Wiltshire Health and Care LLP

Inspection report

Chippenham Community Hospital
Rowden Hill
Chippenham
SN15 2AJ
Tel: 01249454395
www.wiltshirehealthandcare.nhs.uk

Date of inspection visit: 18 April 2023 19 April 2023 20 April 2023 23 May 2023 24 May 2023
Date of publication: 14/09/2023

Ratings

Overall trust quality rating	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Requires Improvement**
Are services caring?	**Requires Improvement**
Are services responsive?	**Good**
Are services well-led?	**Requires Improvement**

Our findings

Our reports

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

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

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

Overall summary

What we found

Overall trust

Wiltshire Health and Care LLP was established in 2016 as a Limited Liability Partnership by three local NHS trusts to provide community healthcare services across Wiltshire. The provider employs 1044, whole time equivalent staff. The core services provided by Wiltshire Health and Care are:

- Community health services for adults
- Community health for inpatients
- Community mental health services for people with learning disabilities or autistic people
- Urgent care services (minor injury units)

Wiltshire Health and Care LLP (WHC) provides services from 17 sites.

The provider delivers NHS community services for adults and children across Wiltshire.

Community inpatient services are provided at Chippenham, Warminster and Savernake community hospitals and they provide a total of 92 beds.

Urgent care services are provided at Chippenham Community Hospital and Trowbridge Community Hospital.

We last inspected Wiltshire Health and Care LLP in 2017 and rated them Good.

During this inspection we carried out inspections of the four core services provided by Wiltshire Health and Care LLP and a well led inspection. The community health services for adults, community inpatient services, urgent care services and Community mental health services for people with a learning disability or autism were last inspected in July 2017.

Our findings

It was also the first time we had undertaken a separate well-led inspection of the providers leadership team. Our findings are in the section headed Is this organisation well-led?

Regarding this inspection report it should be noted that this inspection did not include a Use of Resources rating.

Although Wiltshire Health and Care LLP is not an NHS trust, the word trust is used erroneously in several places in the report as the word cannot be removed from the standardised inspection report template.

How we carried out the inspection

The well led inspection team comprised of 2 Specialist Advisors, 1 national professional advisor, 1 CQC deputy director of the network, 1 CQC operations manager, 1 CQC senior specialist and 1 CQC inspector.

Specialist advisors are experts in their field who we do not directly employ.

Our rating of services stayed went down. We rated them as requires improvement because:

- The provider did not have robust governance systems in place that gave the operations board assurance that risks were mitigated. Delivery plan goals were not written in a way that allowed the operations board to measure their progress against each goal. Not all non-executive directors received a full induction to the provider.
- The provider had not developed a plan to address inequalities experienced by BAME employees.
- Patients were waiting for extended periods of time when they sought attention using call bells. Inpatients risks were not identified, assessed, monitored, and reviewed to reduce or remove them. Inpatients records were not always accurate or complete.

However:

- The provider trained staff to recognise abuse and they took appropriate action to safeguard patients. Staff understood how to manage incidents and acted on any lessons learnt. Staff had access to the correct PPE for their role and followed infection control procedures. There was good governance at the local team and ward level.
- There is a strong person-centred culture. Staff focus on enabling people to remain independent. The provider ensured staff were trained in the key skills they needed to provide good care and treatment. There were policies and procedures in place based on national good practice guidance.
- Staff showed patients, their families and other carers respect. They encouraged people using their services to be involved in their care. Feedback from patients described staff as being friendly, caring and professional. The provider actively collected feedback to help improve services.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

Community health services for adults

We found the following outstanding practice:

Our findings

- People who use the service, those who are close to them, and stakeholders was continually positive about the way staff treat people. People reported that staff go the extra mile and their care and support exceed their expectations.
- There is a strong, visible person-centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders.
- Staff are exceptional in enabling people to remain independent. People value their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support.

Areas for improvement

Action the provider MUST take is necessary to comply with its legal obligations. Action a provider SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the provider MUST take to improve:

We told the provider that it must take action to bring services into line with their legal requirements.

Provider wide

- The provider must ensure that their delivery plan goals are written in a way to allow them to measure their performance against them. Regulation 17: Good governance (1)
- The provider must ensure that they to develop an action plan to address inequalities within the workplace and improve the experience of all staff working for the organisation. 18: Staffing (2) (a)
- The provider must ensure that all non-executive directors working in the organisation receive an induction. Regulation 18: Staffing (2) (a)

Community health for inpatients

- The service must ensure that patients receive a staff response within a reasonable period. Regulation 12(1)
- The service must ensure all risks to the health and safety of service users are assessed, monitored, and reviewed to reduce or remove them. Regulation 12 (2) (a) (b)
- The service must maintain an overview through robust auditing systems, monitored where risks are identified and mitigated across inpatient services. Regulation 17 (b)
- The service must maintain accurate and complete records for patients including handover notes. Regulation 17 (c)
- The service must ensure care plans are person-centred and, are developed and reviewed on how to meet patients identified needs. End of Life plans must be developed for patients identified on the pathway. Regulation 9
- The service must ensure staff have regular supervision. Regulation 18
- The service must ensure patients; rights to privacy and dignity are respected. Regulation 10

Action the provider SHOULD take to improve:

Our findings

Provider wide

- The provider should consider how often senior board members visit front line services.
- The provider should consider designing a board development programme and board succession plan.

Community health services for adults

- The provider should consider improving care records so they are personalised.
- The provider should consider the completion and reviewing of core assessments and regular reviewing of risk assessments as and when required.
- The provider should consider oversight of patient documentation is thorough and accurate to ensure people's needs are being met.
- The provider should consider where information is stored within the care record management system so all staff know where to find relevant patient information.
- The provider should consider improving referral to treatment times in line with implemented action plans.
- Leaders should consider Autism awareness as part of staff mandatory training appropriate to their role**.**

Community health for inpatients

- The service should provide regular activities for patients to support their independent living skills.
- The service should share learning from incidents so it is embedded into practice across all inpatient wards.
- The service should gather feedback about the service from patients and carers so it can be analysed to develop action plans on how to improve patient experience.

Community mental health services for people with learning disabilities or autism

- The provider should improve waiting times in line within the 18-week target.
- The provider should share ligature risk assessments with managers at local hubs and with staff.
- The provider should consider a meeting room where people using the service are seen are welcoming and comfortable therapeutic space.

Urgent care services (minor injury units)

- The provider should address maintenance issues without delay.
- The provider should continue its recruitment and retention plans to increase levels of permanent staff working at both MIUs.
- The provider should review whether qualified nurses at Trowbridge MIU have read and signed the Patient Group Directions (PGDs) relevant to medicines they may be dispensing.
- The provider should hold regular team meetings across both MIUs so staff are able to attend them.

Our findings

Is this organisation well-led?

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

We rated well-led as requires improvement because.

Leadership

The provider had not ensured that every member of the board had the skills and experience needed for their role.

The provider operations board met quarterly and consisted of the chair, managing director, 5 non-executive directors; 3 of whom were nominated by the NHS trusts who formed and fund the Limited Liability Partnership (LLP), and 3 other executive members. The chair had been in this post since 2020 and had a variety of previous experience including the chair of a local acute NHS trust. The board also included the Director of Quality, Professions and Workforce.

In addition to the operations board, the provider also had a member's board which met at least every six months. The member's board comprised of the chair and CEO of the 3 commissioning trusts, and was always attended by the chair and Managing Director of WHC. The role of the members board was to:

- Set WHC's objectives.
- Agree the strategic plan.
- Oversee the effectiveness of WHC.
- Be responsible for the employment of WHC staff members who are on the Very Senior Manager pay framework, for example the managing director and Chair.

The operations board was going through a period of change as several board members had recently left to take up other positions and been replaced. The managing director had been in post less than 2 months at the time of the inspection and the Director of Finance had joined the provider in March 2023. This meant that the managing director was still in the process of redeveloping the strategy to achieve the agreed priorities of the provider.

The operations board, senior leadership team and members board displayed integrity on an ongoing basis. We attended both board meetings and observed that meetings were conducted in a professional manner. The managing director told us they had advised board members of the standard of behaviour they expected and addressed any issues with senior staff. However, although members of the board offered some level of challenge and scrutiny to the senior staff members, we were not assured that the level of challenge was sufficient to ensure the provider had always acted in the best interest of people using services and the staff they employed. For example, the non-executive directors (NED) had not challenged the actions identified for addressing the issues identified in the Workforce Race Equality Standard data. At the time of the inspection there was a vacancy for a non-executive director (NED).

Our findings

The provider followed a process for ensuring all necessary checks, in line with their responsibilities under the Fit and Proper Persons Regulation, were completed for all members of the board that they were responsible for employing. The provider had all the information recorded electronically, which identified what needed completing and they reviewed this annually.

We reviewed 4 records and found that they were comprehensive. However, the provider did not carry out checks on the NED's who were appointed by the NHS Trusts who funded WHC. The relevant NHS trust where these NEDs were employed, completed their employment checks and advised WHC that the NEDs were suitable for this role. This meant that WHC did not carry out its own assurance to ensure the NEDs appointed by the NHS trusts had the skills and experience they need for the role.

The provider did not have a board development programme in place. Members of the board had large portfolios and this meant that the provider relied heavily on a small number of the leadership team. There was no induction for the NEDs appointed by the NHS trusts and the role of these NEDs was unclear.

There was no plan for senior board members to regularly visit front line services. Senior managers told us the chair and managing director usually visited the front-line services over the summer months and intended to do this again this year. This meant that staff did not have regular face to face contact with senior board members and the chair and managing director got limited, face to face feedback from front line staff on a regular basis.

At the time of our inspection there was no succession planning in place. The managing director had recognised the need to develop leadership with in WHC and now ensured that more staff attended the board meetings. There were leadership training opportunities in place to help managers develop their skills.

The leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. The managing director had identified financial issues and had acted to resolve them. They were actively working with the members board to address the current financial challenges.

Vision and Strategy

The provider did not have an overarching strategy that set out how they would achieve their identified priorities.

The three NHS trusts had developed a members agreement document, when they formed WHC, which set out the parameters within which WHC's leadership team had to work.

On the first day of our inspection, senior leaders told us that their contract to provide services had expired, and this prevented future planning of their services. However, we were told on the second day that the contract had now been renewed until March 2025.

The managing director had recognised that despite the provider having clear priorities identified in the delivery plan, there was no overarching strategy to deliver these priorities. The managing director told us the executive team had a strategy but had not formalised it into a written plan. They were in the process of doing this during the inspection.

The provider had a vision statement to enable people to live independent and fulfilling lives for as long as possible.

The provider had a delivery plan which identifies their strategic goals and aims and described how they would achieve them. The board reviewed the delivery plan at quarterly operations board meetings against their progress and updated

them accordingly. Strategic goals were identified under 5 headings that covered model of care, people, quality and experience, tools for the job and being there for the long term. However, the provider had not developed the strategic goals in a way that would allow them to measure their performance. This meant they could not clearly identify how they were performing against their priorities.

The managing director was part of the local integrated care board (ICB) but had not yet attended a meeting.

Culture

Staff felt supported by local and senior managers in the organisation. Most staff we spoke too told us that they liked working for the organisation and were positive about their teams they worked in and their line managers. The latest staff survey conducted in 2022, supported these findings.

Staff felt the organisation's values underpinned a culture that put patients first and that care was seen as the top priority for the organisation. Staff, throughout the inspection, talked positively about their patients and how they would involve them in planning their care.

Staff told us during the core service inspection, they were happy to work for their teams. The 2022 staff survey supported this with 77% of staff saying they would recommend WHC as a place to work, which is higher than the national average for similar organisations which is 60%.

The provider had a Freedom to Speak Up Guardian (FTSU) who had been in post since March 2022. This role was supported by the board. The managing director was the executive sponsor for the FTSU and a NED, with the correct experience, had been identified to also offer support. There was a dedicated email address for staff to use and the organisation promoted the FTSU via an intranet page, team communications and safety briefings.

However, staff told us that posters advertising the FTSU were accidently removed during the core service inspections. The FTSU had only received 5 concerns in 2022 and the number was increasing, as 6 had been received already this year. Issues raised with the FTSU were around staff relationships and pay. There were clear escalation routes for any issues relating to patient care.

Some staff told us about the behaviours of some senior managers. The managing director was aware of these concerns and had re-focused the executive team to review culture and behaviours. This included setting out expectations on the way executives must conduct themselves, with each other and front-line staff. They had also organised weekly executive meetings which reviewed whether executives had the right role and people with expert knowledge reporting to them.

The provider's Workforce Racial Equality Standard (WRES) findings were last reported to the board in June 2022. The number of employees from ethnic minority groups experiencing harassment, bullying or abuse from patients, relatives or the public was at 33.33% slightly lower than the national average of 36%. The likelihood of employees from ethnic minority groups entering the formal disciplinary process was higher than the national average at 7.04% versus the national picture of 1.14%. WRES data for 2022 showed that there was no representation on the board from people from ethnic minority groups where the national average was 25.6%. The percentage of employees from ethnic minority groups experiencing discrimination at work from a manager, team leader or colleague was 18.18% whereas it was 4.72% for white staff and slightly higher than the national average of 17%. However, the WRES data for 2022 – 2023 was due to be presented to the board in September 2023 and the provider was confident this would show an improvement.

Our findings

The provider's action plan to address WRES finding was limited and did not demonstrate what actions they would take to address the disparity demonstrated in the findings. For example, the plan to address harassment and bullying simply stated that the provider had a zero tolerance to racial discrimination, and policies and processes to support this. The managing director told us that they had not yet focussed on this issue but would revitalise the plan.

The provider had not set up separate staff networks to represent the diversity in the organisation such as people from ethnic minority groups black, disability or LGBT+ to improve the engagement, better understand the experience and meet the needs of these staff groups. There was a single group to represent all the diverse groups in the workforce.

Governance

The provider did not have the structures and systems in place to support good oversight of their service delivery. The provider only had two subcommittees reporting into the board; the Quality Assurance Committee and Audit Committee.

The Audit Committee had many workstreams which included counter fraud, clinical audits, internal audit, external audit, finance, workforce, and cyber security. The committee carried out audits within these areas and were responsible for providing assurance that these were done effectively. This meant there was no independent oversight of quality and effectiveness of the audits. Further, this meant the board could not be assured that audits had the correct level of scrutiny before being presented at board meetings. However, we were advised that internal auditors had now been appointed who would have oversite of the audit process and follows good practice guidance set by the National Audit Office

Governance across the core services was robust and allowed the senior team to feedback key messages via local team meetings. Each committee reported to the board quarterly. Board papers and other information we reviewed for the operations board appeared to lack detail. However, we saw that the board had access to the detailed data that supported the board papers via a dashboard.

The managing director recognised there was a need for a robust board development programme, which was not in place at the time of the inspection. The managing director had introduced a weekly directors meeting and felt that this had started to improve relationships and encouraged more team working and collective responsibility.

Executive directors were clear about their roles and areas of responsibility. However, they held large portfolios, which meant they had less time to focus on each area. NEDs appointed by the provider, received an induction and understood their role within the organisation. However, NEDs appointed by the NHS trusts did not receive an induction and their role was less defined and not fully understood by the other members of the board. Some members of the operation's board felt the NEDs appointed by the NHS trusts were more focussed on the priorities of their NHS trust, than offering the appropriate level of challenge to the operations board.

There was currently a vacancy for an independent NED, and we were told they wanted to appoint a GP into this role but had been unable to recruit anyone. This meant that the board was not receiving the appropriate level of challenge to ensure the organisation was running effectively.

There was a structure of meetings that allowed managers to share information such as learning from incidents and complaints. All staff told us, throughout the organisation, they knew when they needed to escalate risk issues to a more senior manager.

Management of risk, issues and performance

Our findings

The provider had processes and procedures in place for managing risks, issues and performance.

There was an electronic system in place for identifying, recording and managing risks, issues and ensuring risk management and mitigation plans were in place. The operations board reviewed all high-level risks at the board meeting and the plans to manage them. Risks with the highest scores were around financial instability workforce, unpredicted demand on the services they provided and not having an electronic patient record in the inpatient services. The board reviewed all risks scored 12 or above at the operations board meeting.

The provider had a Board Assurance Framework (BAF). A BAF provides a structured approach for ensuring that boards get the right information quickly to assure them that the organisation is managing risks safely. The BAF was originally presented directly to the board without being reviewed. However, the provider has now changed this, and the Audit Committee will now review the BAF to advise the board of how robust the systems are and what level of mitigation they offer to the organisation.

Senior staff reviewed incidents regularly and identified any that needed to be reviewed as serious incidents. Staff we spoke to had a good understanding of the term duty of candour and knew what their role was within it.

The provider had an appropriate system to conduct pre-employment checks on new staff before they commenced employment. The provider ensured all staff had disclosure and barring (DBS) checks completed to help ensure the safety of patients. The provider had a system for monitoring all other necessary pre-employment checks required including professional registration and employment history.

The provider had previously always managed its finances well and over the previous 6 years had remained within its financial targets, often creating surplus, that they could reinvest in their services. However, they relied on non-recurrent funding from the integrated care board (ICB) received during the COVID-19 pandemic and could not get recurrent NHS funding to meet increased costs. The provider has being using high-cost agency staff to run the minor injury units and to ensure safer staffing on inpatient wards, with a higher level of acuity of patients being seen than previously delivered before the COVID-19 pandemic, and this has impacted on its financial position.

The provider did not own any of its estate; the main landlord was NHS estates. They reported having a good relationship with them and met regularly with the landlord and addressed any concerns. The provider did not have a capital expenditure budget and therefore did not have an estates strategy but were part of the ICB's estates strategy. However, the infrastructure team worked to identify opportunities to improve patient environments. For example, they had recently worked with NHS estates to have a ward refurbished.

The provider had robust arrangements in place for safeguarding. There were safeguarding leads at local and corporate level. The provider told us they had a good relationship with the Local Authority and met with them monthly. During the core service inspections, staff spoke highly about the organisation's approach to safeguarding and the training they were provided with.

The provider had effective systems in place to prevent and control infections. The provider ensured that staff had access to the appropriate PPE for their role.

Information Management

Our findings

The provider was coming to the end of a 4-year digital strategy and were in the process of developing the next plan. They were in the process of purchasing a cloud-based phone system, which offered better value for money and greater flexibility for a mobile workforce.

The provider's community teams used an electronic patient record system, while the inpatient services still mainly used paper records.

The providers electronic system was not compatible with the local NHS trusts systems. Inpatient services could access the integrated patient care records held by the local NHS trusts but on a read only bases. The provider was looking to identify a single electronic system across all it services that was compatible with local NHS trusts.

All staff in the community services had a laptop and could access patient records remotely. Most staff did not work from a single base but could access a Wi-Fi connection in all the work-related buildings and could use mobile phones to access the internet when not in an office.

Managers could access information to help them in their role. For example, they could identify where incidents such as falls were occurring and then target those areas with training to reduce the number of incidents.

The provider had an executive-level Caldicott guardian. A Caldicott guardian is a senior person responsible for protecting the confidentiality of peoples' health and care information.

The provider met the mandatory requirements of the Data and Security Protection Toolkit (DSPT), which is based on the National Data Guardian's 10 data standards, in June 2023. Although the provider did not have a cyber essential certificate both external IT providers used by the provider did. The cyber essential plus certificate was a government-backed scheme that helps organisations protect themselves against the threat of cyber-attacks by ensuring they had the basic controls organisations need to protect themselves. The provider had been the victim of a cyber-attack in the past and were able to lock down the digital systems and avoid any data loss.

Engagement

The provider actively engaged with people using their services and their family, friends or others representing them. Staff gave Friends and Family Test questionnaires to people to complete. They stopped distributing these questionnaires at the start of the COVID-19 pandemic and started using online surveys and text messages instead. The provider started using paper copies of the survey again at the began again at the end of 2021.

The provider used a variety of systems to gain feedback from people using services, such as paper questionnaires, emails and QR codes at their locations people could scan to complete. In the last quarter 96% of those replying said they would recommend WHC. The provider also gained feedback from the Public and Patient Involvement Group that had been running as a virtual meeting since 2021 and the provider was looking to move this to a face to face meeting.

The provider engaged with its staff via a number of methods including a weekly message from the managing director, intranet, emails, team meetings and monthly live briefings. Staff were aware of the Freedom to Speak Up Guardians and how to access them if they needed to.

Sickness and absence figures were slightly higher than the national average. The sickness absence rate was reported at 5.24% while the national average was 4.6%. Turnover rates for staff had reduced from 18.44% at end of 2022, to 16.06% at the time of the inspection. Vacancy rates were reducing and were at 15.29% at the time of the inspection.

Our findings

The provider recognised that workforce recruitment and retention was a risk and had a plan to address these issues. For example, they were working with Health Education England to secure funding to offer return to practice roles to encourage staff to return to work and were members of the Local Workforce Action Board.

Learning, continuous improvement and innovation

There were systems and processes for learning and continuous improvement. Staff we spoke to during the core service inspections understood quality improvement (QI) methods. Senior leaders told us they needed to improve the resources available to staff around QI so that it could be more embedded in the organisation. For example, inpatient services had introduced moving and handling champions to ensure all new staff were competent in using equipment.

External organisations had recognised the providers improvement work. WHC had received an award from a local charity for the work it had done to identify and support carers. They received the award following an accreditation process on the inpatient wards at Chippenham, Warminster, and Savernake community hospitals.

The provider had a planned approach to conducting internal audits and taking part in national audits. They had just appointed an internal auditor and were in the process of appointing an external auditor for the future.

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↓ Sep 2023	Requires Improvement ↓ Sep 2023	Requires Improvement ↓ Sep 2023	Good ➔➔ Sep 2023	Requires Improvement ➔➔ Sep 2023	Requires Improvement ↓ Sep 2023

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Mental health	Good	Good	Good	Good	Good	Good
Community	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Overall trust	Requires Improvement ↓ Sep 2023	Requires Improvement ↓ Sep 2023	Requires Improvement ↓ Sep 2023	Good →← Sep 2023	Requires Improvement →← Sep 2023	Requires Improvement ↓ Sep 2023

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community mental health services for people with a learning disability or autism	Good →← Sep 2023	Good →← Sep 2023	Good →← Sep 2023	Good →← Sep 2023	Good →← Sep 2023	Good →← Sep 2023
Overall	Good	Good	Good	Good	Good	Good

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

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Sep 2023	Good →← Sep 2023	Outstanding →← Sep 2023	Good ↓ Sep 2023	Good ↓ Sep 2023	Good ↓ Sep 2023
Community health inpatient services	Requires Improvement ↓ Sep 2023	Requires Improvement ↓ Sep 2023	Requires Improvement ↓ Sep 2023	Good →← Sep 2023	Requires Improvement ↓ Sep 2023	Requires Improvement ↓ Sep 2023
Community urgent care service	Good Sep 2023	Good Sep 2023	Good Sep 2023	Good Sep 2023	Good Sep 2023	Good Sep 2023
Overall	Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

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

Community mental health services for people with a learning disability or autism

Good

Is the service safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

All clinical premises where patients received care were safe, clean, well equipped, well-furnished and well maintained.

The service was located at four different locations across the county. Two locations were in the east and two in the west. During this inspection we visited the Trowbridge hub in the west, and the Marlborough hub in the east of the county.

Both the Trowbridge and Marlborough hubs were clean and well maintained. Cleaning records were not available because the local authority provided cleaning staff in the Trowbridge hub and the hospital estates provided cleaning staff in the Marlborough Hub. Staff in both hubs said if they had a concern about the cleanliness of the offices, they would report it to the facilities management team.

The provider supplied wipes and hand gel for staff to take out on community visits. Staff used the wipes to clean soiled hands if they did not have hand-washing facilities available to them. Hand-washing signs were in the toilets at the two hubs we visited.

The provider's policy stated staff should only complete ligature risk assessments in community services when the reception area had toilet facilities that were accessible to service users and not under constant observation. However, managers were not aware of the completed ligature assessments in either of the hubs we visited, and this was not shared with the staff. A ligature point is anything, which someone could use to attach a cord, rope or other material for the purpose of hanging or strangulation.

Staff rarely see people for clinic appointments on the premises the two hubs we visited. Staff visited people at a location suitable to the persons needs and preferences. At the Marlborough hub there were two meeting rooms with an alarm for staff safety. These room were mostly used for staff training purposes. Staff used these room to see people using the service when they attended the hub. These rooms were adequate, but not the most welcoming and comfortable therapeutic space.

Safe staffing

The service had enough staff, who knew the patients and received basic training to keep them safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff varied based on people`s risk.

Nursing staff

The service had enough nursing, therapy and support staff to keep people safe. The service had an average of 5% staff vacancy for the period of January to March 2023. This meant there were 44 established posts including Speech and Language therapist of which two were vacant.

The team did not use any agency nurses and rarely use bank nurses. When they did use bank staff; the manager booked bank staff who were familiar with the service and people who used the service."

Managers made arrangements to cover staff sickness and absence.

Managers supported staff who needed time off for ill health., Staff were supported to access occupational health services. Sickness levels across the service was 3.9% for the period of January to March 2023.Managers knew their staff and managed absences with individual staff.

Medical staff

The provider did not directly employ or manage all staff in the community team for people with learning disabilities. Avon and Wiltshire partnership NHS trust employed the three psychiatrists that covered the service.

Mandatory training

Staff completed and kept up to date with their mandatory training.

Staff mandatory compliance was at 93%. The mandatory training programme was comprehensive and met the needs of people and staff. Training modules included treating people with respect, safeguarding adults' level two and safeguarding children level three, and infection prevention and control.

The service had identified Oliver McGowan training was now a legal requirement within the Health and Social Care Act 2022. The service had begun to develop how this would be rolled out. The Oliver McGowan Mandatory Training on Learning Disability and Autism is a training which aims to provide staff with the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

Assessment of patient risk

Caseloads were broken down into the following areas; people who were part of a Care Programme Approach (CPA), behavioural nursing, continuing healthcare nursing, health facilitation nursing, occupational therapy, speech and language , psychology and physiotherapy.

Staff often assessed service users for multiple care pathways. Between the period of January to March 2023 the service had 14 people who used the service under CPA and were subject to Mental Health Act Section 117 after care. Section 117 aftercare is the free help and support from the NHS, and from social services, after people stayed in hospital under certain sections of the Mental Health Act.

Staff completed risk assessments for each person using a recognised tool. These were reviewed regularly including after any incidents or significant events such as hospital admission. The team supported staff from care services to manage risks when looking after people living in various community settings, including supported housing and their own homes.

Staff supported staff at other services to complete and update positive behaviour support plans for people using the service so that staff were aware of the triggers and strategies to use to support people. Staff supported family members in dealing with and managing risk if presented by people using the service.

Staff could recognise when to develop and use crisis plans and advanced decisions according to patient need. We saw examples of crisis plans for people using services. We attended a home visit for a person using the service who had recently been discharged from hospital with a crisis plan in place. Staff supported the person's new care provider to understand the care and support needs for this person.

Management of patient risk

Staff responded promptly to any sudden deterioration in a patient's health. Staff increased the level of care required to support a person when they were deteriorating or in crisis.

Staff continually monitored people on waiting lists for changes in their level of risk and responded when risk increased. Managers held weekly multi-disciplinary meetings to review the level of risk, and changes in circumstances, to people on the waiting list for services. Staff prioritised any people whose risks were considered urgent.

Staff followed clear personal safety protocols, including for lone working. The service had a lone working policy and staff told us how this was used.

People were involved in managing their own risks whenever possible. Staff developed positive behaviour support plans with people so that they were aware of any risks they posed to themselves, others or their environment. Staff were aware of strategies to use to minimise and manage risks. Staff anticipated and managed risk. They had a high degree of understanding of peoples' needs. People's care and support was provided in line with care plans.

Staff identified and responded to any changes in risks to, or posed by, people using the service. We reviewed 10 people's records which demonstrated staff completed risk assessments on admission to the service. They updated them regularly, including after incidents. Staff attended daily safety huddle meetings. People known to be currently posing the most risk were discussed and mitigation implemented where appropriate.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff told us how they protected people from abuse worked with other agencies to do so. We were told they knew how to make a safeguarding referral and who to inform if they had concerns.

Staff had training on how to recognise and report abuse and they knew how to apply it. Compliance rates for safeguarding adults training level one was 97.44% , level two was 97.14% and level three was 84.21. Compliance level for safeguarding children level 1 was 100%, level two was 91.43% and level three was 81.82%.

The service was fully integrated and co-located with the local authority and were involved in safeguarding investigations. Managers ensured staff reported potential abuse and ensured they reported to CQC and the police when appropriate.

Staff could give clear examples of how to protect people using the service from harassment and discrimination, including those with protected characteristics under the Equality Act.

Community mental health services for people with a learning disability or autism

Staff access to essential information

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Under a formal management agreement for the delivery of the Integrated Service, electronic recording system used by the service was the same electronic recording system used by the Adult Social Care.

All staff have access to this electronic system for the recording of service user information.

Each locality team had read only access to the NHS system.

Staff we spoke with said the Local Authority system was difficult to navigate and had limited functionality with regard to mental and physical health and wellbeing. We were told that staff had adapted the system to ensure there relevant folders or fields to store clinical information.

Records were stored securely.

Medicines management

The service did not hold medicines, the consultant psychiatrists held a review with the person and then wrote to their GP suggesting which medicine should be prescribed.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

The service kept people and staff safe. The service had a good track record on safety and managed safety incidents well.

Staff accurately described what incidents to report and how to report them.

Managers investigated incidents appropriately in line with the provider's policy. Managers maintained safety to people using the service and investigated incidents and shared lessons learned with the whole team and the wider integrated service via email and safety alerts.

Managers held weekly business meetings and monthly clinical governance meetings, during which they discussed recent incidents. Staff completing investigations were trained in root cause analysis. Managers shared learning from incidents that had occurred in other services who supported people with a learning disability and/or autism.

The service held monthly complex case huddle meetings which is a multi-disciplinary panel to review and guide complex learning disability and/or autism cases.

Community mental health services for people with a learning disability or autism

Is the service effective?

Good 

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

Assessment of needs and planning of care

Staff undertook functional assessments when assessing the needs of patients who would benefit. They worked with patients and with families and carers to develop individual care and support plans, and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and strengths based.

We reviewed 10 care records. Staff completed a comprehensive mental health assessment of each person. The assessment recognised strengths and abilities as well as difficulties faced by the person. It identified short and long-term goals, considering the levels of support required to facilitate independence, based on the progression model. Staff considered resources available to the individual, including their support networks and local community.

Staff developed a comprehensive care plan for each person that met their mental and physical health needs. However, staff told us the adult services record system had limited functionality regarding physical and mental wellbeing.

Positive behaviour support plans were present where appropriate. These were developed following a comprehensive assessment. Plans focused on people's quality of life outcomes and met best practice.

Staff regularly reviewed and updated care plans and positive behaviour support plans when people needs changed.

All care plans were personalised, holistic, recorded the persons' and relative's voice and were strengths-based.

People had an up-to-date hospital passport where identified as required.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives.

Staff understood and applied NICE guidelines in relation to behaviour that challenges. This included support for families, early identification and assessment, psychological and environmental interventions, medications and interventions for co-existing health and sleep problems.

Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking, and quality improvement initiatives.

Staff supported people to attend annual physical health assessments and provided training to GP practices. The training included communication, reasonable adjustments, and health inequalities for people with learning disabilities. We saw the team had recently alerted GPs of an report highlighting constipation and poor bowel care as a leading cause of premature death in adults with a learning disability. We also saw staff had participated in a learning disability awareness day.

Community mental health services for people with a learning disability or autism

Occupational therapy staff provided sensory assessments for people using the service who were considered to require these. We saw examples of where these assessments had resulted in interventions to improve people's quality of lives.

People's outcomes were monitored using recognised rating scales. For example, occupational therapists used the model of human occupational screening tool and the model of human exploratory level outcome ratings to record peoples' progress. Speech and language therapists used the therapy outcome measure tool. Staff also completed the Health of the Nation Outcome Score – learning disability (HoNOS – LD).

Staff used technology to support people. They used talking mats, symbolic understanding tools and accessed tablets and laptops.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. We saw staff had undertaken a supervision and case notes audit. People were supported to attend a speak out day to discuss how people with learning disabilities felt during the pandemic.

The team had also implemented system for maintaining a structured activity routine during the pandemic. It was designed to offer suggestions for activities support people to think of new and different activities to offer the individuals in supported living.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

People received care, support and treatment from staff and specialists who received relevant training. Managers ensured staff had the right skills, qualifications and experience to meet the needs of the people in their care The training included learning disability, autism and positive behaviour support training along with, trauma-informed care, sensory integration training, human rights and carer awareness.

The team included art, music, occupational and speech and language therapists. The service had consultant psychiatrists and a psychologist input for people who uses the service; provided by Avon and Wiltshire Partnership Trust (local NHS trust).

Staff had a full induction to the service before they started work.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, the service recently trained all occupational therapy staff in sensory integration.

Managers ensured staff received an annual appraisal, the appraisal across the service was 89.7% for the month of March. Managers routinely received a breakdown of appraisals for their team. We saw all staff had an appraisal booked within the next three months.

Managers ensured that supervision across the service was regularly received. Managers had an action plan in place to address this issue and we saw all staff had supervision booked. Managers made sure staff attended regular team meetings. Minutes of those meetings were kept for those that could not attend.

Managers recognised poor performance. They could identify the reasons and dealt with these with support from the human resource team.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The team(s) had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss people who used the service and improve their care.

Speech and language therapists supported other professionals to use different methods of communication with people based on their individual needs. Staff made sure they shared clear information about people who used the service and any changes in their care. The service had effective working relationships with other teams both internally and externally. These included advocacy, acute and mental health hospitals, housing, education and vocational training and community groups.

Staff made sure they shared clear information about people and any changes in their care, including during transfer of care. We saw a variety of easy read leaflets and videos which were available to people and their families. Staff supported people and their families to participate in care and treatment reviews.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.

Staff received and kept up to date with training on the Mental Health Act (MHA) and the Mental Health Act (MCA) Code of Practice and could describe the Code of Practice guiding principles. Compliance rates for Mental Health Awareness level one was 100% and level two was 97.14%.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice.

As this was a community service, the application of the Mental Health Act applied to community orders, emergency assessment and Section 117 aftercare arrangements.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff worked with the patient's support network to ensure best interest decisions were made when relevant.

Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005. They assessed and recorded capacity clearly for people who might have impaired mental capacity. Staff worked with support networks to ensure best interest decisions were made when relevant.

Staff made applications for Deprivation of Liberty Safeguards (DoLS) for people that required this in the community. We saw examples where people were deprived of their liberty and staff had appropriate DoLS and capacity assessments in place.

Community mental health services for people with a learning disability or autism

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Compliance rates for Consent, Mental Capacity Act and Deprivation of Liberty was at 85.71%.

There was a clear policy on the Mental Capacity Act, which staff could describe and knew how to access. Staff knew where to get accurate advice on Mental Capacity Act.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed capacity to consent clearly each time a person needed to make an important decision. This was then recorded in the electronic record.

We reviewed three capacity assessments for various decisions for people using the service. We found staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of people and considered the person's wishes, communication needs, feelings, culture and history. We reviewed capacity assessments where staff had to make best interest decisions for people. Staff recorded the rationale for their decisions which were made in the best interest and safety of people using the services.

Staff said they involved families where appropriate and tried different ways to communicate with the person to assess capacity. Records demonstrated in all cases where family were involved that discussions took place regularly.

Is the service caring?

Good ➔➔

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

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

People who used services and those close to them were active partners in their care. Staff empowered people who used the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles in delivering care.

We conducted a home visit with a staff visiting a person at home. We observed the staff to be kind, supportive and compassionate towards the person receiving care and the staff knew the person's needs well. Staff supported the person using the service and their care provider with their care and treatment plan.

Clinical records demonstrated people's individual preferences and needs were always reflected in how care was delivered. Staff recognised supported people with access to, and links with, their advocacy and support networks in the community. They ensured that people's communication needs were understood and promoted the wider health and social care to access communication aids if required.

Community mental health services for people with a learning disability or autism

Staff were discreet, respectful, and responsive when caring for patients. Staff gave patients help, emotional support and advice when they needed it.

Staff used appropriate communication methods to support patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Patients said staff treated them well and behaved kindly. Staff understood and respected the individual needs of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff.

Staff followed policy to keep patient information confidential.

Involvement in care

Staff informed and involved families and carers fully in assessments and in the design of care and treatment interventions.

Staff informed and involved families and carers appropriately.

Involvement of patients

Staff involved patients and gave them access to their care plans. We reviewed four care records and saw people, and those important to them, took part in making decisions and planning of their care. Staff involved people and gave them access to their care planning and risk assessments and supported them to make decisions about their care. Staff made sure people understood their care and treatment and found ways to communicate with people who had communication difficulties.

Staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. Staff used translators, sign language and easy read versions of care plans and records to enable people to understand, be involved in their care.

Staff made sure patients could access advocacy services. People using the service could access advocacy service and we saw evidence of this in care records.

Staff involved patients and gave them access to their care plans.

Staff involved patients in decisions about the service, when appropriate.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make advanced decisions on their care.

Involvement of families and carers

Staff supported, informed and involved families or carers.

Community mental health services for people with a learning disability or autism

Staff told us of occasions where staff from the service worked with care providers and families and we saw examples of this in care records for people using the service.

Staff helped families to give feedback on the service. We spoke with five carers and/or relatives over the phone. They said staff were respectful, polite and interested in their loved one's wellbeing. They said staff shared information and provided support when needed. One carer said they would like to have been kept up to date more often.

The service also encouraged people and families to take part in the annual survey that provided a route for suggestions for future service development.

Staff supported, informed and involved families or carers.

Staff helped families to give feedback on the service.

The service follows the principles of "Ask Listen Do" in relation to feedback, concerns and complaints. Ask Listen Do is a project which is set to improve services for children, young people and adults with a learning disability, autism or both, their families and carers. Ask Listen Do made it easier for people to give feedback, raise a concern or complain about their health care, social care.

Staff gave carers information on how to find the carer's assessment.

Is the service responsive?

Good 

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

Access and waiting times.

The service referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments. However, the service was not meeting the targeted waiting time for assessment and treatment.

The service had clear criteria to describe which patients they would offer services to and offered patients a place on waiting lists.

The service did not meet the provider`s target time of 18 weeks for seeing people from referral to assessment and assessment to treatment. The service lead told us that the service was not meeting the 18 weeks referral to assessment time due to increased demand for the service and capacity.

For the period between January to March 2023, there was an average of 28 people on the waiting list who were not being seen to any team. For the same period there was an average of 98 people who were seen to one team but waiting to be seen by another team within the service. This did not include any high priority referrals.

One of the five carers we spoke with told us that the waiting time to access the service was long. The service reviewed all new referrals in the weekly multi- disciplinary meeting where high priority referrals were allocated immediately.

Staff saw urgent referrals quickly. Staff told us they aimed to see urgent referrals the same, or next, working day based on the people`s risk. We saw discussion and allocation of urgent referrals in the referral meeting we attended. The service reviewed all new referrals in the fortnightly multi-disciplinary meeting where high priority referrals were allocated immediately. Dysphagia referrals did not get placed on a waiting list and were screened within two working days.

Staff gave examples of how they engaged with people who found it difficult, or were reluctant, to seek support from mental health services. They told us people were encouraged and supported to access the local speak out council where they were able to voice their concerns and opinions.

Staff tried to contact people who did not attend appointments and offer support. Staff gave examples of the different ways in which they would work with people to try and engage with them. This included virtual calls and using various approaches from several members of the multi-disciplinary team.

People who used the service had some flexibility and choice in the appointment times available. People had flexibility and choice in the appointment times and were offered a choice of venue where appropriate. Staff worked hard to avoid cancelling appointments and when they had to, they gave people clear explanations and offered new appointments as soon as possible. Staff liaised well with services that provided care in supported living settings, so people received the right care and support.

Staff supported people when they were referred, transferred between services, or needed physical health care. We saw examples where people had been supported by the team to be able to attend hospital appointments.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported patients' treatment, privacy and dignity.

The service rarely saw people for appointments at the sites we visited. At the Marlborough hub there was two rooms used to see people using the service. These rooms were mostly used for staff training purposes. It was adequate, but not the most welcoming and comfortable therapeutic space.

Meeting the needs of all people who use the service

The service met the needs of all patients, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.

The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service had a policy to meet the information accessibility standard. The service had accessible information available in different prints, symbols, photos and images. People were provided with communication information cards if required.

Staff conducted sensory integration assessments for people that required these.

Art therapists supported people to understand and express any physical health concerns.

Staff made sure patients could access information on treatment, local service, their rights and how to complain. Staff provided this information in accessible formats including easy read versions. The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff and patients could access interpreters or signers when needed.

People's human rights were upheld by staff who supported them to be independent and have control over their own lives.

The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support.

Staff made sure people could access information on treatment, local service, their rights and how to complain. The service had information leaflets available in languages spoken by the people and local community.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

The service treated concerns and complaints seriously. These were investigated and lessons shared with the whole team and wider service. People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.

The service had no formal complaints in the 12 months prior to the inspection.

Managers ensured lessons learned from complaints in other localities were shared via the governance meetings. Staff protected people who raised concerns or complaints from discrimination and harassment. Staff described to us how to acknowledge complaints.

The service had an average of six compliments for the period of January to March 2023.

Is the service well-led?

Good 

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

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

Community mental health services for people with a learning disability or autism

Staff knew and understood the vision and values of the service and how they were applied in the work of their team. The organisation's vision was to achieve delivery of an 'outstanding' service. The strategy behind this was called 'Aim for Outstanding'. This toolkit and process had been developed to assist staff with capturing information to meet objectives of celebrating success and achievements. It also meant the provider could monitor progress against improvements required and provide internal and external assurance.

Culture

Staff felt respected, supported and valued. They said the provider promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff told us they felt respected, supported and valued. They reported the service promoted equality and diversity and provided opportunities for career progression. They felt able to raise concerns without fear of retribution.

Managers told us they actively worked alongside staff to ensure they were aware of the values of the service. This included knowing how to advocate for people, raised the profile of reporting concerns and ensuring senior management staff had a presence in the service. Staff were very motivated by and proud of the service.

We saw examples of constructive engagement with people and families, at planned events, through face to face meetings and in care records. Managers had developed their leadership skills and those of others, to ensure they were empowered to make positive changes.

Managers arranged and held nurse forums to enable nurses to meet and share practice issues, concerns, information and to support each other.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The service had governance structures to monitor safety and risk.

The service held monthly governance meetings which had an agenda including; safeguarding, health promotion, lessons learned and risk.

Under a formal management agreement for the delivery of the Integrated Service, electronic recording system used by the service was the same electronic recording system used by the Adult Social Care.

All staff have access and have been fully trained to use this electronic system for the recording of service user information. Staff we spoke with said the local authority system was difficult to navigate and had limited functionality with regard to mental and physical health and wellbeing. Staff told us they adapted the system to ensure there was a location for this information.

Managers had oversight of performance that were team specific. Reports were produced regarding sickness and appraisal; these were service wide and not location specific. Managers received sufficient up to date information to have oversight of specific performance areas.

Community mental health services for people with a learning disability or autism

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Effective multi-disciplinary and multi-agency meetings across the service helped to reduce people's risks and keep people and staff safe.

Staff notified and shared information with external organisations, for example the local authority and Clinical Commissioning Groups (CCGs).

We saw staff were offered the opportunity to give feedback and input into service development. Staff did this through regular team and governance meetings.

The service had business continuity plans for emergencies. For example, adverse weather or a flu outbreak.

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities for example Health of the Nation Outcome Scores.

Staff made notifications to external bodies as needed.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service had an effective quality assurance system was in place. Audits and checks were carried out which clearly monitored all aspects of the service. Service user forums were held regularly to gain peoples` feedback about the service. People who used the service and carers were encouraged to join in regular meetings and they were supported to contribute by using the particular communication methods best suited for them.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Managers engaged actively with other local and national health and social care providers to ensure the integrated health and care system was commissioned and provided to meet the needs of the local population.

Staff and people using the service had access to up-to-date information about the work of the provider and the services they used, through the intranet, bulletins and newsletters.

The team were very active partners in promoting and increasing awareness of learning disability and the support services available locally.

Community mental health services for people with a learning disability or autism

Learning, continuous improvement and innovation

Physiotherapists and Occupational Therapists were integrating sensory process into meaningful activities. The team were considering sensory in their clinical work across different disciplines and sensory assessments have been included on their electronic computer system.

The provider formed a clinical working group to learn more about sensory and looking at the right space to set a sensory room or environment. Staff had contacted experts to find ways of incorporating sensory assessments their practice.

The service had a working group focusing on frailty. The team considered frailty in their clinical work and frailty assessments. The frailty assessment included on their electronic computer system. The frailty working group identified other areas of development included focusing on getting individuals moving.

Community health inpatient services

Requires Improvement ↓

Is the service safe?

Requires Improvement ↓

Our rating of safe went down. We rated it as requires improvement.

Mandatory Training

The service updated mandatory training to ensure all staff had key skills and made sure they were reminded when training was due.

Mandatory training was reviewed and following the recent introduction of an online learning management system staff were to attend additional training courses. The March 2023 Dashboard received following the inspection showed 87% of staff across services had attended mandatory training. Most staff were behind with their mandatory training target due to the additional training courses they were to complete. Staff were reminded by email when their training was due.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Safeguarding adults training was mandatory for all staff. Staff were positive about the advice and training delivered by the safeguarding lead.

Staff knew the process for raising safeguarding concerns, they knew the types of abuse and who to report concerns. Staff worked with other agencies to protect patients from the risk of abuse.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment and the premises visibly clean.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. Staff followed infection prevention and control principles including the use of personal protective equipment (PPE). There was appropriate infection prevention and control equipment on wards which included hand sanitisers, aprons, and gloves. Staff followed procedures when there was a Covid outbreak on the ward.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Environment and equipment

The design, and facilities promoted rehabilitation. Call bells were not answered promptly, and equipment was not always checked to ensure they were safe to use.

Patients were waiting for extended periods before staff responded to the call bells. The response from staff when we asked them about call bells was dependant on the staff assigned to specific patient's which meant they were not always answered promptly. For example, during our site visit we noted 7 patients on Mulberry Ward waited for over 5 mins and up to 12 minutes for attention.

The call bell audit received following the inspection confirmed patients were waiting for extended periods before they received any assistance from staff. For example, between February and May 2023, there were 104 instances where patients on Longleat Ward waited between 20 and 50 minutes for assistance. On Cedar Ward there were 61 instances, within the same frame, where patients waited for assistance between 10 and 30 minutes and on Mulberry Ward, there were 146 instances where patients waited between 10 to 25 minutes for assistance. Patient and relatives gave us examples when call bells were not answered promptly.

Male patients on Cedar Ward were not able to reach call bells in two toilets. We saw the cords for the call bells were not attached to the system and were out of reach.

The Longleat ward at Warminster Community Hospital was recently refurbished which meant there were no aerials to have television reception, clocks or WIFI access. Patients told us they were often bored because of the lack of TV and music or were not orientated to the correct time of the day.

The service had enough suitable equipment to help them to safely care for patients. Records of checks were not consistently or accurately completed. There were gaps in the checks of equipment. For example, emergency equipment

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Risk assessments were completed for each patient. Risk assessments lacked action plans and were not monitored to minimise or remove the risk.

Patients were placed at potential risk of harm. Recognised assessment tools were used to assess individual patient risk. However, assessments lacked guidance on how the risks were to be reduced and were not always evaluated. Daily patient assessment logs used by staff to monitor patient's overall health, symptoms, and concerns were not consistently completed and lacked evidence of follow-up actions where risks had escalated. When we reviewed the assessment logs on Longleat Ward we noted staff were using their own codes with no explanation on their meaning. For example, "NS," "NC" and "CC." Staff explained the logs were not effective for monitoring patient symptoms. Some staff said there was no additional space for comments. Senior staff said they were reviewing the effectiveness of the logs.

Moving and handling risk assessments lacked guidance on the type of equipment to use for each transfer. The provider dashboard for March 2023 received following the inspection showed 32 patient falls were reported. The breakdown of falls across inpatient wards was 7 patients fell in Warminster Community Hospital, 9 in Savernake Hospital and 10 in Chippenham Community Hospital. Ward managers explained that falls were higher in rehabilitation services.

Risk assessments lacked detail on repositioning patients at high-risk of pressure sores. There were gaps in the repositioning section of the Daily Patient Assessments logs and the detail of the observations was confusing as some staff wrote "Y" instead of the position. Some patients were admitted to the wards with pressure ulcers from hospital,

However, the ward manager in Warminster was investigating three pressure ulcers which had developed on the ward. The inpatient dashboard received following the inspection across all inpatient locations showed there were 31 patients in Warminster Community Hospital with pressure ulcers, 12 in Savernake Hospital and 11 in Chippenham Community Hospital.

Food and fluid charts for patients at risk of malnutrition lacked detail on the intended daily intake, they were either not consistently completed or totalled at the end of the day. There was a lack of follow-up action for patients that had poor fluid or no fluid intake.

Staffing

There were vacancies of staff across services. Ward managers regularly reviewed and adjusted staffing levels.

Nurse staffing

Concerns were raised by staff, patients, and relatives about the staffing levels across the services visited. Staff commented staffing levels were maintained but the staffing numbers were not set against patient acuity. There was a process for calculating safer staffing levels from the number of hours worked and the number of patients.

Staffing levels for inpatient services was discussed by senior managers, and ward managers took steps to cover vacancies and short notice sickness. Recruitment was ongoing as ward managers struggled to recruit to some vacant posts. The March 2023 dashboard showed the vacancy rate was 2% on Cedar Ward, 39% on Longleat Ward, 11% on Mulberry Ward and 38% at Savernake Ward. The dashboard for March 2023 showed the sickness rates were higher on Cedar and Savernake. For example, in Cedar the sickness rate was 10% and 11% on Savernake. The sickness rate on Longleat and Mulberry was below 5% or under.

Medical staffing

There were vacancies of physiotherapists and Occupational therapists.

Patients said their expectation of physiotherapy was not met due to the number of vacancies**.** Allied health professional vacancies also existed in all wards including physiotherapists and occupational therapists (OT). The dashboard for March 2023 showed the vacancy rate was 50% for registered and non-registered allied health professional.

Patients had access to medical services which included tissue viability nurses for patients at risk of pressure sores, Speech and Language for patients at risk of choking, and diabetic nurses.

Records

Paper records were stored securely and easily available to all staff providing care. Care records lacked detail and were incomplete in some areas.

Records were not person centred or fully completed. Care records included admission assessments, ReSPECT forms, risk assessments, care plans and progress notes. Risk assessments and care plans lacked detail or evaluation where there were action plans. There were gaps in the observation and health monitoring forms kept in bedside files. For example, NEWS (National Early Warning Score) charts, repositioning, food and fluid charts.

Patient notes were brief, referred mainly to tasks completed and lacked any details on how patients spent their day.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Advanced care practitioners and a nurse consultant were non-medical prescribers (NMPs) and could prescribe medicines in 2 of the 4 wards we visited.

The wards did not use patient group directions (a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber) as there were NMPs and doctors to prescribe.

Staff completed medicines records accurately and kept them up to date. We reviewed 15 prescription charts, 5 on each ward. They were complete and accurate to a good standard. All prescriptions were signed, dated and legible. All patients had a VTE (Venous thromboembolism) assessment and appropriate treatment started or continued.

Staff usually stored and managed all medicines and prescribing documents safely. Mulberry Ward had FP10s (NHS prescriptions forms), and the use of these forms were recorded appropriately as per their policy

All stock medication on both wards were ordered from a local NHS trust weekly. Any extra medicines or medicines to take home were ordered by email. Medicines were transported by porters in sealed pharmacy bags which were signed for.

Both treatment rooms, where medicines and the medicines trollies were kept, were locked and had temperature monitoring with air conditioning units used if the room became too warm. The medicines fridge had a daily temperature check.

We checked some medicines and found they were mostly in date. We found 2 medicines on Mulberry ward that were just out of date. When this was brought to the attention of the ward sister, they were removed and disposed of correctly. Oxygen cylinders were stored correctly with proper signage. Controlled drugs (CDs) were managed and stored correctly and checked daily.

Routine medicines were returned to Pharmacy in a locked box for disposal. Controlled drugs were disposed of in special containers and only when a pharmacist was present.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. The medicines reconciliation was documented in the doctor's clerking notes. Discharge summaries and GP (General Practitioner) letters were the main source of information.

We did not see any evidence that people's behaviour was controlled by excessive and inappropriate use of medicines.

Incidents

Staff recognised and reported incidents and near misses. Managers investigated incidents and learning was shared.

There was an online system for recording accidents and incidents which ward managers investigated. Post-incident reviews were attended by leads in safeguarding, quality and performance and operations managers.

Community health inpatient services

There was an expectation that safety briefs were held daily and where learning was shared. Ward managers shared learning during ward meetings and at handovers. However, we were not assured that staff were always made aware of the learning. The ward manager from Savernake provided examples of post-incident reviews. Staff from Cedar ward told us they were not having safety briefs and were not aware of learning. Longleat ward staff also told us were not having debriefs following incidents or about deaths and were not sure on the process for learning from incidents and accidents.

Is the service effective?

Requires Improvement 

Our rating of effective went down. We rated it as requires improvement.

Evidence-based care and treatment

The service aimed to provide care and treatment based on national guidance and evidence-based practice. Staff were not always respecting the rights of patients in their care.

National Institute for Health and Care Excellence (NICE) guidelines and quality standards were not consistently followed. Staff used recognised rating scales to assess and record severity of risk and outcomes. There were gaps in the recording of Malnutrition Universal Screening Tool (MUST), National Early Warning Score (NEWS), Pressure Ulcer Risk Assessment Too (PURATl) and Venous thromboembolism (VTE).

Nutrition and hydration

Overall patients were positive about the quality of food and the variety of meals. They used special feeding and hydration techniques when necessary but monitoring records were not always completed.

A nationally recognised screening tool was used to assess patients at risk from malnutrition. MUST assessments were not clear on the rationale for having patients on food and fluid charts and risk assessments or care plans were not devised from the assessments. Patients' fluid intake target was not documented on fluid charts and there were gaps in the daily recording of fluid and food. Charts were not totalled each day which meant there was no clear overview of the patient's health. There was no evidence patient's poor intake of fluid or food was escalated for follow-up action.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Patients received pain relief soon after requesting it.

Staff prescribed, administered, and recorded pain relief accurately.

Patient outcomes

The effectiveness of patients' care and treatment outcomes were not consistently monitored.

Patients were referred to the service for rehabilitation. Patients were having up to 3 physiotherapy sessions per week to increase their independence for discharge, but the frequency of sessions were less than the expectation for some patients. Physiotherapists and OT (Occupational therapists) we spoke with said the staff vacancies had an impact on the rehabilitation sessions they were able to offer and with fulfilling. Job specification.

The Assessments were developed and carried out by the therapy teams and identified OT. Activities were initially organised on 25 April 2023 and following a patient's comments about being bored. Exercise sessions were to be organised twice weekly and patients to participate in activities were identified the day before.

Care records included template assessments for NEWS, Pressure Ulcer Risk Assessment Tool (PURAT), VTE, Falls, MUST, communication, and personal care but assessments were not fully completed. For example, all areas of communication or personal care were not completed or detailed the patient's preference for the care records we reviewed on Cedar, Mulberry and Longleat wards.

There were patients on End of Life pathways but care plans were not devised on the priorities of care including pain relief and on their preferences about their death.

Patients were referred to specialist nurses and specialist equipment was provided where risks had been identified. For example, there were referrals to the tissue viability nurse, equipment such as falls mats, air mattresses. However, care plans or updates to risk assessments were not consistently done to identify changes.

We discussed record-keeping with ward managers for the locations visited. A working group with ward managers had been set up to review documentation and had acknowledged documentation was not person-centred and there were gaps in the recording of health observations.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

New staff attended a corporate induction to prepare them for the role they were employed to undertake. New staff had regular supervision although for some their induction happened months after starting to work on the ward. New staff at Savernake ward were positive about the induction, the topics covered and there was no pressure to complete the induction within a specific period or before they felt prepared.

Appraisals were annual. Staff were not supported to develop through regular supervision except for staff in Savernake.

Medical staff were supported by their line managers to develop through regular, constructive clinical supervision of their work.

Mandatory training was reviewed, and additional training was introduced. The dashboard received on mandatory training across the service showed 88% completions.

Managers identified poor staff performance promptly and supported staff to improve. HR were supporting managers with the most appropriate action to ensure patient safety.

Community health inpatient services

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Multidisciplinary team (MDT) meetings were weekly on all wards. They were attended by physiotherapists, occupational therapists, discharge coordinators, and social workers. Carers attend MDT meeting to support their relative with discharge decisions.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support on all wards we visited.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Physiotherapists were assessing patients' capacity to make decisions about their care and treatment and where appropriate occupational therapists were supporting patients to communicate their decision.

Staff implemented Deprivation of Liberty Safeguards in line with approved documentation. Where patients were assessed as lacking capacity staff made the least restrictive decisions which for some included Deprivation of Liberty on leaving the wards.

Recommended Summary Plans for Emergency Care and Treatment (ReSPECT) on what was important to the patient and preferences on treatments in an emergency were not always completed in full. The section with patients preferred name and what mattered to them was blank, others were out of date and there was misleading information. For example, a patient had been assessed as lacking capacity, but all other records indicated the patient had capacity.

Is the service caring?

Requires Improvement 

Our rating of caring went down. We rated it as Requires Improvement.

Compassionate care

Overall patients were positive about the staff. Staff mostly treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Overall patients said staff treated them well and with kindness. However, patients gave examples when their rights were not respected. For example, staff were not using patients' names when they were providing care although their names were clearly displayed.

Community health inpatient services

Call bells were not answered promptly. Some patients raised concerns about the lack of staffing and having to wait for staff attention. Other comments related to patients not having their expectations met for physiotherapy and occupational therapy sessions.

Some staff were knowledgeable about keeping patient care and treatment confidential. Patient's rights were not always respected. Concerns were raised by staff about the lack of confidentiality in Cedar ward. There were concerns about the information that was accessible to relatives who stayed in the ward for prolonged periods during the day and night. Patients' relatives were concerned about the lack of dignity and privacy. They gave examples of when their family member's rights were not respected during personal care.

Staff understood and were knowledgeable about the cultural and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

There was some staff involvement to support patients, families and carers to understand their condition and make decisions about their care and treatment.

Relatives were welcome into wards when they visited. They raised concerns about the lack of communication and lack of staff presence. For example, they described incidents when staff were not available to deliver personal care, of agency staff not knowing their relatives and a lack of communication about care reviews.

While relatives said their views were not gathered through questionnaires, they felt confident to approach the staff or managers with any feedback about the care delivered by staff

Relatives and patients had some involvement from physiotherapist, occupational therapists, and discharge coordinators about their ongoing care and treatment.

Is the service responsive?

Good 

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

Service planning and delivery to meet the needs of the local people.

Patients were accommodated in single rooms or bays of more than two. Wards were mixed sex and bays of two or more patients were single sex.

Community health inpatient services

Wards had a full range of rooms and equipment to support treatment and care. There was level access to wards and by lifts where wards were on upper floors. Corridors were wide and patients were able to be more independent when they needed mobility aids to move around. However, the space to navigate moving and handling transfer equipment on Mulberry Ward was limited in bays.

Meeting people's individual needs

Patient's individual needs and preferences were not always considered.

Rehabilitations and identifiable admission goals was the criteria for admission. Referrals were triaged and assessed by an admissions team and came from the local acute hospitals and GP's.

There were a few completed "This is me" documents for patients living with dementia. Patients background history and preferred names were detailed in the document.

Carers information boards were display at the entrance of Savernake ward which included contact information for the Hospital Liaisons Team and for Carer Support.

Access and flow

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

The access and flow dashboard reports for inpatient wards were available to ward managers. Waiting times for admission to inpatient wards were low.

The admission's team for the provider were responsible for referring patients to wards. Admissions were from hospitals "step down" or from GP "step ups" for rehabilitation. Patients recovering from strokes were admitted to Mulberry Ward where possible.

Patients were assessed during the admission process by allied health professionals. Outcome goals were set from the assessments and, where required, they initiated packages of care for discharge to the community. For example, some patients may need equipment to return home while others will move into full-time care settings.

Patient flow was lower than the average rate of 5%. The average stay across inpatient wards were 35 days. There were daily board rounds to discuss discharges, and delays in discharges were mainly due to lack of social care accommodation in the community. Allied health professionals and discharge coordinators liaised with social workers and external agencies to ensure smooth discharges.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

While relatives said their views were not gathered through questionnaires they felt confident to approach the staff or managers with any feedback about the care delivered by staf

Community health inpatient services

Managers investigated complaints and identified themes which were shared at team level during meetings. The March 2023 dashboard received following the inspection identified 6 complaints and 4 concerns were investigated across inpatient services. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Is the service well-led?

Requires Improvement 

Our rating of well-led went down. We rated it as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The Head of Operations for inpatients, urgent care and flow supported local leadership from ward managers. Oversight of the inpatient services was from their presence on wards and at meetings to discuss quality and performance and for peer support.

Leaders were aware of the challenges facing their services. Staff were positive about ward managers in Mulberry Ward and Savernake. These ward managers were approachable, they had a presence on the wards and team working was improving. However, concerns were raised by staff about Cedar Ward. For example, lack of senior presence at weekends, delegation of tasks to staff not competent and lack of audits and escalation of risk from observations.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from key groups.

Culture

Some staff felt respected, supported, and valued. There were some staff that were focused on the needs of patients receiving care. However, there were instances when patients waited for long periods before they gained staff's attention.

Relatives gave us examples where staff had not respected the rights of their family members. For example, waiting for long periods to gain staff attention when they used call bells.

Staff across all inpatient wards were concerned about documenting observations in the Daily Patient Assessment booklets and the gaps in documenting observations.

There was conflict between staff on two wards which had impacted on patients. For example, on the roles and responsibilities, tasks to be completed and team working. There were concerns about the lack of ward manager's presence on one ward and the perceived conduct of staff.

We discussed the concerns raised with the Head of Operations for inpatients, urgent care, and flow. They told us about the challenges across these wards and the actions they were going to take to improve culture.

Staff on Mulberry Ward praised the efforts made by the ward manager to improve morale. The ward manager was reported to be approachable, had organised after work social events and signposted staff to opportunities for progression. Staff on Savernake Ward also were positive about the ward manager and how they were addressing issues to develop the team.

Governance

Leaders operated governance processes, throughout the service and with partner organisations.

The governance framework was through meetings at team and management level. There were inpatient meetings which heads of operations, and inpatients ward managers attended. Risks were discussed at monthly quality and planning meetings, chaired by the inpatient service manager and included lead nurses and ward managers.

The findings of this inspection were not consistent with the provider audits of records. The Inpatient Snapshot audit provided indicated an Amber impact rating for 3 wards with an overall compliance between 90%-94%. The quality of documentation was not audited, instead documents were only checked for dates of entries and signatures of staff making the entries. For example, Cedar Ward was rated as 90% compliant and documentation and patient assessments logs were accurate and up to date. Longleat Ward was assessed as 94% compliant with documentation at 96% and patient assessment records were at 100% compliant. Although Mulberry Ward was rated at 94% gaps were identified in documentation and accuracy of daily assessment logs. However, care plans and risk assessments, lacked detail where they were in place or missing for some areas of need. For example, personal care and End of Life. Daily patient assessment logs were not consistently completed and lacked evidence of any action when there were signs of health deterioration.

Senior managers had some oversight about personal care and health checks not being linked to care plans or risk assessments, the lack of person-centred care and the conflict between staff at the Cedar and Longleat Wards. However, staff were not having supervision and patients were waiting for extended periods before gaining staff attention. Handover notes were not accurate and there were gaps in the recording of patient's physical health symptoms which meant nurses did not have an overview of a patient's health deterioration. Learning was not shared across all wards. We raised these issues with a senior manager.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service kept a dashboard to monitor performance data. This data was collated to determine the current performance. For example, falls, pressure sores, complaints, and compliments.

Community health inpatient services

The risk register for inpatient services included skin integrity, NEWS (National Early Warning Score) scores compliance and escalation and patient transport. Inpatient ward managers attended senior clinical lead meetings where they reached decisions such as improving communication and flow. For example, transfer of patients, information or equipment between departments, staff groups as part of their care pathway.

There were monthly board meetings where the objectives and performance of the service was reviewed and actions for improvement were identified. For example, a new electronic system for documents was agreed for inpatient wards at the February 2023 meeting.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Managers had access to information that told them about individual ward's performance, including incidents, safeguarding and staff vacancies. The ward managers on Mulberry Ward and in Savernake kept staff and patients informed. They also posted on a whiteboard accessible to staff any relevant information on their latest falls statistics.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Relatives and patients had some contact with ward managers but their views about the service were not sought.

There was partnership working with weekly operation meetings attended by staff from acute, local authority and ICB (Integrated Care Board).

Leaders complimented the staff who delivered care and treatment. The relationships with acute hospitals had improved and the profile of the service had been raised to sharing care once patients were discharged to community inpatient services.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service leaders recognised the need to drive improvement across the service. They understood the issues within the service and were committed to improving the quality and safety of the service.

Ward managers had introduced systems to improve the quality of care and treatment delivered. For example, the ward manager on Longleat Ward had introduced mechanisms for monitoring pressure ulcers and had identified moving and handling champions to ensure new staff were competent to use equipment.

Discharge coordinator posts were introduced to oversee discharges, support complex discharges and to ensure packages of care were in place.

Community health services for adults

Good ↓

Is the service safe?

Good →←

Our rating of safe stayed the same. We rated it as good.

Mandatory Training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The compliance rate of completed mandatory training for clinical staff was above 88% across the service and was in line with organisational expectations. Managers across teams had access to a training matrix and could monitor compliance and identify when training was due.

The service utilised staff with specialisms in different aspects of care to assist the delivery of in house training. This also included workshops where staff could keep their knowledge up to date with specialist areas, such as pressure wound care.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff received training in safeguarding level 2 and band 6 level staff received safeguarding level 3 training. The service had a safeguarding lead who worked across the county locations and liaised with local authorities and relevant teams when safeguarding concerns were reported.

All staff were encouraged to make safeguarding referrals when required. Staff told us they could seek support from managers and the safeguarding lead if needed.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff completed equality and diversity modules as part of their mandatory training.

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff followed protocols to safely dispose of clinical waste following visits to patients' homes and provided necessary resources such as sharps bins so patients and carers could dispose of these hazardous items appropriately.

Community health services for adults

Environment and equipment

Staff routinely recorded safety checks of specialist equipment. We observed that staff checked and ensured they had the correct contents of the grab bags before they went out on their visits. Equipment was calibrated and serviced at regular intervals in line with manufacturers guidelines.

We visited four locations and saw clinic rooms had enough suitable equipment to help them safely care for patients. The environments were clean and tidy. The service utilised external organisations to carry out periodic servicing and calibration on equipment used by staff.

Following the previous inspection we told the provider they should review the environment where the orthotics outpatient clinic at Chippenham Community Hospital is held, due to access difficulties for people who are disabled. During our visit, we saw the clinic had moved and the environment was now appropriate for people with access difficulties due to being disabled.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient. Care records we reviewed at Salisbury did not include a core assessment for those patients and up to date risk assessments were not present. However, records we looked at in other locations had these in place.

Staff triaged patients upon receiving referrals, prioritising patients according to level of need.

The front page of patients care record outlined information related to individual patient visiting arrangements.

The service had a lone worker policy. Staff ensured their whereabouts were known, arrival and departure times were communicated to other team members, who could contact the service or emergency help, if necessary.

We found there were no protocols in place for staff safety when visiting in pairs due to potential safety issues. However, the provider addressed this issue while we were onsite and implemented a protocol staff could follow in the event their safety was compromised during a joint visit.

Staff identified and quickly acted upon patients at risk of deterioration. Care records showed staff escalated concerns, took action and made appropriate referrals to specialist services and emergency services when required. Pressure ulcers were documented and had plans to address ongoing treatment needs. Stageable pressure wounds were escalated in line with national guidance and incident reporting system, unstageable pressure wounds were treated appropriately by the provider and were reported at each point where the stage became known. This resulted in a plan for ongoing treatment and investigation into the cause if a failure in care had been identified.

The service had implemented the National Early Warning Score (NEWS2) to score the physiological measurements of patients to help determine deterioration in physical health. This was introduced following the previous inspection to ensure there was a sepsis pathway in place and that staff working in the community teams have training in relation to this.

The service had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

Qualified bank and agency staff were used to fill gaps where vacancies existed to ensure patients' needs were being met.

In the community teams we saw staff qualified with the specialist practitioner qualification (SPQ). This qualification was designed for district nurses to develop professional growth and enhanced clinical skills. Staff we spoke to undertaking this training told us they were being well supported by leaders to develop and ensure they were equipped to work confidently and competently in the community.

District nurses were encouraged to become a nurse with a specialist interest (NSI).This meant nurses chose specific areas of interest such as tissue viability, diabetes or heart failure and undertook learning of the chosen specialism to provide enhanced support to colleagues.

In the specialist teams, staff were supported to undertake further qualifications, such as masters degree level qualifications, for the specialism they were practicing in.

Senior managers allocated staffing resources using set criteria for each location. For example, for areas where the number of people aged 75 and over was a consideration in staff budget allowances.

Records

Not all patient's care and treatment records were complete or personalised. Information stored within the case management system was not well organised or easily accessible.

The service used an electronic case management system and all staff had access to this. Staff carried password protected laptops with them and could access relevant documents from a patient's home. Staff completed electronic visit records following every home visit.

Five care records we reviewed at one location showed core assessments had not been completed for those patients. This meant the service could not be assured that the patients' needs were fully understood and appropriate. Records were not personalised, and generic statements were used across most care records. However, recording of information by therapy teams was personalised to the patient.

Most information was stored within progress notes, this meant staff would have to scroll through large volumes of progress notes to find key information.

Photographs of patients' pressure wounds stored within the case management system did not show that consent had been obtained at the time of the photographs being taken. However, during home visits, we observed staff asking patients for consent when undertaking intimate aspects of care and treatment. We raised this with managers during the inspection and leaders began the process of implementing a procedure to record evidence of consent being obtained each time a photograph of a body part was taken.

Medicines

The service used systems and processes to administer and record medicines safely.

Patients were mostly prescribed medicines by their GP which were collected or delivered directly to patients. There were nurse prescribers within the community teams and across the specialist services who were able to prescribe, administer and give directions within their clinical competence.

Community health services for adults

The services we visited did not store controlled drugs. Emergency medicines were stored in line with manufacturers' directions.

The provider stored prescription pads in locked cupboards, which were only accessible to staff with prescribing authority. This was implemented following the previous inspection when we told the provider they should; ensure that all prescription pads used by community teams are stored securely.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents. Managers within each locality investigated incidents and shared lessons learned with the whole team and the wider service.

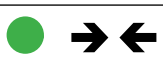
Staff knew what incidents to report and how to report them. Staff reported serious incidents clearly and in line with the providers policy and used an online incident reporting system to do this.

Incidents we reviewed showed clear detail which explained how the process of escalation and investigation of incidents will happen.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. 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. Staff were aware of this duty and the need to be open and honest with patients where incidents occurred.

Staff met to discuss the feedback and look at improvements to patient care. Managers discussed incidents raised and any learning during monthly meetings. Information was cascaded down to staff within locality teams. Meetings were recorded to ensure those who could not attend had access to the content of discussions.

Is the service effective?

Good 

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

Staff followed up-to-date policies to plan and deliver high quality care according to national guidance. The service regularly reviewed and updated their policies to ensure they were in date and in line with the latest guidance.

Care records showed the community teams were using the national early warning score (NEWS2). This recognised tool improved the detection and response to clinical deterioration. Other national recognised tools used included the Malnutrition Universal Screening Tool (MUST) and the Pressure Ulcer Risk Assessment Tool (PURAT) .

Patient Group Directives (PGDs) we reviewed were comprehensive and up to date. Patient group directives are procedural guides in line with organisational policy and national guidance outlining how care and treatment should be delivered for patients requiring those specific treatments.

Nutrition and hydration

Staff were aware of patients' specific nutrition and hydration needs. Care records included documented checks of any food and fluid charts being used within patients' homes. Staff updated and recommended changes as and when required. Information was shared between the community team and dietetics in relation to any nutritional requirements.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff told us why patients would receive pain relief and when specific symptoms meant that administering pain relief became a priority, such as patients receiving palliative care. Staff administered and recorded pain relief accurately.

Patient outcomes

Staff used outcome measures to monitor the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Outcomes for patients were positive, feedback from patients further highlighted this. Community teams discharged patients from caseloads when they were receiving appropriate treatment by other specialist teams or no longer required aspects of district nursing care.

Therapy teams used Goal Attainment Scaling (GAS) as a method to score the extent to which patient's individual goals had been achieved during the course of care and treatment.

The service undertook audits to improve care and treatment. We saw a wound audit and action plan which included progress recorded against actions, lead person responsible and deadline for completion. Other audits included the National Stroke Audit (SSNAP) and a blocked catheter study.

The provider used a digital performance programme named the WHC performance dashboard, this showed various aspects of performance data within team caseloads. We observed trends in treatment waiting times that showed the specialist services referral to treatment time (RTT) were improving from high waiting lists and more efficient timescales of patients accessing different services. For example, the diabetes service had reduced the number of people on the waiting list by two thirds this calendar year. Other dashboards showed positive trajectories for all services regarding RTT times and waiting lists.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. All staff undertook a corporate induction prior to local inductions to the workplace and job role.

Managers identified staff training needs and gave them opportunities to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received specialist training for their role. For example, pressure wound management, quarterly journal clubs for neurology and other interventions required of the specialist teams.

Senior operations meeting minutes we reviewed showed the provider was aiming at rolling out Oliver McGowan autism awareness training in the next two years. However, staff had undertaken level 2 learning disabilities awareness training that was essential for specific roles.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

Service leaders, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multi-disciplinary team (MDT) meetings were held regularly internally to discuss aspects of patient care and how this care would be delivered. MDT meetings also took place externally with three acute trusts to discuss patient flow, resources available and effective management of patients being discharged from hospital wards into community settings. Each meeting had clear agenda items, action plans were developed and patients assigned to appropriate specialisms.

The service had 20 patients on virtual wards, known as 'NHS at home'. 'NHS at home' is designed to allow more patients to receive appropriate levels of care and treatment without requiring a hospital admission. This service is consultant led with advanced clinical practitioners delivering the care and treatment required. We were told the aim was to increase the number of patients using the 'NHS at home' service to 180 by March 2024. Additional advanced clinical practitioners would be recruited to manage the increased workload.

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. Information was available for patients specific to their health concerns, such as smoking cessation and healthy eating.

Staff informed patients of strategies to improve areas of their lifestyle that would benefit the health or physical condition specific to them.

Staff worked with patients to maximise their independence in managing their own treatment. Staff with appropriate knowledge, trained patients and carers to undertake aspects of their care that did not require nurse support.

Consent and Mental Capacity Act.

Community health services for adults

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. However, documentation of consent was not always recorded.

All staff received training in the Mental Capacity Act within the organisations mandatory training.

Staff understood how and when to assess whether a patient had capacity to make decisions about their care. Staff knew how to access policy and get accurate advice on the Mental Capacity Act.

When patients could not give consent staff made decisions in their best interest, taking into account patients' wishes. Home visits and clinics we observed evidenced that staff asked patients for their consent throughout the appointments. However, care records were not always clear what had been consented for. For example, pictures taken of pressure wounds and uploaded onto the care records management system did not clearly indicate permission was sought, at that time, for those photographs to be taken or uploaded. We raised this issue during the inspection and leaders quickly identified methods of how to record consent on the care record system. They told us this would be implemented within 10 days.

Is the service caring?

Outstanding ☆ ➔➔

Our rating of caring stayed the same. We rated it as outstanding.

Compassionate care

We observed staff treat patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff showed compassion and kindness when discussing patient needs and care with others, and in their documentation of patient visits.

Patient feedback was overwhelmingly positive. Thank you cards from patients and relatives were put up around offices for staff to view.

Feedback we received from patients referenced staff being very caring and showing the utmost respect to them and their family members. Patients also stated there was no rush during appointments and staff always took time to chat to them about any concerns, or simply as company.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the emotional and social impact a person's care, treatment or condition had on their wellbeing and those close to them.

Community health services for adults

Patients said staff were excellent and could not fault any aspect of the care they had received. One patient stated, they could not explain how much better their life had become since the nurses began their weekly visits.

Other feedback received was equally complimentary about the care and treatment they had received.

Understanding and involvement of patients and those close to them.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment and supported them to understand how to self-administer medication where possible and appropriate.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service utilised interpreters as and when required, some community nurses were undertaking British Sign Language (BSL) as an additional way to communicate with patients.

Staff provided patients and their families with information on how to complete the Friends and Family Test (FFT), to feedback their experience of care and treatment provided. However, the service had recently increased targets for nurses to give out FFT forms due to low numbers of feedback received in the past 12 months. Feedback that had been received via the Friends and Family Test was positive.

Staff supported patients to make advanced and informed decisions about their care. Care records documented preferences of patients for when they lacked capacity to make a decision for themselves. Care records contained Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms were in patient care records where appropriate.

Is the service responsive?

Good ↓

Our rating of responsive went down. We rated it as good.

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. Locality staffing arrangements were implemented to meet the themes and trends of care requirements of the local communities.

Facilities and premises were appropriate for the services being delivered. There was appropriate disabled access for people attending appointments with speciality teams. All clinic rooms were appropriately equipped.

The service helped care for patients in need of additional support or specialist intervention. Community teams referred patients to specialist services when further intervention was required. For example, patients were referred to the tissue viability team for pressure wounds that required specific methods of treatment.

Managers monitored and took action to minimise missed appointments and reacted to cancelled appointments. Patients told us they had not experienced cancelled or late visits. Community nurses worked with specialist teams to assist patients to access care and avoid adding to waiting lists. For example, community nurses made clinical recommendations to GP's for people with diabetes following relevant observations taken. This meant people did not have excessive wait times to receive prescriptions for medicines. This further helped reduce the wait list for the diabetes service.

Meeting people's individual needs

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

Patients were seen in their own homes and staff were flexible with appointment times to meet patient preferences where possible. Overnight community nursing teams covered the North and South areas of the county for urgent appointments and delivery of care needs between 20.15-07.45am.

The service had information leaflets available for patients and the local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

The flow hub worked to ensure capacity and demand for patients requiring transfer of treatment to different areas of the organisation was linked to the Home First service. This service was provided by the community team and re-ablement team and managed by Wiltshire Council. Daily calls between these teams involved discussions around patient needs, resources available and plans how appropriate care will be delivered.

Access and flow

People could not always access the service when they needed it and receive the right care in a timely way.

Wait times had increased for speciality services due to a number of reasons, such as staff shortages, and this impacted other services as a result. For example, musculoskeletal services and physiotherapy services worked closely. We were told if there were delays accessing one service this occasionally resulted in increased wait times for patients accessing the relevant therapy they required. The Diabetes service had wait times that breached the referral to treatment time (RTT) of 18 weeks. However, waiting times were reducing and target times for treatment were being met across most of the specialist teams. The WHC performance dashoard used by the provider also showed wait times reducing month on month in line with organisational plans to them.

Administration staff within community teams received referral information from external sources. This information was sent to staff members who are rota'd for triage and allocation of patients to community nurses. Administration staff told us they often saw records appearing to present high risks. They would verbally notify the triage nurse and send the information as a priority so patients requiring more urgent support were recognised earlier in the triage process.

Community teams did not have waiting lists and systems for allocating workload were sufficient to ensure patients were visited in a timely way. However, there were higher levels of vacancies in some localities which meant community nurses had higher workloads. Staff told us regular agency workers were becoming more familiar with locality areas and staff pulled together to ensure patients are seen and have their needs met.

Learning from complaints and concerns

Community health services for adults

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns and staff understood the policy on complaints and knew how to handle them. Patients received information on how to give compliments or complain about the services.

Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Is the service well-led?

Good  

Our rating of well-led went down. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Staff spoke highly of leaders and stated they were visible, approachable and supportive. Managers told us they were able to access training to complement their roles. Staff told us managers supported them to develop their skills and take on more senior roles.

Leaders encouraged career progression. This was complimented by Advanced Clinical Practitioner (ACP) roles being made available for staff who wished to progress their career without requiring a move into a management role. This meant ACPs were able to take on extra responsibilities such as mentoring other nurses.

Leaders understood the priorities and issues each of the speciality and community services faced. We were told of plans the organisation had to address required improvements in service delivery.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

The organisation’s vision was to enable people to live independent and fulfilling lives for as long as possible. 'Aim for Outstanding' was a toolkit and process had been developed to assist staff with capturing information to meet objectives of celebrating success and achievements. It also meant the provider could monitor progress against improvements required and provide internal and external assurance.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

During our visit we observed managers and staff working in shared workspaces. We were told this arrangement worked well and they felt comfortable with being open and honest with managers.

Staff told us about reasonable adjustments managers had made for them, such as adjusting workspaces and working arrangements to accommodate changing personal circumstances. We were told managers were highly supportive and some staff told us the working atmosphere, support and working relationship was a large benefit of their role.

Staff had access to a Freedom to Speak Up Guardian.

Managers told us they felt supported by their leaders and felt their input and ideas were always valued.

Governance

Leaders did not always ensure effective governance processes were implemented. However, staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Audits were not effective at identifying care records, across all the community teams, which were not personalised and comprehensive. This meant leaders could not be assured patients who did not have up to date risk assessments and care planning were receiving care and treatment fully appropriate to their needs. However, following our feedback to leaders whilst onsite we were told actions were being take to review their audit process.

Senior operations meetings included agenda items that covered the sharing of oversight across the services. These included capacity for staff to deliver care, individual pressures on specific services and actions to relieve them. Locality updates were discussed to share highlights of what was happening in those areas. These updates included things that had not worked and things that had worked well.

Workforce and development group meeting minutes were submitted to the executive committee. Agenda items included reviewing items on the risk register which would have the potential to impact service delivery.

All leadership meetings were well attended by staff groups that had responsibility for leading all or parts of the services offered.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The digital data display tool used by the organisation helped managers to identify areas that highlighted positive and negative trends. Managers were able to view statistics across community and specialist services and could identify themes and trends which impacted patients.

We were told of specific situations that required additional resources to cope with unexpected events. For example, managers of community teams told us they would adjust the allocation of resources to deal with weather that had the potential to disrupt the ability of responding to patients visits in the community.

Managers and staff regularly met with Local Authority adult social care and local NHS trusts to identify issues regarding capacity and flow of patients.

Information Management

The service collected data and analysed it. Staff could find the data they needed, to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required and commissioners had access to performance data.

Staff had access to portable devices with personal login details so they could update patient information whilst visiting patients in the community.

All staff within the community and specialist teams had access to systems that made sharing patient information possible.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The services held team meetings regularly and staff confirmed there was good engagement. We reviewed team meeting minutes for community teams. These demonstrated line managers updated staff with information such as but not limited to, staffing, safeguarding issues, patient group directives, quality, compliments and complaints.

A recent staff survey showed comments to a variety of questions that were asked. Actions were placed alongside each question to explain what the organisation and its staff could do to address identified concerns. The survey scored highly in areas relating to feeling supported and career progression at work. However, a majority of staff we spoke to stated they did not feel integrated within Wiltshire Health and Care LLP as a wider organisation. Actions to address this included linking with other professionals in the county with similar specialities and leaders meeting with new starters as part of their induction.

Managers cascaded information from managers meetings to team meetings. There was an agenda item in the community team meetings discussing senior ops meeting minutes.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Community health services for adults

Staff in community teams told us about quality improvement projects (QIP) and workstreams they were involved in. For example, we were told about a falls quality improvement project and this aimed at reducing the number of harm from falls. Other quality improvement projects included reviewing the care management system templates, the quality indicators for a geriatric emergency care (GeriQ-ED 5) to improve care pathway selection for over 65s, blocked catheter studies, insulin incident investigation and the pressure ulcer QIP.

Community urgent care service

Good

Is the service safe?

Good

We rated it as Good

Mandatory training

The service provided mandatory training in key skills including the appropriate level of life support training to all staff.

The mandatory training compliance target rate was 80% and 79% of staff had completed basic life support training

However, not all staff received training relevant to their role and had training on how to respond in an emergency. For example, the Adult Intermediate Life Support (ILS) and Paediatric Intermediate Life Support (PILS) training. Staff at Chippenham MIU have compliance rates of 72% for ILS and PILS training. The compliance target set by the provider was 80%. The provider acknowledged that small numbers of staff impacted on overall compliance rates and this was sometimes challenging

Nursing staff received and kept up-to-date with other mandatory training. taff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff were aware of reporting procedures for safeguarding and where to seek additional support both on site and within the organisation. We saw staff asking relevant safeguarding questions and accessing the child protection information system including links to looked after children (LAC) or those on child protection. Staff asked the questions sensitively and took appropriate, timely action as needed.

All safeguarding referrals were recorded as an incident on the provider's recording system, and a local spreadsheet was produced every 4 weeks. The MIUs had good links with local multi agency safeguarding hubs (MASH) services.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. However, some of the chairs in the children's waiting area at Chippenham were ripped which could pose a risk of infection

Community urgent care service

All areas at Trowbridge MIU were clean, had suitable furnishings, which were clean and well maintained. At Chippenham MIU the areas were clean however a chair in the waiting room was ripped and as a result could not be decontaminated properly. This may lead to a risk of infection. The provider has a responsibility to reduce the risk of infection

The service performed well for cleanliness in recent internal audits, which showed a high percentage of compliance. Cleanliness was part of the daily checks for the nurse in charge of the unit as part of the audit process.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw staff cleaned chairs and any equipment used in triage after each patient.

Clinical waste and sharps bins were well managed, and cleaning records were up to date, demonstrating that all areas were cleaned regularly.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff were trained to use them. Staff managed clinical waste well

The service had some maintenance issues that needed to be addressed. During our last inspection we saw chairs in the children's waiting area in Trowbridge minor injuries unit were ripped which posed a risk of infection. While the chairs had now been replaced and in good working order at Trowbridge, we saw that the covers on a few chairs in the children's waiting area in Chippenham MIU with tears.

We also found the main toilet at Chippenham Hospital had a broken pipe with sharp edges and loose internal lagging. We were told the estates department were responsible for escalating concerns regarding the building. However, the provider addressed this issue while we were onsite and repaired the broken pipe as soon as it was identified

Not all minor injury units had x-ray facilities available during their opening hours. X-ray facilities were not provided by the MIU and were delivered by another provider. This meant, at weekends patients had to travel for x-rays at local emergency departments.

The children's waiting area at Chippenham and Trowbridge minor injury units were not in the line of sight of reception staff. At Trowbridge minor injuries unit, the children's waiting area was monitored by CCTV. However, the children's waiting area in Chippenham MIU was not being actively monitored by CCTV. We raised this with the provider during our inspection, and the service immediately rectified this by splitting the CCTV monitor to display the children and general waiting area.

There were emergency press buttons in all patient areas which alerted staff in an emergency. Staff tested the emergency call system regularly. Staff ensured that equipment was checked regularly. They completed daily safety checks of specialist equipment, including oxygen cylinder checks. Staff ensured that medication fridge temperatures were monitored and recorded. Clinical waste and sharps bins were managed appropriately.

Assessing and responding to patient risk

Staff completed risk assessments for each patient. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

Community urgent care service

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Since the last inspection the MIUs started using the Manchester Triage Tool and its use was well established.

Specific risks were planned for and pathways for patient care were in place, such as for severe allergic reactions. We saw staff treated patients at risk of severe infection, sepsis, appropriately and accessed relevant resources and advice.

Staff had access to appropriate equipment for dealing with emergencies and were competent and confident in using it.

Staff completed risk assessments for each patient on admission using the triage tool and patients care was prioritised according to clinical need.

The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. For example, we saw staff had worked with the mental health team and the police to keep somebody safe after they attended the MIU in mental health crisis.

Staff shared key information to keep patients safe when handing over their care to others. We saw staff providing detailed handovers to ambulance staff about the care of a deteriorating patient.

Shift changes and handovers included all necessary key information to keep patients safe.

Nurse staffing

The service did not always have enough nursing staff and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. oth MIUs regularly relied on bank and agency staff to fill shifts.

The Trowbridge MIU had needed to close three times between October and December 2022 due to staffing issues. The Chippenham MIU had not had staffing issues which required closure of the service over the winter period. Local arrangements were in place to manage the needs of the population in times of high demand.

Bank and agency staff were frequently used to maintain safe staffing levels. However, on 30 April 2023 there were 2 staff vacancies on the shift at Chippenham MIU, which meant they were below safer staffing levels. Leaders told us this was due to unexpected staff sickness.

Leaders told us they had good relationships with the agency and only used regular, experienced staff to cover shifts. Several of the agency staff had worked at both MIUs for several years and staff felt they were colleagues with equal responsibilities, accountability, and experience as substantive staff.

There were recruitment plans across the service and several initiatives were being undertaken to attract new staff to substantive roles. For example, employing staff at a higher pay grade and offering them the opportunity to train to become an emergency Nurse Practitioner (ENP).

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance.

Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction. We saw an example of a comprehensive, completed staff induction checklist

Community urgent care service

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient records were comprehensive, and all staff could access them easily. We saw clear, detailed, and contemporaneous recording of patient information. Electronic records were accessible by all staff and agency nurses had log in details arranged prior to their shift. Records were stored securely.

When patients transferred to a new team, there were no delays in staff accessing their records.

Acute hospital colleagues and GPs could see notes written by staff at the MIUs via a shared system.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Some staff were non-medical prescribers, which meant they were able to prescribe medicines without a doctor. Most of the medicines prescribed were via Patient Group Direction (PGD), which qualified nurses can prescribe after completing and signing competency for its use. We checked the PGD recording sheets signed by nurses and they were all completed at Chippenham MIU.

However, at Trowbridge MIU we found not all nursing staff had signed for all relevant PGDs. We raised this on inspection and the pharmacist said they would take immediate action to rectify this.

Staff followed systems and processes to prescribe and administer medicines safely. We saw relevant medicines stored, prescribed, and administered safely at the service.

Emergency medicines for the treatment of severe allergic reaction, asthma, low blood sugar, seizures, infections and narcotic drug overdose were available, checked, and in date. There were records of medicines stored and appropriate measures in place to check expiry dates, fridge and storage temperatures.

We saw staff accessing medicines prescribed for patients safely and with appropriate checks and monitoring in place. Controlled drugs for pain relief including codeine and Oramorph were available, and these were stored, administered and recorded accurately and appropriately.

At Chippenham the child emergency medicines were separated and stored together in a small pack for ease of administration in an emergency.

Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely. Staff learned from safety alerts and incidents to improve practice.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned and were open and honest with patients.

Staff knew what incidents to report and how to report them. Staff were familiar with the incident reporting system and when to report an incident.

Community urgent care service

We were told risk workshops were held by senior leaders, but no minutes of these were available.

Staff were clear about organisational processes to escalate concerns and incidents. Staff gave examples of reporting incidents appropriately and how to follow these up with managers.

When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers reviewed incidents frequently and provided debrief and support for staff after any serious incident. We saw examples of team debriefs following incidents including when a 999 ambulance was called for a deteriorating patient.

Due to the small size of the MIUs all staff had access to peer debrief and support throughout the shift. Staff said they valued this informal support and debriefs by managers were effective and timely.

Is the service effective?

Good

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw patients receiving good quality evidence-based care and treatment.

We reviewed 6 sets of patients notes from the MIUs over the previous 24-hour period. We saw 4 sets of notes from Chippenham and 2 sets from Trowbridge MIUs. We saw clear, detailed and contemporaneous recording and appropriate assessment and treatment plans for patients as needed.

All patients were triaged by a qualified practitioner within 15 minutes of arrival at the MIU. Staff consistently met this target. This triage process ensured patients were safe to wait or were appropriately signposted to other services at the earliest opportunity. Patients' needs were assessed and care was prioritised according to risk.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Patients had their levels of pain assessed at triage using a pain score tool.

We saw patients being offered appropriate pain relief, including children. Staff supported those unable to communicate using suitable assessment tools.

Community urgent care service

Patients received pain relief soon after it was identified they needed or requested it. Staff prescribed, administered and recorded pain relief accurately. Some controlled drugs for pain relief including codeine and Oramorph were available and these were stored, administered and recorded accurately and appropriately

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The MIUs undertook audits of their practice which were reviewed by leaders regularly. There was a monthly MIU performance audit and several other specific areas audited at both sites.

These audits included triage performance, safeguarding, consent, sepsis, monitoring early warning signs of a deteriorating patient and clinical notes monitoring.

The service completed local audits and participated in relevant national clinical audits. For example, an antibiotic prescribing audit, to assess their practice in line with national guidance and best practice. Outcomes for patients were positive, consistent and met expectations, such as national standards.

Managers shared and made sure staff understood information from the audits.

Some patients had regular appointments at the service for dressings and a wound care clinic. Patients said they appreciated this service and described the quality of care received as very good.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Staff were competent, experienced and had relevant qualifications. Several staff had been supported by the organisation to complete further specialist training including nurse prescribing and the emergency nurse practitioner course. All staff received a thorough, documented induction and regular updates on key topics.

Multi-disciplinary clinical team supervision was offered every 4 weeks. Staff received yearly appraisals and at the time of the inspection 85% of staff had an appraisal. Staff said the level of supervision was appropriate and they felt supported in their role. Staff described managers as approachable and that they could approach them for additional supervision at other times.

Staff said they had access to appropriate training opportunities. Staff were encouraged and enabled to update their skills and knowledge. We saw evidence of professional development and career progression across both MIUs. The clinical educators supported the learning and development needs of staff.

Multidisciplinary working

Doctors, nurses, and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Community urgent care service

The MIUs had good links with other services including contact with an emergency physician in charge at the local emergency department who could offer clinical advice. Patients could be referred directly for x-rays and physiotherapy on site and the service had established links with orthopaedics and fracture clinics. We saw evidence of appropriate case closure and onward referral to other services.

Staff said they could always access professional support and advice from medical colleagues across a range of services. However, staff said the mental health liaison team were not always able to offer timely support or advice. Leaders said they were working to improve this by having meetings with the mental health team.

Seven-day services

Key services were not available seven days a week to support timely patient care. The x-ray department was not available at the MIUs over the weekend. The x -ray service was not staffed or provided by the MIU. This meant patients had to travel to access x-ray services.

The MIUs had responded to patient feedback related to the lack of x-ray availability at weekends and arranged for MIU staff to remotely view x-rays taken at Bath and continue with a treatment plan by calling the patient and advising next steps when the x-rays were reviewed, this prevented patients from having to return to the MIU. Patient feedback was positive about this initiative and meant patients did not have to wait for a long time in the emergency department.

Chippenham minor injury unit was open seven days a week from 8am to 8pm. However, Trowbridge minor injuries unit was opening for reduced hours, between 8am to 4pm due to staff shortages. This meant patients needed to travel or use the local emergency department outside of these hours. Staff at Trowbridge minor injuries unit were keen that the current opening hours were extended as soon as possible. Senior leaders told us this was under regular review, and it hoped to increase opening hours when staffing levels improved.

Staff could call for support from doctors and other disciplines and diagnostic services, including mental health services, 7 days a week and spoke highly of relationships built with external colleagues.

Health Promotion

Staff gave patients practical support and advice to lead healthier lives.

We saw staff providing advice and guidance related to people's health and wellbeing. For example, we saw staff providing advice about falls prevention.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

We saw 6 sets of patient notes which included clear consideration of consent, capacity and safeguarding issues. Staff were competent in assessing mental capacity and gaining informed consent. All staff were able to describe the principles of the Mental Capacity Act (MCA).

We saw staff using an MCA assessment with appropriate recording and follow up actions clearly documented and shared appropriately. Staff showed discretion and sensitivity when working with patients who did not have full mental capacity and involved them, and their carers, in their treatment plan.

Community urgent care service

Staff working with children demonstrated their knowledge of relevant competencies and carried out appropriate assessments of children, including consideration of learning disabilities and autism.

Staff told us where and when they would seek additional support and information around use of the MCA including local staff with specialist skills and knowledge. Staff had access to local policies and procedures within the MIUs.

Is the service caring?

Good

We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. People and their families received kind and compassionate care. We observed staff were discreet, respectful, and responsive when caring for people.

Staff protected people's privacy and dignity and understood people's needs. Staff took time to listen to and speak with people in a kind and compassionate way. Staff supported people to understand and manage their care.

We spoke with 12 patients, and relatives. All people we spoke with told us they felt safe and cared for. One patient told us staff were always friendly. They told us the staff were approachable. Patients were treated with respect, and it was expected that staff would also be treated with respect by patients. We observed signs asking people to be kind to the staff.

People were enabled to make choices for themselves, and staff ensured they had the information they needed. Information was provided in a way that the patient could understand. Staff gave people help, emotional support and advice when they needed it. We observed staff speaking with people using a calm tone of voice and helping them to relax which eased their distress.

Everyone we spoke with told us they thought highly of staff and the care they received. Patients said staff were always kind and they never felt rushed. Staff understood and respected the individual needs of each person. All staff told us they could raise concerns about disrespectful, discriminatory, or abusive behaviour or attitudes towards people who used the service and would not hesitate in doing so.

All staff we spoke with told us they loved their job. Staff spoke with passion about their role and spoke with empathy when discussing people. They understood the needs of their community and wanted to provide the best service they could. We saw staff handled sensitive information confidentially and ensured patients could not be overheard when they were distressed by moving them to a quiet place.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Community urgent care service

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff had regard for patients' emotional and social needs. They demonstrated empathy and understanding when patients were distressed.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We were told of staff working beyond their rostered hours to support a patient emotionally when they needed to be transferred to the local hospital. Although busy, we saw staff going the extra mile to provide sensitive and appropriate care to meet people's emotional needs.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Patients we spoke with said they understood what was happening to them and knew what the next steps in their treatment would be. Patients knew how long they might have to wait for and understood that staff had prioritised patients according to their degree of injury or illness.

Staff talked to patients in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Recent patient experience surveys showed very positive results at both locations. Between January and March 2023, 20 'Friends and Family' surveys were returned, and all rated the service as very good.

Is the service responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The service met the needs of local people by offering an effective, accessible alternative to the emergency department or GP attendance for minor injuries. The MIU at Trowbridge adjusted its opening hours to ensure safe provision of healthcare and appropriate staff skill mix. This decision to reduce opening hours was reviewed regularly and staff were keen to be able to increase hours again when safer staffing levels were established.

The individual needs of people attending the service were met and adjustments put in place to make MIUs accessible for people with different needs. Staff had good knowledge and skills in working with people with dementia and mental health needs. We saw staff working effectively with autistic people and adapting communication styles to meet their needs. Staff were able to access interpreters, including sign language interpreters, and communication aids to meet the needs of people. Local arrangements were in place to manage the needs of the population in times of high demand.

Community urgent care service

When a patient presented acutely unwell and needed urgent intervention by staff and an ambulance called, this impacted on waiting times for other patients. This was explained by staff sensitively and clearly to patients who were waiting. Patients said they understood this and appreciated being kept updated about waiting times.

The four key risks identified on the MIU Risk Register reflected our findings on inspection, and had clear mitigation plans in place. These included an ongoing recruitment programme and educating other professionals about which patients were appropriate referrals for MIUs. The impact of these risks influenced the timely treatment of patients attending the MIUs.

Meeting people's individual needs

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

Staff made sure patients living with mental health needs, learning disabilities or dementia, received the necessary care to meet their needs.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, patients, their loved ones and carers could get help from interpreters or signers when needed.

Access and flow

People could not always access the service when they needed it and receive the right care promptly. For example, Trowbridge MIU closed at 4pm daily. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

The provider aimed for all patients presenting at MIU to be seen by triage staff within 15 minutes. This target was usually consistently met according to audit data we reviewed. The MIUs had an established process in place to monitor capacity and flow. Managers regularly monitored waiting time and capacity and escalated concerns appropriately and in a timely way.

When patients waiting time is going to exceed the opening hours of the service then patients are triaged only to check they are safe and signposted to other services.

The MIUs clearly displayed their waiting times and would triage anybody who presented to MIU. The Directory of Clinical Services (DOCS) and NHS 111 are informed that the MIU has reached capacity and asked to redirect patients to alternative services. We saw this process at work in both services and staff explained to patients the rationale and clear guidelines were in place.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives, and carers told us they knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. For example, there were signs in the waiting areas.

Community urgent care service

The MIUs had received 3 complaints in the last 12 months for clinical treatment. We saw these had been investigated with the involvement of patients and an appropriate outcome reached.

Staff we spoke with knew about the complaints process and how to handle complaints.

Managers investigated complaints and identified themes.

Staff could give examples of how they used patient feedback to improve daily practice.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, the feedback from patients about x-ray being closed at weekends led to the MIUs developing a remote system for reviewing x-rays to reduce time patients waiting in emergency departments.

Is the service well-led?

Good

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills and abilities to run the service. Team leaders were dedicated trained practitioners with a variety of relevant skills and abilities which enabled them to run the services well. The Minor injury unit leaders met daily every day to discuss any issues. Leaders said they have experienced a very supportive senior leadership team. Senior leaders acknowledged that they would like to be more visible. However, all staff told us senior leaders were supportive and available when needed.

Leaders understood and managed the priorities and issues the service faced. Leaders met with the senior executive team to discuss their ideas about creating a more robust urgent care service across the county.

Leaders were visible and approachable in the service for patients and staff. Team leaders worked on shift with their colleagues, supporting the team when they experienced pressure.

The service supported staff to develop their skills and take on more senior roles. Senior leaders supported their teams well, including student nurses. We were told of a number of opportunities for staff to undertake Emergency Nurse Practitioner training to develop their practice.

However, there were current gaps in the leadership team. Senior leaders acknowledged this had put a strain on the team, but this had also provided supported opportunities for staff development and succession planning. The provider had a transformational leadership programme. We were told of the development of the transformational leader's programme and staff were enthusiastic about this.

Community urgent care service

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and new how to apply them and monitor progress.

Staff knew and understood the provider's vision and values and how to apply them in their work of their team.

All staff knew how to apply the values of kindness, integrity, teamwork and excellence in their day-to-day work and demonstrated this throughout our inspection.

Staff told us they were given the opportunity to contribute to discussions about their service so they could put forward their views for continuous development.

We were told of the Wiltshire Health and Care Delivery Plan 2022-2025, which focused on building sustainable models across the geography of Wiltshire. This included senior leaders working alongside clinical partners across Bath and North East Somerset, Swindon and Wiltshire (BSW) to develop a strategy for the future of urgent care for the service.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service promoted equality and diversity in its daily work and provided opportunities for career development. Staff said morale was good. All staff showed passion and commitment to providing high quality care for patients. They said there was a good culture where staff felt able to share their views without fear of reprisals.

Staff were proud of the organisation as a place to work and spoke highly of the culture. However, staff told us that at times the high workload was contributing to poor morale within the teams. Staff said they had confidence in senior leaders' ability to manage this with the ongoing recruitment programme.

Staff understood the whistleblowing process for raising concerns and said they felt comfortable in approaching their manager or clinical lead if applicable. Staff were aware of the role of the Freedom to Speak Up Guardian and knew how to contact them. Staff said they were able to raise concerns to the manager or senior management team and would be listened to if they did.

Staff told us the service promoted equality and diversity in its day-to-day working and they had received the appropriate training. The service embraced cultural differences and valued the knowledge and understanding a diverse workforce brought to the service. Staff told us they enjoyed coming to work and loved being part of the community.

Some staff told us about adjustments that had been put in place to enable them to work at the service. For example, support through flexible working hours.

Staff praised the development opportunities available. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and shared best practice. Staff described a positive learning culture and appreciated opportunities to learn new skills.

Community urgent care service

The latest staff survey was completed in December 2022.Staff survey results also showed that staff felt positive about working for the provider.The main concerns outlined in response were around pay, cost of living increases, staffing levels and work pressures. These issues were being addressed by senior leaders.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.

The senior leadership team and managers ensured that information was fed between the board and service, and that information was shared to the staff team.

The leadership, culture and governance were effective in the delivery of high-quality, person - centred care. The service monitored standards of care to continually improve outcomes for people. The MIUs both had a programme of audits to monitor areas such as care and treatment records, specialist training, staffing levels and staff supervision and appraisals.

The service held a range of meetings including safer staffing and quality meetings which shared issues and concerns, identified actions and monitored progress.

During the last inspection we found that team meetings were not held regularly for all staff. There was some improvement with this at Chippenham. However, at Trowbridge MIU team meetings were not currently held regularly due to staff shortages. Staff told us they received regular updates from managers and a general and clinical newsletter had been introduced following requests from staff.

We were told of a recent team meeting away day, which included a combination of team discussions, supervision and external information sharing, and these were hoped to be a regular three-monthly meeting.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally.

Staff were aware of risks to the service and the people using it and had acted to reduce these risks. All staff could give examples of risk, learning identified and actions arising. We were told of an improved communication process with the local ambulance service following a delay in transferring a patient to the nearest acute hospital.

Identified risks were escalated through the governance structure and identified on the risk register. During our last inspection we reported that the service did not have an urgent care specific risk register. During this inspection we confirmed this was now in place.

Community urgent care service

Risk management across the service was comprehensive and recognised as the responsibility of all staff. The main risks identified to the service were recruitment, short notice closure of the radiology department and struggling to get a patient conveyed by ambulance when necessary. Senior leaders held regular risk workshops to review and escalate risks.

The services had business continuity plans in place in the event of an emergency that threatened service delivery.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff collected and analysed data about patient outcomes and performance to drive improvement.

All staff had access to the information they needed to deliver safe and effective care. There was enough equipment and information technology available for staff to do their work. Staff had access to the electronic and paper documents they needed. There were systems to replace the electronic system when technology failed.

Performance reports provided information on areas such as mandatory training, staffing, complaints, safeguarding and care planning. Managers received feedback on their key performance indicators from which they created action plans if applicable.

The electronic system supported staff to report incidents and manage their own performance. We were told there were times when the electronic system would fail. However, there were systems to replace the electronic system when this happened.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Leaders actively engaged with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population.

Leaders from the service participated actively in the work of the local transforming care partnership.

Staff participated in feedback surveys and the service provided us with the action plan for 2023. Areas for improvement included continued discussions about pay and recruitment to vacant posts to relieve pressure on staff.

The service worked closely with external stakeholders. We were told of projects to improve the service of urgent care, including working alongside local General Practitioners to build resilience for the service.

Staff had access to the provider's intranet which provided them with up-to-date information on items such as policy updates. Patients could access information about the service through the provider's website, including opening times and what treatment was available.

Patients could also provide feedback through the website or by feedback forms. We saw a number of patients give written feedback on the day of the inspection. Comments included how friendly staff were and how kind everyone had been.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The provider sought feedback from people and those important to them and used the feedback to develop the service. Patients could feedback ideas for improvement through the service website

Staff were encouraged to develop their skills in this area and contribute to the quality improvement programme. Staff said they were given the time and opportunity to learn.

Leaders were responsive to concerns raised and performance issues and sought to learn from

them to improve services. However, leaders acknowledged staff shortages meant they were not always able to lead with innovation or participate in research.