Liverpool Community Health NHS Trust

RY1

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)
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults service. Single Point of access; Continence service; Specialist nurses; Night service; Liverpool Out of hospital team.	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Queen's Drive Health Centre	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Norris Green Health Centre	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Croxteth Health Centre	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Goodlass Road Health Centre	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Netherton Health Centre	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Maghull Health Centre	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Litherland Health Centre	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Sefton Road treatment room	L7 9NJ
RY1X8	Trust Headquarters, Liverpool Innovation Park	Community adults, Lifehouse, Brunswick Business Park, community falls team, wheelchair service, community equipment nurse specialist	L7 9NJ

This report describes our judgement of the quality of care provided within this core service by Liverpool Community Health NHS 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.

Summary of findings

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

Summary of findings

Ratings

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

Summary of findings

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Overall summary

At the last inspection we found improvements were required in relation to waiting times, learning from incidents and staffing, and the trust still had some outstanding actions to meet regulatory breaches previously identified in regards to staffing and governance.

At this inspection we rated community health services for adults as 'Requires Improvement' overall because;

- We found that there was a need for further work to identify, provide and monitor safe staffing levels for individual core services.

- Although the trust had identified waiting times as a concern on the risk register and remedial plans were in place, we were still concerned about the pace of progress as there were lengthy waits for some patients. Some of the services provided by the trust had not met their waiting time targets in the 12 months prior to the inspection.

- Systems for governance, risk management and quality monitoring were in place through the locality structures. However, we found further work was required to embed these systems to ensure that learning and communication was cascaded across the wider geographical area and localities.

- The role of clinical leads and locality teams were new to staff; this needed time to mature whilst ensuring that centrally hosted services are engaged appropriately and the issues across localities are linked throughout the trust.

However;

- The majority of staff were positive about the progress made by the trust and told us the trust felt more open and staff appreciated the changes that had been made. There were however still areas of concern where staff felt that the senior management attention had been concentrated on the high risk areas to the detriment of their own services. The trust management acknowledged the improvement and the need to be more visible and supportive of all the adult community services.

- There were examples of good local leadership across the individual services.

- The inspection team were mindful of the complexity of different commissioners and acute providers in service planning and delivery of services. However, the trust needs to ensure that they fulfil their responsibilities to engage with the public as part of the reshaping of services.

Summary of findings

Background to the service

Community health services for adults are provided by Liverpool Community Health NHS Trust. The services are now delivered and managed within a locality framework aligned to the trust's geographical footprint which was introduced in 2015. Some of the smaller services are hosted by a nominated locality. These localities are, North Liverpool, Central Liverpool, South Liverpool and Sefton. With each locality led by an associate director and clinical lead.

Liverpool is currently ranked as the 4th most deprived Local Authority in the country and in Sefton, nearly one in five residents live in pockets of the borough that are amongst the 10% most deprived communities in the country.

Liverpool Community Health NHS Trust offers a wide range of adult community services. The services we inspected were provided in people's own homes, nursing homes, clinics and GP practices. They included:

- District nursing including out-of-hours services;
- Community matron services;
- Treatment rooms;
- Walk in Centres;
- Respiratory Service;
- Community cardiac team;
- Diabetes specialist team;
- Adult Rehabilitation team /Physiotherapy services /Occupational therapy;

- Speech and language therapy;
- Wheelchair services;
- Community Equipment services;
- Smoking cessation;
- Discharge team;
- Single point of access;
- Liverpool Out of Hospital Service, which is a broad term for different services including, emergency response team, community assessment team/social workers, frailty pathway and therapists.

Those with long term conditions received services from, district nurses and community matrons in their own home. There were also a range of clinics in the community offering specialist services.

As part of the visit, we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We also spoke directly with 95 members of staff at all levels including managers, senior managers, directorate leads, district nurses and allied health professionals. We talked with people who use services. We observed how people were being cared for in their own homes and in clinics. Patients also shared information about their experiences of community services via comment cards that we left in various community locations across Liverpool and Sefton. We received 79 completed comment cards.

Our inspection team

Our inspection team was led by:

Team Leader: Simon Regan, Inspection Manager, Care Quality Commission

The team included two CQC inspectors and a variety of specialists including a district nurse and a therapist.

Summary of findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service in May 2014 and rated it as "Requires Improvement" overall. We judged the service to be "Requires Improvement" for effective, responsive, well-led and "Good" for safe and caring.

This was a follow up inspection to the comprehensive inspection of May 2014. We carried out this inspection to make sure improvements had been made.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew.

We carried out an announced visit on 2, 3 and 4 February 2016.

During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors and therapists. We also spoke directly with 95 members of staff at all levels including managers, senior managers, directorate leads, district nurses and allied health professionals. We spoke to people who use services. We observed how people were being cared for in their own homes and in clinics. Patients also shared information about their experiences of community services via 79 comment cards that we left in various community locations across Liverpool and Sefton.

We carried out an unannounced visit on 11 February 2016.

What people who use the provider say

The majority of patients were positive about the services provided by the trust. Comments received included:

"we are very happy with the service from the therapists and nurses."

"Happy with the district nurse. I know how to contact them if I need anything"

"very happy with podiatry service "

" I have always been treated with respect and dignity"

" The nurses were amazing ,they have been helping me so much"

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

- The provider must ensure where duty of candour is required, evidence is available to show that the trust has discharged their responsibility.

- The provider must ensure that robust systems are embedded in all services to assess, monitor and improve the quality of the services provided.

Action the provider SHOULD take to improve

Summary of findings

- The provider should ensure that there is a robust capacity and demand tool in place that takes the acuity of patients into account, to monitor and manage staffing.

- The provider must ensure that there is a clear strategic and operational plan to address the issues of duplicating the collection of patient information.

- The provider should ensure that the clinical lead roles are clarified and consistently applied across the localities.

- The provider should ensure that waiting time targets are met.

- The provider should work with commissioners to address inequalities in service delivery across the geographical area.

- The provider should continue to ensure that there is a systematic approach to learning from events which is shared across the localities.

- The provider should continue to engage with all groups of staff.

- The provider should ensure that a range of information leaflets in clinical areas on topics such as tests and screening is available in languages other than English.

- The provider should proactively seek different forms of feedback from their patients about the quality of the service.

Liverpool Community Health NHS Trust
Community health services for adults
Detailed findings from this inspection

Requires improvement 🔴

Are services safe?

By safe, we mean that people are protected from abuse

Summary

At our last inspection an outstanding compliance action against Regulation 22 was still in force and the trust was aware that it must ensure there were sufficient numbers of staff to provide safe, effective and responsive services.

At this inspection we rated community health service for adults as 'Requires Improvement' for Safe because;

- We found that although the trust had made a significant improvement in regards to staffing, improvement was still required in some areas. We were not assured that the trust was fully able to identify and manage the staffing resources required and ensure the adult community service as a whole was adequately staffed. Senior managers acknowledged that further work was still needed to ensure that robust safe staffing systems were in place.

- We noted that the trust had reported a significant number of pressure ulcers. Whilst we acknowledged that the trust had re-introduced the "harm free" meeting to review pressure ulcers in September 2015 we found the pace of change slow to drive improvement.

- There were some concerns with the levels of falls risk assessments undertaken. Up to the end of December 2015, the total compliance for completing the falls risk assessment tool was 37% compared with the trust target of 95%.

- A trust wide duty of candour policy was in place but there was limited evidence to show that the trust had discharged their responsibility for incidents that met the threshold.

- Whilst staff were able to articulate the process for reporting incidents, staff did not always receive timely feedback about them or details of any lessons to be learned when things went wrong.

However;

- At our last inspection we told the trust they should take action to ensure all teams don't work in isolation. At this inspection we found that improvements had been made to ensure that staff had access to security devices. Resources were sufficient and shared as required.

Are services safe?

- We found significant improvements had been made in regards to learning from incidents and that learning was being shared in locality teams.

Safety performance

- Data provided by the trust, confirmed there were 290 pressure ulcers reported in total from 1 May 2015 to 30 November 2015; 101 of these were grade three or four pressure ulcers. The trust had taken steps to review the high incidences of pressure ulcers using a root cause analysis (RCA) approach to identify the causes. Action plans were in place to address the issue and minimise the risk of future occurrences.

- A senior manager told us that the service had reported an increase in pressure ulcers compared to the previous year due to the numbers of nursing homes requiring help from the service to manage pressure ulcers. The service had recently introduced safety performance monitoring through the locality teams which were discussed at regular locality meetings.

- The trust continued to work within the "Harm Free Pressure Ulcer Steering Group". We reviewed the action plan which was being implemented and the trust expected it to be completed by June 2016.

- After our last inspection, the trust stopped the review meetings for pressure ulcers. These meetings had been described as punitive by staff with little evidence of supported learning. The service had re-introduced the "harm free" meeting to review pressure ulcers in September 2015. Staff told us they had attended these meetings and now felt supported to review why a pressure ulcer had occurred and to learn lessons that would prevent recurrence.

- The service had recently started to collect data in line with the NHS Safety Thermometer. This provides the trust with a 'temperature check' on harm that can be used to measure local and system progress in providing a care free of harm for patients. This information was reported through the trust integrated performance report. As at the end of December 2015, the trust recorded 97.1% on the harm free care thermometer although this data was trust-wide and not specific to the community adult's service.

- Trust data showed that 99% of patients had been risk assessed for venous thrombolytic embolus (VTE) and that there had been no identified cases of VTE in 2015/16 financial year up to the date of the inspection.

Incident reporting, learning and improvement

- No never events were recorded between August 2014 and July 2015 for the service where the location adult community services was recorded.

- Trust data showed that three serious incidents had been reported in December 2015, two of which were for a grade three and four pressure ulcer. Data received from the trust confirmed these incidents had been investigated and actions put in place to minimise the risk of similar events.

- Staff were encouraged to report incidents. They were able to describe and demonstrate how to report incidents such as safeguarding using the online reporting system.

- Staff were able to describe improvements to the service after an incident such as improving communication between patients, relatives and nursing staff.

- There was a trust wide monthly newsletter, which outlined any recent lessons learned. However, staff also told us that feedback was sometimes ad-hoc and felt that communication was not always received in a structured or timely way.

- We also reviewed team meeting minutes which showed that staff had reviewed a recent incident and discussed how to ensure that it would not be repeated. This showed that the trust was proactive in encouraging a culture of learning from incidents.

- A trust wide duty of candour policy was in place which detailed how patients should be communicated with following a reportable patient safety incident. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

- We reviewed a sample of nine incidents where duty of candour was required and could find evidence in only three that the trust had discharged their responsibility. In all cases, there was evidence that the trust had asked

Are services safe?

the locality teams to initiate duty of candour with the patient or relative but there was limited evidence in the form of letters or in patients' notes to show that the trust had met with patients and apologised. In response to our concerns, the trust reviewed an additional 10 cases and found that duty of candour had only been evidenced in four of those.

Safeguarding

- There were trust wide safeguarding policies and procedures in place, and there was an internal safeguarding team who could provide guidance and support to staff in all areas during normal working hours.

- Training data for January 2016 in relation to safeguarding showed that 94.7% of staff in adult community services had completed level 1 safeguarding training and 96% had completed level 2 training. This was in line with the trust target of 95%.

- In addition, staff in the service undertook child safeguarding training. Compliance with levels 1 and 2 were slightly below the trust's target at 91.7% and 94.2% respectively but level 3 was above at 98.6%.

- Staff gave examples of the types of concerns they would report and were aware of how to refer a safeguarding issue to protect adults and children from suspected abuse.

- Staff told us they received feedback from safeguarding concerns and referrals they raised. This was cascaded from the trust safeguarding team to frontline staff through their line managers.

- We saw examples of incidents recorded by staff where abuse was suspected which also included details of actions taken to support the individual. This demonstrated that staff followed the trusts policy correctly and that the provider had appropriate systems in place for reporting.

Medicines

- There were appropriate systems in place to protect patients from the risks associated with the unsafe use and management of medicines. Staff followed clear procedures for medicine handling, including prescribing, which were monitored and reviewed.

- Medicines were stored, administered and recorded in line with best practice guidelines.

- Controlled drugs were administered by staff in patient's own homes. Whilst staff administered controlled drugs they were not responsible for ordering, dispensing and storage. These responsibilities were undertaken by patients GP's local pharmacy services and the patients themselves.

- Nurses from the out of hour's team said that they had good relationships with GPs and had no problems when they needed medication for patients. They would complete joint visits when required.

- Staff were able to administer regular use medicines through the use of patient group directions (PGDs). Patient group directions refer to a group of medicines that can be given 'as required' by a practitioner who has the training and knowledge which meets PGD guidelines. Examples may include paracetamol or certain dressings.

Environment and equipment

- The environment in the community clinics was appropriate to deliver care and treatment. Some clinic premises were old and tired. However, regular maintenance was carried out.

- One service moved into a new building on the week of our inspection and staff confirmed that they had been involved in the transfer and plans had been put in place for induction to ensure that there was no disruption to service delivery.

- The premises we visited had procedures in place for the management, storage and disposal of clinical waste.

- Environmental cleanliness and prevention of healthcare acquired infection guidance procedures were in place to ensure equipment was regularly maintained and fit for purpose.

- The respiratory team had equipment asset and maintenance logs which confirmed that equipment had been appropriately serviced in the required timescales.

- All the clinics we visited had recently had portable defibrillators installed. These were secure and easily available if needed. Records showed that the machines had been added to the trust asset register to ensure that regular maintenance was carried out.

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- Patients were provided with information detailing the procedure for equipment repairs such as for wheelchairs and reporting of faults out of hours.

- Equipment reviews were undertaken to identify equipment that was unsafe. Assistant practitioners in the community equipment nurse specialist team (CENS) carried out these

- The service had two equipment loan sites. Equipment was prioritised using a critical risk matrix. Critical equipment referrals were processed within 24-48 hours. Procedures were in place for issuing equipment out of hours and for patients using the trust's end of life service.

- Staff confirmed that syringe drivers were accessible if a patient receiving end of life care required subcutaneous medication for pain relief. We were told this service was available seven days a week and during out of hours periods.

Quality of records

- Community nurses maintained a full paper case file which was stored in patients' homes and also completed an electronic record using the trust's online system. We found that in some areas both paper and electronic record systems were being used. The use of multiple systems may present a risk to the safety of patient care. The issue of double entry was on the trust's strategic risk register and was being monitored as part of the trust's action plan.

- We looked at 21 sets of paper records. All of them contained entries that were dated; there was evidence that care plans were completed for patients as appropriate and documentation that consent had been obtained when needed. The records were found to be clear, legible and up to date and contained no loose leaf notes. However, when we asked to see examples of records stored in one of the main administration bases, two large sets of loose leaf case notes fell out onto the floor. We were told that this could be a problem for some of the larger records and an action plan was in place to address the issues of storage of large files to ensure that records are complete and ordered to prevent information being lost.

- Records included fully completed risk assessments for example nutrition, pressure relief and pain

management control. Risk assessment forms completed by the nursing teams were complete and easily accessible. This allowed staff to carry out their required clinical activities for patients.

Cleanliness, infection control and hygiene

- Some clinic premises were old and tired but they were found to be visibly clean and records indicated that regular maintenance was carried out.

- There had been no cases of methicillin resistant staphylococcus aureus (MRSA) or clostridium difficile related infections across the services in the 12 months prior to the inspection.

- There were trust-wide policies in place for infection control and hand hygiene which were seen to be in date at the time of the inspection. Staff showed us how they accessed trust policies from the intranet.

- Staff had access to appropriate personal protective equipment, such as gloves and aprons, and we observed them using best practice hand hygiene techniques at the time of the inspection.

- Regular health and safety audits were carried out across all the locations providing services or staff bases including cleanliness and infection control. Monthly environment and equipment audits were carried out for three months prior to our inspection showed adult community services were meeting their targets. Data provided by the trust showed three out of the four localities achieved over 85% compliance with cleanliness audits in the twelve months prior to our inspection. The fourth locality achieved 77% and plans were in place to ensure full compliance.

- Decontamination processes and standard operating procedures were in place to ensure that any surgical equipment, such as those for podiatry, were clean and fit for purpose.

- Data provided by the trust showed that up to the end of December 2015, 95.2% of staff in the community adult's service had completed infection control level 1 training (required every three years), which was above the trust's target of 95%. However, only 79.3% of staff had completed the level 2 training (required every year).

Are services safe?

Mandatory training

- Mandatory training provided by the trust included modules such as fire safety, basic life support, moving and handling,safeguarding adults, health record keeping, infection control,consent, equality and diversity, bullying and harassment awareness, health and safety, information governance and medicines management. Mandatory training was delivered through a combination of face to face sessions and e-learning.

- As at the end of December 2015, the community service mandatory training overall compliance rate was 87%, which was below the 95% trust target but in line with the national community service provider benchmark of 86%. The majority of individual subjects showed good compliance. However, there were some concerns with the low levels of completion of Immediate Life Support (ILS) (82.8%), Resuscitation (78.7%), Blood transfusion (0%), Investigation of incidents using root cause analysis (RCA) (83.7%) and 'Prevent training' for clinicians (28%).

- The trust kept detailed records of mandatory training. Staff told us that they were encouraged complete their mandatory training, which they were able to complete in work time.

- New staff were required to complete a full day corporate induction and a local induction before undertaking their role.

Assessing and responding to patient risk

- There were processes in place to maintain the safety of patients.

- We reviewed patient assessments and documentation. Risks to patient safety were assessed on an initial visit and the required actions identified. Risk assessments were completed for things such as pressure ulcers, nutrition and hydration, moving and handling, falls and venous thromboembolism (VTE). We found that teams in the community were aware of key risks such as falls and pressure care.

- The trust monitored the proportion of patients who had been risk assessed for VTE and the results showed that cumulatively, from April 2015 to the end of December

2015, 99.8% of patients had been risk assessed, which was above the trust's target of 90%; although this data was trust-wide and not specific to the community adults service.

- There were some concerns with the levels of falls risk assessments undertaken. Data provided by the trust showed that for district nursing overall, up to the end of December 2015, the total compliance for completing the falls risk assessment tool was 37% compared with the trust target of 95%. The lack of adherence to good practice assessments may impact on the ability of the provider to ensure patient safety..

- Staff could articulate what to do if a patient deteriorated and were aware of the escalation processes for senior manager support and what they would do in an emergency.

- The 'Single Point of Access' team had developed clear triage flowcharts and the use of key words to trigger escalation of cases to qualified staff such as pain relief for patients at end of life..

- Patients and their families were advised to contact their GP or to attend the emergency department if they became unwell or their condition suddenly deteriorated.

- GP meetings were held regularly to discuss care of patients at the end of life and any other complex cases.

Staffing levels and caseload

- Following the last inspection we told the trust they must ensure there were sufficient numbers of staff to provide care and treatment. A compliance action against regulation 22 in relation to staffing was still in force at the time of the inspection.

- At this inspection we found that there had been a significant improvement in the number of staff across the majority of adult community services. Data provided by the trust showed that 123 district nurses had been recruited since our last inspection, with a net increase of 57 district nurses. One staff member told us "I now have enough staff to have a team and provide the level of care I need to my patients".

- However, despite these developments, we were unable to get a clear understanding of how the adult community service identified the staffing levels required

Are services safe?

to meet the needs of its population. The service used its own tool to determine nursing caseloads but this did not take into account the acuity (the level of severity of illness or level of need) and complexity of patients.

- We requested further information from the trust regarding the nursing caseload tool and prioritisation of patients. We found that there was criteria for assessing the status of demand on the service but it was not clear how staff assessed the level of risk (for example, red, amber yellow or green) as there was no formal assessment framework or metrics.

- We were shown an example of the daily status reports that district nursing staff completed as part of the escalation process to monitor daily staffing issues. Staff we spoke with did not understand fully why they were categorised as "red" when it was due to external pressures such as the local acute providers experiencing high demand. Status sheets showed that the majority of services were at red for the week prior to and at the time of our visit. Some staff said that although the service was reporting red they did not feel that this was having an impact on patient care. Senior managers confirmed that further work was needed to make the caseload tool more robust.

- In other areas we found that staff were experiencing difficulties in meeting demand such as community matrons and district nursing in the north and south localities. The service was experiencing a high sickness absence rate at the time of our inspection which was impacting on the ability of staff to cope with the caseload. From November 2015 to January 2016, the cardiac, respiratory and community matrons in the north locality had sickness rates of up to 8 or 9%. Staff told us that it had been difficult at times to get cover due to the cross-locality working of some of the teams. However, staff confirmed that the change in the external recruitment company had greatly improved and shortened the recruitment process.

- District nurses reviewed caseloads and organised visits on a daily basis. Caseloads were unpredictable and visits could be requested at any time. If a member of staff had a complex and time-consuming visit, colleagues would re-allocate visits to ensure all patients

were visited. We did not see evidence of any clear criteria within the community nursing teams which showed how different clinical conditions would be prioritised.

- The trust had identified its own areas where staffing pressures were impacting on patient care. For example, the Sefton community physiotherapy team had experienced an increase in demand of 40% of new referrals into the service and this was recorded on the trust wide risk register. An action plan was in place to monitor the risk and identify additional staff to manage the caseloads.

- We observed a patient handover. The senior nurse provided a clear clinical overview and identified relevant information to ensure patient safety.

Managing anticipated risks

- Following the last inspection we told the trust they should take measures to protect the safety of all staff, and in particular lone working staff, in a consistent way. At this inspection we found there were systems in place to promote the safety of staff when working alone. There had been a significant improvement in the number of people accessing and using the lone worker devices with identified champions to encourage other staff to use the devices. However there were still some staff not using the devices. Monthly reports were available which highlighted which staff were not using their electronic devices in the community. Staff were then reminded to use their devices and extra training was provided if required. As of February 2016 the trust were reporting that 74% of the identified 1,700 staff were using the devices.

- A lone working policy was in place and staff showed us how they accessed it.

- We saw that staff communicated any risks highlighted during visits as part of the handover to ensure staff safety.

- Staff were able to use the electronic records system to flag alerts if a patient had specific risk or had a history of being abusive to staff. If they had concerns regarding any of the areas they were visiting overnight, staff would visit in pairs to ensure their safety.

- We found there were systems and processes in place to maintain patient safety. There were specialist nurses

Are services safe?

leading cardiac, respiratory services, smoking cessation and clinics within community teams. This meant that people with long term conditions were triaged and assessed accurately so that safe treatment and care was provided to guard against risks associated with their complex condition.

- Risk assessments in areas such as falls, nutrition, and pressure care were complete and updated as patient's needs changed.

Major incident awareness and training

- At our last inspection we told the trust it should develop major incident plans for all services. At this inspection we found that local plans were in place and staff were aware of the emergency plans within their teams. For example, the single point of contact team had clear plans to continue the service in the event of a major incident or incident affecting service delivery, such as information technology failure.

- The adult community service was included in the trust's emergency planning and business continuity plans. This meant they had a role to play in the event of unexpected incidents and emergencies occurring.

- We saw evidence of weather warnings distributed to individual teams for action and escalation in line with trust policies. Contingency plans were in place in the event major events, such as outbreaks of flu or winter weather affecting the staff's ability to travel.

- The trust provided health and safety training, and fire safety training as part of its' mandatory training programme. Data supplied by the trust showed that 95.4% of staff in the community adults service had completed health and safety training and 96.6% of staff had completed the 3-yearly fire safety training against a trust target of 95%.

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

At our last inspection we told the trust they must take action to ensure all clinical staff have access to regular protected time for facilitated, in-depth reflection on clinical practice. The trust was also told it should continue to develop information technology systems to enable full integration and connectivity across the trust.

At this inspection we rated community health services for adults as 'Good' for Effective because;

- Staff provided care and treatment that was based on national guidance, such as those from the National Institute for Health and Care Excellence (NICE), and they were aware of recent changes in guidance.

- The trust had up to date procedures for registering and completing clinical audits. The central governance team monitored the clinical audit plan and completion of audits such as record keeping and adherence with clinical pathways.

- We found that significant improvements had been made to raise staff awareness in the importance of accessing clinical supervision. Action had also been taken to support staff achieve the correct competency to fulfil their job roles and provide effective quality services.

However;

We found that although some innovative practice had been in place the trust had not progressed at an acceptable pace to implement the benefits of information technology. Although staff had access to electronic records there were variations in the operational management of the electronic devices and access to information.

Evidence based care and treatment

- Staff provided care and treatment that was based on national guidance, such as those from the National Institute for Health and Care Excellence (NICE), and they were aware of recent changes in guidance.

- We saw reference to national guidelines in patients' health care notes and we saw that the cardiac specialist team cited the relevant NICE Heart Failure guidance in their communication letters with GPs.

- Staff followed national guidance on the prevention of pressure ulcers. All skin damage from grade 1 to grade 4 was reported as an incident. All grade 3 and 4 ulcers required further investigation.

- The service had developed integrated care pathways for pressure ulcers, end of life care and venous/arterial disease. Integrated care pathways are designed to implement national standards such as national services frameworks and NICE guidelines.

- The trust had a register of all NICE guidance to ensure that any of the relevant guidance was being complied with and the appropriate clinical audits undertaken. Responsibility for completing clinical audits was undertaken through the locality structures with support the audit team.

- We saw evidence of a podiatry service audit to assess compliance with good practice guidelines. The results showed a high compliance with the guidelines and action plans were in place to address specific issues, such as record keeping.

Pain relief

- Pain relief was reviewed regularly for efficacy and changes were made as appropriate to meet the needs of individual patients.

- Community nurses administered controlled drugs through syringe drivers in line with the trust policy and NICE guidelines which were stored in the patient's home.

Nutrition and hydration

- Community nurses used the malnutrition universal screening tool (MUST) to complete an assessment of patient nutrition and hydration needs. Staff referred patients to a GP and/or dietician where required.

Are services effective?

- The trust provided two adult dietetic services in Sefton and Liverpool. Where patients were at risk of malnutrition, referrals had been made to the dieticians.

- Patients who were at risk of developing pressure ulcers had their nutrition and hydration status incorporated into their risk assessment and appropriate actions were included in their care plan.

Technology and telemedicine

- Staff used handheld computer devices to access the trust's intranet and current NICE guidance.

- Test results and trust policies were accessible in a patient's home.

- The trust had developed telehealth which used electronic information and communication to provide long-distance healthcare and health related education to patients in their home rather than having to go to hospital unnecessarily. At this inspection staff told us that they had a very positive response supporting 2,500 patients through "telehealth". The team felt they would like to develop further opportunities for supporting patients in the community.

- We also saw evidence of a number of external reports including one to review staff usage of information technology. These had been used to inform the trust strategy on information technology.

Patient outcomes

- The trust had up to date procedures for registering and completing clinical audits. Responsibility for completing clinical audits was undertaken through the locality structures. The central governance team monitored the clinical audit plan and completion of audits such as record keeping and adherence with clinical pathways.

- The treatment room service had carried out an audit of healing rates for leg ulcers in December 2015. This showed that 81% had healed within 10 weeks which compared well against the NICE guidance 147 target of 12 weeks.

- There was a dedicated medicines management team who provided a range of services to community teams which included medication reviews for patients at risk or with complex medication needs from secondary care, falls service, GPs and community matrons. Targeted medication reviews took place for patients with

respiratory disease and heart disease to improve patient education and outcomes. This showed that the trust was proactive in ensuring that the correct medication and effective treatment was in place.

- The continence service had developed a urinary catheter passport. This was a collaborative approach to increase communication between professionals and provide information for patients to ensure the most appropriate care was provided. There had been a 50% reduction of catheter acquired urinary tract infections (CAUTI) within the twelve months prior to our inspection.

- The trust monitored adult community services' performance through locality quality dashboards and key performance indicator reports.

- The dashboards were used to record and monitor safety performance indicators such as incidents, patient falls, mandatory training compliance, sickness absence and complaints. Results were monitored and discussed during the locality team meetings.

- Performance reports were used to review and monitor service delivery standards such as referral acceptance rates, 'did not attend rates' and face to face contacts. These were monitored by the locality managers and executive leads.

Competent staff

- There were systems in place to ensure that staff were enabled to deliver effective care and treatment. Locality managers held the training needs analysis for the locality and were aware of the skills and knowledge required to ensure that the staff were able to care for their patients.

- At the last inspection we told the trust they must ensure all clinical staff had access to regular protected time for facilitated, in-depth reflection on clinical practice. At this inspection we found that the uptake of clinical supervision had improved and the clinical supervision policy had been reviewed. Staff felt that the process of supervision was no longer punitive as highlighted at our last inspection although some staff still felt that they would prefer access to more formal supervision. Staff described a range of clinical supervision models, which

varied across the trust and across teams. Data provided by the trust showed the lowest level of supervision uptake was 89%, with the majority of teams achieving 100% uptake.

- The trust was told it should ensure newly qualified staff received the time and support they require to be confident and competent to undertake relevant tasks. The trust had been proactive in supporting staff to identify training needs and ensure staff at all levels were competent to fulfil their job role. Staff told us that there had been some delays in signing off competencies but this was due to the large number of new starters. The recovery plan outlined how the service was going to manage the process and the process for ensuring that staff were supervised until they were signed off as competent and a recovery plan in place.

- Nurse practitioners and senior nurses in the cardiac specialist and community matron services had undertaken training to become non-medical prescribers.

- Staff told us they were well supported with mandatory training, clinical supervision and staff appraisals. However, the percentage uptake of appraisal rates for adult community services were 74% at the end of January 2016 against the trust target of 95%. The use of appraisals is important to ensure that staff have the opportunity to discuss their development needs or support required to help them carry out their job role.

Multi-disciplinary working and coordinated care pathways

- We observed practice of staff, reviewed records and discussed with staff which confirmed that there were effective multidisciplinary team (MDT) working practices in place.

- Locality managers were in post and oversaw a variety of services within the multi-disciplinary team such as district nurses, domiciliary physiotherapy and active case managers.

- The Liverpool out of hospital service and the discharge team were multi-disciplinary and had close links with the local authority to provide a patient centred approach to care. There was close liaison between services and agencies such as social services to ensure packages of care were in place.

- The community nutrition support dietetic team had good links with the city's hospitals which enabled collaborative working.

- There was a dedicated medicines management team which provided a range of services to community teams including medication reviews for patients at risk or with complex medication needs.

- Staff reported good access to other services and worked collectively to discuss and meet the needs of service users. Staff liaised closely with each other and we saw discussions of patient information, progress and care planning.

- Staff attended meetings with GPs to discuss complex cases and any specific patient issues.

Referral, transfer, discharge and transition

- District nurses accepted referrals in any format, including by telephone, face to face or by fax. Other services, like physiotherapy, preferred completion of a referral form.

- The trust had introduced several initiatives such as the Liverpool out of hospital service and the discharge team to facilitate a patient's early transfer and discharge from the acute providers.

- District nurses used an answer phone system outside of normal working hours for staff to leave referral information and visit requests. Alternatively, staff could also call at the start of shift to handover any information required.

- Overnight staff had support from the single point of contact team who took calls to ensure prompt receipt of referrals.

Access to information

- At our last inspection the trust was told it should continue to develop integrated IT systems to enable full integration and connectivity across the trust to ensure clear communication with, and involvement of staff.

- We found a mixed picture in regards to the roll out of the electronic record system which was being introduced across the trust. In some teams staff told us they may need to input into three different systems.

- Discussions with key staff identified that paper patient records was the main record for district nursing staff to

Are services effective?

complete, as these stayed with the patient. Patient records were stored at the patient's home and the records we reviewed contained the necessary information to provide appropriate care and treatment.

- Staff used handheld computer devices that had the capability to access test results and trust policies in a patient's home. However, some staff told us that they did not use their mobile electronic devices due to problems with the connectivity of the device including poor to no mobile signal in certain areas, and general system speed when in use.

- Staff had access to the trust's intranet and could access policies and procedures as required.

- Patients' test results were accessible for staff at health centres.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- In the 21 case records we reviewed, we saw examples of where patients had given both written and verbal consent for treatment. For example, prior to a podiatry procedure.

- Staff had the appropriate skills and knowledge to seek consent from patients. Staff were able to tell us clearly about how they sought informed verbal and written consent before providing care or treatment.

- Staff understood the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

- If a patient lacked the capacity to make their own decisions, staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals appropriately. Patient records showed evidence that staff carried out mental capacity assessments for patients who lacked capacity.

- Staff were also able to give us recent examples of how they had considered a patient's capacity when delivering patient care. One example was that staff had assessed a patient who lacked capacity to consent to a treatment programme. They were able to describe the actions taken to inform the GP and told us how they had been involved in the best interest meetings to ensure that the patient had the appropriate care.

- The trust's safeguarding team provided support and guidance for staff in relation to mental capacity assessments and DoLS where required.

Are services caring?

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

Summary

We rated community health services for adults as 'Good' for Caring because;

- Patients were positive about the quality of service that they received. We saw care being delivered across a wide range of services, and staff treated patients with dignity and respect.

- The majority of patients told us that they were involved in planning their care and provided with enough information to make informed decisions.

- Staff were passionate about the care they delivered. This was reflected in the comments made by patients and their relatives. Patients felt supported both physically and emotionally.

Compassionate care

- We spoke with 11 patients and their families as part of the inspection. They all told us that staff were caring and treated them with dignity and respect.

- We observed staff interactions with patients and their families, both face to face and via the telephone. Staff went out of their way to be sensitive and develop trusting relationships with patients and their families.

- As part of the inspection process, we sent comment card boxes for patients to give us feedback. Out of the 79 comment cards the majority were positive about the care and support they had received from staff.

- The NHS Friends and Family Test (FFT) is a satisfaction survey that measures patient's satisfaction with the healthcare they have received. For the 12 month period prior to our inspection 97% of patients were extremely likely or likely to recommend the trust. However, this data was trust-wide and not specific to the community adults service.

- A survey carried out by the single point of contact team showed that in December 2015 96-98% would recommend the service.

- We observed a patient being assessed by a community physiotherapist in their own home. The patient was supported, listened to and the staff member showed compassion and empathy towards the patient who could have felt vulnerable in their own home.

- A patient and their carer attending the treatment room for care were concerned about accessing the service due to their restricted mobility. The nurse and reception staff treated them with kindness and were able to reassure them about future appointments.

- Staff were knowledgeable about the need for confidentiality and tried to respect this at all times. We noted that it was not always possible to have a private conversation at the reception desks in a number of the treatment locations. However, treatment was carried out in private rooms and there were many opportunities for patients to have a private and confidential conversation if required.

Understanding and involvement of patients and those close to them

- We observed a member of the cardiac team advising people on the telephone about the choices of treatment times available to them. They were kind and patient, and provided information in a manner that enabled the person on the telephone to understand the choices and to be involved in planning their own care by making appointments that were convenient to them and their carer.

- A patient receiving district nursing care discussed the options for their care with the nurse and the plan of care was agreed and recorded on their care plan. Their relative was also provided with supporting information.

- The continence service had developed a urinary catheter passport which was a hand held document for those patients with a long term catheter which was designed to increase communication and involvement between professionals and patients.

Are services caring?

Emotional support

- Staff demonstrated that they understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives.

- Patients told us that staff supported them with their emotional needs.

- Staff told us they offered support to patients, especially when providing palliative care and agreed extra support visits where required.

- We were told of how staff had gone the extra mile in the district nursing service. Staff collectively worked together to support a terminally ill patient who had no family support. The support from staff enabled them to die at home surrounded by caring nurses.

Are services responsive to people's needs?

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

Summary

We rated community health services for adults as 'Requires Improvement' for Responsive because;

- We found that although the trust had identified waiting times as a concern on the risk register and remedial plans were in place, we were concerned about the pace of progress as there were lengthy waits for some patients and some of the services provided by the trust had not met their target in the 12 months prior to the inspection.

- The adult allied health professional services were identified on the trust risk register as staff were struggling to meet the target waiting times and it had been identified that the waiting times were exceeding the commissioner targets. In some services patients were waiting up to 43 weeks for an initial assessment.

- At our last inspection we told the trust they should continue to monitor and implement the recovery plan to ensure waiting times for wheelchair assessments were reduced to meet the 4-week target. At this inspection we found that the service had been below the trust target until January of this year. The service had been the subject of a major transformation project and was now on target to achieve the required waiting times. We were not assured that the service had been responsive to the needs of people requiring a wheelchair in a timely manner.

However;

- Data from the provider indicated that some services were within the locally agreed commissioning targets but those services were working hard to meet them and may not be able to sustain this level of activity.

Planning and delivering services which meet people's needs

- We found that the trust had a wide range of services in place to meet the needs of its population across a wide geographical area. It was noted that the complexity of the different commissioning arrangements had an impact on the provider's ability to streamline some services and make best use of resources. This was identified at our last inspection and remained an issue for the trust to manage to ensure there are clear commissioning intentions and agreements for all services.

- The service was undergoing a major transformation in conjunction with its commissioning partners looking at reshaping future service delivery. Staff were aware of the transformation of community health services and were working hard to ensure that any reorganisation of service delivery was sustainable and fit to meet the needs of the community served by the trust.

- Patients' needs were assessed and care planned accordingly. Where appropriate care planning involved joint visits with staff from other specialities or GPs.

- Patients with complex needs were discussed between services and a co-ordinated multi-disciplinary plan of care was agreed. Service users could access district nursing services directly and request visits and appointments.

- Staff told us that palliative care discharges were facilitated quickly, even at short notice to allow patients to die in their preferred place.

Equality and diversity

- Staff received training for equality and diversity on corporate induction and every three years as part of mandatory training. Data provided by the trust showed that 93.4% of staff had completed equality and diversity training up to the end of January 2016, which was slightly below the trust's target of 95%.

- The trust provided services to people whose first language was not English. The trust had a contract with an external company that provided face to face translation services along with access to a telephone interpreter, 365 days a year in over 120 languages.

- Staff described their experiences in accessing interpreters to help them communicate with patients. They said it helped them to understand the patient's care needs and helped them gain consent before providing any support.

Are services responsive to people's needs?

- Any identified cultural needs were recorded in the clinical record as part of the care and treatment plan.

- There was a range of information leaflets in clinical areas on topics such as tests and screening, breastfeeding and other sources of support. However, this information was not available in languages other than English.

Meeting the needs of people in vulnerable circumstances

- Patients' needs and wishes were recorded in their notes. Nurses and therapists assisted them to meet their needs, such as to improve mobility or meet their own rehabilitation goals.

- Nursing assessments identified patients living with dementia or learning disabilities and care was provided to meet their needs. Staff could give examples of how they had supported patients living with learning difficulties.

- We saw that nursing and therapy staff liaised with other agencies, families and carers to maintain routines and support patients in vulnerable circumstances.

- Health centres were accessible to wheelchair users; however some doors were heavy to open and could pose a problem to patients with mobility issues.

- Staff were flexible with visits and adjusted appointments to accommodate patient needs

- The trust also utilised services to communicate with service users who had specific protected characteristics, such as a sign language service for people with a hearing impairment.

- The community matron service offered support for patients with long term conditions and acted as specialist nursing support for the community teams.

- We saw examples of a recent initiative where community nurses, walk in centre staff and community matrons helped to identify patients as part of a trust wide initiative who could benefit from the delivery of "winter assistance" packs. The packs were designed to help keep vulnerable patients and those with long term health conditions safe, healthy and warm over the winter period.

- We observed examples of staff supporting patients to maximise their independence. One example of this was pulmonary rehabilitation. The service had set up an education programme where staff were able to support patients to develop their confidence in managing their long term conditions and promote greater independence.

Access to the right care at the right time

- At our last inspection the trust was told to ensure the call centre for single point of contact (SPC) enabled patients to access the service out of hours and at weekends, and avoid delays in patients being seen. At this inspection we found that the service had undergone a major service transformation project and staff were very positive about the changes.

- Systems were in place to identify patients who needed to be fast-tracked to other services such as those who required palliative/end of life care. A decision making tree had been introduced for the call handlers in SPC to ensure the patient's journey was correct and that they had access to the right care at the right time.

- At our last inspection we told the trust they should continue to monitor and implement the recovery plan to ensure waiting times for wheelchair assessments met the national 4 week target. At this inspection we found that the service had not met the target until January 2016 and progress in reducing the delays had been very slow. The service had been the subject of a major transformation project and was achieving the required waiting times at the time of the inspection. Despite these improvements, we were not assured that the service had been responsive to the needs of people requiring a wheelchair in a timely manner.

- The trust collated data on waiting times against their commissioner set targets. Waiting times were variable across the community services.

- The waiting times for adult speech and language therapy, physiotherapy, and occupational therapy did not meet the commissioner target for 92% of patients to be seen within 8 weeks (Liverpool) and 18 weeks (Sefton). The waiting times across localities ranged from 24 to 43 weeks in January 2016. However, therapy

Are services responsive to people's needs?

services had a triage system in place to identify urgent and non-urgent appointments. This was reviewed on a regular basis and if a patient's condition changed, then they would be reassessed.

- The trust had identified waiting times as a concern on the risk register and remedial plans were in place. However, we were concerned about the pace of progress as there were lengthy waits for some patients and some of the services provided by the trust had not met the target in the 12 months prior to the inspection.

- At the time of the inspection, there were six patients who had waited over 8 weeks to be assessed following a fall and the integrated performance report for the North Locality in January 2016 showed a red risk rating for people waiting to access the falls service. The lack of timely access to care and treatment may impact on the ability of the provider to provide a safe and effective service to its population.

- There was a single point of access to the district nursing service. Referrals were triaged immediately and the workload allocated accordingly.They did not operate a waiting list. The district nursing service prioritised patients on a daily basis, particularly those requiring end of life/palliative care.

- The adult community service had a number of teams set up to provide emergency support to people in vulnerable circumstance. These included a discharge team, single point of access, falls team, rehabilitation at home team.

- The Liverpool out of Hospital Service was a broad term for different services that included the emergency response team, community assessment team/social workers, frailty pathway and therapists.

- The trust provided emergency response teams for both Sefton and Liverpool. They provided assessment of need for people experiencing health and/or social crisis. The emergency response team in Sefton Community Intermediate Care team/Urgent care team had a two hour response target which data showed had been met for the previous four months. The emergency response teams were operational 24 hours a day 7 days per week 365 days a year. They provided assessment of need for people experiencing health and/or social crisis.

- Data provided by the trust showed that 98% of patients referred to the treatment rooms were offered an appointment within two weeks. Flexible appointment times were available for patients at a time to suit them. This meant that the service was responsive to the needs of the population it served.

- We were told that some phlebotomy clinics could regularly overrun and patients had to wait for up to an hour for their blood tests. The clinics were open and staff told us that urgent referrals were always seen but patients may have to wait. The service had plans in place to address the issues and re-directed patients to smaller different clinics with extended opening hours. The issues were identified on the trust risk register and were being monitored as part of the integrated board performance reporting.

- The continence service had reduced do not attend (DNA) rates by up to 10% which in turn had increased the availability of appointments for other patients with a shorter waiting time for treatment.

- The trust had a virtual ward which meant that patients were referred to the service but remained in their own homes and did not need to be admitted into hospital. The service was led by clinicians and was able to manage a patient's condition to keep them well and ensure they were cared for in the most appropriate setting. The team were able to access extra advice and help from a range of services that were appropriate for a patient's care such as heart failure nurses, respiratory team, diabetes team and dieticians.

- The equipment service in both Sefton and Liverpool were achieving 94% and 97% delivery of equipment within seven days and 89% and 93% delivery within 48 hours respectively, which was above the trust's target of 85%.

Learning from complaints and concerns

- Staff understood the process for receiving and handling complaints and were able to give examples of how they would deal with a complaint effectively. Managers discussed information about complaints during staff meetings to facilitate learning.

Are services responsive to people's needs?

- Two members of staff described how they had met with a patient following a complaint and taken steps to ensure they improved their communication with patients and their families in a timely manner.

- Patients told us they knew how to make a complaint. We observed a staff member responding to a patient's verbal complaint about access to the service during our inspection. They were sensitive and responded appropriately to address the persons concerns.

- Posters were displayed at the different locations we visited detailing how to contact the patient and liaison service (PALs) service to raise a concern. However, we found that leaflets advising patients how to make a complaint were not readily available at any of the locations we visited.

- The trust recorded complaints on the trust-wide system. The locality managers and team leaders were responsible for investigating complaints in their areas.

- Data showed there had been 42 complaints in 2015 raised across adult community services. The highest proportion of complaints was regarding communication with staff members.

Are services well-led?

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

Summary

At this inspection we rated community health services for adults as 'Requires Improvement' for Well-led because;

- We did not find evidence of sharing feedback from incidents across localities to drive an improvement in the quality of service. This was particularly highlighted for some of the hosted services such as cardiac, diabetes and respiratory services.

- The trust was undergoing major service redesign and was working with partner organisations as part of this process although the pace of change had been very slow until September of last year.

- The local population had not been involved in the reshaping of services.

- Staff were very clear that efforts had been made to change and support services. However, we found that whilst some areas had been the focus of clear service transformation projects, other staff felt that their service was still under pressure and had not been supported.

However;

- At our last inspection we found that the culture was very negative and in some areas intimidating. We saw a significant improvement in culture across the organisation whilst the locality structures were maturing.

- Senior managers acknowledged that the need for whole system improvements had been significant and that they had plans in place to develop an open improvement culture.

Service vision and strategy

- Adult community services had been through a major period of change as part of the wider transformational changes undertaken by the trust since our last inspection. Staff were aware of the trust's vision and underpinning values and objectives "to provide high quality services that deliver care for people and communities we serve as close to their home as possible".

- Adult community services had been included in the re-organisation into localities and the new clinical leadership structures. There remained uncertainty for some community staff about how the final organisational structures would look.

- A strategic plan was in place and was being monitored and reviewed regularly, which included the action plan from our previous inspection of the trust.

Governance, risk management and quality measurement

- We had previously told the trust they should continue to evolve and embed the improvement to the trust's clinical and corporate governance structures and improve the quality of governance, risk management and quality measurement. At this inspection we found that significant improvements had been made although the localities were still maturing in their knowledge and understanding of risk management and quality measurement.

- Risk management and quality assurance processes were in place at a local level linking each of the localities through to the board. However, we found that further work was required to ensure that the services understood the information they were collecting and to ensure that all staff were aware of feedback in terms of how adult community services were performing. For example, the district nursing staff told us that they submitted information on safety performance for things such as the number of falls or community infections but they did not routinely get feedback on this information and how the services were performing.

- Senior managers could articulate the process for completing the risk register and the escalation process to ensure locality and executive level management oversight. Service managers were aware of their service risks and we saw examples of local risk registers which identified local issues such as allied health professional capacity.

- We saw evidence that incidents such as pressure ulcers were fed through the board reporting structures to the

Are services well-led?

quality committee. We did not find evidence of sharing feedback from incidents across localities to drive an improvement in the quality of service. This was particularly highlighted for some of the hosted services such as cardiac, diabetes and respiratory services who told us that they were working across a number of localities, but had their management reporting structure in another locality. This meant that information and learning from incidents in on locality may not be shared by similar service in other localities. This could result in information which would improve the quality of service delivery overall not being shared by similar localities.

- Harm free care monitoring and management group meetings were held to discuss trust wide issues and actions. Minutes we reviewed showed that there were discussions around pressure ulcers, falls and other harms.

- Minutes from monthly locality meetings showed that all risks were discussed and detailed how they were managed. Quality dashboards were being developed to record all performance information submitted to the board. This would aid identification of incident trends.

- The trust was monitoring community adult services as part of its monthly integrated quality and performance report, which provided performance information for the board via a red, amber, green, (RAG) rated dashboard. This included access rates, incidents and staffing issues.

- There were several examples of action plans that had been put in place to make improvements to performance, such as those in the wheelchair service and the single point of access. Staff in the single point of access team felt that they had benefited from the plan and had seen a significant improvement in their team's performance which had been identified at our last inspection. However, it was noted that whilst improvements had been made, the pace of change had sometimes been slow and the biggest improvement to performance had been made in the four months prior to our inspection.

- Systems were in place to reflect on the findings of medication audits, learning from adverse events, incidents and near misses relating to medicines so that the risk of them being repeated was reduced.

Leadership of this service

- At our last inspection we told the trust it should ensure there was clear, effective leadership so that teams don't work in isolation of each other. At this inspection, staff we spoke with said they received good leadership and support from their immediate line manager. However, some staff told us they did not know the clinical lead for their locality. It was evident that the clinical lead role was still developing and staff were unclear about this role and that of the other locality managers.

- A number of staff across the team felt that Band 7s taking on more managerial roles had been new and in some cases, they were still developing into the leadership roles.

- The majority of staff knew who the chief executive was but were not aware of other members of the executive team.

- We were told that the final structures for professional leadership were not yet in place but staff were actively engaged in developing the leadership roles. Professional leads play a key role in implementing the trust's strategy; providing leadership and promoting service innovation and improvement across individual professional groups.

Culture within this service

- At both of our previous inspections we found that the culture was very negative and in some areas intimidating. At this inspection we saw that there had been a significant improvement in culture across the service. The majority of staff were clear that efforts had been made to change and support services.

- Despite the improvements, we found that whilst some areas had been the focus of clear service transformation projects, other staff felt that their service was still under pressure and had not been supported. Senior managers acknowledged that the need for whole system improvements had been significant and that they had plans in place to develop an open improvement culture.

- Staff were aware of the trust's whistleblowing procedures and how to raise concerns.

- There was a culture of openness, team working and support across the adult community service. Staff were positive about the new locality working.

Are services well-led?

- All staff told us about the importance of the multidisciplinary person centred approach to the care and support of patients and their families. We observed many examples of this throughout our visit.

- All staff told us they were proud of the care they provided to patients and felt they were supported by the trust to give high quality care.

Public engagement

- NHS Friends and Family Test (FFT) feedback was reported in localities as part of the trust's performance reports. However, we were unable to obtain information regarding individual services as this information was collated by locality.

- We only found two services who were proactively seeking other forms of feedback from their patients about the quality of the service. The tissue viability service was developing a patient experience audit with patients who used the service. The lack of public engagement could impact on the ability of the provider to provider quality care that meets the needs of its population.

- We did see an example of good practice where the community respiratory team had worked closely with patients to produce educational packs for other patients.

- We spoke with the trust senior management team about what consultation had taken place with the public in respect of the reshaping of services taking place within the organisation. We were told public consultation had not yet taken place and was not compulsory at part of the process.

Staff engagement

- At our last inspection we told the trust they should ensure that communication and staff engagement was on-going and robust. The majority of staff told us that engagement had improved and the managers were "trying to engage with us". The most recent staff survey in 2015 showed a 42% response rate which was worse than national average but 4% more than 2014. The

results showed 72% of staff would recommend the trust as a place of care and 48% would recommend the trust as a place of work. This was a marked improvement on previous staff surveys but the data was trust-wide and not specific to staff in the community adults service.

- The trust monitored staff satisfaction as part of their integrated performance. NHS Friends and Family Test results for December 2015 showed that 64% of staff would recommend the trust as a place to work and 84% would recommend it as a place to receive treatment. These results were based on a 12% completion rate across the trust and not specific to staff in the community adults service.

- We were told that staff engagement events and road shows had taken place in each locality, led by the executive team. However, some staff said that whilst the initial engagement had been good, a number of meetings had been cancelled recently and staff felt that there was still a requirement to maintain the momentum for communication and engagement.

- We saw evidence of a staff engagement plan, which set out a range of initiatives introduced to keep staff informed about the on-going changes in the trust. Over 1,000 staff had attended the previous events. There was also a monthly team brief, newsletters, locality and team meetings at which staff were able to raise any concerns they had about the future transformation of services.

Innovation, improvement and sustainability

- We found several examples of innovative practice which aimed to improve the quality of care for patients. The community matron's generic assessment tool "opening the gate" project aimed to streamline the number of repeat assessments and duplication of interviews for patients about their care and treatment.

- Staff had received both local and national external recognition for their work with patients. A community matron had been presented with the title of Queens Nurse for her work with people with long term respiratory conditions.

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	Regulation
Diagnostic and screening procedures Nursing care Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The service did not adequately monitor the quality of service provision to identify or manage risks in order to assure people's welfare and safety. This is because the systems and processes for managing local risks did not always assess, monitor and mitigate risks across the whole service. HSCA 2008 (Regulated Activities) Regulations 2014, Regulation 17(2)(a)(b)

Regulated activity	Regulation
Diagnostic and screening procedures Nursing care Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour **How the regulation was not being met:** A secure written record was not always kept by the provider to show that they had discharged their responsibilities in relation to the duty of candour. This is because we reviewed a sample of nine incidents where duty of candour was required and could find evidence in only three that the trust had discharged their responsibility. In response to our concerns, the trust reviewed an additional 10 cases and found that duty of candour had only been evidenced in four of those. HSCA 2008 (Regulated Activities) Regulations 2014, Regulation 20 (3)(e)