

Leicestershire Partnership NHS Trust

Community health services for adults

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Our findings

Community health services for adults

Good   

Our rating of this location improved. We reviewed 3 key questions; safe, effective, and well led. Safe, effective and well led were rated good.

We rated it as good because:

- Staff provided good care and treatment to patients and gave pain relief when they needed it. Managers monitored the effectiveness of the service and ensured staff were competent. Staff worked well together for the benefit of patients, advised them how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- The service provided care and treatment based on national guidance and ensured staff were competent for their roles. Staff were up to date with mandatory training. Staff had regular supervision and appraisal. Staff had access to a range of specialist training.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Patients underwent a thorough assessment of need and care plans were based on best practice and recovery oriented. Assessments were completed in collaboration with patients and carers and progress was regularly reviewed in line with the patient's care plan.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. Patients spoke highly about the care they received from the staff within each of the older adult services. Patients spoke highly about district nurses. Staff actively involved patients, their families and carers in care decisions.
- There was an established governance structure within the service. There were clear systems of accountability and team managers were actively involved in the operational delivery of the service. There was a clear statement of visions and values. Staff knew and understood the vision, values, and strategic goals of the service.
- Safeguarding processes were in place which reflected national guidance and were understood by all staff. There was a clear structure of reporting and responsibility for safeguarding.

However

- Due to the high number of staff vacancies, the provider sometimes used agency staff who were not employed by one of the trust's approved agencies. Not all these members of staff had access to the electronic health records of the patients they were caring for.
- Due to the high number of staff vacancies, high use of agency staff and acuity of patients, staff morale was low in some areas and there was a high level of sickness and turnover of staff. Managers were aware of this and were taking action to address these concerns.

Background to inspection

Our findings

The trust was formed in 2002 to provide mental health, learning disability and substance misuse services. In April 2011 the trust merged with Leicester City and Leicestershire County and Rutland Community Health Services, because of the national transforming community services agenda. This enabled joined up mental health and physical health care pathways to advance health and wellbeing for the people and communities of Leicester, Leicestershire, and Rutland.

Leicester Partnership NHS Trust (LPT) provides community health services to over one million people across Leicester City, Leicestershire, and Rutland. Just under one third live in Leicester City and approximately four percent live in Rutland. The community health services for adults are part of the community health services directorate and provides community nursing services, including specialist respiratory and heart failure nurses, community therapy services including rehabilitation and a falls prevention service.

Most patients cared for by community health services for adults are over 65 years of age. Services provide care and support to help patients stay well and prevent future problems, support them to live at home and provide treatment when they are ill to help them recover. Community health services for adults are delivered from a wide range of locations including trust premises and third-party locations delivering services to local communities. In Rutland, health services are delivered in partnership with the local authority where an integrated model of health and social care is being delivered.

The trust provides community nursing teams which are located throughout the city and county areas with the three main areas being the city, the east and the west. In total, there are 8 community nursing teams (hubs) across Leicester, Leicestershire, and Rutland. Each area has teams which provide scheduled care and unscheduled care.

We previously inspected community health services for adults in November 2017. The CQC rated community health services for adults as requires improvement overall, with safe, effective, responsive, and well led rated requires improvement. Caring was rated as good.

This was a focused inspection, which was undertaken to review pressure ulcer care and management following an increase in incidents relating to pressure care.

How we carried out this inspection

To fully understand the experience of people who use services, we asked the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Reviewed the quality of the service environment and observed how staff were caring for patients
- Spoke with 6 patients who were using the service
- Attended 4 home visits and during the visit spoke with 4 patients
- Spoke with 6 carers

Our findings

- Attended a triage meeting and observed 2 patients being reviewed at clinic
- Spoke with 17 staff members; including, senior matron, matrons, team leader senior district nurse, issue viability nurse, senior nurses for complex care, healthcare assistants and administrative staff
- Reviewed 8 care and treatment records of the patients
- Carried out a specific check of medicines management and clinical equipment
- Reviewed a range of policies, procedures and other documents relating to the running of the service.

The inspection team consisted of 1 CQC Deputy Director of Operations, 3 CQC Inspectors, and an Expert by Experience

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

What people who use the service say

- All patients we spoke with spoke highly about district nurses. One patient stated they, “Can’t fault the community nurses”. Another patient described the community nurses as, “Very good”, adding that, “You can’t fault any of the nurses”. A third patient told us, “All the community nurses are very good but all very different, they all know exactly what to do.” Another patient told us, “All of my nurses are angels every one of them”.
- However, one patient told us some of the agency staff visiting did not have the same level of skills required to ensure things were done to the same standard as when they were visited by the trust employed staff. A second patient told us that they were, “Confident with the district nurses but not so with bank nurses, still feel safe but a little concerned with ability” adding that, “Something doesn’t feel right”.
- One carer advised that they had raised concerns about a nurse, who hadn’t followed the dressing regime. This nurse no longer visited the patient.

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.

Nursing staff received and kept up to date with their mandatory training. All mandatory training figures at the time of inspection were above 92%. The average training figure across all 8 teams was 99%.

Mandatory training relating to pressure area care and wound management was delivered once at induction. Staff also received regular specialist training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia. Staff could access training on suicide awareness and dementia, however this training was not mandatory.

Our findings

Mandatory training for staff on how to support autistic people and learning disabilities had been completed by 93.4% of staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us that they would be informed by both their manager and via the electronic record systems if they were due for refresher 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 received training specific for their role on how to recognise and report abuse. The mandatory training level for adult safeguarding training level 2:99%, level 3:83% and safeguarding children level 2:98%. All staff we spoke with understood safeguarding systems and process and how to protect patients from abuse. Teams had clear protocols in place for raising safeguarding alerts for grade 3 and grade 4 pressure ulcers, which were followed by all staff.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff attended mandatory training in equality, diversity, and human rights. The average mandatory training rate for equality, diversity, and human rights at the time of inspection across all 8 hubs was 99%.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff regularly raised safeguarding concerns with the local authority. Between January to end December 2023, the services had raised 38 safeguarding concerns with the local authority. Staff within each team had access to a safeguarding lead. Staff raised a safeguarding concern in response to all grade 3 and grade 4 pressure ulcers.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff knew how to identify abuse and how to raise a safeguarding concern. Staff discussed possible safeguarding issues at board round meetings and team meetings.

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. Staff kept equipment and their work area visibly clean.

Team bases were clean and had suitable furnishings, however the team base at Hinckley was in urgent need of redecoration. Managers were aware of this and this team base had been prioritised for redecoration.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Patients told us that PPE is always worn and that dressings are disposed of appropriately. All staff had access to PPE.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Managers undertook a monthly audit of clinical equipment. The audit results of clinical equipment for December 2023 were 96%.

Our findings

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.

Staff carried out daily safety checks of specialist equipment. The provider undertook quarterly audits of the environment. The audit results for December 2023 were 96%.

The service had suitable facilities to meet the needs of patients' families, however most appointments took place in the patient's home.

The service had enough suitable equipment to help them to safely care for patients. Staff had access to or could request specialist equipment when required.

Staff disposed of clinical waste safely. The provider had systems and process in place for the disposal of clinical waste, which staff adhered to.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff also used a pressure ulcer risk assessment tool to identify patients who were at risk of developing a pressure ulcer.

Staff completed risk assessments for each patient on referral, using a recognised tool, and reviewed this regularly, including after any incident. Staff undertook a holistic assessment of all patients using a nationally recognised assessment tool. Staff updated assessments following any changes in the patient's clinical presentation.

Staff knew about and dealt with any specific risk issues. Staff had access to a range of care plans for pressure care and wound management, which were based on up-to-date best practice.

The trust was an integrated mental and community health trust. The service had 24-hour access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. Staff were aware of how to access mental health services and made referrals when required.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. Staff had accessed specialist services for any mental health assessments as required.

Staff shared key information to keep patients safe when handing over their care to others. Patient records were robust and contained all key patient information. However, we found not all staff had timely access to the electronic health record. The trust employed agency staff from approved providers (within framework) wherever possible. Where gaps in staffing remained, staff sought permission to request agency staff from other agencies (which were not generally used, as they were 'out of framework'). We were told that in these circumstances, not all agency staff had immediate access to the electronic health record. However, this risk was mitigated via support from permanent staff.

Shift changes and handovers included all necessary key information to keep patients safe. Staff had ensured that all key information was communicated to the team.

Our findings

Nurse staffing

The service did not have enough permanent nursing and support staff. However, managers regularly reviewed and adjusted staffing levels and skill mix and gave bank and agency staff (within framework) a full induction.

The service did not have enough permanent nursing and support staff to meet patients' needs. However, the provider covered vacancies with bank and agency staffing to ensure people were kept safe. Managers used agency staff from agreed providers wherever possible, however approved agencies were not always able to cover all shifts. Managers then had to employ agency staff from providers with which the trust had not agreed contract (out of framework). Where staff were used from agencies which were out of framework, support was provided by a member of the permanent staffing team.

Managers accurately calculated and reviewed the number and grade of nurses, nursing associates and healthcare assistants needed for each shift in accordance with national guidance. Staff told us that the funded establishment would meet the needs of the service, however (reflecting the national recruitment situation), managers were unable to recruit enough permanent staff.

The number of healthcare assistants mostly matched the planned numbers. At the time of our inspection, there were 7 vacancies for healthcare assistants across the 8 hubs.

The service had high registered nurse vacancy rates. As of 31 December 2023, the service had 144 vacancies, which was equivalent to 22% of the funded establishment. The highest number of vacancies was for band 5 nurses 89.45 (35%) and the lowest number of vacancies was for band 7 nurses; 1.43 vacancies (3%). The total number of vacancies for registered nurses across the 8 hubs was 104. The team with the highest number of vacancies for registered nurses in December 2023 was the City East team with 34.21 vacancies. The team with the highest number of vacancies for both healthcare assistant and assistant practitioners in December 2023, was City West with a total of 6 vacancies.

The service had high turnover rates. The average turnover rate for all 8 hubs was 6.18%. The highest turnover rate (12.77%) was in the City West hub and the lowest turnover rate (1.23%) was in the Charnwood hub.

The service had high sickness rates. The average sickness rate January to December 2023 across all 8 teams was 6.38%. The highest sickness rate in the 12-month period January to December 2023 (9.8%) was in the Hinckley hub, whilst the lowest sickness rate (3.93%) was in the East North hub.

The service had significantly high rates of bank and agency nurse usage. The total number of shifts used across all 8 hubs between January 2023 to December 2023 was 19,791. The highest monthly usage of bank and agency was in November 2023 when there were 2,022 shifts of agency and bank used across all 8 hubs (an average of 253 shifts per hub). The number of shifts covered by bank or agency staff used in December 2023 to cover for sickness across all 8 hubs was 1,904 shifts. This is equivalent to 103 full time staff members. The highest number of agency shifts used in December was 594 (City East hub), which was equivalent to 16 full time staff. The lowest number of agency staff used in December was 67 (North West hub).

Managers had approved several named agencies for usage which were described by the trust, as being 'within framework'. Managers had to approach these agencies in the first instance as the trust were assured of the training and competencies of staff from these agencies. However, due to the high number of agency requests, staff had to approach agencies which were out of framework. Where this occurred, there were processes in place to ensure staff had access to an induction and had appropriate training.

Our findings

Managers had not always made sure all bank and agency staff (not within framework) understood the service. Staff told us that agency staff used 'within framework' had received an induction. However, agency staff used from agencies 'not within framework', were not all aware of how to set up a care plan or how to use the electronic care record system. This resulted in additional pressure for permanent staff, who due to the auto planner system for their workload, had limited available time to support colleagues.

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 notes were comprehensive, and permanent and approved agency staff could access them easily. However, agency staff used from agencies 'not within framework', were not all able to access patient notes. The patient record system was slow at times, particularly when accessing photographs. Nursing staff should be able to access patient information in a timely way, to ensure the most effective use of nursing time. Staff conducted a monthly audit of community nursing records which showed an overall improvement over the 12-month period January to December 2023. The highest percentage compliance (87.70%) was recorded in December 2023. The lowest percentage compliance (77.30%) was recorded in February 2023.

When patients transferred to a new team, there were no delays in staff accessing their records. All patient records were electronic and could be accessed by members of the multidisciplinary team, and primary care.

Records were stored securely. All patient information was recorded on the electronic patient health record.

Medicines

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

Where required, staff followed systems and processes to prescribe and administer medicines safely. However, the prescribing of medicines was generally done by the patient's General Practitioner (GP). Nursing staff generally prescribed dressings, however the service did employ non-medical prescribers, who were able to prescribe medications where required.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff reviewed the effectiveness of medications (including dressings) at each appointment and documented this discussion in the patient's electronic health record and discussed these findings at handovers and team meetings.

Staff completed medicines records accurately and kept them up to date. All documentation had been kept up to date.

Staff stored and managed all medicines and prescribing documents safely. Medication kept within the team fridges were stored correctly and the fridge temperatures were monitored daily.

Staff learned from safety alerts and incidents to improve practice. We saw examples of learning from incidents embedded in practice. An example of this was the uploading of photographs of pressure ulcers. These enabled staff to identify improvement or deterioration in the patient's clinical condition.

Our findings

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. All staff including bank and approved agency (within framework) had access to the electronic system to report incidents. However, agency staff who were employed for agencies which were not within framework, did not always have access. Staff received training provided by the corporate patient safety team. The training focused on the whole of the incident reporting process including the history of patient safety and the importance of reporting (reporting, review and closure and the escalating of incidents for a higher level of investigation).

As of November 2023, the trust had reported 16 category 3 pressure ulcers, and 9 category 4 pressure ulcers. The highest number of grade 3 pressure ulcers was recorded in August 2023 (24), and the lowest number of grade 3 pressure ulcers was reported in July 2023 (9).

The highest numbers of grade 4 pressure ulcers (9) were reported in August and November 2023. The lowest number of grade 4 pressure ulcers (2) was reported in November 2023. Staff raised a safeguarding alert in relation to all grade 3 and 4 pressure ulcers.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. Staff were aware of how to raise an incident and who to escalate any concerns to. Staff discussed incidents and the outcome of reviews within team meetings.

The service had no never events.

Managers shared learning with their staff about never events that happened elsewhere. Staff told us there was a learning board in each of the team bases. We saw an example of a learning board in the Hinckley team base. This included information relating to learning from other teams.

Staff reported serious incidents clearly and in line with trust policy. However there had been no serious incidents reported since July 2023.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff monitored compliance with the duty of candour and discussed in team meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff received regular updates in relation to incidents. Staff were able to discuss incidents and associated actions and learning in supervision and team meetings.

Staff met to discuss the feedback and look at improvements to patient care. Managers ensured that all teams held monthly team meetings to which all staff were invited. Staff members who could not attend meetings had access to team meeting minutes.

Our findings

There was evidence that changes had been made because of feedback. The district nurse and tissue viability team had undertaken a wide review of pressure area and pressure ulcer management over the previous 12 months. As a result of this work staff had access to up-to-date policies, procedures and step by step instructions relating to the assessment, care, and management of pressure ulcers.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers ensured incidents had been investigated thoroughly and involved patients and carers as an integral part of the investigation process.

Managers debriefed and supported staff after any serious incident. Managers ensured that all staff received support including a debrief following any serious incident.

Is the service effective?

Good   

Our rating of effective improved. 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 best practice and national guidance. The provider had implemented a non-healing wound pathway. The pathways included posters with pictures of different forms of pressure ulcers. The pathways provided clearly outlines treatments for each form of pressure ulcer and actions required.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers where relevant.

Nutrition and hydration

Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff undertook a nutritional screening for all patients deemed at risk of, or who had a pressure ulcer.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. All patient records we reviewed contained completed Waterlow assessments, a pressure ulcer risk assessment, which included a focus on nutrition and tissue malnutrition.

Specialist support from staff such as dietitians was available for patients who needed it. Staff invited members of the multidisciplinary team to all patient reviews. We found there had been an increase in involvement of other disciplines in the patients' care including podiatrists and dieticians.

Our findings

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.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We reviewed 8 care and treatment records all of which contained an assessment and documentation of pain scores.

Staff ensured that patients were prescribed pain relief when required. All patient assessments reviewed contained a view regarding pain and assessed the requirement for pain relief. Staff ensured that patients had been prescribed appropriate pain relief where and when required.

Patient outcomes

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

The service participated in relevant clinical audits. The most recent pressure ulcer audit took place in December 2023, which focused on 29 category 3 and 11 category 4 pressure ulcers across 5 hubs. Patient notes were selected at random. The audit demonstrated that 100% of patients had assessments, care plans, visiting schedule and incident form in place. Ninety five percent of patients had up to date photos, 92.5% had the correct equipment in place (one patient had declined), 90% of patient had been referred to the tissue viability nurses and 95% had evidence that therapy, dietetic or medication review had been considered. The lowest audit result related to a registered nurse review of the patients' care every 4 weeks, which had taken place in 85% of patients.

Outcomes for patients were positive, consistent, and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. Managers shared and made sure staff understood information from the audits. The results were discussed in team meetings and posted on the lessons learned boards.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. Over the 12-month period January 2023 to December 2023, the service conducted 8 clinical audits of which 3 were quarterly (medicines management, office equipment and environment and vehicle boots). Monthly audits included NEWS2 assessment conducted at initial assessment, record keeping, clinic equipment, city wounds clinics and hand hygiene. The outcome of 6 audits demonstrated an overall improvement over the 12-month period January 2023 to December 2023.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. Improvement is checked and monitored by the patient safety improvement group, which also had a subgroup focusing on pressure ulcers. These groups ensured that learning is assured and provide a thematic analysis to track their improvement progress. The progress with learning was reported to 'Quality Forum'.

Competent staff

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

Permanent staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Staff had access to a range of both mandatory and specialist training for their roles.

Our findings

Managers gave all new staff and agency staff (within framework) a full induction tailored to their role before they started work. All permanent and agency staff (within framework), had a 2-hour initial face to face induction which looked at a range of key information, including leadership behaviours (at all levels), equality, diversity and inclusion, staff support networks and freedom to speak up information. All permanent and agency staff (within framework), were issued with an employee toolkit, titled 'My first 90 days'.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection, the appraisal rate for permanent staff across all 8 hubs was 91% for the 12-month period January to December 2023. The highest appraisal rate 97% was in the North West hub, and the lowest appraisal rate 83% was in the City West hub.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. The average supervision rate for the 12-month period January to December 2023 across all 8 hubs was 92.45%. The highest average supervision rate for the 12-month period January to December 2023 across all 8 hubs 98.5% was in the North West hub. The lowest average supervision rate across all 8 hubs for the 12-month period January to December 2023, was 83.9% in the City West hub.

Training and development, senior staff (including clinical educators) and tissue viability nurses supported the learning and development needs of staff. The provider offered a range of specialist training associated with pressure area care and management.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff in all teams had access to team meetings. Managers ensured that meetings were minuted and that staff had access to the minutes. This ensured that all staff had access to essential information. Managers ensured that staff had access to information relating to learning. Team bases had learning boards in place to ensure that critical information had been shared.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The overall mandatory training figures for the period 1 January 2023 to end December 2023 across all 8 teams, was 99%.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All staff had access to annual appraisals and associated personal development plans.

Managers made sure staff received any specialist training for their role. Staff could attend a range of pressure ulcer and wound care training. Staff could access a range of specialist and additional training courses. These included suicide awareness, Mental Capacity Act, record keeping and care planning, management and prevention of falls, medicines management, duty of candour, sepsis in adults, the Oliver McGowan training on learning disabilities and autism and anaphylaxis levels 1 and 2.

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

Multidisciplinary working

Doctors, 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. Managers ensured that all involved disciplines were invited to each multidisciplinary meetings.

Our findings

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked in close partnership with the tissue viability team, GPs, dieticians, podiatry, and other services where required.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. Staff were aware of what mental health services were available and how to access these services.

Patients had their care pathway reviewed regularly by the multi-disciplinary team. Staff reviewed patients regularly in multidisciplinary meetings, the frequency of which depended on the patient's identified needs.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff had access to a range of information which they shared with patients. This included information on wound management and pressure area care including repositioning. Staff provided patients with a range of self-help booklets and provided patients with coasters which included health information relating to pressure area prevention, care, and treatment.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. All patients referred into the service were initially screened by triage. The outcome of the triage assessment was to identify the urgency of the referral via 4 levels which were rated Red (patients needed to be seen within 2 hours), Amber (within 24 hours), Green (within 3 days) and Blue to have information provided by administrative staff. All patients were provided with advice on healthy lifestyle and were signposted to other services (such as podiatry and dieticians) as required.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff had access to specialist training on the Mental Capacity Act.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff were aware of the need for patients to provide informed consent and assumed that patients had capacity unless there were reasons to think otherwise.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Staff closely followed the trust's policies and procedures when decisions were made in patient's best interest. Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records. Patient records were comprehensive and contained detailed records regarding capacity assessments and best interest decision.

Staff could describe and knew how to access policy and get accurate advice on the Mental Capacity Act. Staff had accessed support when required.

Our findings

Is the service well-led?

Good  

Our rating of well-led improved. 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 addressed all of the must do actions identified following our previous inspection. Staff we spoke with told us that managers were visible and approachable in the service for patients and staff. However, some staff stated they had seldom seen senior managers. Team managers supported staff to develop their skills and take on more senior roles or where staff had interests this was developed. Managers were supporting staff to develop in their roles including advancement to both associate and registered nurse training.

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 vision for the trust was to 'create high quality compassionate care and wellbeing for all'. This vision was underpinned by the trust values of compassion, respect, integrity, and trust, with safety and quality being the key focus for the organisation.

Managers held several workshops which were attended by over 100 staff members from community health services from different grades. The aims of the workshops were to help the trust to determine what was required to deliver the vision of the trust, what staff need to meet patients' expectations and to 'define the ideal culture that is needed to achieve the trust's ambition for a coordinated community health services'. The workshops enabled staff who attended to help define the ideal culture. Managers then used all the feedback and statements to develop a culture statement and charter for the service.

Culture

Staff did not always feel 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 inspection we spoke with 17 members of staff, and most told us they felt respected, supported, and valued. However, we were informed that some teams had low levels of morale, and there were high levels of sickness and turnover of staff.

During our conversations with staff, we found there was low morale in some teams. The main cause for low staff morale related to the high level of demands and acuity, and number of vacancies within the teams. Staff duties were allocated by an auto planner. Staff told us that the duration provided for each nursing duty was not adequate for the types of care provided. Managers informed us that a piece of work had been undertaken recently, the result of which highlighted the need for additional staff time. The results of this project were to be presented to the executive team for consideration.

Our findings

The results of the most recent staff survey (2022) identified several strengths of working for the trust, which included flexible working, diversity and equality, compassionate leadership, opportunities to develop, teams working well together, appraisals and line management feedback. The survey also identified areas for improvement which included raising concerns about unsafe practice, work pressure and burn out, staffing and recommending the trust as a place to receive care. The trust developed a prioritised action plan to address the issues that staff had raised. However, concerns relating to work pressure and low morale were identified during this inspection.

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 and this was confirmed by all staff, patients, and their families we spoke with during inspection.

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.

The service had key performance indicators in place which were monitored monthly and discussed in team meetings.

The service had safeguarding leads within teams and had access to a safeguarding team who were valued by managers and the staff team. They gave safeguarding advice and support, supervision, training and kept safeguarding policy and procedure up to date.

The service had a clear audit schedule which included infection prevention and control audits, both environmental and in terms of performance. Staff were clear about the types of incidents to report, and the service had an effective system for recording, auditing and, where necessary, investigating incidents that occurred. The governance of incidents is overseen by the incident oversight group, which ensures oversight of the incident reporting, investigation, and development of associated action plans. The group also ensures that any safety incidents which meet the statutory duty of candour is actioned.

Managers identified themes and looked at ways to improve the service. Compliance rates for supervision and appraisal were very good and staff told us they had opportunities to develop and progress within the service. 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. Staff completed mandatory training assigned to them and the service had an effective system for recording and monitoring training.

Feedback from patient and carers was positive. All patients we spoke with spoke highly of the district nurses. One patient told us that “all of my nurses are angels every one of them”. During inspection we observed skilled staff who had developed positive relationships with patients and their families and treated them with understanding, empathy, and compassion.

Managers had an ongoing robust system in place for recruitment and ensured the necessary employment checks were carried out on all staff, including directors of the service. However, the services faced the same national issues around difficulty recruiting permanent registered staff. The trust and worked with several identified agencies which were used ‘within framework’. The trust ensured that staff from these agencies had the skills and competencies required to undertake their role. However, there was low morale within some of the teams and high turnover rates. Staff told us that this was due to current vacancies within the teams and the high turnover of staff.

Our findings

The provider hosted a pressure ulcer prevention week in November 2023. The event included a “patient story to showcase the impact of pressure ulcers and help staff to understand their impact”. Staff found the event useful, together with the circulation of both local and national guidance (Society of tissue viability) information and resources relating to pressure ulcers. The tissue viability team also produced a suite of videos which staff could access as and when required.

Staff had access to risk registers on both a team and overall service, which managers could add to and remove as patient and team risk levels changed.

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.

Leaders and teams used systems to manage performance effectively. Managers had access to a training and development database, carried out regular audits, incident reviews and investigations. All staff had access to regular clinical and safeguarding supervision, annual appraisals and team meetings and practice forums. Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. The service had a risk register which highlighted the main risks to the service and was regularly reviewed. The service had business continuity plans to cope with unexpected events.

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.

The service collected reliable data and analysed it. Managers completed a quarterly clinical assurance and compliance report. Performance data was submitted to NHS England as part of their quarterly return. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The service used an electronic patient record system which all staff could access, and the system was used by other healthcare professionals enabling the sharing of information. The service created templates and updated the system to ensure they captured all appropriate information and enabled the service to analyse data to improve outcomes for people who used the service. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service was using visual record technology to capture high quality photographs, videos, sound recording, and patient reported outcome measures (PROMS) and synchronising these with the patient’s electronic health record. To date this has resulted in positive outcomes and recordings of pressure ulcers. This enabled nursing staff to make an informed decision regarding that patient’s current condition, based on the findings of the patient’s last appointment.

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.

Staff engaged well with the provider. However, whilst staff were committed to the values and vision of the trust, morale was low at times. Staff collaborated with a range of partner organisations to help improve services for patients. Staff worked well with other agencies and knew who to contact for support, advice, or education.

Our findings

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. Staff within community health services were involved in a range of quality improvement initiatives. They had a good understanding of quality improvement methods and the skills to use them. Recent initiatives included the nurse associate development programme, healthcare assistant training, insulin, insulin self-care, catheter care and the deteriorating patient (national early warning scores; NEWS2 projects). Leaders encouraged innovation and the service engaged in clinical audit and as a result implemented new tools, training, and engagement to improve outcomes for people using the service to support evidence-based care.

The service won the Workforce Innovation category in the Health Service Journal for a second time. The award related to a transformation programme which helps community nurses plan visits, reduce travel time, and increase time with their patients.

Our findings

Areas for improvement

Action the service **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 service SHOULD take to improve:

- The provider should ensure that all agency staff (including those not under the trust's approved framework), have access to the electronic health record.
- The provider should ensure that actions are taken to address the current low staff morale, high sickness, and turnover rates.
- The provider should consider whether dementia training should be mandatory.
- The provider should ensure that the environment at the team base at Hinckley is well maintained.

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.