

Norfolk Community Health and Care NHS Trust

Inspection report

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

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

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix (www.cqc.org.uk/provider/RV3/reports).

Ratings

Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

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

Summary of findings

Background to the trust

Norfolk Community Health and Care NHS Trust (NCH&C) delivers community-based services to the large, mainly rural county, covering 2050 square miles with a relatively low-density population (882,000), and 5th largest in country. Within Norfolk there is a greater than national average elderly population with 24% of the population being over 65 compared with a national average of 16%.

Essentially a rural economy, Norfolk has three pockets of urban deprivation which brings its own challenges, including a large immigrant population and a multiplicity of languages. There are a significant number of travelling families based in Norfolk. In addition, there is an airbase on the Norfolk/Suffolk border. There are three major centres of population, Great Yarmouth, Norwich and Kings Lynn. There are several smaller market towns and a large number of rural villages. Great Yarmouth and the coastal towns of East and North Norfolk have fluctuating populations especially in the summer months and there is a significant number of families that accompany migrant workers employed in agricultural services.

NCH&C became an NHS trust on the 1st of November 2010 and was registered with the CQC on 13 June 2011.

Overall summary

Our rating of this trust improved . We rated it as Outstanding  

What this trust does

The Trust provides a range of services, which include community hospitals, community dentistry, services for children, young people and families, therapies, community nursing, end of life care and specialist nursing services.

The trust employs 2,230 members of staff (1,900 whole-time equivalent roles). 80% of these staff are clinicians; health professionals such as nurses, doctors, dentists and physiotherapists.

The trust manages seven community hospitals and numerous clinics and health centres, and works from GP surgeries. Services include community nursing; therapies and rehabilitation, respite care and specialist nursing services; outpatient and health centre clinics for people with a variety of health conditions, including neurological conditions, lymphoedema, dermatology, stroke, diabetes, epilepsy, musculoskeletal disorders, podiatry and tuberculosis.

The community nursing service includes home visits to people with long-term conditions, terminal illness, people prone to falls, and the frail and elderly service.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

Summary of findings

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Following the 2014 inspection we undertook enforcement action and told the trust it must take action to improve. CQC served three Requirement Notices; one in relation to Regulation 13 Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, Management of medicines. The second in relations to Regulation 18 Health and Social Care Act 2008 (Regulated Activities), Consent to care and treatment. The third was in relation to Regulation 9, Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services.

Between 21st February and 23rd March 2018, we inspected the following core services: Community health inpatients services, Community health service for adults and Community Health services for children, young people and families. We inspected these services as part of our continual checks on the safety and quality of health care

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed Is this organisation well-led?

What we found

Our rating of the trust improved. We rated it as outstanding because:

- We rated caring and well-led as outstanding, and safe, responsive and effective as good.
- We rated well-led for the trust overall as outstanding. The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.
- At core service level we rated safe, effective, responsive and well-led as good and rated caring as outstanding. This meant we rated all the trust's three services we inspected as good overall. In rating the trust, we took into account the current ratings of the two services not inspected on this occasion.

Overall trust

Our rating of the trust improved. We rated it as outstanding because:

- Community health inpatient services improved from requires improvement to good overall. The question of safety stayed as requires improvement. Effective and well led improved from requires improvement to good. Responsive remained good and caring improved from good to outstanding. There were inconsistencies in equipment service and maintenance checks and local leadership, which resulted in some processes and procedures not being embedded and implemented across the localities. Storage of medicines in some wards was not in keeping with trust policy. However, the service was very proactive in the use of risk assessments, all patients were routinely assessed by nurses and therapy staff. Staff cared for patients with compassion and kindness, which promoted people's dignity. Staff recognised and respected patient's personal, social and religious needs and respected people's wishes and preferences.
- Community health services for adults remained good overall. Safe, effective and well led remained good. Responsive improved from requires improvement to good and caring improved from good to outstanding. Feedback from patients was continually positive about the way staff treat people and staff encouraged patients to be involved in their own care and promoted independence as much as possible. The service had improved waiting times for services, including neurology and foot health services. We found areas for improvement relating to monitoring of and access to equipment, monitoring of medicines and staff appraisal.

Summary of findings

- Community health services for children, young people and their families remained good overall. The questions of effective, caring and well led remained good. Responsive went down from good to requires improvement. Safe improved from requires improvement to good. The service had improved the premises at Squirrels respite care unit with the addition of a dedicated clinic room and extended bathroom. The management and administration of medicines at Squirrels respite care unit was now safe. We found areas for improvement relating to compliance with records management policy and the use of patient outcome data for external benchmarking. Implementation of a specific strategy for the children young people and families service was in progress.

Are services safe?

Our rating of safe improved. We rated it as good because:

- Community health inpatient services remained requires improvement for safety. The service did not meet the trust compliance target for mandatory training. There were inconsistencies in equipment service and maintenance checks. Storage of medicines in some wards was not in keeping with trust policy. However the service was very proactive in the use of risk assessments, all patients were routinely assessed by nurses and therapy staff.
- Community health services for adults remained rated as good for safety. The service managed patient safety incidents well and staff understood how to protect people from abuse. Staff compliance with mandatory training was above the trust target. Staff had access to mobile working, although this was not fully embedded at the time of inspection. We found some areas for improvement relating to monitoring of and access to equipment and monitoring of medicines.
- Children, young people and their families services had improved in safe from requires improvement to good. The service had improved the premises and medicines management at Squirrels respite care unit. The service managed patient safety incidents well and staff understood how to protect people from abuse. Records were clear, up-to-date and available to all staff providing care. However we found that not all staff were compliant with the trusts records management policy in some areas.

Are services effective?

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

- Community inpatient services improved from requires improvement to good. Patients' care, pain relief and nutrition were planned and delivered in line with national and best practice guidelines. There was established multidisciplinary working across all community hospitals.
- Community health services for adults remained rated as good for effectiveness. The service provided care based on national guidance and monitored the effectiveness of care. Staff worked together to meet patients' needs. Compliance with staff appraisal was below the trust target.
- Children, young people and their families remained rated as good for effectiveness. The service provided care based on national guidance and monitored the effectiveness of care. Staff worked together to meet patients' needs and the service made sure staff were competent for their roles. However, the service did not compare local results with those of other services to learn from them.

Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- Community inpatient services improved from good to outstanding rating for caring. All multidisciplinary staff were observed to be courteous, professional and kind when interacting with patients. Patient feedback was consistently positive. Staff recognised and respected the patient's holistic needs, recognised and respected people's wishes and preferences. Staff ensured patients and relatives were involved in discussions around care and treatment.

Summary of findings

- Community health services for adults improved from good to outstanding rating for caring. Staff treated patients with compassion and feedback from patients that use the service, and those who are close to them, was continually positive about the way staff treat people. Staff involved patients in their care and treatment. Staff recognised the need to encourage patients to remain independent and manage their own health and care where they can.
- Children, young people and their families remained rated as good for caring. Staff treated patients with compassion and feedback from patients was positive. Staff involved patients in their care and treatment.

Are services responsive?

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

- Community inpatient services remained good for responsiveness. There was evidence that the trust worked with other providers to plan and deliver services, providing both step up services (admission from primary care) and step down services (admission from acute beds).
- Community health services for adults had improved in the responsive domain from requires improvement at our last inspection, to good. At our last inspection, we raised concerns about waiting times for neurology, epilepsy and podiatry services. Waiting times for these services had improved. Staff responded to patients' individual needs and took action to investigate and learn from any complaints.
- Children, young people and their families remained rated as good for responsive. The trust planned and provided services in a way that met the needs of local people and took account of patient's individual needs. Staff took action to investigate and learn from any complaints. However, three of the eight services within children and young people's services were below the trust waiting times target for referral to treatment.

Are services well-led?

Our rating of well-led improved. We rated it as outstanding because:

- Overall the trust was rated as outstanding for well led. We found that there was compassionate, inclusive and effective leadership at all levels. There was a deeply embedded system of leadership development, succession planning and talent mapping to ensure that leaders had the experience, capacity and capability required to deliver high quality patient care. Senior leaders had a deep understanding of issues, challenges and priorities in their service and beyond. Strategies and plans were aligned with plans in the wider health economy with demonstrated commitment to system wide collaboration. There was a strong organisational commitment and effective action towards staff engagement, inclusion and communication, with innovative methods to connect with a widely dispersed staff base. There was strong collaboration, team working and support across all services with the patient as prime focus and common aim to improve the quality and sustainability of care.
- Community inpatient services improved from requires improvement to good for well led. There were clear lines of management responsibility and accountability that linked into the accountability framework. At each hospital, we found knowledgeable, enthusiastic staff that felt valued and supported. However there were inconsistencies in leadership and therefore some processes and procedures were not being embedded and implemented in all the localities giving rise to some variations within the service.
- Community health services for adults remained rated as good for well led. Staff had effective systems for identifying and managing risks and the service collaborated with patients, staff and partner organisations effectively. Most staff we spoke with gave positive feedback about the leadership and culture of the service.
- Children, young people and their families remained rated as good for well led. Staff had effective systems for identifying and managing risks and the service collaborated with patients, staff and partner organisations effectively. Staff we spoke with gave positive feedback about the leadership and culture of the service.

Summary of findings

Ratings tables

The ratings tables below show the ratings overall and for each key question, for each service and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

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

Outstanding practice

We found examples of outstanding practice in well led. See the Outstanding practice section below for details.

Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We found 14 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

We issued one requirement notice to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of one legal requirement in the Community Health Inpatients service.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found examples of outstanding practice in well led.

We found the following outstanding practice:

- Each board meeting commenced with a patient story, to set the tone of the meeting and ended with a staff presentation. This meant the board were fully focused on both patients and staff experience. There was a patient experience and involvement strategy in place that supported the continued focus of capturing patient experience. There were examples provided where patients had become members of steering groups and attended staff mandatory training days to provide patient perspectives to staff.
- The trust approach to talent management was identified through engagement with staff. The first big conversation on the Your Voice, Our Future (YVOF) platform led to the development of five pledges by the executive directors and the introduction of a leadership programme for any leader that manages staff. From this a revised behaviours framework and leadership promise had been devised and implemented. Staff were using the promise to openly discuss, communicate and challenge inappropriate behaviours.

Summary of findings

- The trust was committed to taking steps to address behaviour and performance that was inconsistent with the vision and values. They recognised that local leadership was not always consistent and were taking action to improve this. A programme of development, REAL ((Releasing potential Empowering and Leading), was introduced that provided the tools and techniques for leadership and development. A talent task and finish group had been introduced to oversee the development programme and the trust had further plans to launch further programmes in relation to first line leadership, operational leadership and strategic leadership.
- The workforce strategy included new approaches to grow your own workforce with apprenticeship schemes started around a new model of care. Talent mapping had provided opportunities for identifying future leaders from within the organisation. The workforce plan set out how the trust planned to protect and develop the workforce to enable staff to be equipped with the skills and knowledge to be competent in delivering and responding to the changing and increasing demands within healthcare. Underpinning the plan was a levels of care model and grow your own development framework.
- The board were aware of the continuing pressures on the health system as a whole and the challenges this presented to quality and sustainability. As part of the sustainability and transformation partnerships (STP) they were developing co-ordinated services and working with other external organisations and acute services. The chief executive officer and senior executive directors were proactively working to collaborate and build relationships with external partners. This meant they were engaged in building shared understanding of challenges within the system, the needs of the relevant population and reviewing how to deliver services to meet those needs.
- There were several mediums utilised to connect with staff that helped to mitigate the challenge of a widespread workforce, dispersed team and extensive geography. These included face-to-face meetings and training, the staff voice platform YVOF, email communications, IT and newsletters. On the 23 March 2018 the trust had been invited to the Department of Health to present the process behind the Your Voice Our Future crowd-sourcing engagement platform for staff. This enabled large-scale conversations and ongoing multi-channel communication to take place.
- The trust had invested in technology and had provided over 1,100 eBooks to staff. Alongside this e-rostering and capacity models had been implemented to support effective planning and management of staff. Operational hubs had been implemented to manage triaging, allocation and co-ordination of care which had a positive impact on patient care by significantly increasing the time a member of staff spent with a patient face-to-face.
- The trust were proactive in seeking to improve IT and introduce systems to aide all staff, especially those working remotely, such as a waterlow score app for staff to utilise and a paperless (web based) safety thermometer data collection process went live in February 2018 following a pilot in all inpatient units.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to one service. The service was Community Health Inpatients service.

In Community Health Inpatients service:

- The trust must ensure that staff complete the required mandatory training.

Summary of findings

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. This action related to community health inpatient services, community health services for adults, community services for children, young people and families and the trust overall.

For the overall trust:

- The trust should continue to address inconsistencies in leadership and approach across localities.
- The trust should continue to work closely with system partners regarding system flow, improve length of stay, delayed transfers of care, and reduce referral to treatment times for services where targets are not met.
- The trust should continue to work closely with system partners and clinical commissioning groups to provide specialist services to enable continuation of care and support for patients and families.
- The trust should continue to monitor pharmacy provision within the trust to ensure sustainability of the service and improvement in medicines management.
- The trust should continue to promote and encourage staff achievement.
- The trust should ensure consistency processes are in place for ensuring compliance with fit and proper person's regulation 5 of the Health and Social Care Act Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In Community Health Inpatients service:

- The trust should ensure that effective systems are in place for checking of fridge temperatures and areas where medications are stored. Appropriate actions should be recorded when breaches are found.

In Community Health services for adults:

- The trust should ensure medicines are stored and monitored appropriately, in line with trust policy.
- The trust should ensure all staff receive an appraisal, in line with trust policy.
- The trust should continue to work with suppliers to ensure staff have timely access to equipment to meet patients' needs.
- The trust should ensure there is a clear process in place for setting and monitoring airflow mattresses.
- The trust should ensure there is a clear process in place for monitoring and recording calibration of blood glucose monitors.

In Community Health services for children, young people and families

- The trust should continue with the plan to address capacity and waiting times within the neurodevelopmental services (NDS) pathway and monitor ongoing outcomes.
- The trust should continue to move forward with the implementation of a multiagency strategy for children, young people and families service.

Summary of findings

Is this organisation well-led?

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

We rated well-led at the trust as outstanding because:

- The executive team were a stable cohesive team, focused on patient safety and quality of care. They were passionate leaders with clear strategic vision and commitment to staff engagement.
- The board were aware of the continuing pressures on the health system as a whole and the challenges this presented to quality and sustainability. There was a strong focus on working collaboratively with local partners, acute and social services and external organisations to move forward sustainability and transformation plans.
- The trust had clear strategic objectives that aligned with the vision and values of the organisation and the wider economy plan. The strategic objectives ensured focus on quality of care to patients, development of staff to provide care and future sustainability of services.
- The trust had responded to staff engagement and bullying and harassment concerns. Numerous initiatives had been introduced including a crowd-sourcing engagement platform, 'Your Voice, Our Future', executive director pledges, development of leadership promise and behaviour framework, staff development programme, a bullying taskforce action group and launch of 'be a buddy not a bully' campaign in February 2018.
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements. All of the senior executive directors were aware of the risks within the organisation and in the wider local health system. Senior management committees, and the board, monitored performance and identified improved processes to improve safety and quality of care.
- There was an established process for quality impact assessment when changes or developments to services were considered to ensure that any cost improvements did not compromise patient care.
- The trust had a structure and systematic approach to engaging with patients, relatives and carers that used the service. There were several mediums utilised to connect with staff that helped to mitigate the challenge of a widespread workforce with dispersed teams over extensive geography.
- The trust was actively engaged in collaborative work with external partners to drive forward the six work streams of the sustainability and transformation partnership (STP).

However:

- There were some inconsistencies in the monitoring process to ensure that all directors, or those performing the functions of a director, are fit and proper in line with regulation 5 of the Health and Social Care Act Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were some inconsistencies in leadership and approach across localities. However the trust was aware of this and was working to address the concerns.
- System flow needed to improve with delayed transfer of care from inpatient units and length of stay longer than it should be. Referral to treatment time was greater than 18 weeks for certain services.

Summary of findings

- The sustainability of smaller specialist services was at risk. This was compounded by the challenge of working with five clinical commission groups and funding constraints. This meant there was an increased risk of disparity of specialist services across the county and significant impact to patients and staff in those areas where these specialist services were not provided. The trust monitored this with commissioners on a monthly basis.
- There was no pharmacy team at the trust with only one head of medicines management in place. The sustainability of the pharmacy service was dependent on the challenges of working with the acute trust in provision of the service level agreement (SLA).
- Whilst there was innovation happening there was a lack of recognition amongst the local teams of continuous improvement and innovation despite local award and recognition schemes being in place.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Outstanding ↑ Jun 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018
Community health services for children and young people	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Requires improvement ↓ Jun 2018	Good →← Jun 2018	Good →← Jun 2018
Community health inpatient services	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Community end of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Community dental services	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall*	Good ↑ Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Good →← Jun 2018	Outstanding ↑ Jun 2018	Outstanding ↑ Jun 2018

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

Community health inpatient services

Good  

Key facts and figures

Norwich Community Health and Care NHS Trust provide 203 inpatient beds across seven community hospitals, providing rehabilitation, enablement and palliative/end of life care. The services are delivered by nurse-led multidisciplinary teams. All community hospitals accept both 'step up' patient admissions, transferred from primary care services, and 'step down' admissions, transferred from acute beds.

We inspected inpatient locations at the trust as follows:

Norwich community hospital has two inpatient wards Alder and Beech, both of which are 24 bedded mixed gender wards. Beech ward provides specialist stroke rehabilitation and Alder Ward provides general rehabilitation and end of life care.

Foxley ward at Dereham Hospital is a 24 bedded mixed gender ward providing therapeutic nursing for an extended period of nursing care and/or rehabilitation.

Swaffham Community Hospital was 18 bedded mixed gender ward providing care for patients transferred from an acute hospital that require an extended period of nursing care and/or rehabilitation.

Pineheath ward at Kelling Hospital was 24 bedded mixed gender ward providing non-acute medical care.

We inspected the whole service, looking at all five key questions.

Our inspection was conducted by short announcement (with 48 working hours' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

Spoke with eight patients who were using the service and five relatives or carers. Spoke with the two assistant directors. Spoke with 46 other staff members; including doctors, matrons, ward managers, nurses, healthcare assistants, pharmacists, porters, domestic staff, administrative staff and allied health professionals. Reviewed 28 sets of patient records. Looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

Our rating of this service improved. We rated it as good because:

- Clinical areas were visibly clean and staff complied with infection control procedures. The trust results of the Patient-led Assessments of the Care Environment (PLACE) audit was above the England average of 98%. All patients we spoke with spoke positively in regards to cleanliness and hygiene.
- The service had close multidisciplinary team working. There were daily MDT handovers and formal weekly MDT meetings. The service used a MDT progress sheets to record actions and tasks for all relevant professions.
- Patients were involved in their own rehabilitation, goal setting and discharge planning from their admission to the wards. Discharge dates were set and agreed as a goal and individual needs and rates of recovery were considered at multidisciplinary meetings.

Community health inpatient services

- On all the units we visited, staff were caring and compassionate towards patients. Staff treated patients with kindness, dignity and respect. We found that staff were sensitive to the needs of the patients and their families.
- The service took account of patients' individual needs, such as those living with dementia, patients that had non-English language requirements, cultural and religious beliefs.
- The service was very proactive in the use of risk assessments, all patients were routinely assessed by nurses and therapy staff. The use of assessments was actively monitored.
- Staff we spoke with were aware of how to report incidents and the trust had a robust system of incident investigation and learning.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.

However:

- The service did not meet the trust compliance target for mandatory training. Overall training compliance was 84% against a trust target of 90%.
- There were inconsistencies in equipment service and maintenance checks.
- Storage of medicines in some wards was not in keeping with trust policy.
- There were inconsistencies in leadership within the service. For example at Kelling hospital the local leadership were unaware of the challenges in the ward, didn't know how to access the performance monitoring data or tell us what the current establishment or vacancy rates for the ward was.
- Leadership was very locality based therefore some processes and procedures were not being embedded and implemented across the localities.

Is the service safe?

Requires improvement ● ➡ ➡

Our rating of safe stayed the same. We rated it as requires improvement because:

- The trust set a target of 90% for completion of mandatory training and the inpatient overall training compliance was 84% against this target. Data provided post inspection identified that compliance level were variable across locations with the lowest on Alder ward, for example resuscitation (basic life support) training compliance was 51%.
- Medicines management was not robust across the service. We found at Swaffham and Norwich community hospitals, out of range drug fridge temperatures were not being escalated or acted upon and advice was not being sought from pharmacy. Storage of medicines on Alder ward, Norwich community hospital, was not in keeping with the trust policy. We found six boxes of out of date anticoagulant test strips and solution and a specimen bottle in the drug fridge.
- Although safety monitoring results were used, the service did not display the information with patients and visitors. At the time of our inspection the senior leadership team at Kelling Hospital did not know how to access the safety performance data for their unit.
- There was a small number of equipment service and maintenance checks at Swaffham and Dereham community hospitals that were not all up to date.

However:

Community health inpatient services

- Clinical areas were visibly clean and staff complied with infection control procedures. The trust results of the Patient-led Assessments of the Care Environment (PLACE) audit was above the England average of 98%. All patients we spoke with spoke positively in regards to cleanliness and hygiene.
- The service was very proactive in the use of risk assessments, all patients were routinely assessed by nurses and therapy staff. The use of assessments was actively monitored.
- Staff we spoke with were aware of how to report incidents and the trust had a robust system of incident investigation and learning. Staff gave examples of changes in practice following an incident.

Is the service effective?

Good ● ↑

Our rating of effective improved. We rated it as good because:

- Care was planned and delivered in line with national and best practice guidelines.
- Patients received appropriate pain relief and staff checked to ensure their pain was managed.
- Nutritional and hydration needs were identified, monitored and met through individualised care plans.
- The trust took part in national and local audits to measure and improve patient outcomes.
- There was effective multidisciplinary working across all community sites.
- Consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- We observed staff providing compassionate care, maintaining patient privacy and dignity at all times. This was consistently embedded in everything the staff did, including having an awareness of patient's needs, and ensuring this was recorded and communicated with all members of the multidisciplinary team that were involved in the care of the patient.
- Staff recognised and respected the patient's holistic needs, taking into account the patient's personal, cultural, social and religious needs.
- Patient feedback was consistently positive. Patients said that staff responded compassionately to their needs.
- Patients were involved in making decisions about their care and treatment.
- Staff gave patients appropriate and timely support and information to cope emotionally with their care, treatment or condition.
- The results of the Friends and Family Test (FFT) in January 2018 showed 100% of patients would be either 'likely' or 'extremely likely' to recommend community inpatient services to their friends and family.

Community health inpatient services

Is the service responsive?

Good   

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs, such as those living with dementia, patients that had non-English language requirements, cultural and religious beliefs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Staff were fully aware and understood the core vision and values of the trust.
- There were effective governance arrangements in place to monitor quality, performance and patient safety, with the exception of Kelling Hospital.
- Local leaders were visible and staff told us they felt supported and valued and their managers were approachable. There was an open culture with local management and staff felt they would be able to raise any concerns with them.
- There was a local level risk register which was regularly reviewed and a clear process for staff to escalate the local level risks if mitigating actions did not remove the risk.

However:

- There were some inconsistencies in leadership across the localities. This meant that some processes and procedures were not being embedded and implemented consistently. For example at Kelling hospital the local leadership were unaware of the challenges in the ward, didn't know how to access the performance monitoring data or tell us what the current establishment or vacancy rates were.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Community health services for children and young people

Good   

Key facts and figures

Norwich Community Health and Care NHS Trust provides community services for children and young people aged 0 - 19 across three main locations across Norfolk. The services are delivered by multidisciplinary teams and deliver services including short break respite care, paediatric occupational therapy, child epilepsy, autistic spectrum disorder and attention deficit disorder, child continence and child development.

We inspected children and young people clinics at the trust as follows:

Norwich community hospital, where we attended a community nursing clinic and an occupational therapy clinic.

St James's clinic in Kings Lynn where we attended a child continence clinic, a community paediatrician clinic and an autistic spectrum disorder/attention deficit disorder clinic.

Roxburgh Children's Centre where we attended a looked after children's assessment clinic.

Squirrels respite care unit which offers respite care short breaks for children with chronic, complex health and nursing care needs.

The last comprehensive inspection of the service took place in September 2014. We rated the service as good for the key questions of effective, caring responsive and well-led, with the key question of safe rated as requires improvement. This resulted in a rating of good overall. Concerns in relation to the safe domain related to medicines management, environment and equipment and cleanliness of children's toys.

At this inspection, we re-inspected all key questions. We rated safe, effective, caring, responsive and well-led as good, providing a rating of good overall.

We inspected the whole service, looking at all five key questions.

Our inspection was conducted by short announcement (with 48 working hours' notice) to enable us to observe routine activity and to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

Spoke with two patients who were using the service and three relatives or carers.

Spoke with the one assistant director.

Spoke with 23 other staff members; including doctors, matrons, nurses, family support workers healthcare assistants and allied health professionals.

Reviewed 14 sets of patient records.

Looked at policies, procedures and other documents relating to the running of the service.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

Community health services for children and young people

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- 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.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The trust had two vacant positions for paediatricians which had impacted on waiting lists.
- Although the service monitored the effectiveness of care and treatment and used the findings to improve them, we did not see evidence that they compared local results with those of other services to learn from them.
- Access to a number of specialist services was limited which meant an increased risk to the most vulnerable patients and families.
- Three of the eight services within children and young people's services were below the trust waiting times target for referral to treatment.

Community health services for children and young people

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service had suitable premises and equipment and looked after them well. Improvements had been made to the premises at Squirrels respite care unit including the extension of the bathroom and building a designated clinic room.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. The new clinic room at Squirrels respite care unit meant that medicines were now stored and administered safely.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- 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.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service undertook a range of local audits to monitor effectiveness, identify and then implement actions for service improvement.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Community health services for children and young people

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Although the service monitored the effectiveness of care and treatment and used the findings to improve them, we did not see evidence that they compared local results with those of other services to learn from them.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Requires improvement  

Our rating of responsive went down. We rated it as requires improvement because:

- Not all patients could access the most specialist services. Due to inconsistencies with commissioning arrangements certain services such as respite care, neurodevelopmental services and child and adolescent mental health service for learning disabilities were not available. This meant an increased risk to the most vulnerable patients and families.
- Average waiting times from referral to treatment were below the trust target for three out of the eight services provided.

However:

- The trust were working with system partners, staff, patients and families to address gaps and look to improve the consistency of specialist service provision.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good   

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

Community health services for children and young people

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Community health services for adults

Good   

Key facts and figures

Norfolk Community Health and Care NHS Trust provides community health services for adults at a variety of locations in the Norfolk area. The service operates across four localities: North, West, South and Norwich, with services based at Norwich community hospital, North Walsham hospital, Swaffham community hospital, Downham market health centre and Wymondham health centre, among others.

Services are provided to men and women over the age of 18 and include community nursing and therapy services and outpatient clinics, including continence clinics, leg ulcer clinics and musculoskeletal physiotherapy and occupational therapy clinics, among others.

During the inspection, we visited five locations, as follows:

- Norwich community hospital
- North Walsham hospital
- Swaffham community hospital
- Downham market health centre
- Wymondham health centre

The last comprehensive inspection of the service took place in September 2014. We rated the service as good for the key questions of safe, effective, caring and well-led, with the key question of responsive rated as requires improvement. This resulted in a rating of good overall. Concerns in relation to the responsive domain related to waiting times, staffing capacity and access to services.

At this inspection, we re-inspected all key questions. We rated safe, effective, caring, responsive and well-led as good, providing a rating of good overall.

Our inspection was announced at short notice to ensure that everyone we needed to talk to was available.

Before the inspection visit, we reviewed information that we held about the service and information requested from the trust.

During the inspection visit, the inspection team spoke with 12 patients who were using the service and six relatives or carers. We spoke with 33 members of staff including clinical and operational service leads, nursing staff, allied health professionals, and support staff. We reviewed 11 patient care records.

We also observed patient care, staff handovers and reviewed information including meeting minutes, audit data, action plans and training records.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

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

Community health services for adults

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- 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.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Records dated 01 March 2018 showed compliance with mandatory training was 92.9%, which was above the trust target.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff supported patients with the assessment and management of nutrition and hydration in order to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Nurses, therapists and support staff worked with professionals from other services to provide good care.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.
- Waiting times had improved and people could access the service when they needed it. Response times and waiting times were monitored and senior staff took action to improve access to the service.
- The service took account of patients' individual needs.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had effective systems for identifying risks and planning to eliminate or reduce them.
- Most staff we spoke with told us managers promoted a positive culture that supported and valued staff. Two staff mentioned concerns around support for staff in the continence service and the response to concerns raised. We raised this with senior leaders, who were aware of the concerns and confirmed that the concerns had been investigated and that those raising concerns were satisfied with the outcome of the investigation.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

However,

- Although staff had access to mobile working (which meant they could complete patient care records while remote working in the community), use of this system was not fully embedded with all staff.

Community health services for adults

- Staff did not always monitor and store medicines well. We reviewed records at Wymondham health centre and found that daily checks of fridge temperatures had not been completed consistently and concerns had not been escalated. We reviewed emergency adrenaline supplies carried by two community nurses and found one ampoule of adrenaline that was out of date. We raised these concerns with staff, who took action to address the concerns.
- Staff did not always monitor equipment effectively. Staff did not have a clear process in place for setting and monitoring airflow mattresses and the process for recording and monitoring calibration of blood glucose monitors varied between different community teams.
- Staff did not always have access to equipment to meet patients' needs. Six staff reported difficulties with timely delivery of equipment to patients by a third party supplier, including equipment for prevention of pressure ulcers. Senior staff were aware of these concerns and were working with the equipment supplier to improve the timeliness of deliveries.
- Records provided by the trust showed compliance with staff appraisal within the service was 82.3% on 01 March 2018. This did not meet the trust's target of 90%.

Is the service safe?

Good   

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- 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.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Records dated 01 March 2018 showed compliance with mandatory training was 92.9%, which was above the trust target.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However,

- Although staff had access to mobile working (which meant they could complete patient care records while remote working in the community), use of this system was not fully embedded with all staff.
- Staff did not always monitor and store medicines well. We reviewed records at Wymondham health centre and found that daily checks of fridge temperatures had not been completed consistently and concerns had not been escalated. We reviewed emergency adrenaline supplies carried by two community nurses and found one ampoule of adrenaline which was out of date. We raised these concerns with staff, who took action to address the concerns.
- Staff did not always monitor equipment effectively. Staff did not have a clear process in place for setting and monitoring airflow mattresses and the process for recording and monitoring calibration of blood glucose monitors varied between different community teams.

Community health services for adults

- Staff did not always have access to equipment to meet patients' needs. Six staff reported difficulties with timely delivery of equipment to patients by a third party supplier, including equipment for prevention of pressure ulcers. Senior staff were aware of these concerns and were working with the equipment supplier to improve the timeliness of deliveries.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff supported patients to receive enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Nurses, therapists and support staff worked with professionals from other services to provide good care.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However,

- Records provided by the trust showed compliance with staff appraisal within the service was 82.3% on 01 March 2018. This did not meet the trust's target of 90%.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Staff cared for patients with compassion. Feedback from patients that use the service, and those who are close to them, was continually positive about the way staff treated them. Staff treated patients with kindness, respect and promoted patient dignity.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff recognised the need to encourage patients to remain independent and manage their own health and care as far as possible. Staff offered patients options in terms of their continuing care.
- Staff provided emotional support to patients to minimise their distress.
- Staff recognised the need for people to have access to support networks in the community. Staff were holistic in their approach and provided information regarding all aspects of support patients may need including physical health, mental health and practical financial advice.

Community health services for adults

Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The service planned and provided services in a way that met the needs of local people.
- Waiting times had improved and people could access the service when they needed it. Response times and waiting times were monitored and senior staff took action to improve access to the service. Senior staff had acted on concerns from our last inspection about waiting times for neurology, epilepsy and podiatry services and waiting times had improved.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had effective systems for identifying risks and planning to eliminate or reduce them.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Most staff we spoke with told us managers promoted a positive culture that supported and valued staff. Two staff mentioned concerns around support for staff in the continence service and the response to concerns raised. We raised this with senior leaders, who were aware of the concerns and confirmed that the concerns had been investigated and that those raising concerns were satisfied with the outcome of the investigation.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Nursing care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Personal care	
Treatment of disease, disorder or injury	

Our inspection team

The inspection was led by Tracey Wickington, Inspection Manager. Fiona Allinson, Head of Hospital Inspection, supported our inspection of well led for the trust overall.

The team included nine inspectors and eight specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.