services, community nursing services undertook joint visits with mental health staff.
- There was a well established service for homeless people in Westminster. The organisation also ran health visitor clinics for homeless people.
- In the inpatient units we observed staff struggling to care for a patient with confusion due to an inappropriate referral however the inspection team noted that in most cases this was managed well under the circumstances.
- The trust had recently developed its own end of life care strategy, identifying key priorities relating to meeting the needs of people in the region. One key aspect of this is the increasing need for end of life care in the community, with year on year increases in patients at

the end of life wishing to be cared for at home. The strategy also incorporated good quality end of life care for patients in prisons, those with a learning disability and children with life-limiting or life-threatening conditions.

- In end of life care data showed that 82% of patients were seen within 48 hours, with 80% seen within 24 hours. 18% of patients referred were seen outside of the 48 hour period. Staff we spoke with told us this was largely due to the referral being received over a weekend and it being non-urgent. Staff told us that all urgent referrals would be processed on the day they were received.

Access to right care at the right time

- The community nursing services used a single point of access to help ensure patients got the right care at the right time and where possible to avoid admissions to hospital. We found patients could access community health services promptly in the areas we visited.
- We saw that most services were meeting referral to treatment targets. Referral to treatment times achieved were reviewed on a monthly basis through the performance management framework. However the Falls Service latest data showed the referral to assessment target (30 days) was being met in one clinical commissioning group area (West London) but not in Central London (36 days) and Hammersmith and Fulham (49 days). The Clinical Lead for Falls and Bone Health explained the reasons for this and actions that had been identified and implemented.
- Within Barnet, the health visiting team were consistently not meeting the commissioner target of 95% of all new births being seen within 14 days. Between April 2014 and December 2014, this target was only met once. Rates ranged between 91% and 96% and averaged 92% across the period. The longest a patient had to wait was 25 days and 39 patients in total breached the target. Within Kensington and Chelsea, commissioners had set a target of 95% of new births being seen within 14 days. This target was missed four out of nine months. The longest wait was 29 days. The average across the 9 month period was 95% and rates ranged from 92% to 97%.
- There were significant waits reported in the dental service for specialist dental the waiting time for assessment ranged between 28 – 347 days. The waiting time for a first treatment appointment ranged between

Are services responsive to people's needs?

Good 

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

21 days to 105 days. Hammersmith & Fulham (restorative) was the highest at 347 days to first assessment & (Periodontal) 215 days to first assessment however there were external factors that impacted on these wait times.

- All urgent care centres across the trust met the 4 hour wait targets and staffing levels were planned and flexed to meet demand for the service around busy periods. Reception staff were able to identify unwell patients to be triaged urgently. The centres displayed opening times and whether they treated children but would not turn away children without triage and referral to another service. X-ray services were available on-site at 3 urgent care centres and staff had access to urgent reporting support when required.

Complaints handling and learning from complaints and concerns

- The trust categorised complaints as either simple or complex on an individual basis depending on the nature of the complaint and the difficulty involved in effectively investigating it, to provide the complainant with a response which thoroughly addresses their concerns.
- The Trust had met the national target for NHS Trusts and responded to 100% of complaints within a time limit agreed with the person making a complaint in 2014. The trust had set a more challenging target of responding to 90% of simple complaints in 25 working days but had only achieved compliance in 66% of complaints.
- Of the 94 formal complaints, 25 were related to concerns about clinical care, 22 were related to staff attitude/behaviour and 12 were related to problems with booking and availability of appointments, 6 complaints were about care of prisoners.
- Data submitted by the trust showed 94 formal complaints were made to Central London Community Healthcare NHS Trust in the last 12 months (January 2014 to January 2015), of which 20 were upheld in full, 28 were partially upheld, 31 were not upheld, 1 was withdrawn and 14 were still under investigation.
- From the data submitted 23 informal complaints were made to Central London Community Healthcare NHS Trust in the last 12 months, of which 13 were resolved and 10 were withdrawn. Of the 23 complaints, 3 were related to staff attitude, 3 were related to concerns about quality of district nurse care, 3 were concerns about possible confidentiality breaches
- The most common complaint through the PALS service was for appointment issues (315 complaints) followed by staff attitude (87).
- Information for patients about services included information about how to make comments and compliments or raise concerns or complaints and information about the Patient Advice and Liaison Service (PALS).
- Action to be undertaken following the investigation of a complaint was identified and the action proposed was discussed with the patient. The completion of actions was monitored. Line managers fed back learning from the investigation of complaints at team meetings. Staff could describe how services had changed as a result of action taken.
- According to the national NHS staff survey of 2014, 56% of staff believed that feedback from patients/service users is used to make informed decisions in their directorate/department. This was better than the national average of 52%. For example, in response to family concerns about communication, the Compassion in Care Lead worked with the team to improve communication between staff and the patient/family.

Are services well-led?

Good 

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

Summary of findings

The trust had a vision and strategy in place that took into account the Five Year Forward View and the strategic direction of the local health economy. However we found The vision, values and strategy were difficult to establish initially as the strategy is in the Integrated Business Plan (IBP). Discussions with the Executive team resulted in different descriptions of the vision, values and strategy. There was an evolving clinical strategy and there had been an increase in the focus on quality throughout the organisation with a Quality Strategy in place.

There was variation across the divisions regarding visibility of the Executive Board members with the inpatient units reporting high levels of visibility and communication and Children's and Young People's services reporting less visibility and a disconnect between the senior management team and frontline staff

Generally staff said the trust was good to work for, with an open, no blame and patient focused culture; they felt they had a positive culture. Staff were enthusiastic and felt involved in the decision making process. They felt they had the time to spend with patients and provide the care required.

address concerns, leadership, culture and values.

Clinical Business Unit Managers and Team Leaders demonstrated a clear understanding of their role and position in the trust

- Staff in a focus group said the vision and strategy was publicised in the trust and it was relevant to staff.
- There was a Quality Strategy in place that covered April 2013 – March 2016, this had been developed by the Chief Nurse. The Quality Strategy focussed on three campaigns that included positive patient experience; Preventing Harm and Smart Effective Care Each of the above had a series of outcome measures that would be indicators for success.
- Separate to but linked to the Quality Strategy was an evolving Clinical Framework which covered the period 2014 to 2017. The Medical Director told us this was still being developed in collaboration with the clinical teams and formed one of the enabling strategies of the Integrated Business Plan.
- At divisional level there was variation in the development of service level strategic direction. For example in children's and young people's services we asked staff and team leaders if they were aware of the organisation's strategy for children's services. Most staff were unaware of whether there was an organisation strategy for the future of the organisation
- There was uncertainty expressed by staff in the Urgent Care Centres regarding the future vision of provision of urgent care services as this was being reviewed at health economy level.
- There was a vision and strategy for end of life care that was being rolled out across the trust. The strategy had only been completed in March 2015 and work streams had been developed to encompass 6 key elements that had been identified. The development of priorities had incorporated national guidance including the national end of life strategy and the Leadership Alliance for Care of Dying People (LACPD) guidance on the needs and wishes of people at the end of life and those closest to them.

Our findings

Vision and strategy

- The trust's mission "Working together to give children a better start and adults greater independence" and vision "Great care closer to home" these were displayed on computer screens across the services. The vision, values and strategy were difficult to establish initially as the strategy is in the Integrated Business Plan (IBP). Discussions with the Executive team resulted in different descriptions of the vision, values and strategy.
- Trust board minutes (February 2015) demonstrated the emphasis placed by the board on developing a vision and strategy, ensuring clear accountabilities and effective processes to measure performance and

Governance, risk management and quality measurement

- There was a Quality Governance Structure that included a Quality Committee that was chaired by a Non-executive Director, this committee provided assurance to the Board. The Quality committee was described as

Are services well-led?

Good 

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.

evolving and had recently increased in frequency and was now held ten times per year. The increased frequency of this meeting enabled more time to explore issues.

- There was a corporate risk register in place that identified the key risks, risk registers were also held at Divisional and Clinical Business Unit level and there was a clear process in place for the escalation of risks through to Board level.
- The trust board had a Board Assurance Framework in place which was reviewed by the Board on a regular basis. The assurance framework was based upon the six goals that formed part of the overarching strategy and were linked to the five priorities set by the Board.
- All risks on the board assurance framework and the corporate risk register had both a current risk and an initial risk rating of red or amber. Two key areas of risk highlighted a clear lack of accountability for delivering partnership working and a poor track record in developing partnerships to respond to new models of commissioning which may compromise the trust's future viability. The Trust's Deputy Chief Executive was recently given the remit to implement the Trust's stakeholder engagement plan. The Trust Board had a Balance Scorecard however we were concerned that the presentation of some metrics may give rise to inappropriate assurance. An example discussed with the Executive team concerned the metric of 'proportion of patient related incidents that were harm free'. This metric had an end of year target of 49%. The Deputy Chief Nurse and Director of Patient Safety explained that this measure noted all harm including minor harm and is a measure to demonstrate harm reduction as outlined in the Quality Strategy, so that it is the percentage of patient related incidents and the related harm level, and not a measure against the whole patient population. The concern was that without the explanation the metric as presented suggested 51% of patients would have experienced harm.
- The trust met 10 and partially met 4 of their quality priorities from 2013/14 with the remaining priority no longer applicable. The partially met priorities included a 5% reduction in complaints relating to poor communication and attitude; 95% of incidents will be reviewed within seven days; each service will have a defined set of clinical standards based upon current guidance and ten teams will develop exemplar team/service quality assurance measures

- In children's services we spoke with the management team of the division. They acknowledged to us that new governance and risk management procedures had been recently introduced. The management team felt that the procedures were robust but were yet to be fully embedded or tested.
- Each division had an Associate Director for Quality who reported to either a Deputy Chief Nurse or the Chief Nurse, their role was to promote and develop quality care within the clinical services. This role is also responsible for signing off cost improvement plans, business cases and CQUINS from a quality perspective.
- Divisions also had professional leads who were responsible for reviewing clinical risks and incidents alongside feedback from service users.
- Patient stories are used to help identify where services can be improved for patients.
- There was a clinical audit programme in place however there was variation between services with regard to numbers of audits in place for example in Childrens and young People's services the last audit had been carried out in August 2014 with no further audit activity in progress. The Pembroke inpatient unit had a programme of planned quality audits for 2014/15. These included audits of out of hours advice, medicines management, hand hygiene, environmental infection control and falls
- Each of the Divisions produced an integrated performance and quality report
- The trust undertakes 'deep dives' into areas of concern, these are initiated by the Quality Committee and implemented through the divisions with outcomes and action plans taken back to the committee. An example of a recent deep dive is into falls in the inpatient units

Leadership of the provider

- Staff in community nursing services told us that they were aware of whom the senior management team of the organisation were, but most had never seen them in person. Some staff told us that after the announcement of the CQC inspection, senior managers had become more visible and had started to visit different teams across the organisation.
- Staff in some localities felt that there was a disconnect between the executive board, managers and staff at the front line. One person told us, "It feels like they are in an ivory tower and they don't really understand what it is like for us every day". We were, however, also informed

Are services well-led?

Good 

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.

about the deputy chief executive shadowing a health visitor on home visits to find out what it is like for staff. There were other examples of senior managers working in clinical areas periodically, for example, the chief nurse returned to clinical work on a Friday.

- We were told that from a Board perspective the level and quality of the appraisals needs some development and so the trust is investing in training for appraisals and a system to record 1:1s and appraisals. Staff appraisal rates for 2013 was 82% which was worse than the 2012 rate of 92% and worse than the England average for community trust which was 90%
- There were concerns raised regarding the clinical leadership at the Pembrige Palliative Care Unit however the Medical Director was aware of these concerns and had a plan to address these concerns.
- Marjory Warren ward at Finchley Memorial Hospital had been an area of concern for the Trust Board however the trust had recently implemented a change in leadership and were planning to roll out the improvement work that had recently taken place on Jade Ward
- Across the divisions staff told us that on the whole they felt well supported by their line managers, we noted that there had been recent managerial changes in the inpatient units and staff were reporting positive changes and slow improvement to the leadership. There were also changes in leadership planned for the Urgent Care Centres.
- Staff at Pembrige Palliative Care Unit reported that they still felt independent to the rest of the Trust but that they were working hard to integrate within the wider trust although they felt that this had at times been a difficult transition.
- The trust Non Executive Directors are linked to the Divisions and requires the Directors to meet with the divisional teams and feedback any issues to the Board
- The Head of Human Resources and Organisational Development described leadership and the use of the NHS Leadership model to develop staff as a priority for 2015

Culture within the provider

- Generally staff said the trust was good to work for, with an open, no blame and patient focused culture; they felt they had a positive culture. Staff were enthusiastic and felt involved in the decision making process. They felt they had the time to spend with patients and provide the care required.

- However in some services we were given mixed information about the culture of the organisation. Some staff told us they felt there was a bullying culture and that grievances reported to the Human Resources (HR) team were not always treated fairly.
- The staff survey showed that 28% of staff experienced harassment, bullying or abuse from other staff in last 12 months. This was compared to the national average of 19%.
- According to the national NHS survey of 2014, the organisation had scored worse than the national average for staff experiencing discrimination at work, 17% compared to the national average of 8%
- At Board level the directors told us that there was an open and constructive approach which had been an outcome of the recent Board development work.
- There was a workforce group that was working on addressing bullying and harassment issues within the trust

Fit and proper persons

- The trust was prepared to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust policy on pre-employment checks (2011) covered criminal record, financial background, identity, right to work, employment history, professional registration and qualification checks. It was already part of the trust's approach to conduct a check with any and all relevant professional bodies (for example, medical, financial and legal) and undertake due diligence checks for senior appointments.

Public and staff engagement

- Community services had commenced engagement with the public through the NHS Friends and Family test.
- The trust had set up and actively engages with a number of patient representatives groups such as the Quality Stakeholder Reference Group, the Patient Experience Group, the Compassion in Care Board and the Achieving Excellence Together Steering Group.
- The trust had recently joined the national 'Sign up to Safety' campaign and held a number of engagement

Are services well-led?

Good 

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.

events in each borough during February and March 2015. These involved patients, carers, members, partners and staff in developing the trust campaign to improve patients' safety

- We saw the use of a patient survey in the day care unit at Pembridge in December 2014. The survey included questions such as whether the hospice helped patients to cope with their illness and quality of life issues. We also saw a patient survey report relating to the massage service at Pembridge. Feedback from patients about the day service and massage service were positive.
- A monthly 'carer's café' was held at Pembridge. This was an event for carers, relatives and friends of patients who use the palliative care service to socialise, gain support and attend relaxation sessions.
- The trust has developed a number of initiatives to ensure effective engagement with staff. These initiatives include:
 - Clinical Fridays - Chief Nurse and senior quality team work alongside clinical staff on the frontline;
 - Non-Executive Directors and Executive Directors visits - regularly visit front line services to discuss with staff their work and their general feelings about the Trust and the future strategy;
 - Spotlight on Quality - weekly communication to all staff highlighting the latest developments/ lessons learned etc. in quality;
 - AGM Workshops - Non Executive Directors led small workshops with staff and the public to discuss key issues around standards of care, integration and access to services;
 - Mission, Vision and Strategy - refreshed in consultation with staff;
 - Quality Inspections - All staff were asked if they would like to join peer review quality inspection teams (QITs);
 - Achieving Excellence Together - campaign focussed on improving the quality of care and morale of staff within district nursing services across the organisation.
- The 2014 NHS Staff Survey showed improvements in staff saying they are '...able to do my job to a standard I am personally pleased with' (81% agree or strongly agree) and 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (65% agree or strongly agree).
- The trust had undertaken a staff survey on a quarterly basis; this showed 81% of staff agreed they were "...satisfied with the care I give to patients/services users".
- The national staff survey showed that on a scale of one to five, with five being fully engaged and one being completely disengaged, the organisation scored 3.75. This was 0.01 worse than in 2013. This was comparable to the England average for Community Trusts.
- Across the divisions there were examples of team meetings, away days, and staff surveys as ways of engaging all staff. The Trust also undertook 'pulse checks' to monitor staff views
- Some staff felt as though Barnet didn't fit in with the rest of the organisation because it had different commissioning arrangements, as well as being in outer London unlike the other Boroughs which were classed as Inner London.
- With regard to equality and diversity there is a board BME target and work is ongoing in the trust to develop strategies to ensure inclusion of minority groups. The trust is part of the London diversity group. The trust has just appointed an associate Non Executive Director taking a partnership approach with Deloitte to identify a candidate through their BME network for this developmental role.

Innovation, improvement and sustainability

- The tissue viability service had developed examples of innovative practice and had taken part in international research and the development of NICE guidance. The service was in the process of updating NICE guidance for national use at the time of our inspection. The service had taken an innovative patient centred approach, focused on the needs of patients and support for the patient's self-management of their condition.
- The nutrition and dietetics service provided excellent, patient centred care based on leading and setting standards in dietetics and nutrition including NICE guidance development and facilities for patients. The service participated in international research and publication.
- The Trust employed a compassion in care coordinator and had developed a number of compassion in care initiatives across the trust.

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.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff in health visiting, school nursing and occupational therapy within children and young people services.

Regulated activity

Treatment of disease, disorder or injury

Regulation

- Regulation 17 HSCA (RA) Regulations 2014 Good governance
- There must be clear, consistent and coordinated leadership between the trust and the specialist palliative care service in terms of responsibilities regarding implementation of initiatives and reviews of areas such as the review of clinical guidelines, implementation of patient outcome measures and a replacement guide for the LCP.
 - Ensure that the patient record system used within the Pembroke Palliative Care Unit must be reviewed to ensure that all staff are able to participate in recording patient assessments and care plans in a way that meets safety requirements.
 - Risk assessments must be completed on all patients in line with trust policy.
 - The trust must develop a timely implementation plan for the development of an end of life care plan/ guidance to ensure consistency of care.
 - The use of pain assessments must be continued to be reviewed to ensure these are being used effectively to assess and manage patients' pain.
 - Guidance regarding nutrition and hydration for patients at the end of life must be available to staff caring for them.
 - The trust's resuscitation policy must be updated for staff in line with national guidance regarding mental capacity and DNACPR decisions.