

Nottinghamshire Healthcare NHS Foundation Trust

RHA

Community health services for adults

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RHA03	Duncan Macmillan House (Trust Headquarters)	Edwinstowe Health Centre	NG219QS
RHA03	Duncan Macmillan House (Trust Headquarters)	Rainworth Primary Care Centre	NG210AD
RHA03	Duncan Macmillan House (Trust Headquarters)	Beeston Health Centre	NG92NR
RHAX8	Park House Health & Social Care Centre	Park House Health & Social Care Centre	NG43DQ

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

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

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

Summary of findings

Ratings

Are services responsive?

Not sufficient evidence to rate



Summary of findings

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Summary of findings

Background to the service

Community health services for adults is part of the Health Partnerships Division of Nottinghamshire Healthcare NHS Foundation Trust.

The Health Partnerships Division of the Trust provides community health services to the people of Nottinghamshire and Bassetlaw through a partnership model, working closely with primary care colleagues. Services in Nottinghamshire are provided by County Health Partnerships and services in Bassetlaw through the Bassetlaw Health Partnerships.

We carried out a comprehensive inspection of this service in April and May 2014. We had concerns that patients were not consistently provided with information on how to make a complaint. Patients did not know how to make a complaint and they were not made aware of or given a copy of the trust's complaints procedure. A leaflet was available to describe to people how the complaints procedure was managed but this was not distributed to patients consistently. We told the provider they must take action to meet legal requirements regarding the trusts complaints procedure.

Our inspection team

Our inspection team was led by: Michelle Dunna, Inspector. The team included two other inspectors.

Why we carried out this inspection

We carried out this inspection to check if suitable actions had been taken to the compliance actions we identified on our visit to the service between 29 April and 01 May 2014.

How we carried out this inspection

We carried out an inspection visit at short notice on 1 September 2015.

During our inspection we spoke with seven patients, one relative and 19 staff, including practice managers, team leaders, specialist nurses, district nurses, community staff nurses, health care assistants, allied health professionals and reception staff.

Before and during our inspection, we reviewed information and documents provided by the trust.

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Detailed findings from this inspection

Are services responsive to people's needs?

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

Summary

It was easy for people to complain or raise a concern and they were treated compassionately when they did so. There was openness and transparency in how complaints were dealt with. Complaints and concerns were taken seriously, responded to in a timely way and listened to.

Improvements were made to the quality of care as a result of complaints and concerns.

Learning from complaints and concerns

- We spoke with seven patients and one relative during our inspection. Whilst they all told us they would not know how to raise a concern or complaint they all said they would approach a member of staff or ask at reception. Most patients said they had received a complaints leaflet when they first started using the service but said they had not read it because they had no cause to complain.
- There was an accessible complaints system for people using the service. Posters and leaflets were displayed in reception areas with information about how to make a complaint, raise a concern or make a comment about the service.
- All new patients were given a leaflet explaining the complaints process during the first home visit by community nursing or therapy staff. The leaflet was kept in the patient's records in their home.
- All of the staff we spoke with knew how to respond when they received a complaint. Staff described a focus on listening to the person making the complaint and trying to resolve it as soon as possible. One nurse told us about a complaint from the relative of a person using the service who did not have a home visit when they expected to. The nurse spoke to the relative and was able to diffuse the situation before it escalated into a formal complaint.
- Staff talked of being open and transparent with people making complaints and said they were encouraged and supported by managers in this. Staff understood the complaints process and knew when to escalate complaints to their managers. Staff told us they felt confident in their managers to take prompt and appropriate action regarding complaints and concerns.
- Lessons were learnt from complaints and concerns, and action was taken to make improvements to the service. Staff documented complaints or concerns from people using the service in the person's electronic record. Any action taken to address the person's concerns was noted. This information was accessible to all staff involved with the person.
- One nurse told us of action taken to improve the service following a complaint. One of the main issues of the complaint was a lack of communication between community staff, hospital staff and the person using the service and their relatives. Following this complaint, staff were reminded and supported to ensure electronic records were accurately and fully completed.
- Lack of continuity of staff visiting people at home was identified as a common theme of complaints. In response to this, community nurse teams were reorganised to ensure people using the service were usually by one of the same small team of nurses.
- Complaints and concerns were discussed at daily handover meetings, including where the issues had been resolved quickly and locally, via the trust newsletter 'Squirrel' and, at trust board level. This meant that any action taken and lessons learnt were shared promptly.
- The outcome of complaints was discussed at weekly multidisciplinary meetings and at regular team meetings in addition to, meetings held at trust board level. This included complaints from other areas of the trust where there were implications for the adult community service.
- A 'complaints tracker' system was in place for the health partnerships division. This meant senior managers could review where actions had been, or were due to be, completed.