Anglian Community Enterprise Community Interest Company (ACE CIC)

Quality Report

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Date of inspection visit: 5, 6, 7 and 22 December 2016
Date of publication: 26/04/2017

Core services inspected	CQC registered location	CQC location ID
Community Adults	Clacton Hospital, Harwich Hospital, Kennedy House	1-28960859,1-289609440,1-289640064
Community Chidrens, young people and families	Clacton Hospital, Harwich Hospital, Kennedy House	1-28960859,1-289609440,1-289640064
Community Inpatients	Clacton Hospital, Harwich Hospital, Kennedy House	1-28960859,1-289609440,1-289640064
Community Urgent Care	Claton Hospital, Harwich Hospital	1-28960859,1-289609440

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

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

Overall rating for community health services at this provider	Good 
Are services safe?	**Good** 
Are services effective?	**Good** 
Are services caring?	**Good** 
Are services responsive?	**Good** 
Are services well-led?	**Requires improvement** 

Summary of findings

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Summary of findings

Overall summary

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

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a comprehensive inspection of Anglian Community Enterprise between the 5-8 December 2016, with an unannounced inspection on 22 December 2016 to Clacton and Harwich Hospital.

This community enterprise company provides a number of NHS community services to the population of North East Essex. During our inspection we visited the three registered locations at Clacton, Harwich and Kennedy House, as well as a number of small clinics and services run across the region.

Prior to undertaking this inspection we spoke with stakeholders, and reviewed the information we held about the provider. The provider had undergone significant change since 2011, when it left the NHS and became Anglian Community Enterprise. In 2015 Anglian Community Enterprise (ACE) was awarded one of England's largest current healthcare contracts to deliver Care Closer to Home (community based health services).

The comprehensive inspections resulted in a provider being assigned a rating of 'outstanding', 'good', 'requires improvement' or 'inadequate'. Each core service receives an individual rating, which, in turn, informs an overall provider rating. The inspection found that overall the provider has a rating of

Overall, we have found that the provider was performaing at a level which led to the judgement of Good with some elements of Requires Imporvment.

We inspected four cores services, Urgent Care, Community health for adults, Community inpatient services

and Community services for children and young people.

Our key findings were as follows:

Safe

- There was an open culture for reporting incidents, with clear action plans and learning within teams.
- There was a good understanding of safeguarding adults and childrens across the services.
- Staff were knowledgeable about Duty of Candour.
- Mandatory training was above target in most areas.

Effective

- Evidence based practice was embed through the organisation and services followed national guidance.
- The provider participated in the NHS safety Thermometer and the NHS Medication Safety Thermometer, which overall showed that patients were receiving safe and harm free care.
- There were good examples of multi-disciplinary working to improve patients outcomes.
- In Community, Urgent Care and Childrens services there was a good understanding of Mental Capacity and Deprivation of Liberty and both Fraser guidelines and Gillick competence.

Caring

- Patients were treated with kindness, compassion, dignity and respect throughout all of the services we inspected.
- Patients were involved on their care and staff were focussed on the individual needs of the patients.
- There were examples of staff going above and beyond what they were expected to do.

Responsive

- Services were planned around the needs of the patients and there was on going work to fulfil the "care closer to home" contract.
- There was a flagging system in use within the electronic patient records to identify vulnerable patients such as those with a learning disability.
- The provider was part of the Maternal Early Childhood Sustained Home Vising (MESCH) programme, which provided support by health visitors to vulnerable families.

Summary of findings

- People were supported to raise concerns, complaints and compliments across the service, and there was evidence in how learning from complaints was used to change practice

Well Led

- There was a vision and strategy in place which focussed on integrated working and the changing needs and commissioning environment of healthcare, with the introduction of the "care closer to home" contract.
- 50% of staff owned a share in the company.
- Overall staff felt that the provider was supportive and that engagement and training opportunities were good.
- There was a corporate risk register, rating risks from low through to very high. Risks were clearly documented with summary updates, ownership of risks and actions taken to mitigate risk.

We saw several areas of outstanding practice including:

- ACE was awarded the Stage 3 Unicef Baby Friendly Accreditation in January 2016.
- ACE had been nominated as a finalist in the UK Social Enterprise Award 2016.
- The provider was in the process of deploying new technology phones, following a successful pilot project, in the use of wound photography in community nursing service.

Importantly, the provider must:

- Complete and submit Notifications as required by the Care Quality Commission (applicable to all ex-NHS Community Interest Companies), for changes, events and incidents affecting the service or the people who use it.

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

- The provider should consider reviewing the children's waiting areas in urgent care, to ensure they provide visual and audible separation from the adult waiting areas in line with intercollegiate standards for Children and Young People in Emergency Care settings.
- The provider should ensure medicines including are stored in line with provider policy at all times.
- The provider should ensure equipment is stored safely and in line with provider policy at all times.
- The provider should ensure equipment is fit for purpose and ensure maintenance and servicing is completed in line with provider policy at all times.
- The provider should ensure compliance rate for mandatory training courses is in line with the provider's compliance target.
- The provider should maintain staffing levels in line with recommendations in their staffing report and Royal College of Nursing guidance.
- The provider should ensure that knowledge of Mental capacity and Deprivation of Liberty is embedded in learning and practice.
- The provider should consider the level of safeguarding training provided to non-registered staff providing clinical care.
- The provider should ensure that all relevant standard operating procedures are updated and implemented across the organisation.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Fiona Allinson, Head of Hospital Inspections, Care Quality Commission

Team Leader: Lorraine Bess, Inspection Manager, Care Quality Commission

The team included CQC inspectors, inspection managers, pharmacy inspectors and a range of specialist advisors including: previous director of Nursing and Quality, Head of Childrens Community Services, Paediatric Matron, Associate Nurse Consultant and specialist working in the Academy of Health Care Science.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the type of services provided by the organisation.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the service provider and asked other

organisations to share what they knew.

We met with members of the board both collectively and on an individual basis. We also met with service managers and leaders, and clinical staff of all grades. During the inspection we held three focus groups with a range of staff who worked within the service across the geographical area covered by the provider. We visited many clinical areas and observed direct patient care and treatment. We talked with people who use services. We observed how people were cared for, talked with carers and family members, and reviewed care or treatment records of people who used services. We met with people who used services and carers, who shared their views and experiences of the service.

We carried out an announced inspection visit from 5th December 2016 to 8th December 2016. We carried out an unannounced inspection to two locations on 22nd December 2016.

Information about the provider

Anglian Community Enterprise provides services across the area of North East Essex to a population of 325,000 people. It provides the following core services:

Community Adults

Community Childrens, young people and families

Community Inpatients

Community Urgent Care

Summary of findings

Anglian Community Enterprise has a total of three registered locations, Clacton, Harwich and Kennedy House.

Anglian Community Enterprise was formed as a social enterprise in 2011. It had previously existed as an Arms Length Body of North East Essex CCG. It is a community interest company and is limited by shares and is employee owned. The organisation now provides services from more than eight locations with an income of about £64 million, and employs more than 1150 staff.

Anglian Community Enterprise has been inspected four times at Clacton, three times at Harwich and twice at Kennedy House since registration.

What people who use the provider's services say

- Patients , families and carers overall were positive about the care they received from Staff. Friends and Family responses were overall positive with the "would you recommend this service" question typically high and above 95% across all services.
- Patient experience surveys were carried out locally as well as patient listening exercises as part of the Patient Experience Programme.

Good practice

We saw several areas of outstanding practice including:

- ACE was awarded the Stage 3 Unicef Baby Friendly Accreditation in January 2016.
- ACE had been nominated as a finalist in the UK Social Enterprise Award 2016.
- The provider was in the process of deploying new technology phones, following a successful pilot project, in the use of wound photography in community nursing service.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Importantly, the provider must:

- Complete and submit Notifications as required by the Care Quality Commission (applicable to all ex-NHS Community Interest Companies), for changes, events and incidents affecting the service or the people who use it

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

- The provider should consider reviewing the children's waiting areas in urgent care, to ensure they provide visual and audible separation from the adult waiting areas in line with intercollegiate standards for Children and Young People in Emergency Care settings.
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- The provider should ensure compliance rate for mandatory training courses is in line with the provider's compliance target.
- The provider should maintain staffing levels in line with recommendations in their staffing report and Royal College of Nursing guidance.
- The provider should ensure that knowledge of Mental capacity and Deprivation of Liberty is embedded in learning and practice.

Summary of findings

- The provider should consider the level of safeguarding training provided to non-registered staff providing clinical care.
- The provider should ensure that all relevant standard operating procedures are updated and implemented across the organisation.
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Anglian Community Enterprise Community Interest Company (ACE CIC)

Detailed findings

Good

Are services safe?

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

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

Summary of findings

We rated safe as good because:

- There was a good culture of incident reporting, with evidence of learning from incidents.
- There was a good understanding of safeguarding adults and children amongst staff.
- Mandatory training rates were generally at or above the provider target.
- Staff had a good understanding of Duty of Candour.
- A recent staffing review had been completed for inpatient areas which identified the needs for an increase in nursing and therapy staffing numbers.

However:

- Staffing levels on inpatient areas, particularly Kate Grant Ward, were not in line with the Royal College of Nursing guidance of one qualified nurse to eight patients overnight.

Our findings

Duty of Candour

- Regulation 20 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 is a regulation which was introduced in November 2014.This regulation required the provider to notify the relevant person that an incident has occurred, to provide reasonable support to the relevant person in relation to the incident and to offer an apology.
- The provider had a Duty of Candour policy in place, and all staff received training as part of the mandatory training programme.

Good

Are services safe?

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

- The inspection team found that staff had a good awareness and understanding of Duty of Candour. Staff also carried a Duty of Candour card as an "aid memoir", which outlined the statutory requirement required.
- Staff were able to give examples of when Duty of Candour would be applied, and evidence was seen of Duty of Candour being recorded in notes and on a letter regarding a specific incident.

Safeguarding

- The operational group meetings for adult and childrens safeguarding reported into the monthly safeguarding strategy group. There was a governance structure in place and clear lines of accountability up to the organisation board.
- Staff had access to safeguarding adults and childrens policies and procedures. Inspectors saw flowcharts displayed across the service which indicated how and who to contact should a safeguarding concern was identified.
- There was a good understanding amongst staff of safeguarding responsibilities and how to escalate concerns. Female Genital Mutilation (FGM) and child sexual exploitation was incorporated into mandatory safeguarding training.
- We saw evidence of action plans in relation to FGM and the Goddard enquiry into child sex abuse 2016, in the Management Executive meeting minutes. This also included the number of staff that had received safeguarding supervision which was 100% in September 2016.
- The safeguarding team represented the provider at external sub groups. There was representation at the Essex Safeguarding Childrens Board, in which staff would carry our any Multi Agency Case Audits. There had been no audits required for Qtr. 2 in 2016. There was also representation on the Missing and Child Exploitation sub group (MACE).
- The level of safeguarding training was identified by each staff group and compliance was consistently above the 95% target.

Incidents

- The provider had an electronic incident reporting system. There was a culture of awareness and reporting of incidents.
- The organisation board had oversight of trends, learning and actions taken from incidents.
- During the period of April 2016 to October 2016 a total of 1629 incidents were reported, 16 were reported as serious incidents.
- During October 2016 there were 189 incidents report, with the top three reported incidents as: Pressure ulcers 93, slips, trips and falls 12 and 9 safeguarding incident reports. 145 of these were recorded as no or minor harm, 43 as moderate harm and one reported as catastrophic harm which was being investigated under the Domestic Homicide Review, section 9 of the Domestic violence, Crime and Victims Act 2004 at the time of the inspection.
- Between April 2016 and September 2016 46 medication incidents were reported. Staff were able to report incidents using an online system which were then investigated by the appropriate manger.
- Medication incidents were reported through the Management Executive Committee (MEC), Board and to the Clinical Commissioning Group on a monthly basis. Inspection teams saw how trends in medication incidents were reported and actions taken.
- Any learning and action points from incidents were shared in a monthly newsletter "Cascade 7" or emails were sent to individual team leaders
- There was a well-established system for investigating incidents using root cause analysis methodology. Incidents reported were detailed with clear Learning from Experience Actions "LEAPS" which were included in the action plans.
- Inspection teams saw examples of changes that had been introduced as a result from learning from incidents. Incidents were included as a standing item on the agenda in team meetings.

Good

Are services safe?

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

Staffing

- The provider had a Recruitment Policy and a Workforce and Organisational Development Strategy for 2015-2022.
- Staffing levels planned and actual hours were recorded in the October 2016 Board report, however the report lacked depth and rigour as it did not include the use of bank and agency staff, nor areas of risk in relation to safe staffing levels. Inspectors identified that in the month of September 2016 Kate Grant ward overnight had shifts in which there were no permanent ACE staff on duty.
- There was no narrative in the Quality report November 2016, which reflected the concerns that inspectors found in relation to staffing levels on Kate Grant ward, where one Registered Nurse was on duty overnight for 22 beds, which was not in line with the Royal College of Nursing guidance of one qualified nurse to eight patients.
- Health visitor caseloads were not in line with the Laming Report 2009, with the recommendation of caseloads not exceeding 400 children per health visitor. Data showed that Health visitors caseload were between 400-500, with no clear oversight on how this was being monitored.
- The providers overall staff turnover for October 2015-September 2016 was 19.8%.
- However the provider had recently completed a staffing establishment review for inpatient wards using a staffing model. This had identified a need to increase establishment which had been approved by Board and in the process of going out for recruitment at the time of our inspection.

Major incident awareness and training

- The provider had a major incident and continuity plan across all sites which was available to staff on the providers intranet website. However, a new Emergency plan had been written at the time of the inspection and identified a number of actions required such as loggists training and in call managers training. This did not provide assurance that the organisation would be prepared in the event of an emergency situation.
- There was no training for Hazardous Materials (HAZMAT) and Chemical, Biological, Radiological and Nuclear (CBRN) for key staff.
- The 'Community Gateway' (single point of referral hub) had a major incident plan of IT system failure which covered how referrals would be managed and triaged.

Are services effective?

Good

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

Summary of findings

We rated Effective as good because:

- Evidence based practice was embedded through the provider and services followed national guidance.
- The provider participated in the NHS safety Thermometer and the NHS Medication Safety Thermometer, which overall showed that patients were receiving safe and harm free care.
- There were good examples of multi-disciplinary working to improve patients outcomes.
- In Community, Urgent Care and Childrens services there was a good understanding of Mental Capacity and Deprivation of Liberty and both Fraser guidelines and Gillick competence.

However:

- Across the inpatient areas, particularly Trinity ward, there was a lack of understanding regarding mental capacity, DoLs and best interest decision making.

Our findings

Evidence based care and treatment

- National Institute of Health and Care Excellence guidelines (NICE) were reported at Board level and reviewed as being implemented, not applicable, partially implemented and relevance being determined. There was reference in the Board report that advice and guidance was sought when determining if NICE guidance was relevant, for example through North East Essex Management Committee in relation to drug therapy.
- Inspectors saw polices and guidelines that had been updated in line with updated NICE guidelines. There was a provider process to ensure that policies and procedures were up to date and in line with best practice. However inspectors found out of date guidelines in two of the inpatient areas which had not been reviewed in line with the review date.
- There was evidence that National guidance was followed. For example the Cardiac Rehabilitation exercises were based on the British Association for Cardiovascular prevention and Rehabilitation.
- Inspectors saw evidence of Standard Operating Procedures (SOPS) referencing NICE guidance, for example NICE guidance on infant co-sleeping (CG37).
- Staff delivering End of Life (EOL) care used the Gold Standard Framework (GSF) to ensure that the highest standard of care was being delivered. This was evident in the on-going work with other providers such as the local hospice.

Patient outcomes

- The provider had a number of Commissioning for Quality and Innovation (CQUIN) measured in place. CQUIN's are quality indicators agreed with the provider's commissioners and are designed to improve services. The 2016-2017 CQUIN tracker shoed that some CQUINS had been met for example sepsis screening and administration of Intravenous Antibiotics in patients identified with sepsis, however there were others which were not met for example antimicrobial resistance and stewardship which was under review in conjunction with the local trust.
- In October 2016 there were 51 clinical audit projects registered on the providers clinical audit programme. These included the provider internal audits such as review of clinical policies and external audits such as the Unicef Breast Feeding audit. There were a number of audits in which targets were met, for example one year and 15 month child checks.
- The providers Sentinel Stroke National Audit Programme (SSNAP) audit data showed that the 45 minutes of daily therapy for stroke patients had been met in May, August and September 2016. However,inspectors were told by inpatients that therapy sessions were sometimes shortened or cancelled due to staff shortages.
- The provider participated in the NHS Medication Safety Thermometer which is a measurement tool for improvement that focuses on Medication Reconciliation, Allergy Status, Medication Omission, and identifying harm from high risk medicines. In September 2016 compliance was 95-100% for each area.

Are services effective?

Good

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

- The provider participated in the NHS inpatient Safety Thermometer, which is an improvement tool. It involves a monthly snapshot audit, which includes information on pressure ulcers, falls, urinary tract infections (UTI), catheters and venous thromboembolism (VTE). Between October 2015 and October 2016 percentages were consistently above 95%, meaning that patients in inpatient areas were receiving harm free care.

Multidisciplinary working

- There were integrated community teams in place, for example nursing and therapy team carried out joint home visits to patients who had suffered a stroke.
- Teams worked across services to provide effective joined up care for example the lymphedema service worked across different teams such as tissue viability, breast and head and neck services.
- Inspectors saw evidence of meeting minutes that reflected integrated multi-disciplinary working in patient with complex needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was a Mental Capacity and Deprivation of Liberty policy in place. Staff received training in consent, mental capacity and Deprivation of Libertys (DOLs). Compliance was good across all the services consistently above 95%.
- In the community, childrens service and Minor injuries unit, staff demonstrated a good understanding of the principles of mental capacity. Inspectors observed good practice in obtaining patients consent and recording of consent in notes.
- The specialist team for looked after children for 16 to 19 year olds, demonstrated an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2010. Staff could describe the differences between Gillick competence (the judgement of children to consent to medical treatment) and the Fraser guidelines (guidelines specifically associated with contraception and sexual health advice) and knew when each was applicable.
- However, across the inpatient areas, particularly Trinity ward, there was a lack of understanding regarding mental capacity, DoLs and best interest decision making.
- Inspectors observed a patient requesting to leave Trinity ward, without any assessments or consideration if a DoLs application was required. Staff were unable to access guidance and the relevant referral and assessment documents on the intranet when inspectors alerted staff to the situation.
- Patients were found to have safety rails on beds, with no assessments being completed, or taken into account fluctuating capacity.
- The doors to Trinity ward were locked overnight. No assessments had taken place for those patients who lacked capacity, and who may have requested to leave.
- In the October 2016 Board report in stated that no DoLs applications had been raised in Qtr 3. This was raised to senior staff at the time of the inspection along with the inspectors findings.
- Subsequently on the unannounced inspection the provider had responded positively to all concerns raised during the inspection. Inspectors who visited Trinity ward found that mental capacity assessments had been completed for those requiring safety rails on beds, and documentation recording best interest decisions. One patient had a completed DoLs application, and staff had received intensive support and training from the safeguarding lead.

Good

Are services caring?

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

Summary of findings

We rated Caring as good because:

- Patients were treated with kindness, compassion, dignity and respect throughout all of the services we inspected.
- Patients were involved on their care and staff were focussed on the individual needs of the patients.
- There were examples of staff going above and beyond what they were expected to do.

Our findings

Compassionate care

- Patient Friends and Family satisfaction results were reported and discussed monthly at Board level. Response rates between May 2016 and September 2016 remained consistently above the national average score of 95%. The provider had an Annual Patient Experience Programme (PEP), which included targeted patient experience survey and working with external organisations.
- There was evidence of patient stories being presented at Board level, however the most up to date evidence provided was from the February 2016 Board report.
- Inspectors observed patients being treated with kindness and compassion throughout the services.
- Inspectors spoke with patients, relative and carers during our inspection. There were consistently positive and complimentary about staff attitudes. However, some patient raised concerns regarding the length of time taken to answer call bells on Kate Grant ward.
- Inspectors found examples of staff going the "extra mile" for patients. For example therapy staff supporting a patient visiting their local hairdressers.
- Patient Led Assessment of the Care Environment (PLACE) is a system for assessing the quality of the patient care environment. Clacton Hospital scored 84.3% and Fryatt Hospital scored 87.7% for privacy, dignity and wellbeing in the 2016 audit. These scores were above (better than) the national average of 84.2%.

Understanding and involvement of patients and those close to them

- Overall patients understood and were involved in their care. Inspectors saw examples of staff exampling results and providing options for examples in relation to infant feeding.
- There was an example in the community of a patient being involved in the management of their long term condition and how this had improved their lives, but less visits from the nursing team.
- Individualised end of life care plans were used for patient to reflect the choice and preference of that patients.
- However, some relatives of patients on Kate Grant ward raised concerns that they had been given conflicting updates, or insufficient information regarding their loved ones care.

Emotional support

- Staff offered emotional support to patient and their families.
- There were a number of national charities that staff were able to refer patients into. This provided additional opportunities for patient such as attending exercise groups following stroke.
- Volunteers were regularly available on the wards to sit with patients, particularly those who received fewer visitors, and engage in conversation. They also accompanied patients to the regularly scheduled group activities.
- A chaplaincy service was available to provide bedside religious support to patients. Chaplaincy staff attended the hospitals one day a week but could also be contacted by staff on patient request.
- Inspectors observed the use of play techniques to distract children attending the minor injuries unit.

Good

Are services responsive to people's needs?

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

Summary of findings

We rated Responsive as good because:

- Services were planned around the needs of the patients and there was on going work to fulfil the "care closer to home" contract.
- There was a flagging system in use within the electronic patient records to identify vulnerable patients such as those with a learning disability.
- The provider was part of the Maternal Early Childhood Sustained Home Vising (MESCH) programme, which provided support by health visitors to vulnerable families.
- People were supported to raise concerns, complaints and compliments across the service, and there was evidence in how learning from complaints was used to change practice.

Our findings

Service planning and delivery to meet the needs of local people

- At the time of the inspection the Minor Injuries Unit was undergoing a public consultation regarding the future of the service.
- The provider had been awarded the "Care closer to home" contract in April 2016. This contract offered local people an integrated and seamless network of patient-centred services to improve patient outcomes and experience. There were a number of workstreams which included the introduction of the 'Community Gateway' (single point of referral hub), and the option of patients being able to self-refer (as opposed to seeing a GP first) for example for Physiotherapy.
- A "Health Profile" tool was used in the community to target schools in relation to health promotion for example in stress management and sexually transmitted diseases.

Meeting needs of people in vulnerable circumstances

- There was a flagging system in use on the patient record system that could identify if a patient had specific needs such as learning disabilities. This allowed staff to book longer sessions for appointment time, or to make adjustments such as carrying out home visits if required.
- The provider was part of the Maternal Early Childhood Sustained Home Vising (MESCH) programme, which provided support by health visitors to vulnerable families.
- From July 2016-September 2016, 54 Reviews of Health Assessments were completed for Looked After Children (LAC). 52 were done within timescale, 2 were completed later with mitigation.
- The Minor Injuries Unit had posters displayed on how to request a chaperone. There were facilities in place for patients who may have been subject to domestic violence.
- The safeguarding lead worked with external organisation such as the womens refuge and the Alzheimer society.
- The provider had joined an external Dementia Alliance group, which supported patients in a number of ways including volunteers visiting inpatient areas to support those patient living with dementia.
- Trinity ward had recently undergone some refurbishment to work towards becoming a dementia friendly environment. This had included the location of a day room, colour coordinated bays and clocks mounted in bay areas.

Learning from complaints and concerns

- The provider had a complaints policy that staff could access via the intranet.
- Between April 2016 to October 2016 there were 88 formal complaints logged on the internal reporting system, 266 PALS enquires and 94 compliments.
- During the same period there had been two breeches of the required three day acknowledgement, 11 of the complaints withdrawn, 38 not upheld, 21 on going and nine partially upheld.

Good

Are services responsive to people's needs?

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

- Patients were supported to raise complaints, concerns and compliments and information on how to do so was widely available.
- Inspectors found that complaints were investigated with evidence of changes in practice and learning shared in team meetings. For example we saw that a board had been put up in the Minor Injuries Unit identifying staff members, in direct response to a complaint.
- However, we were concerned that complaints were not being responded to in a timely manner, or there was a robust system in place of learning, on Kate Grant ward and this was raised with senior staff at the time of the inspection.

Are services well-led?

Requires improvement

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

Summary of findings

We rated Well Led as Requires Improvement because:

- The provider did not have a proper integrated board report with a dashboard, although we were advised this was in the process of being developed.
- Managers in some areas were not clear on how to record, escalate or monitor risk and did not understand the correlation between local and corporate risks.
- There were no organisational plans or risks identified in relation to the delay of patients being admitted toTrinity ward, who did not have pre written prescriptions.
- There was no dedicated Serious Incident Panel to provide a level of independent scrutiny to serious incidents.
- The provider was not completing or submitting Notifications as required by the Care Quality Commission
- Staff expressed frustration about the Information Technology (IT) service, particularly about not being kept informed on progress, or responded to when IT issues were escalated
- Some staff that inspectors spoke with felt that the staff council was not representative of staff, with little evidence of changes made and lack of communication from the staff council to staff working operationally.

Our findings

Vision and strategy

- The providers strategy was based on commercial, social and values.
- The strategy was focussed on integrated working across the services. The provider was actively engaged with one sustainability and transformation plan (STP), and understood the role of changing from provider to a "system intergrator".
- The provider had undergone significant changes after being awarded the "care closer to home" contract in April 2016, involving the division of community teams and the move into more "integrated" teams. The move also included a number of services and staff moving from the acute local hospital into the community, for example the pain service.
- There were a number of forums in place looking at integrated systems and working with other partners such as social care and housing, to enable the contract to be delivered.
- Overall it was felt that the mobilisation of the team and move to integrated working had been a positive one, and a scoping exercise was underway at the time of the inspection to review other services that could be realigned into the community.
- The nurses and therapists working on the wards were not generally knowledgeable about the organisation's vision, commercial and social mission.

Governance, risk management and quality measurement

- There was clear governance and reporting structure in the organisation, however the provider did not have a proper integrated board report with a dashboard, although we were advised this was in the process of being developed.
- There was a corporate risk register, rating risks from low through to very high. We reviewed the November 2016 risk register that was presented to the board. Risk were clearly documented with summary updates, ownership of risks and actions taken to mitigate risk.
- However in some clinical areas manager were not clear on how to record, escalate or monitor risk and did not understand the correlation between local and corporate risks.
- Evidence was documented in the board report which showed how other committees proposed the closure of risks and proposed new ones, for example in relation to the moving of the physiotherapy and pain services.
- However, there was no organisational plans or risk identified in relation to the delay of patients being

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Requires improvement

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admitted to Trinity ward, who did not have pre written prescriptions. Inspectors witnessed an incident of a palliative care patient being delayed in their admission for this reason.

- The Quality and Assurance Safety group (part 1) approved clinical policies and discussed clinical governance issues. Part 2 focussed on learning and monitored any current themes or trends and the "Learning from Experience Actions "(LEAPS).
- There was evidence of leaning from incidents, and how structured observations such as quality assessment audits were incorporated into action plans. For example we reviewed an overarching quality improvement plan following two serious incidents. Actions included mortality reviews as part of the standardised template for senior management team meetings and the development of a clinical audit plan to ensure policies and procedures are complied with.
- However, at the time of the inspection there was no dedicated Serious Incident Panel to provide a level of independent scrutiny to serious incidents, although we were advised that this had been identified and work was being completed to develop a more robust framework for investigations.
- Whilst complaints were discussed at Board meetings themes or risks were not identified and there was a greater need for more granular level of complaints to be provided which had been requested by the Board.
- The provider was not completing or submitting Notifications as required by the Care Quality Commission (applicable to all ex-NHS Community Interest Companies), for changes, events and incidents affecting the service or the people who use it. This was raised at the time of the inspection to senior staff.

Leadership of the provider

- The provider was led by a Managing Director, three Executive Directors, three Non-executive Directors and a Non-executive chair. Alongside the Board sat the Staff council which was represented by 12 elected representatives (shareholders).
- The Staff council were empowered to recruit and fire non-executive directors as well as the managing director. Staff had exercised these powers in 2016. External support as well as shareholders opinion was sought, and a new chair was appointed.

Culture within the provider

- Overall staff felt that the provider was supportive and that engagement and training opportunities were good.
- However staff expressed frustration about the Information Technology (IT) service, particularly about not being kept informed on progress, or responded to when IT issues were escalated.
- Union representation felt that they were able to raise concerns and that there was good engagement with the senior team.
- The staff survey results for 2015/2016 had a low response rate of 28%. However the question of "would you recommend this serve" had increased to 69% of staff would recommend against 55% in 2014.

Fit and proper persons

- The Fit and Proper Persons (FPPR) criteria was embedded into the provider recruitment policy. This included the requirement for directors for social enterprises to meet the requirements laid out under company law.
- We reviewed three files and found that the appropriate checks had been completed for directors joining the regulation including documentation to companies house.

Staff engagement

- As a community interest company staff that purchased a share in the organisation (for one pound sterling) became owners of the company.
- At the time of inspection voting was underway for staff council representatives. Some staff that inspectors spoke with felt that the staff council was not representative of staff, with little evidence of changes made and lack of communication from the staff council to staff working operationally.
- There were plans in place for the chair of the staff shareholder council to become a board member to ensure that staff shareholder views had a stronger voice

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at board level. Staff were invited to staff council drop in coffee sessions and received regular news bulletins, which included examples of changes made in response to feedback.

Public engagement

- A key issues was the need to re-start the "patient panel". At the time of the inspection there was a new member of staff in post that was looking on getting the panel set up.

Innovation and Sustainability

- The provider was in the process of deploying new technology phones, following a successful pilot project, in the use of wound photography in community nursing services. This would enable clinicians to correctly categorise wounds, with the use of digital photography as a tool.
- The provider was linked with a local university and at the time of inspection was taking part in a dedicated research project around social enterprises.
- Staff were encouraged to develop leadership skills as part of succession planning and were offered a number of different leadership courses at different levels which were also accredited.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services The registered person must notify the Commission without the delay of a death of a service user- (a) whilst services were being provided in the carrying out of a regulated activity (b) which has, or may have, resulted from the carrying out of a regulated activity. The provider was not submitting Notifications as required by the Care Quality Commission (applicable to all ex-NHS Community Interest Companies), for changes, events and incidents affecting the service or the people who use it.

Regulated activity	Regulation
	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The Registered person must notify the commission without delay of the incidents outlined in paragraph (2) of the Care Quality Registration Requirements, which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of carrying on of a regulated activity. The provider was not submitting Notifications as required by the Care Quality Commission (applicable to all ex-NHS Community Interest Companies), for changes, events and incidents affecting the service or the people who use it.